MINUTES

PLACE: Alliance Behavioral Healthcare, 4600 Emperor Blvd., Room 208, Durham, NC 27703

MEMBERS PRESENT: Ann Akland, Cynthia Binanay, Christopher Bostock, Dr. George Corvin, Kenneth Edge, James Edgerton, Lodies Gloston, Phillip Golden, Dr. John Griffin, Ellen Holliman, George Quick, Vicki Shore, William Stanford, Caroline Sullivan, Scott Taylor, Amelia Thorpe and Lascel Webley, Jr., Chairman.

MEMBERS ABSENT: Michael Page

GUESTS PRESENT: Denise Foreman with Wake County, Yvonne French NC Division of MH/DD/SAS, Nanette Matthews

STAFF PRESENT: Hank Debnam, Doug Fuller, Kelly Goodfellow, Amanda Graham, Tina Howard, Carlyle Johnson, Geyer Longenecker, Beth Melcher, Janis Nutt, James Osborn, Ann Oshel, Sara Pacholke, Monica Portugal, Rob Robinson, Al Ragland, Dr. Khalil Tanas, Jim Wall, Doug Wright

1. CALL TO ORDER:
   Chairman Lascel Webley, Jr. called the meeting to order at 4:05 pm.

2. ANNOUNCEMENTS
   A. Mercer Review
      Chairman Webley reminded the Board of the Mercer review next Thursday and Friday and thanked staff for their continued hard work.

      B. IT Adjustments
      Ellen Holliman, Chief Executive Officer, provided updates on the local wireless connection and a recent change in emails sent from Alliance to public domain emails. The email change was due to updated privacy guidelines. Ms. Holliman mentioned that Board members with public domain email addresses will be able to access emails.

      C. Executive Committee Meeting
      Chairman Lascel Webley, Jr., announced that Executive Committee meetings will now be the second Tuesday of each month at 4:00 p.m.
3. **AGENDA ADJUSTMENTS**  
None

**BOARD ACTION**  
A Motion was made by George Quick to approve the agenda; seconded by Christopher Bostock. Motion passed.

4. **PUBLIC COMMENT**  
None

5. **FINANCE COMMITTEE REPORT**  
The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Board. The Finance Committee meets monthly at 3:00 p.m. prior to the regular Board meeting. Draft minutes and financial information from the December 5, 2013, meeting are attached.

Finance Committee Chairman, George Quick, presented an update to the Board. Mr. Quick mentioned the recommendation to unrerestrict funds to adjust the budget and the recommendation to issue payment to Wake County. Board members discussed the recommendations in detail specifically the two different accounting methods from former separate entities: The Durham Center and Wake LME and the recommendation to issue payment to Wake County.

**BOARD ACTION**  
A Motion was made by George Quick to unrestrict funds; seconded by Commissioner Caroline Sullivan. Motion passed.

A Motion was made by George Quick to authorize payment of 1.3 million to Wake County; seconded by Dr. George Corvin. Motion passed.

6. **Board By-Laws**  
NC General Statues 122C-117, 122C-118.1 and 122C-119 outline the powers, duties, structure and organization of the area authority. In addition to the general statues, the Board by-laws provide the operational basis for the area authority. Changes to the current by-laws were needed to reflect recent legislation as noted in Senate Bill 208 and 191.

Ellen Holliman, Chief Executive Officer, presented an overview of the proposed changes included in the Board packet and asked that additional input be communicated to members of the Policy Committee for review. Ms. Holliman mentioned that the Policy Committee will then present the revisions at a future Board meeting.

**BOARD ACTION**  
The Board discussed proposed changes to the by-laws. No further action required.

7. **COMMITTEE REPORTS**  
A. Quality Management Report  
B. Human Rights Committee Report  
C. Consumer and Family Advisory Committee Report
Chairman Webley stated that the Board received the Committee Reports in the Board packet.

**BOARD ACTION**
A Motion was made George Quick to accept the reports as presented; seconded by Commissioner Caroline Sullivan. Motion passed.

8. **CONSENT AGENDA**
A. Draft Board minutes from the December 5, 2013, and January 9, 2014, Board meetings
B. Alliance Behavioral Healthcare Consumer and Family Advisory Committee (CFAC) Relational Agreement
C. Employee Time and Attendance Policy and Leave Policy

Chairman Webley stated that the Board received the Consent Agenda in the Board packet.

**BOARD ACTION**
A Motion was made by George Quick to approve the Consent Agenda as presented; seconded by Christopher Bostock. Motion passed.

9. **RECOMMENDATION FOR REAPPOINTMENTS TO ALLIANCE BOARD OF DIRECTORS**
Ellen Holliman, Chief Executive Officer, presented recommendations to Wake and Durham’s Boards of County Commissioners for the reappointments of three Board members: Lascel Webley, Jr., Dr. George Corvin and James Edgerton.

**BOARD ACTION**
A Motion was made by George Quick to recommend the reappointments of James Edgerton, Lascel Webley, Jr. and Dr. George Corvin as presented; seconded by Commissioner Kenneth Edge. Motion passed.

10. **FY 15 BUDGET RETREAT**
Kelly Goodfellow, Chief Financial Officer, provided an overview of previous retreats and requested input from the Board regarding the upcoming Board retreat. This retreat will be in March 2014. The Board discussed the upcoming Board retreat and provided direction to staff including choosing the date of March 26, 2014.

**BOARD ACTION**
The Board accepted the overview. No further action required.

11. **BOARD REPORT: HIGHLIGHTS OF ALLIANCE BEHAVIORAL HEALTHCARE’S NC MEDICAID WAIVER ANNUAL REPORT**
Alliance Behavioral Healthcare’s contract with DMA requires submission of an annual report of performance measures. This information was submitted in December 2013. Beth Melcher, Chief of Network Development and Evaluation, presented a review of data from the first five months of operation; also, Dr. Melcher introduced new staff member, Geyer Longenecker, Quality Management Director.

Board members discussed data presented and clarified the number of lives covered versus number of Alliance consumers.

**BOARD ACTION**
The Board accepted the report as presented. No further action needed.

12. REQUEST FOR PROPOSAL (RFP) RECOMMENDATIONS
Carlyle Johnson, Clinical Program Development and Design Administrator, presented a detailed PowerPoint presentation including background, an overview of the RFP process and staff recommendations for MH/SA Supported Employment and Long Term Vocational Supports (SE/LTVS) providers. Dr. Johnson mentioned that funding is limited for this service and that is reflected in the number of providers recommended. In anticipation of increased funding and expansion staff recommended a learning collaborative to include additional providers.

Staff recommendations for contracts for SE/LTVS included the following providers: Community Partnerships, Easter Seals UCP and Monarch.

Staff recommendations to develop SE/LTVS learning collaborative included the following providers: CPI, Easter Seals, Monarch, Durham Exchange Club Industries, Family Preservation, Johnston County Industries, Service Source and Visions Counseling Studio.

Dr. Johnson provided an update from last month’s RFP recommendations including staff recommendation to issue a six month contract for Intensive In-Home (IIH) services to Pathways to Life.

BOARD ACTION
A Motion was made by Lodies Gloston to approve staff recommendations for SE/LTVS contracts, SE/LTVS learning initiative and IIH contract; seconded by George Quick. Motion passed.

13. BOARD TRAINING:
COMMUNITY RELATIONS COLLABORATION WITH THE LEGAL SYSTEM
Chairman Lascel Webley, Jr., mentioned that this training will be postponed until the March 2014 Board meeting.

BOARD ACTION
No further action was required.

14. CLOSED SESSION
The Area Board had a closed session in accordance with NC General Statue 143-318.11(a)(6) to discuss the qualifications and conditions of appointment of a public employee.

BOARD ACTION
A Motion was made by Commissioner Caroline Sullivan to enter into closed session; seconded by William Stanford. Motion passed.

A Motion was made by Commissioner Kenneth Edge to return to open session; seconded by Dr. George Corvin. Motion passed.

16. ADJOURNMENT
With all business being completed the meeting adjourned at 6:15 pm.
Next Board Meeting
Thursday, March 6, 2014
4:00 – 6:00

Respectfully submitted:

[Signature]

Ellen S. Holliman, Chief Executive Officer

Date Approved

3/6/2014
ITEM: Finance Committee Minutes from December 5, 2013, meeting

DATE OF BOARD MEETING: February 6, 2014

BACKGROUND:
The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board. The Finance Committee meets monthly at 3:00 PM prior to the regular Area Board Meeting. The quarterly financial statements and ratios for the period ending December 31, 2013 and the draft minutes of the December Finance Committee are attached.

REQUEST FOR AREA BOARD ACTION:
Accept the Finance Committee minutes as presented.

CEO RECOMMENDATION:
Accept the Finance Committee minutes as presented.

RESOURCE PERSON(S):
Ellen Holliman, Kelly Goodfellow, Sara Pacholke
Alliance Behavioral Healthcare
Finance Committee Minutes
December 5, 2013

Members Present: Phillip Golden, BS, Lascel Webley, Jr, MBA, MHA, George Quick, MBA, Vicki Shore, Chris Bostock, Ann Akland, Jim Edgerton, BS

Members Absent: N/A

Staff Present: Kelly Goodfellow, MBA, Sara Pacholke, BS, CPA, Rob Robinson, LCAS

Staff Absent: Ellen Holliman, BS

Opening: Meeting opened by Jim Edgerton at 2:59 at Alliance Behavioral Healthcare’s corporate office

Approval of Minutes: Chris Bostock made a motion to approve the minutes from the November 7, 2013 meeting with a second from Vicki Shore.

Agenda Items

Quarterly Financial Statements and Ratios

Sara Pacholke presented the October 2013 budget to actual statement and ratios. Revenues and expenses were in line with expectations for the fourth month of the year with the exception of Medicaid service revenue and expenses. There is an overage of Medicaid service spending. Management is watching the higher overages, PRTF and IIHS closely to reduce the overage. There has been additional monitoring and discharge planning over PRTF to help control the costs. In addition an RFP went out for IIHS due to market saturation to help control costs. Alliance currently meets the financial ratios required by Senate Bill 208 and the ratios monitored by DMA.

Budget Amendment

Kelly Goodfellow presented the proposed budget amendment. This included amendments to:
- LME/MCO administrative revenue due to an increase in anticipated Medicaid lives as well as due to the State releasing the official allocation letter for FY14 LME administrative revenue
- Medicaid service revenue due to an increase in anticipated Medicaid lives and due to a decrease in the PMPM rate
- State service revenue due to the state releasing the official allocation letter for FY14 service revenue

The Finance Committee approved recommending the budget amendment to the Board with a motion to approve by Vicki Shore with a second from Christ Bostock.

Compliance Report
Kelly Goodfellow went over the Compliance Report as of June 30, 2013 issued by the Organization’s independent auditors. She explained the overall report and went over the Schedule of Findings and the Schedule of Corrective Action Plan.

Meeting adjourned at 3:30 pm.

Respectfully submitted,

Sara Pacholke
Finance Director
## Alliance Behavioral Healthcare
### Statement of Revenue Expenses - Actual Budget
For the Six Months Ending December 31, 2013

### REVENUES

<table>
<thead>
<tr>
<th></th>
<th>Budget</th>
<th>Current Period</th>
<th>Year to Date</th>
<th>Balance</th>
<th>Expended</th>
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<tr>
<td><strong>REVENUES</strong></td>
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<td></td>
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<td></td>
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<tr>
<td><strong>Service</strong></td>
<td></td>
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<tr>
<td>County</td>
<td>$35,860,112.00</td>
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<td>$17,785,679.46</td>
<td>$18,074,432.54</td>
<td>49.60%</td>
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<td>State</td>
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<td>2,757,266.41</td>
<td>18,052,775.58</td>
<td>19,620,620.42</td>
<td>47.92%</td>
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<tr>
<td>Federal</td>
<td>7,640,334.00</td>
<td>796,740.58</td>
<td>2,683,534.51</td>
<td>4,956,799.49</td>
<td>35.12%</td>
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<td>Medicaid and CAP Pass Through</td>
<td>500,000.00</td>
<td>22,073.04</td>
<td>16,484,314.60</td>
<td>149,592,468.20</td>
<td>3.14%</td>
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<tr>
<td>Medicaid Waiver</td>
<td>307,626,720.00</td>
<td>21,854,456.13</td>
<td>144,810,556.96</td>
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<td>52.93%</td>
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<td>Miscellaneous Revenue</td>
<td>(183,366.15)</td>
<td>89.50</td>
<td>(89.50)</td>
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<td>0.00%</td>
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<td><strong>Total Service Revenue</strong></td>
<td>389,300,562.00</td>
<td>25,192,586.60</td>
<td>201,353,917.49</td>
<td>187,946,644.51</td>
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<td>County</td>
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<td>601,320.54</td>
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<td>2,059,323.39</td>
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<td></td>
<td></td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>Medicaid Waiver</td>
<td>31,356,480.00</td>
<td>2,814,518.30</td>
<td>16,507,522.70</td>
<td>14,848,957.30</td>
<td>52.64%</td>
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<td>In Kind Revenue</td>
<td>1,130,287.00</td>
<td>143,430.00</td>
<td>986,857.00</td>
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<td>12.69%</td>
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<tr>
<td>Miscellaneous Revenue</td>
<td>25,000.00</td>
<td>65.00</td>
<td>49,560.94</td>
<td>(24,560.94)</td>
<td>198.24%</td>
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<td><strong>Total Administrative Revenue</strong></td>
<td>38,068,135.00</td>
<td>3,243,020.72</td>
<td>19,781,050.79</td>
<td>18,287,084.21</td>
<td>51.96%</td>
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<td><strong>Total Revenues</strong></td>
<td>427,368,697.00</td>
<td>28,435,607.32</td>
<td>221,134,968.28</td>
<td>206,233,728.72</td>
<td>51.74%</td>
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### EXPENDITURES

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<th>Current Period</th>
<th>Year to Date</th>
<th>Balance</th>
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<tr>
<td><strong>Service</strong></td>
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<td></td>
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<tr>
<td>County</td>
<td>36,047,755.00</td>
<td>6,924,873.61</td>
<td>17,347,767.01</td>
<td>18,699,987.99</td>
<td>48.12%</td>
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<td>State</td>
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<td>17,902,038.93</td>
<td>19,771,357.07</td>
<td>47.52%</td>
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<td>Federal</td>
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<td>Medicaid and CAP Pass Through</td>
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<td>(17,619.30)</td>
<td>517,619.30</td>
<td>(3.52%)</td>
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<tr>
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<td>149,801,420.93</td>
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<td><strong>Total Service Expenditures</strong></td>
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<td>27,152,015.54</td>
<td>195,064,837.42</td>
<td>194,423,367.58</td>
<td>50.08%</td>
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<td><strong>Administrative</strong></td>
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<td></td>
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<tr>
<td>Operational</td>
<td>5,814,903.05</td>
<td>270,092.80</td>
<td>1,579,725.91</td>
<td>4,235,177.14</td>
<td>27.17%</td>
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<td>Salaries, Benefits, and Fringe</td>
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<td>Professional Services</td>
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<td>In Kind Expenses</td>
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<td>12.69%</td>
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<td>37,880,492.00</td>
<td>2,345,946.35</td>
<td>14,685,302.58</td>
<td>23,195,189.42</td>
<td>38.77%</td>
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<td><strong>Total Expenditures</strong></td>
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<td>29,497,961.89</td>
<td>209,750,140.00</td>
<td>217,618,557.00</td>
<td>49.08%</td>
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</table>

### REVENUES OVER EXPENDITURES

|                      | (1,062,354.57) | 11,384,828.28 | (11,384,828.28) | 0.00%          |
### ASSETS

#### Current Assets
- Cash and Cash Equivalents: $39,109,272.73
- Service Restricted Cash: 9,454,240.00
- Due from Other Governments: 6,555,139.39
- Accounts Receivable, Net of Allowance for Uncollectible Accounts: 16,664.96
- Sales Tax Refund Receivable: 102,279.20
- Prepaid Expenses: 294,855.70
- **Total Current Assets**: 55,532,451.98

#### Capital Assets
- Furniture and Fixtures: 681,127.27
- Computer Equipment: 62,912.39
- Vehicles: 67,253.00
- Software: 137,560.00
- Less Accumulated Depreciation and Amortization: (214,145.40)
- **Property and Equipment - Net**: 734,707.26

#### Noncurrent Assets
- Restricted Cash: 6,432,048.25
- Security Deposits: 94,934.99
- **Total Other Assets**: 6,526,983.24

**Total Assets**: $62,794,142.48

### LIABILITIES

#### Current Liabilities
- Notes Payable - Current Portion: $1,600,000.00
- Accounts Payable and Other Current Liabilities: 3,254,156.63
- Accrued Liabilities: 8,042,006.26
- Accrued IBNR: 21,919,318.00
- **Total Current Liabilities**: 34,815,480.89

#### Noncurrent Liabilities
- Notes Payable: 5,600,000.00
- Accrued Vacation: 386,550.00
- **Total Long-Term Liabilities**: 5,986,550.00

**Total Liabilities**: 40,802,030.89

### NET POSITION
- Invested in capital assets, net of related debt: 734,707.26
- Restricted for:
  - Risk Reserve at BOY: 2,893,250.37
  - Services Restricted at BOY: 9,454,240.35
- Unrestricted
  - Related to Risk Reserve: 3,538,797.88
  - Related to Services: 3,311,746.02
  - Related to Administration: 2,059,369.71
- **Total Net Position**: 21,992,111.59

**Total Liabilities and Net Position**: $62,794,142.48
Alliance Behavioral Healthcare
Benchmark Ratios
As of December 31, 2013

**CURRENT RATIO**

- **Bench Mark - 1.0**
- **Alliance

**PERCENT PAID**

- **Bench Mark - 90%**
- **Alliance

**DEFENSIVE INTERVAL**

- **Bench Mark - 30 Days**
- **Alliance

**MEDICAL LOSS**

- **Bench Mark - > 80%**
- **Alliance
ITEM: Board By-Laws

DATE OF BOARD MEETING: February 6, 2014

BACKGROUND:
NC General Statues Chapter 122C-117; 122C-118.1 and 122C-119 outlines the powers, duties, structure and organization of the area authority. By virtue of the powers contained in these statutes, the area authority is responsible for comprehensive planning, budgeting, implementing and monitoring of mental health, IDD and substance abuse services to meet the needs of individuals in Cumberland, Durham, Johnston and Wake Counties. In addition to the general statutes, the board by-laws provide the operational basis for the area authority. Changes to the current by-laws were needed to reflect changes in recent legislation –Senate Bill 208 (2013).

REQUEST FOR AREA BOARD ACTION:
Discuss the proposed by-law changes.

CEO RECOMMENDATION:
Approve the By-Laws as presented.

RESOURCE PERSON(S):
Ellen Holliman
AREA BOARD POLICIES AND PROCEDURES

AREA BOARD BY-LAWS

ARTICLE I

PURPOSE

The Alliance Behavioral Healthcare Board of Directors, also known as the Area Board, by virtue of powers contained in Chapter 122C of the North Carolina General Statutes is responsible for comprehensive planning, budgeting, implementing and monitoring of community based mental health, developmental disabilities and substance abuse services to meet the needs of individuals in the Durham and Wake County catchment area. These responsibilities shall be carried out in partnership with the Durham and Wake County Boards of County Commissioners hereinafter referred to as County Commissioners.

MISSION STATEMENT

The mission of the Area Board is to support and enhance the quality of life of those citizens affected by mental illness, intellectual/developmental disabilities and substance abuse.

VISION STATEMENT

The Area Board seeks to develop and maintain a network of quality providers whose services are evidence based or best practice and who embrace people with disabilities as equal partners and valued citizens. The entire community benefits when citizens with disabilities reach their full potential.

VALUES STATEMENT

The Area Board, its administration and employees value the following:

1. Discovering ways to nurture community strengths in order to accomplish what none of us can do alone.
2. Involving stakeholders for the advancement of all citizens in our diverse community.
3. Partnerships with community agencies that assure that best practices are applied through person-centered planning.
4. Community resources that offer enduring ways to support people with disabilities.
5. Community partnerships that leverage resources to respond to the mental health, intellectual/developmental disabilities and substance abuse services (mh/idd/sa) needs of all citizens.
6. Advocacy efforts that challenge the mh/idd/sa delivery system to improve continuously.
7. Accountability of all parties in the system.
8. Exemplary practices that lead to meaningful outcomes and are cost effective.
<table>
<thead>
<tr>
<th>SUBJECT: By-Laws</th>
<th>LATEST REVISION DATE:</th>
<th>PAGE: 2</th>
</tr>
</thead>
</table>

9. High level of satisfaction among consumers, families, and funders.
10. Collaboration with our community partners and stakeholders.
11. Building community capacity that includes the identification of existing community resources and gaps.
12. Services and supports that are consumer and family friendly, age appropriate and culturally competent.
13. The flexibility of the mh/idd/sa system to provide programs and supports when needed, at the level needed, and in the amount necessary. This is important so that people may enter and exit components of the system as their needs change and without fear of re-entry complications.
14. Ongoing community education that assists in the elimination of stigma and discrimination.

**ARTICLE II**

**STRUCTURE**

A. AUTHORITY

1. The Area Board is accountable to the citizens of Durham, Wake and Cumberland Counties.
2. The authority for the Area Board derives from General Statute 122C-117.
3. General duties of the Area Board include:
   a. Defining services to meet the needs of citizens (within the parameters of the law) through an annual needs assessment.
   b. Adoption of operational policies to meet all requirements.
   c. Evaluation of quality and availability of services in meeting the needs of the population.
   d. Fiscal oversight.
   e. Hearing complaints and appeals from consumers, providers and the general public.
   f. Community education and advocacy.
   g. Appointing an area director in accordance with General Statute 122C-121 (d). The appointment is subject to the approval of the board of county commissioners except that one or more boards of county commissioners may waive its authority to approve the appointment. The appointment shall be based on a selection by a search committee of the area authority board. The search committee shall include consumer board members, a county manager, and one or more county commissioners. The Secretary shall have the option to appoint one member to the search committee. The Area Director is an employee of the Area Board and shall serve at the pleasure of the Area Board.
   h. Evaluate annually the area director for performance based on criteria established by the Secretary of NCDHHS and the area board.
   i. Delegating responsibility to the Area Director who shall be responsible for the appointment of employees, the implementation of the policies and programs of the Area Board, for compliance with the rules of the North Carolina Commission for Mental Health, Developmental Disabilities and Substance Abuse Services, and NCDHHS, supervision of all employees and management of all contract providers.
   j. Empower the Area Director to sign official contracts and agreements, where appropriate.
   k. Developing plans and budgets for the area authority subject to the approval of the Secretary of NCDHHS. The area authority shall submit the approved budget to the boards of county commissioners and the county managers.
   l. Providing quarterly and annual reports to the Wake and Durham and Cumberland County Commissioners.
   m. Maintaining open communication with the Consumer and Family Advisory Committee (CFAC).

B. COMPOSITION

1. The Area Board shall consist of nineteen (19) members.
2. The Area Board shall report to the Durham, Wake and Cumberland County Commissioners.

**Comment [EH1]:** I'm not sure what this means - would suggest deleting.

**Formatted:** Highlight
3. The Durham and Wake County Commissioners shall appoint seven members respectively and the Cumberland County Board of Commissioners will appoint four (4) members, eight and six members respectively. During the effective period of the Interlocal Agreement between the Area Board and the Johnston County Area Authorities, the Alliance Area Board will appoint one member from Johnston County. All seats will be appointed at large. Johnston and Cumberland County Area Authorities, the fourteen area board members appointed by Wake and Durham Counties shall appoint two at-large members—one representative from Johnston County and one representative from Cumberland County.

4. The appointment process shall be consistent with the Process outlined in the Joint Resolution between Cumberland, Durham and Wake Counties effective July 8, 2013, merger agreement effective July 1, 2013, policy used by the Durham Center Board. The Area Authority will advertise, accept applications, interview and recommend appointments to the respective boards of commissioners.

5. Area Board membership shall comply with NCGS 122C-118.1. consist of the following:
   1. Consumer or family member representing the interest of individuals with mental illness, intellectual or other developmental disabilities or substance abuse.
   2. CFAC member
   3. An individual with health care expertise and experience in the fields of mental health, intellectual or other developmental disabilities or substance abuse services.
   4. Individual with financial expertise
   5. Individual with provider experience in a managed care environment.

6. The Area Board shall assure that there is at least one representative of each of the three disability categories, i.e., mental illness, intellectual/developmental disabilities and substance abuse, on the board.

7. No individual who contracts with the Area Authority for the delivery of mental health, intellectual/developmental disabilities, or substance abuse services may serve on the Area Board during the period in which the contract for services is in effect.

C. TERMS AND CONDITIONS OF OFFICE

1. Terms of membership shall be for three years except the terms of the County Commissioner members on the Area Board shall be concurrent with their terms of office. The initial terms of office will be staggered in accordance with General Statute 122C-118.1. Each of the initial staggered terms of office shall be considered a full term.

2. Members other than County Commissioners shall not be appointed for more than two consecutive full terms.

3. Members of the Area Board may be removed with or without cause by the appointing authority. The Durham Board of County Commissioners is the appointing authority for the Area Board members it appoints, the Wake Board of County Commissioners is the appointing authority for the Area Board members it appoints, and the Area Board is the appointing authority for the members it appoints.

4. Area Board members may resign at any time, upon written notification to the Chairperson or the Executive Secretary of the Area Board.

5. Vacancies on the Area Board shall be filled by the County Commissioners before the end of the term of the vacated seat or within 90 days of the vacancy, whichever comes first. Appointments shall be for the remainder of the unexpired term.

6. Area Board members are responsible for disclosing and may not vote on any issue in which they have a direct or indirect financial interest or personal gain. All Board members are expected to exhibit high standards of ethical conduct, avoiding both actual conflict of interest and the appearance of a conflict of interest.

7. Neither Area Board members nor members of their families will receive preferential treatment through the Area Authority’s services or operations.

8. Area Board members must be current with all property taxes in their respective counties.

9. Membership is based on the rules and regulations of the Area Board policies and all applicable North Carolina General Statutes.
10. Area Board members are required to comply with the Area Board Code of Ethics, policies and all applicable North Carolina General Statutes.

D. OFFICERS

1. The officers of the Area Board shall be chosen for a one-year term at the final meeting of the fiscal year in which the Area Board is serving, and shall be as follows:
   a. Chairperson, and
   b. Vice-Chairperson.

2. With the exception of the position of Executive Secretary (which shall be filled by the Area Director, CEO), no officer shall serve in a particular office for more than two consecutive terms.

3. Each Area Board member shall be eligible to serve as an officer.

4. Duties of officers shall be as follows:
   a. Chairperson – this officer shall preside at all meetings and generally perform the duties of a presiding officer. The Chairperson shall appoint and be an ex-officio member of all Area Board committees.
   b. Vice Chairperson – this officer shall be familiar with the duties of the Chairperson and be prepared to serve or preside at any meeting on any occasion where the Chairperson is unable to perform his/her duties.
   c. Executive Secretary – The Area Director, CEO (or his/her designee) shall serve as the Executive Secretary. The Area Director, CEO shall not be an official member of the Area Board nor have a vote. As Executive Secretary, the Area Director, CEO shall:
      1) Send Area Board packets of information.
      2) Maintain a true and accurate account of all proceedings at Area Board meetings.
      3) Maintain custody of Area Board minutes and other records.
      4) Notify the County Commissioners of any vacancies on the Area Board or attendance compliance issues.

E. COMMITTEES

1. STANDING COMMITTEES - Annually, the Area Board Chairperson shall appoint committees that are required by law, regulation, accrediting bodies or contract as well as other committees, at the discretion of the Area Board. These committees shall have the responsibility of making policy recommendations to the Area Board regarding matters within each committee’s designated area of concern. The composition of each committee shall comply with the relevant statute, regulation or contract requirements. These standing committees shall be as follows:

a. Finance Committee (NCGS 122C-119 (d))

i. This committee shall be composed of the Finance member designees of the Area Board plus three other Area Board members. (The Finance Officers of Durham, Cumberland, Durham and Wake Counties may serve as ex-officio members)

ii. The Committee’s functions include:
   1) Recommending policies/practices on fiscal matters to the full Area Board.
   2) Reviewing and recommending budgets to the entire Area Board.
   3) Reviewing and recommending approval of audit reports (following a meeting by a designee of this committee with the auditor and receipt of the management letter) and assure corrective actions are taken as needed.
   4) Reviewing and recommending policies and procedures for managing contracts and other purchase of service arrangements.
   5) Reviewing financial statements at least quarterly.
   6) Reviewing the financial strength of the Area Authority
b. Human Rights Committee (Contract with DMH/DD/SAS)

i. The Human Rights Committee shall consist of ____ members and include consumers and family members representing mental health, developmental disabilities and substance abuse.

ii. 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 served.
3) Reporting to the full Area Board at least quarterly.
4) Submitting an annual report to the Area Board which includes, among other things, a review of the Area Authority’s compliance with NCGS 122C, Article 3, DMHDDSAS Client Rights Rules (APSM 95-2) and Confidentiality Rules (APSM 45-1).

iii. The Human Rights Committee shall meet at least quarterly.

c. Quality Management Committee (Contract with DMHDDSAS)

i. The Quality Management Committee shall consist of ____ members and include ____ board members. The Board QM Committee will meet monthly or at least 6 times a year.

ii. The Committee shall review statistical data and provider monitoring reports and make recommendations to the full Area Board or other Area Board committees.

iii. The Quality Management Committee functions include:

   d. Executive Committee - The Area Board shall have an Executive Committee. All actions taken by the Executive Committee will be reported to the full Area Board at the next scheduled meeting.

   iv. The Executive Committee shall be composed of the officers of the Area Board, Chairpersons of standing committees (who are Area Board members), the past Board chairperson or at-large members.

   v. The Area Board Chairperson shall serve as the Chairperson of the Executive Committee.

   vi. The Chairperson shall call the meetings of the Executive Committee. Any member of the Area Board may request that the Chairperson call an Executive Committee meeting.

iv. Notice of the time and place of every Executive Committee meeting shall be given to the members of the Executive Committee in the same manner that notice is given of Area Board meetings.

v. The Executive Committee shall be responsible for the following:
1) Function as the grievance committee to hear complaints regarding board member conduct and make recommendations to the full Area Board.
2) Establish agendas for full Area Board meetings.
3) Act on matters that are time-sensitive between regularly scheduled board meetings
4) Provide feedback to the Area Director/CEO concerning current issues related to services, providers, staff, etc.
5) Fulfill other duties as directed by the full Area Board.

vi. The Policy/By-law Committee shall consist of ____ board members and shall meet at least 3 times a year
ii The Committee’s functions include:
1. Developing, reviewing and revising Area Board By-Laws and Policies that Govern the LME/MCO.
2. Recommending policies to the full Area Board to include all functions and lines of business of the LME/MCO.
3. Reviewing Area Board Policies at least annually, within 12 months of policies’ approval. The Committee reviews a number of Policies each quarter in order to meet the annual review requirement.
4. Revising Policies to ensure compliance with applicable law, federal and state statutes, administrative rules, state policies, contractual agreements and accreditation standards.
5. Ensure that a master Policy Index is kept current indicating policy names, original approval dates, all revision dates, all review dates, accreditation standards, and references to applicable law, federal and state rules and regulations and state policies.

2. AD HOC COMMITTEES
   a. Ad hoc committees, may be appointed by the Area Board Chairperson with the approval of a majority of the Area Board members who are present at the meeting during which approval is given.
   b. These committees shall carry out their duties as designated by the Area Board and shall report their findings to the Area Board or its committees.

3. CONSUMER AND FAMILY ADVISORY COMMITTEE – Consistent with NCGS 122C-170, the Area Authority shall have a committee made up of consumers and family members to be known as the Consumer and Family Advisory Committee (CFAC). The Consumer and Family Advisory Committee shall be self-governing and self-directed. The CFAC shall advise the Area Board on the planning and management of the local mental health, intellectual/developmental disabilities and substance abuse services system.

ARTICLE III
MEETINGS

A. REGULAR MEETINGS

Regular meetings shall be held at least six times each year at a location and time designated by the Area Board. The annual meeting for the election of officers shall be the final meeting of each fiscal year. All meetings of the Area Board shall be conducted in accordance with provisions set forth in Article 33C of GS 143 (the Open Meetings Act).

B. SPECIAL MEETINGS

Special meetings may be called by the Area Board Chairperson or by three or more members of the Area Board after notifying the Area Board Chairperson in writing. Notice of special meetings shall be provided in a manner consistent with those utilized to notify Area Board members (and others) of regularly scheduled meetings.

C. EMERGENCY MEETINGS
Emergency meetings may be called for unexpected circumstances that require immediate consideration by the Area Board. Due to the urgent need to assemble a meeting as soon as possible, any requirements regarding advanced notice for regularly scheduled meetings may be waived and emergency meetings shall be held as soon as a quorum of the Area Board can be convened.

**D. NOTICE OF MEETINGS**

Notification of Area Board meetings shall be sent out no later than 48 hours before the regular meeting and in accordance with requirements set forth in the Open Meetings Statute, Article 33C. The Area Board is scheduled to meet on the first Thursday of each month at the Area Authority facility. Notice of the date, time and place shall be sent to each board member in the form of an Area Board agenda. Information concerning Board meetings shall also be made available to the local news media in accordance with Article 33C. Notice for all board meetings including the board packet will be posted on the Alliance website.

**E. CONDUCT OF MEETINGS**

Area Board meetings shall be conducted under parliamentary procedures.

Significant actions by the Area Board require fourteen (14) affirmative votes, or a corresponding majority in the event the number of board members changes or there are vacant seats on the Board. Significant actions shall include: (1) policy decisions which affect consumer benefit plans, admit or exclude providers, or set provider rates, (2) any action or decisions concerning the annual budget and amendments according to the Local Government Budget and Fiscal Control Act (NCGS 159), (3) personnel policies, (4) employee benefit plans, (5) the selection and dismissal of the Chief Executive Officer, (6) changes to the Area Board structure, (7) execution of contracts or leases for real or personal property including accepting any assignment thereof, (8) acceptance of grants, (9) settlement of liability claims against the Area Authority or its officers or employees, (10) approval or amendment of the Area Authority’s by-laws, and, (11) any other matter so designated by the Area Authority Board. Participation in Area Board meetings via electronic means, e.g. telephone, video conferencing, is permissible to the extent allowed by law. Such participation includes the right to vote on issues that arise during the course of the meeting.

**F. QUORUM**

A majority of the actual membership of the Area Board, excluding vacant seats, shall constitute a quorum and shall be required for the transaction of business at all regular, special and emergency meetings. A majority is more than half.

**G. ABSENCES**

1. Absence from three (3) consecutive meetings without notification to the Executive Secretary shall constitute resignation from the Area Board.
2. Absence from more than twenty-five percent (25%) of the meetings during a 12 month period may also constitute resignation from the Area Board.
3. In computing absences, absence from two Area Board committee meetings may constitute one absence from a regular Area Board meeting.

**ARTICLE IV**

**GENERAL PROVISIONS**

**A. AMENDMENTS**

1. These By-Laws may be amended or repealed as necessary.
2. New or amended By-Laws may be adopted by the affirmative vote of fourteen (14) eleven (11) Board members, or a corresponding majority of Board members in the event the number of Board members changes or there are vacant seats on the Board, during any regular (or other) meeting of the Area Board.

3. Notice of proposed changes must be given to the Area Board members at least thirty (30) days prior to the change.

B. SUSPENSION OF BY-LAWS

The Area Board has the authority to suspend the By-Laws by an affirmative vote of fourteen (14) eleven (11) Board members, or a corresponding majority of Board members in the event the number of Board members changes or there are vacant seats on the Board.

C. REVIEW OF BY-LAWS AND AREA BOARD GOVERNANCE POLICIES

These By-Laws and all Area Board governance policies shall be reviewed at least annually.
Approved by: Alliance Behavioral Healthcare Area Board, May 3, 2012
ITEM: Global Quality Management Committee FINAL Minutes

DATE OF BOARD MEETING: February 6, 2014

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.

In FY 14 members of the committee were:
Vacant, Chair (Area Board Member)
Lascel Webley, Jr. (Chair, Area Board)
Joe Kilsheimer (CFAC-Durham member)
George Corvin, MD (Area Board Member)
Bill Stanford, Jr. (Area Board Member)
John Griffin (Area Board Member)
Amy Neufeld (MH/SA Provider representative)
Lakisha Perry-Green (I/DD Provider representative)

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 final minutes from the September and November meetings are attached. The committee did not meet in October. The committee selected two provider representatives invited to join the committee. The committee received presentations on provider capacity and utilization, updates
on Quality Improvement & Performance Improvement Projects, data from Innovations measures, and an overview of incidents, grievances, authorizations, and Call Center data for the fourth quarter of FY 13 and first quarter of FY 14.

**REQUEST FOR BOARD ACTION:**
Accept the minutes as presented.

**CEO RECOMMENDATION:**
Accept the minutes as presented.

**RESOURCE PERSON(S):**
Lena Klumper, Ph.D
<table>
<thead>
<tr>
<th><strong>Committee name:</strong></th>
<th>Global Quality Management Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Meeting date:</strong></td>
<td>September 11, 2013</td>
</tr>
<tr>
<td><strong>Report submitted by:</strong></td>
<td>Tina Howard, MA; Nancy Henley, MD (Chair)</td>
</tr>
<tr>
<td><strong>Members Present:</strong></td>
<td>Joe Kilsheimer, MBA; George Corvin, MD; John Griffin, EdD; Nancy Henley, MD</td>
</tr>
<tr>
<td><strong>Members Absent:</strong></td>
<td>Lascel Webley, Jr., BS, MBA, MHA; Amy Neufeld, MSW, Provider Representative; Bill Sanford</td>
</tr>
<tr>
<td><strong>Staff Present:</strong></td>
<td>Lena Klumper, PhD, Quality Management Director; May Alexander, MS, QM Data Manager (via conference call); Khalil Tanas, MD, Medical Director; Tina Howard, MA, Quality Review Manager</td>
</tr>
<tr>
<td><strong>Staff Absent:</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Community Providers Present:</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Community Providers Absent:</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Guests:</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Topic:</strong></td>
<td>Approval of Minutes</td>
</tr>
<tr>
<td><strong>Brief description of Topic:</strong></td>
<td>June 2013 minutes were reviewed. Dr. Tanas asked that a correction be made to his credentials. Dr. Henley requested that the word “is” be added to UM report. Minutes were approved as amended.</td>
</tr>
<tr>
<td><strong>Follow-up items:</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Announcements:</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Next steps:</strong></td>
<td>Send finalized minutes to committee.</td>
</tr>
<tr>
<td>Topic:</td>
<td>New Business</td>
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</table>
| **Brief description of Topic:** | Review applications for provider and CFAC representatives  
Dr. Klumper is recruiting for additional applications. Will be discussed next month. |
| **Update on URAC Preparation** | Dr. Klumper reported that Alliance successfully submitted application for URAC reaccreditation of Core and Health Utilization Management modules and new accreditation for Health Network and Health Call Center. Alliance expects an on-site visit by URAC in November or December. Alliance is preparing by QM providing technical assistance and conducting mock reviews with all affected units. |
| **Update on Consumer and Provider Satisfaction surveys** | Dr. Klumper reported that Alliance administered consumer and provider satisfaction surveys developed by the state. Results are expected in the next two months and will be reported to committee. |
| Actions Taken: | None |
| Next steps: | None. |

<table>
<thead>
<tr>
<th>Topic:</th>
<th>Provider Profile Report (Lena Klumper)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Brief description of data reviewed:</strong></td>
<td>Dr. Klumper presented an abbreviated report of our provider capacity and utilization. Report is intended for public distribution. Committee asked if report would be shared with hospitals. Report will be emailed to all providers and placed on website.</td>
</tr>
<tr>
<td>Actions Taken:</td>
<td>None.</td>
</tr>
<tr>
<td>Next steps:</td>
<td>Committee is asked to review report and send comments/edits to Lena at <a href="mailto:lklumper@alliancebhc.org">lklumper@alliancebhc.org</a>.</td>
</tr>
<tr>
<td>Topic: Update on Quality Improvement &amp; Performance Improvement Projects (QIPs) (Tina Howard)</td>
<td></td>
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</tr>
<tr>
<td>Brief description of data reviewed: Ms. Howard presented on the progress in implementing Quality Improvement Projects selected by committee. All projects are on target to be finished by next June, with the exception of the Intensive In Home project. Even if the IIH project is not completed on time, Alliance is meeting all contract and URAC requirements. Ms. Howard also presented an overview and status of performance improvement projects, which are shorter-term, focused studies. See attached presentation for details.</td>
<td></td>
</tr>
<tr>
<td>Actions Taken: Ms. Howard will closely monitor implementation of projects.</td>
<td></td>
</tr>
</tbody>
</table>
| Next steps: Ms. Howard will continue to report on progress quarterly. Committee asked the following questions, which Ms. Howard will research and email a response:  
  - What is the status of the CIT Initiative in Cumberland County? [Update note: Progression of CIT in Cumberland County led to CIT Leadership Committee starting to track data on CIT responses and outcomes, initially obtaining names and contact information. A detailed form (Crisis Intervention Team (CIT) Report) is being used by Cumberland County city and county law enforcement on all crisis calls involving mental illness. The data on this form will be collected and analyzed.]  
  How many Innovations slots have been added recently? [Update note: Alliance originally had 1,715 slots, which was increased to 1,824] |

<table>
<thead>
<tr>
<th>Topic: Data from Innovations Performance Measures (Tina Howard &amp; May Alexander)</th>
</tr>
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<tbody>
<tr>
<td>Brief description of data reviewed: Ms. Howard and Ms. Alexander presented on the performance measurement data that Alliance submitted to the Division of Medical Assistance in July. The state has not yet defined benchmarks for each of the measures. Some of the Health &amp; Safety measures were unable to be reported because data is not available in the online database system, IRIS, from which the state required the data to be reported.</td>
</tr>
<tr>
<td>Actions Taken: Report, along with updated QM Plan, was submitted to the state by the deadline.</td>
</tr>
<tr>
<td>Next steps: Committee is asked to review report and send comments/edits to Tina at <a href="mailto:thoward@alliancebhc.org">thoward@alliancebhc.org</a>. Committee</td>
</tr>
</tbody>
</table>
asked Tina and May to ensure accuracy of number of deaths reported and to email detailed description of measures.

The next meeting is scheduled for October 17 *(update-meeting canceled).*
Update on Performance Improvement Projects & Quality Improvement Projects

QM Presentation to GQMC-Sept. 2013

Serving Durham, Wake, Cumberland and Johnston Counties
Definitions

• Performance Improvement Project (PIP)
  o Short-term (approx. several months)
  o Focused study with recommended actions

• Quality Improvement Project (QIP—also referred to performance improvement project in DMA contract)
  o Longer-term (12 – 18 months)
  o Measures dimension of performance from baseline
  o Interventions developed and “tested”
  o Continue project until improvement is sustained

Serving Durham, Wake, Cumberland and Johnston Counties
Performance Improvement Projects

- Durham Center Access PIP
  - Decreased utilization of services
  - Discovered concerns: Mobile Crisis not adhering to service definition, staffing concerns, customer service concerns, poor record keeping, & concerns about discharge planning
  - Actions: Plan of Correction issued related to record keeping/discharge planning, proposed revisions to Scope of Work, close monitoring of changes

Serving Durham, Wake, Cumberland and Johnston Counties
Performance Improvement Projects

• Funding for Pharmacy Programs PIP
  o Project examined outcomes and funding for two pharmacy programs
  o Results: Program #1 over-utilization of funds, dispensing greater number of medications, access to Patient Assistance Programs, interviewees reported good customer service & more convenient hours. Program #2 – pharmacy is located onsite at provider agency, coordination between pharmacy & therapy services
  o Actions Taken – Guidelines for Approved Prescribers for Use of Indigent Pharmacy Benefit created

Serving Durham, Wake, Cumberland and Johnston Counties
Performance Improvement Projects

• Expenditures for Out of County Recipients
  o Project examined IPRS claims paid for consumers out of county
  o Results: $165,000/month paid for out of county consumers, due to lack of county designation in database and CASP (regional program) funding
  o Actions Taken – Claims reviewed every month, compared to UM authorizations, initiate discussion with other LME/MCOs about transferring consumers across catchment areas

Serving Durham, Wake, Cumberland and Johnston Counties
Performance Improvement Projects

• Length of Stay at Community Hospitals
  o Project examined longer stay in local inpatient hospitals
  o In process

• Increase in State Facility Admissions in Durham
  o Project to examine increase in admissions of Durham residents
  o In process
Quality Improvement Projects

Reduce visits to Emergency Rooms

- Critical project for Alliance
- Project Team: Clinical Dir, Community Relations, Care Coordination
- Plan has been created for every county:
  - **Durham** – Top 25 pilot-data analyzed & results reported to Crisis Collaborative, review data regularly, expand CIT, expand case conference model, create ED Liaison, increase Mobile Crisis Team utilization
  - **Cumberland** – Create walk-in assessment center, increase CIT training, co-locate Care Coordination in ED, review real-time ED data on daily basis, expand Mobile Crisis Team to county, reduce repeat admissions

* Serving Durham, Wake, Cumberland and Johnston Counties*
Quality Improvement Projects

Reduce visits to Emergency Rooms

- Plan has been created for every county:
  - **Johnston** – review data daily & on regular basis, co-locate Care Coordinator in ED, monitor engagement, develop medically monitored detox
  - **Wake** – collect & review ED admissions daily, expand CIT, transition county services to UNC/private providers, improve consumer engagement in treatment services, increase Mobile Crisis Team utilization-technical assistance team (Durham & Wake) meeting on regular basis
Quality Improvement Projects

Mystery Shopper—Mystery review of internal and external processes, ensure consumer health/safety

- Project Team (Call Center, IT, Consumer Affairs)
  - Review of recorded calls to Access & Information – 20 randomly selected calls reviewed, 8 from providers/professionals requesting information, analyzing results
  - Executive Walk-Through (an executive member of leadership walks through process from screening to attending first appointment, records experience) – 3 conducted, results being analyzed, continuing to recruit consumers willing to be “shadowed”
Quality Improvement Projects

Mystery Shopper—Mystery review of internal and external processes, ensure consumer health/safety

Quality Improvement Projects

First Responder – test crisis lines of providers

- Project Team assembled (Compliance, UM, Call Ctr)
- Updated review tool, script, and placed guidelines for providers on website & emailed
- Aug 2013 – tested 100% of agencies with first responder responsibilities in all four counties (about 120 agencies)
- Data being analyzed, agencies who reported not receiving calls will be re-tested, Ex. Directors contacted for agencies who did not respond
- Results will be shared with CQI, Provider Network Evaluators, and (if needed) compliance; retest later this year
Quality Improvement Projects

Inter-rater Reliability – test consistency between UM Care Managers & among Call Center staff

- Tools developed and refined by Project Team (UM Committee)
- Interventions: Training, group & individual supervision; Goal: 85% agreement
- Results from latest study (Spring 2013): UM – 67% (moderate agreement), Call Center – 75% (substantial agreement)
- Analyzing data from studies in August: MH/SA UM, Call Center; finalizing study for I/DD UM; Additional tests in December
Quality Improvement Projects

Intensive In-Home—Improve quality of IIH services

- Project Team – Dr. Arrington (Chair), UM, UM Appeals, Provider Networks

- Goals: Increase # of providers offering EBPs, reduce use of crisis services & law enforcement involvement

- Baseline data: 209 youth authorized in Feb/Mar - collecting data on avg. LOS, crisis admits, law enforcement, outcomes

- Use of Evidence-Based Practices – data collected from 46 agencies, 72% use CBT, 35% use MI, 33% use family-systems

- Interventions: RFP for services will be issued late Sept, Information collected used to inform RFP
Quality Improvement Projects

Intensive In-Home— Improve quality of IIH services

- Re-Evaluation: Pull data for another sample of youth receiving services after new contracts implemented, monitor fidelity of models used by providers

- Project will be delayed, recommend continuation in FY 15
Durham Center QIPs Continued

Substance Abuse Engagement—improve consumer engagement in Durham SA services

- Project originally included interventions to increase Care Coordination & improve monitoring of providers

- During 12 month post follow up, engagement of consumers found to have decreased, below baseline, in FY 13

- Next steps: Met with Provider Networks—recommend evaluating impact of RFPs issued for SAIOP, collect sample of consumers receiving services April – June 2013, compare to sample in 2014

- Assemble project team to monitor results
Durham Center QIPs Continued

DCA Discharge Planning—improve discharge planning at DCA

- Original intervention included revised discharge plan, Discharge Plan Coordinator added when funding became available

- Follow Up Review (April/May 2013) – indicated new plan not implemented until March 2013 & limited use (30%) of new discharge plan, 85% of adult plans & 72% of youth plans 75% complete, only 2 adults plans 100% complete, 38% seen by provider within 5 days of discharge, turnover of Coordinator position

- Next steps: Training for DCA staff, POC issued, review of charts (Dec), analysis of youth readmissions
<table>
<thead>
<tr>
<th>Section</th>
<th>Measurement Item</th>
<th>Please insert any notes regarding measures submitted.</th>
<th>Notes for LME/MCOs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Care</td>
<td>Number and percent of new waiver enrollees who have a LOC prior to receipt of service</td>
<td>If of new Waiver enrollees data is Feb-May only. 12 new members enrolled in June have not been included due to time frame for ISP development and paid claim lag of 90 days.</td>
<td></td>
</tr>
<tr>
<td>Level of Care completed annually</td>
<td>Proportion of Level of Care evaluations completed at least annually for enrolled participants</td>
<td>Signature of Care Coordinator for data collection</td>
<td></td>
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<tr>
<td>Level of Care process/instrum ent</td>
<td>Proportion of Level of Care evaluations completed using approved processes and instrument</td>
<td>Signature of Care Coordinator for data collection</td>
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<tr>
<td>Level of Care process/instrum ent</td>
<td>Proportion of New Level of Care evaluations completed using approved processes and instrument</td>
<td>If of new Waiver enrollees data is Feb-May only. 12 new members enrolled in June have not been included due to time frame for ISP development and paid claim lag of 90 days. This information will be reflected in next reporting period.</td>
<td></td>
</tr>
</tbody>
</table>

| Provider Standards             | Revised Proportion of new licensed providers that meet licensure, certification, and/or other standards prior to their furnishing waiver services. | Ancestry is assuming that these measures refer to a quality review of our credentialing process. We conducted a quality review of all 151 Innovations Providers (an additional 15 providers are contracted for medical supplies and are not credentialed). The data on the following tab reflects that % of contractors who met all criteria according to Alliance's credentialing process. Those files that did not meet all elements were primarily credentialled following our original process. The process has since been revised and updated due to a quality review conducted in December 2012. Alliance is continuing to conduct periodic quality reviews to ensure process is followed. |                   |
| Provider Compliance            | Proportion of providers reviewed according to PIHP monitoring schedule to continue compliance with licensing certification, contract and waiver standards | Data includes total # of Innovations providers reviewed (to date) divided by the total number expected to be reviewed using Gold Star tools. Because tools were recently finalized, Alliance began Gold Star Monitoring June 1. |                   |
| Provider Remediation           | Proportion of providers for whom problems have been discovered and appropriate remediation has taken place | Data includes routine & investigative monitorings only |                   |
| Provider Standards             | Revised Proportion of monitored non-licensed/non-certified providers that successfully implemented an approved corrective action plan | Data includes monitorings of APLs. The three homes that did not pass transitioned their consumers to other homes |                   |
| ISP assessed needs/goals       | Proportion of Individual Support Plans in which the services and supports reflect participant assessed needs and life goals | Data collection was signature of individual/legal representative/guardian |                   |
| ISP Health and Safety Risk    | Proportion of Individual Support Plans that address identified health and safety risk factors | Data collection was signature of individual/legal representative/guardian |                   |
| ISP Service Needs             | Percentage of participants reporting that their Individual Support Plan has the services that they need | Data collection was signature of individual/legal representative/guardian |                   |
| ISP Development               | Proportion of PCPs that are completed in accordance with DMA requirements | Data collection was signature of individual/legal representative/guardian |                   |
| ISP Annual Updates/Needles d Updates | Proportion of individuals for whom an annual plan and/or needed update took place. | Data collection was signature of individual/legal representative/guardian |                   |
| ISP & Specified Services      | Proportion of new waiver participants who are receiving services according to their ISP within 45 days of ISP approval. | Due to lag time of paid claims up to 90 days, we used LOI effective dates of Feb-May 2013 only for new Waiver participants. Participants received services but since there is the lag time in claims, determination of receiving as services as noted in plan Alliance was not able to fully validate this measure. |                   |
| Freedom of Choice Statements  | Proportion of records that contain a signed freedom of choice statement | Data collection was signature of individual/legal representative/guardian |                   |
| DC Advises on Available Services | Proportion of participants reporting their Care Coordinator helps them to know what waiver services are available | Data collection was signature of individual/legal representative/guardian |                   |
| Health and Safety              | Number and Percent of Actions Taken To Protect the Consumer, where indicated (Deaths will be excluded here) (include: Consumer Injury, Consumer behavior-abuse, sexual acts, AWOL, illegal acts). Also, were appropriate agencies notified. | This will be an enhancement to the NC IRIS system. Please submit information captured via any internal databases or information systems. |                   |
| Health and Safety Revised      | Number and Percentage of deaths where required LME/PIHP follow-up interventions were completed as required | Make sure that the MCO has checked the LME/PIHR and Innovations box in IRIS. Under LME actions selection please make sure that it has been submitted within 72 hours |                   |
| Health and Safety               | Number and percentage of level 2 or 3 incidents where required LME/MCO follow-up interventions were completed as required | |                   |
| Health and Safety Percentage of medication errors resulting in medical treatment | Percentage of medication errors resulting in medical treatment | |                   |

---

**Innovations Measures Notes Workbook**

**Provider Standards**

<table>
<thead>
<tr>
<th>Revised Proportion of new licensed providers that meet licensure, certification, and/or other standards prior to their furnishing waiver services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ancestry is assuming that these measures refer to a quality review of our credentialing process. We conducted a quality review of all 151 Innovations Providers (an additional 15 providers are contracted for medical supplies and are not credentialed). The data on the following tab reflects that % of contractors who met all criteria according to Alliance's credentialing process. Those files that did not meet all elements were primarily credentialled following our original process. The process has since been revised and updated due to a quality review conducted in December 2012. Alliance is continuing to conduct periodic quality reviews to ensure process is followed.</td>
</tr>
</tbody>
</table>

**Provider Compliance**

<table>
<thead>
<tr>
<th>Proportion of providers reviewed according to PIHP monitoring schedule to continue compliance with licensing certification, contract and waiver standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data includes total # of Innovations providers reviewed (to date) divided by the total number expected to be reviewed using Gold Star tools. Because tools were recently finalized, Alliance began Gold Star Monitoring June 1.</td>
</tr>
</tbody>
</table>

**Provider Remediation**

<table>
<thead>
<tr>
<th>Proportion of providers for whom problems have been discovered and appropriate remediation has taken place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data includes routine &amp; investigative monitorings only</td>
</tr>
</tbody>
</table>

**Provider Standards**

<table>
<thead>
<tr>
<th>Revised Proportion of monitored non-licensed/non-certified providers that successfully implemented an approved corrective action plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data includes monitorings of APLs. The three homes that did not pass transitioned their consumers to other homes</td>
</tr>
</tbody>
</table>

**ISP assessed needs/goals**

<table>
<thead>
<tr>
<th>Proportion of Individual Support Plans in which the services and supports reflect participant assessed needs and life goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data collection was signature of individual/legal representative/guardian</td>
</tr>
</tbody>
</table>

**ISP Health and Safety Risk**

<table>
<thead>
<tr>
<th>Proportion of Individual Support Plans that address identified health and safety risk factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data collection was signature of individual/legal representative/guardian</td>
</tr>
</tbody>
</table>

**ISP Service Needs**

<table>
<thead>
<tr>
<th>Percentage of participants reporting that their Individual Support Plan has the services that they need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data collection was signature of individual/legal representative/guardian</td>
</tr>
</tbody>
</table>

**ISP Development**

<table>
<thead>
<tr>
<th>Proportion of PCPs that are completed in accordance with DMA requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data collection was signature of individual/legal representative/guardian</td>
</tr>
</tbody>
</table>

**ISP Annual Updates/Needles d Updates**

<table>
<thead>
<tr>
<th>Proportion of individuals for whom an annual plan and/or needed update took place.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data collection was signature of individual/legal representative/guardian</td>
</tr>
</tbody>
</table>

**ISP & Specified Services**

<table>
<thead>
<tr>
<th>Proportion of new waiver participants who are receiving services according to their ISP within 45 days of ISP approval.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Due to lag time of paid claims up to 90 days, we used LOI effective dates of Feb-May 2013 only for new Waiver participants. Participants received services but since there is the lag time in claims, determination of receiving as services as noted in plan Alliance was not able to fully validate this measure.</td>
</tr>
</tbody>
</table>

**Freedom of Choice Statements**

<table>
<thead>
<tr>
<th>Proportion of records that contain a signed freedom of choice statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data collection was signature of individual/legal representative/guardian</td>
</tr>
</tbody>
</table>

**DC Advises on Available Services**

<table>
<thead>
<tr>
<th>Proportion of participants reporting their Care Coordinator helps them to know what waiver services are available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data collection was signature of individual/legal representative/guardian</td>
</tr>
</tbody>
</table>

**Health and Safety**

<table>
<thead>
<tr>
<th>Number and Percent of Actions Taken To Protect the Consumer, where indicated (Deaths will be excluded here) (include: Consumer Injury, Consumer behavior-abuse, sexual acts, AWOL, illegal acts). Also, were appropriate agencies notified.</th>
</tr>
</thead>
<tbody>
<tr>
<td>This will be an enhancement to the NC IRIS system. Please submit information captured via any internal databases or information systems.</td>
</tr>
</tbody>
</table>

**Health and Safety Revised**

<table>
<thead>
<tr>
<th>Number and Percentage of deaths where required LME/PIHP follow-up interventions were completed as required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make sure that the MCO has checked the LME/PIHR and Innovations box in IRIS. Under LME actions selection please make sure that it has been submitted within 72 hours</td>
</tr>
</tbody>
</table>

**Health and Safety**

<table>
<thead>
<tr>
<th>Number and percentage of level 2 or 3 incidents where required LME/MCO follow-up interventions were completed as required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Innovations Measures Notes Workbook</td>
</tr>
<tr>
<td>------------------------------------</td>
</tr>
<tr>
<td><strong>Health and Safety</strong></td>
</tr>
<tr>
<td><strong>Health and Safety</strong></td>
</tr>
<tr>
<td>Innovations Claims vs. Services Auth'd</td>
</tr>
<tr>
<td>Section</td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
<tr>
<td>Level of Care: Initial</td>
</tr>
<tr>
<td>Level of Care: process/instrument</td>
</tr>
<tr>
<td>Level of Care: process/instrument</td>
</tr>
<tr>
<td>Level of Care: process/instrument</td>
</tr>
<tr>
<td>Provider Standards</td>
</tr>
<tr>
<td>Provider Compliance</td>
</tr>
<tr>
<td>Provider Remedation</td>
</tr>
<tr>
<td>Provider Standards</td>
</tr>
<tr>
<td>Provider Standards</td>
</tr>
<tr>
<td>ISP assessed needs/goals</td>
</tr>
<tr>
<td>ISP Health and Safety Risk</td>
</tr>
<tr>
<td>ISP Service Needs</td>
</tr>
<tr>
<td>ISP Development</td>
</tr>
<tr>
<td>ISP Annual Updates/Needs/Updates took place.</td>
</tr>
</tbody>
</table>
## Innovations Waiver Performance Measures

<table>
<thead>
<tr>
<th>Individual Support Plan</th>
<th>Services Received within 45 days</th>
<th>Proportion of new waiver participants who are receiving services according to their ISP within 45 days of ISP approval.</th>
<th>Numerator: Number of new Innovations participants who receive services within 45 days of approval of the ISP. Denominator: Total Number of initial ISPs for new Innovations participation.</th>
<th>Quarterly</th>
<th>7/31/13</th>
<th>Apr 1-June 30</th>
<th>1</th>
<th>1</th>
<th>100.00%</th>
</tr>
</thead>
<tbody>
<tr>
<td>IEP &amp; Specified Services</td>
<td>Proportion of participants who are receiving services in the type, scope, amount, and frequency as specified in the Individual Support Plan.</td>
<td>Numerator: Number of Innovations participants reviewed who received services in the type, scope and frequency listed in the ISP. Denominator: Total number of Innovations participants reviewed.</td>
<td>Annually</td>
<td>7/31/13</td>
<td>7/1-6/30</td>
<td>n/a</td>
<td>n/a</td>
<td>#VALUE!</td>
<td></td>
</tr>
<tr>
<td>Freedom of Choice Statements</td>
<td>Proportion of records that contain a signed freedom of choice statement.</td>
<td>Numerator: Total number of Individual Support Plans for Innovations participants where freedom of choice statement is signed. Denominator: Total number of Individual Support Plans for Innovations participants.</td>
<td>Annually</td>
<td>7/31/13</td>
<td>7/1-6/30</td>
<td>n/a</td>
<td>n/a</td>
<td>#VALUE!</td>
<td></td>
</tr>
<tr>
<td>CC Advises on Available Services</td>
<td>Proportion of participants reporting their Care Coordinator helps them to know what waiver services are available.</td>
<td>Numerator: Number of Individual Support Plans for Innovations participants that indicate the Care Coordinator helps the participant know what services are available. Denominator: Total number of Individual Support Plans for Innovations participants.</td>
<td>Annually</td>
<td>7/31/13</td>
<td>7/1-6/30</td>
<td>n/a</td>
<td>n/a</td>
<td>#VALUE!</td>
<td></td>
</tr>
<tr>
<td>Provider Choice</td>
<td>Proportion of participants reporting they have a choice between providers.</td>
<td>Numerator: Number of Individual Support Plans for Innovations participants that indicate the participants were given a choice of providers. Denominator: Total number of Individual Support Plans for Innovations participants.</td>
<td>Annually</td>
<td>7/31/13</td>
<td>7/1-6/30</td>
<td>n/a</td>
<td>n/a</td>
<td>#VALUE!</td>
<td></td>
</tr>
<tr>
<td>Health and Safety</td>
<td>Number and Percent of Actions Taken to Protect the Consumer, 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>Numerator: Number of actions taken to protect the consumer from additional harm, where indicated. (Actions may include: All actions where protective actions were indicated. Denominator: All actions where protective actions were indicated.</td>
<td>Quarterly</td>
<td>7/31/13</td>
<td>Apr 1-June 30</td>
<td>32</td>
<td>34</td>
<td>94.12%</td>
<td></td>
</tr>
<tr>
<td>Health and Safety</td>
<td>What was the proportion of the level 2/3 incidents that reported within required timeframes.</td>
<td>Numerator: Number of incidents addressed within required timeframes as specified in waiver policies and procedures. Denominator: Total number of incidents reported.</td>
<td>Quarterly</td>
<td>7/31/13</td>
<td>Apr 1-June 30</td>
<td>30</td>
<td>34</td>
<td>88.24%</td>
<td></td>
</tr>
<tr>
<td>Health and Safety</td>
<td>Percentage of incidents referred to the Division of Social Services or the Division of Health Service Regulation.</td>
<td>Numerator: Number of critical incidents reported for waiver beneficiaries. Denominator: All beneficiaries.</td>
<td>Quarterly</td>
<td>7/31/13</td>
<td>Jul 1-Sept 13</td>
<td>0</td>
<td>1592</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Health and Safety</td>
<td>Number and Percentage of deaths where required LME/PHP follow-up interventions were completed as required.</td>
<td>Numerator: Number of deaths where follow up intervention was completed by the LME/PHP. Denominator: All deaths where follow up intervention was required.</td>
<td>Quarterly</td>
<td>7/31/13</td>
<td>Apr 1-June 30</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Health and Safety</td>
<td>Number and percentage of Level 2 or 3 incidents where required LME/MCO follow-up interventions were completed as required.</td>
<td>Numerator: Number of Level 2 or 3 incident reports (by type of incident) where intervention was completed. Denominator: Number of Level 2 or 3 Incident reports (by type of incident) where intervention was required.</td>
<td>Quarterly</td>
<td>7/31/13</td>
<td>Jul 1-Sept 13</td>
<td>34</td>
<td>34</td>
<td>100.00%</td>
<td></td>
</tr>
<tr>
<td>Health and Safety</td>
<td>Percentage of medication errors resulting in medical treatment.</td>
<td>Numerator: Number of beneficiaries requiring emergency medical treatment or hospitalization due to medication error. Denominator: All medication errors that were reported for beneficiaries.</td>
<td>Quarterly</td>
<td>7/31/13</td>
<td>Apr 1-June 30</td>
<td>1</td>
<td>2</td>
<td>50.00%</td>
<td></td>
</tr>
<tr>
<td>Health and Safety</td>
<td>Percentage of beneficiaries who received medication as prescribed.</td>
<td>Numerator: Total number of beneficiaries who had a medication error. Denominator: Total number of beneficiaries prescribed medication.</td>
<td>Quarterly</td>
<td>7/31/13</td>
<td>Jul 1-Sept 13</td>
<td>2</td>
<td>Unknown</td>
<td>IRIS/internal databases do not capture the total number of beneficiaries prescribed medication.</td>
<td></td>
</tr>
<tr>
<td>Health and Safety</td>
<td>Percentage of restrictive interventions resulting in medical treatment.</td>
<td>Numerator: Number of beneficiaries requiring emergency medical treatment or hospitalization due to injury related to the use of a restrictive intervention. Denominator: All beneficiaries who have had a restrictive intervention.</td>
<td>Quarterly</td>
<td>7/31/13</td>
<td>Jul 1-Sept 13</td>
<td>0</td>
<td>11</td>
<td>0.00%</td>
<td></td>
</tr>
</tbody>
</table>
### Innovations Waiver Performance Measures

<table>
<thead>
<tr>
<th>Innovations Claims vs. Services Auth'd</th>
<th>Description</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Annually</th>
<th>7/31/13</th>
<th>7/1-6/30</th>
<th>n/a</th>
<th>n/a</th>
<th>#VALUE!</th>
</tr>
</thead>
<tbody>
<tr>
<td>The proportion of claims paid by the PIHP for Innovations waiver services that have been authorized in the service plan.</td>
<td>Number of Innovations claims paid for services that have been authorized by Utilization Management (UM)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Numerator: Number of Innovations claims paid for services that have been authorized by Utilization Management (UM).

Denominator: Total number of Innovations claims paid.
<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td><strong>Section</strong></td>
<td><strong>Measurement Item</strong></td>
<td><strong>Explanation of formulas</strong></td>
<td><strong>Reporting timeframe</strong></td>
<td><strong>Date of submission</strong></td>
<td><strong>Reporting Period</strong></td>
<td><strong>Numerator</strong></td>
<td><strong>Denominator</strong></td>
<td><strong>Outcome</strong></td>
</tr>
<tr>
<td>3</td>
<td>Level of Care</td>
<td>Initial</td>
<td>Number and percent of new waiver enrollees who have a LOC prior to receipt of services</td>
<td>Numerator: Number of new Innovations participants who received an initial LOC evaluation Denominator: Total number of new Innovations participants</td>
<td>Annually</td>
<td>7/31/13</td>
<td>7/1-6/30</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>Level of Care</td>
<td>completed annually</td>
<td>Proportion of Level of Care evaluations completed at least annually for enrolled participants</td>
<td>Numerator: Number of Innovations participants who received an annual LOC re-evaluation Denominator: Total number of Innovations participants with annual plans (not including new enrollees)</td>
<td>Semi Annually</td>
<td>7/31</td>
<td>Jan 1-June 30 July 1-Dec 31</td>
<td>159</td>
<td>168</td>
</tr>
<tr>
<td>5</td>
<td>Level of Care</td>
<td>process/instrument</td>
<td>Proportion of Level of Care evaluations completed using approved processes and instrument</td>
<td>Numerator: Number of annual LOC evaluations completed using LOC instrument/process for Innovations participants Denominator: Total number of Innovations participants due for an annual plan</td>
<td>Semi Annually</td>
<td>7/31</td>
<td>Jan 1-June 30 July 1-Dec 31</td>
<td>159</td>
<td>168</td>
</tr>
<tr>
<td>6</td>
<td>Level of Care</td>
<td>process/instrument</td>
<td>Proportion of New Level of Care evaluations completed using approved processes and instrument</td>
<td>Numerator: Number of new waiver participants who received an initial LOC evaluation using approved LOC instrument/process Denominator: Total number of new waiver participants</td>
<td>Semi Annually</td>
<td>7/31</td>
<td>Jan 1-June 30 July 1-Dec 31</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>7</td>
<td>Provider Standards</td>
<td>Proportion of new licensed providers that meet licensure, certification, and/or other standards prior to their furnishing waiver services</td>
<td>Numerator: Number of new licensed providers reviewed who meet the requirements to furnish Innovations services Denominator: Total number of new licensed providers who were reviewed</td>
<td>Annually</td>
<td>7/31/13</td>
<td>7/1-6/30</td>
<td>115</td>
<td>150</td>
<td>76.67%</td>
</tr>
<tr>
<td>8</td>
<td>Provider Compliance</td>
<td>Proportion of providers reviewed according to PIHP monitoring schedule to determine continuing compliance with licensing, certification, contract and waiver standards</td>
<td>Numerator: Number of Innovations providers who had a review completed Denominator: Total number of Innovations providers scheduled for a review</td>
<td>Annually</td>
<td>7/31/13</td>
<td>7/1-6/30</td>
<td>2</td>
<td>151</td>
<td>1.32%</td>
</tr>
<tr>
<td>9</td>
<td>Provider Remediation</td>
<td>Proportion of providers for whom problems have been discovered and appropriate remediation has taken place</td>
<td>Numerator: Number of Innovations providers submitting an approved plan of correction (POC) Denominator: Total number of Innovations providers from which a POC was requested</td>
<td>Annually</td>
<td>7/31/13</td>
<td>7/1-6/30</td>
<td>0</td>
<td>2</td>
<td>0.00%</td>
</tr>
<tr>
<td>10</td>
<td>Provider Standards</td>
<td>Proportion of monitored non-licensed/non-certified providers that successfully implemented an approved corrective action plan</td>
<td>Numerator: Number of monitored non-licensed, non-certified providers required to submit a corrective action plan Denominator: Total number of non-licensed, non-certified providers that successfully implemented an approved corrective action plan</td>
<td>Annually</td>
<td>7/31/13</td>
<td>7/1-6/30</td>
<td>1</td>
<td>1</td>
<td>100.00%</td>
</tr>
<tr>
<td>11</td>
<td>Provider Standards</td>
<td>Proportion of monitored providers wherein all staff completed all mandated training (excluding restrictive interventions) within the required time frame.</td>
<td>Numerator: Number of provider agencies monitored wherein all staff have completed all mandated training (excluding restrictive interventions) within the required time frame. Denominator: Total number of provider agencies monitored</td>
<td>Annually</td>
<td>7/31/13</td>
<td>7/1-6/30</td>
<td>2</td>
<td>2</td>
<td>100.00%</td>
</tr>
<tr>
<td>12</td>
<td>ISP assessed needs/goals</td>
<td>Proportion of Individual Support Plans in which the services and supports reflect participant assessed needs and life goals</td>
<td>Numerator: Number of Individual Support Plans for Innovations participants in which services and supports reflect participant assessed needs and goals Denominator: Total number of Individual Support Plans for Innovations participants</td>
<td>Annually</td>
<td>7/31/13</td>
<td>7/1-6/30</td>
<td>167</td>
<td>172</td>
<td>97.09%</td>
</tr>
<tr>
<td>13</td>
<td>ISP Health and Safety Risk</td>
<td>Proportion of Individual Support Plans that address identified health and safety risk factors</td>
<td>Numerator: Number of Individual Support Plans for Innovations participants that address strategies to address health and safety risks Denominator: Total number of Individual Support Plans for Innovations participants</td>
<td>Semi Annually</td>
<td>7/31</td>
<td>Jan 1-June 30 July 1-Dec 31</td>
<td>167</td>
<td>172</td>
<td>97.09%</td>
</tr>
<tr>
<td>14</td>
<td>ISP Service Needs</td>
<td>Percentage of participants reporting that their Individual Support Plan has the services that they need</td>
<td>Numerator: Number of Innovations participants who indicate that the ISP contains the services and supports they need Denominator: Total number of Innovations participants</td>
<td>Annually</td>
<td>7/31/13</td>
<td>7/1-6/30</td>
<td>167</td>
<td>172</td>
<td>97.09%</td>
</tr>
<tr>
<td>15</td>
<td>ISP Development</td>
<td>Proportion of PCPs that are completed in accordance with DMA requirements</td>
<td>Numerator: Total number of reviewed PCPs that are in accordance with DMA requirements Denominator: Total number of PCPs reviewed</td>
<td>Semi Annually</td>
<td>7/31/13</td>
<td>Jan 1-June 30 July 1-Dec 31</td>
<td>167</td>
<td>172</td>
<td>97.09%</td>
</tr>
<tr>
<td>16</td>
<td>ISP Annual Updates/Needed Updates</td>
<td>Proportion of individuals for whom an annual plan and/or needed update took place.</td>
<td>Numerator: Total number of waiver participants requiring an annual ISP or update Denominator: Total number of waiver participants reviewed for whom an annual Individual Support Plan and/or updated took place</td>
<td>Annually</td>
<td>7/31/13</td>
<td>7/1-6/30</td>
<td>167</td>
<td>172</td>
<td>97.09%</td>
</tr>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
<td>H</td>
<td>I</td>
<td>J</td>
</tr>
<tr>
<td>-----</td>
<td>---------------------------</td>
<td>-------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------</td>
<td>---------------------------</td>
<td>---------------------------</td>
<td>---------------------------</td>
<td>--------</td>
<td>--------</td>
<td>--------------</td>
</tr>
<tr>
<td>18</td>
<td>Individual Support Plans</td>
<td>Proportion of participants who are receiving services in the type, amount, and frequency as specified in the Individual Support Plan.</td>
<td>Numerator: Number of innovations participants reviewed who received services in the type, scope, and frequency listed in the ISP.</td>
<td>Denominator: Total number of Individual Support Plans for Innovations participants reviewed.</td>
<td>Annually</td>
<td>7/1-6/30</td>
<td>1</td>
<td>4</td>
<td>25.00%</td>
</tr>
<tr>
<td>19</td>
<td>ISP &amp; Specified Services</td>
<td>Proportion of participants who are receiving services in the type, amount, and frequency as specified in the Individual Support Plan.</td>
<td>Numerator: Number of innovations participants reviewed who received services in the type, scope, and frequency listed in the ISP.</td>
<td>Denominator: Total number of Individual Support Plans for Innovations participants reviewed.</td>
<td>Annually</td>
<td>7/1-6/30</td>
<td>163</td>
<td>172</td>
<td>94.77%</td>
</tr>
<tr>
<td>20</td>
<td>CC Advises on Available Services</td>
<td>Proportion of participants reporting that the Care Coordinator helps them to know what waiver services are available.</td>
<td>Numerator: Number of innovations participants reviewed who received services in the type, scope, and frequency listed in the ISP.</td>
<td>Denominator: Total number of Individual Support Plans for Innovations participants reviewed.</td>
<td>Annually</td>
<td>7/1-6/30</td>
<td>167</td>
<td>172</td>
<td>97.09%</td>
</tr>
<tr>
<td>21</td>
<td>Provider Choice</td>
<td>Proportion of participants reporting they have a choice between providers.</td>
<td>Numerator: Number of innovations participants reviewed who received services in the type, scope, and frequency listed in the ISP.</td>
<td>Denominator: Total number of Individual Support Plans for Innovations participants reviewed.</td>
<td>Annually</td>
<td>7/1-6/30</td>
<td>167</td>
<td>172</td>
<td>97.09%</td>
</tr>
<tr>
<td>22</td>
<td>Health and Safety</td>
<td>Number and Percent of Actions Taken to Protect the Consumer, where indicated (Deaths will be excluded here).</td>
<td>Numerator: Number of actions taken to protect the consumer from additional harm, where indicated (Actions may include: consumer injury, consumer behavior-abuse, sexual acts, AWOL, legal acts).</td>
<td>Denominator: Total number of Individual Support Plans for Innovations participants reviewed.</td>
<td>Quarterly</td>
<td>7/31/13</td>
<td>10/30/13</td>
<td>4/30/14</td>
<td>7/31/14</td>
</tr>
<tr>
<td>23</td>
<td>Health and Safety</td>
<td>What was the proportion of the level 2 or 3 events that reported within required timelines.</td>
<td>Numerator: Number of Level 2 or 3 incident reports (by type of incident) where intervention was completed.</td>
<td>Denominator: Total number of Level 2 or 3 incident reports (by type of incident) where intervention was required.</td>
<td>Quarterly</td>
<td>7/31/13</td>
<td>10/30/13</td>
<td>4/30/14</td>
<td>7/31/14</td>
</tr>
<tr>
<td>24</td>
<td>Health and Safety</td>
<td>Percentage of incidents referred to the Division of Social Services or the Division of Health Service Regulation.</td>
<td>Numerator: Number of critical incidents reported for waiver beneficiaries.</td>
<td>Denominator: All beneficiaries</td>
<td>Quarterly</td>
<td>7/31/13</td>
<td>10/30/13</td>
<td>4/30/14</td>
<td>7/31/14</td>
</tr>
<tr>
<td>25</td>
<td>Health and Safety</td>
<td>Number and Percentage of deaths where required LME/MCO follow up interventions were completed as required.</td>
<td>Numerator: Number of deaths where follow up intervention was required.</td>
<td>Denominator: All deaths where follow up intervention was required.</td>
<td>Quarterly</td>
<td>7/31/13</td>
<td>10/30/13</td>
<td>4/30/14</td>
<td>7/31/14</td>
</tr>
<tr>
<td>26</td>
<td>Health and Safety</td>
<td>Number and percentage of Level 2 or 3 incidents where required LME/MCO follow-up interventions were completed as required.</td>
<td>Numerator: Number of Level 2 or 3 incident reports (by type of incident) where intervention was completed.</td>
<td>Denominator: Total number of Level 2 or 3 incident reports (by type of incident) where intervention was required.</td>
<td>Quarterly</td>
<td>7/31/13</td>
<td>10/30/13</td>
<td>4/30/14</td>
<td>7/31/14</td>
</tr>
<tr>
<td>27</td>
<td>Health and Safety</td>
<td>Percentage of medication errors resulting in medical treatment.</td>
<td>Numerator: Number of medication errors reported for beneficiaries.</td>
<td>Denominator: All medication errors that were reported for beneficiaries</td>
<td>Quarterly</td>
<td>7/31/13</td>
<td>10/30/13</td>
<td>4/30/14</td>
<td>7/31/14</td>
</tr>
<tr>
<td>28</td>
<td>Health and Safety</td>
<td>Percentage of beneficiaries who received medication as prescribed.</td>
<td>Numerator: Total number of beneficiaries who had a medication error.</td>
<td>Denominator: Total number of beneficiaries prescribed medication.</td>
<td>Quarterly</td>
<td>7/31/13</td>
<td>10/30/13</td>
<td>4/30/14</td>
<td>7/31/14</td>
</tr>
<tr>
<td>29</td>
<td>Health and Safety</td>
<td>Percentage of restrictive interventions resulting in medical treatment.</td>
<td>Numerator: Number of beneficiaries requiring emergency medical treatment or hospitalization due to injury related to the use of a restrictive intervention.</td>
<td>Denominator: All beneficiaries who have had a restrictive intervention</td>
<td>Quarterly</td>
<td>7/31/13</td>
<td>10/30/13</td>
<td>4/30/14</td>
<td>7/31/14</td>
</tr>
</tbody>
</table>
## Innovations Waiver Performance Measures

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
</tr>
</thead>
<tbody>
<tr>
<td>Innovations Claims vs. Services Auth'd</td>
<td>The proportion of claims paid by the PIHP for Innovations waiver services that have been authorized in the service plan.</td>
<td>Numerator: Number of Innovations claims paid for services that have been authorized by Utilization Management (UM)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:**
- **Numerator:** Number of Innovations claims paid for services that have been authorized by Utilization Management (UM).
- **Denominator:** Total number of Innovations claims paid annually.
- **Data:**
  - Date range: 7/1/13 - 6/30
  - Total claims paid: 169,768
  - Total claims paid: 261,920
  - Percent authorized: 64.82%
### Alliance Behavioral Healthcare
#### Quality Management Committee Minutes – Final

<table>
<thead>
<tr>
<th>Committee name:</th>
<th>Global Quality Management Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting date:</td>
<td>November 21, 2013</td>
</tr>
<tr>
<td>Report submitted by:</td>
<td>Tina Howard, MA; Nancy Henley, MD (Chair) Date: __________________</td>
</tr>
<tr>
<td>Members Present:</td>
<td>Nancy Henley, MD (Chair); George Corvin, MD; Bill Stanford</td>
</tr>
<tr>
<td>Members Absent:</td>
<td>Joe Kilsheimer, MBA; Lascel Webley, Jr., BS, MBA, MHA; John Griffin, EdD</td>
</tr>
<tr>
<td>Staff Present:</td>
<td>May Alexander, MS, LMFT, QM Data Manager; Khalil Tanas, MD, Medical Director; Tina Howard, MA, Quality Review Manager</td>
</tr>
<tr>
<td>Staff Absent:</td>
<td>Lena Klumper, PhD, Quality Management Director</td>
</tr>
<tr>
<td>Community Providers Present:</td>
<td>None</td>
</tr>
<tr>
<td>Community Providers Absent:</td>
<td>None</td>
</tr>
<tr>
<td>Guests:</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Topic:</th>
<th>Approval of September Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief description of Topic:</td>
<td>Minutes will be approved at the December meeting because the meeting did not have a quorum.</td>
</tr>
<tr>
<td>Follow-up items:</td>
<td>None</td>
</tr>
<tr>
<td>Announcements:</td>
<td>None</td>
</tr>
<tr>
<td>Next steps:</td>
<td>Review and approve at December meeting.</td>
</tr>
<tr>
<td>Topic:</td>
<td>New Business</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Brief description of Topic:</td>
<td>Review applications for provider representatives (non-voting members)</td>
</tr>
<tr>
<td></td>
<td>The provider applications were disseminated. Tina summarized the experience</td>
</tr>
<tr>
<td></td>
<td>and qualifications of each applicant, along with the services and areas</td>
</tr>
<tr>
<td></td>
<td>served by the provider agencies they represent. The committee agreed to</td>
</tr>
<tr>
<td></td>
<td>invite Amy Neufeld, Youth Villages (agency provides MH/SA services), and</td>
</tr>
<tr>
<td></td>
<td>Lakisha Perry-Green, PHP, Inc. (agency provides services to individuals with</td>
</tr>
<tr>
<td></td>
<td>I/DD) to participate in the committee, as long as Alliance’s Corporate</td>
</tr>
<tr>
<td></td>
<td>Compliance Officer (Monica) and Credentialing Manager (Cathy) are not aware</td>
</tr>
<tr>
<td></td>
<td>of concerns regarding the two clinicians. Both Monica and Cathy had no</td>
</tr>
<tr>
<td></td>
<td>concerns. They will be invited to the December meeting.</td>
</tr>
<tr>
<td></td>
<td><strong>Update on 6 month review by the state</strong></td>
</tr>
<tr>
<td></td>
<td>Tina reported that Alliance received an in-person visit from the Divisions</td>
</tr>
<tr>
<td></td>
<td>of Medical Assistance and Mental Health, Developmental Disabilities, and</td>
</tr>
<tr>
<td></td>
<td>Substance Abuse Services on September 16, 2013. The response we received</td>
</tr>
<tr>
<td></td>
<td>from the state was positive. They were impressed with our constant</td>
</tr>
<tr>
<td></td>
<td>evaluation, focus on quality, and quality management approach. Notes from</td>
</tr>
<tr>
<td></td>
<td>visit are attached.</td>
</tr>
<tr>
<td>Actions Taken:</td>
<td>None.</td>
</tr>
<tr>
<td>Next steps:</td>
<td>Tina will email notes from State IMT visit.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Topic:</th>
<th>Incidents (May Alexander)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief description of data</td>
<td>May reviewed the incident and grievance data from the 4th Quarter of FY 13</td>
</tr>
<tr>
<td>reviewed:</td>
<td>and the 1st Quarter of FY 14.</td>
</tr>
<tr>
<td></td>
<td>In Quarter 4, there were 747 incidents occurring for 561 consumers. 444</td>
</tr>
<tr>
<td></td>
<td>involved children, 303 adults. The highest number of incidents for one</td>
</tr>
<tr>
<td></td>
<td>consumer was 7. Of the consumers with the highest number of incidents (over</td>
</tr>
<tr>
<td></td>
<td>5) all 6 are children. In Quarter 1 of FY 14, there were 720 incidents</td>
</tr>
<tr>
<td></td>
<td>occurring for 527 consumers. 383 involved children, 307 adults. The highest</td>
</tr>
<tr>
<td></td>
<td>number of incidents for one consumer was 7. Of the consumers with the highest</td>
</tr>
<tr>
<td></td>
<td>number of incidents (over 5) both are adults.</td>
</tr>
<tr>
<td>Actions Taken:</td>
<td>Additional research was conducted on the high number of incidents involving</td>
</tr>
<tr>
<td></td>
<td>children (in Q 4) and adult consumers with a high number of incidents. Of</td>
</tr>
<tr>
<td></td>
<td>the children, 5 of the 6 are transitioning to a different level of care.</td>
</tr>
<tr>
<td></td>
<td>The adult</td>
</tr>
</tbody>
</table>
was referred to Care Coordination for a behavior plan.

Next steps: None.

<table>
<thead>
<tr>
<th>Topic:</th>
<th>Grievances (May Alexander)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief description of data reviewed:</td>
<td>QM received a total of 242 and 285 grievances and concerns in the 4th Quarter of FY 13 and 1st Quarter of FY14, respectively. There was a 15% increase from Q4 to Q1. Around half of the issues identified were filed by consumers/guardians as grievances (53% in Q4 and 43% in Q1).</td>
</tr>
<tr>
<td>Actions Taken:</td>
<td>Trends with provider agencies have been referred to Network Development Specialists for technical assistance.</td>
</tr>
<tr>
<td>Next steps:</td>
<td>None.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Topic:</th>
<th>Call Center/UM Authorizations (May Alexander)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief description of data reviewed:</td>
<td>Alliance handled a total of 24,746 calls in the 3rd quarter; 23,809 in 4th quarter of FY13; and 22,563 calls in 1st Q FY14. The agency that Alliance contracts to handle roll-over calls handled a total of 2,502 calls in the 3rd quarter and 1,271 in the 4th quarter. In 1stQ FY14, the average percent of calls being answered within 30 seconds by Alliance staff remained at 100% and the Call Center average decreased slightly from 99.4% in 4thQ FY13 to 99.2%. Alliance had an average abandonment rate of 1.5% in the 1st Quarter of FY14. Alliance processed 12,525 Medicaid authorization requests in the 1st Quarter of FY 14. Of those requests, Alliance approved 76% and denied approximately 10%. Intensive In-Home remains as the most requested, highly utilized outpatient service. Only about 39% of Community Support Team authorizations are approved. For state-funded services, Alliance processed 1,389 requests.</td>
</tr>
<tr>
<td>Actions Taken:</td>
<td>None noted.</td>
</tr>
<tr>
<td>Next steps:</td>
<td>None.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Topic:</th>
<th>Training Report (Tina Howard)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Quality Management Committee</td>
</tr>
</tbody>
</table>
**Brief description of data reviewed:**
Tina presented the report from Alliance Training Department summarizing trainings offered to internal staff and external providers for last fiscal year. Report included names of trainings, number attending, and number of hours for online training.

**Actions Taken:**
None.

**Next steps:**
Committee recommended that next year’s training report indicate whether training was required and the trainings provided in response to identified concerns and feedback loop.

---

**Topic:**
Technical Assistance Reports (Tina Howard)

**Brief description of data reviewed:**
Tina presented the report from Alliance Network Development unit summarizing the technical assistance provided to provider agencies. Report included number of contacts, meetings, on-site visits, and trainings.

**Actions Taken:**
Network Development suggested creating a system for measuring the impact of training and technical assistance on provider compliance, service delivery, and understanding of expectations.

**Next steps:**
Committee recommended that next year’s report indicate whether technical assistance involved quality of care.

---

The next meeting is scheduled for December 19.
UM Committee

OCTOBER 15 2013
Call Center

Background: Provide information on Call Center activities. URAC requires designation between licensed and unlicensed staff along with screening and health education calls. On January 29, 2013 Alliance assumed 24/7 staffing of the Call Center with ProtoCall providing backup.

Analysis: Alliance handled a total of 22,563 calls in 1st Q FY14 compared to 23,809 calls in the 4th Q FY13. ProtoCall handled a total of 791 in the 1st quarter of FY14, a decrease from 1,271 calls in the 4th quarter of FY13. In the month of September, Alliance handled 7,433 calls compared to 7,555 calls in August. ProtoCall handled 275 calls in September, a slight increase from 266 calls in August. Total call volume decreased from 7,821 calls in August to 7,708 calls in September. The large decrease in calls not coded are due to the use of a new report from the ALPHA system. The non-coded calls in this report are due to staff not logging all internal transfers, hang ups and problems with ALPHA continuously going down. Supervisors have been notified of this.

Follow up:

Next Steps: Continue to track data and determine if, after weekly reminders about coding, more training is needed.

Call Center Data Pulled on 10/2/13
**% of Calls Answered in 30 Seconds**

Background: URAC standard requires 95% of all calls to be answered by a live person within 30 seconds

**Analysis:** In 1st Q FY14, the average percent of calls being answered within 30 seconds by Alliance staff remained at 100% and the Call Center average decreased slightly from 99.4% in 4th Q FY13 to 99.2%. In September ProtoCall increased to 81.5% of calls answered within 30 seconds, from 75.9% in August. Alliance remained at 100% of calls answered within 30 seconds in September. The Call Center average remained around 99% again in September.

**Follow Up:**

**Next Steps:** Continue to monitor ProtoCall’s responsiveness and maintain standard.

Call Center Data Pulled on 10/2/13
% of Calls Abandoned/Blocked

**Background:** URAC standards require no more than 5% of calls abandoned or blocked

**Analysis:** Alliance had an average abandonment rate of 1.5% again in the 1st quarter of FY14. Alliance staff continues to meet the standard in September, with the average increasing slightly to 1.7% from 1.5% in August. ProtoCall showed a decrease in September with 5.5% of calls abandoned/blocked, from 6.4% in August due to increased staffing. Average call abandonment and blockage rates have been met.

**Follow Up:**

**Next Steps:** Continue to monitor ProtoCall to ensure that they are also meeting the URAC standard. Alliance’s IT and Clinical teams are working with both ATCom and Time Warner Cable to determine the monthly blockage rate statistics.

---

**Call Center Data Pulled on 10/2/13**

---

**Monthly Averages**

- **Alliance**: 1.2%, 1.5%, 1.7%
- **ProtoCall**: 6.4%, 6.4%, 5.5%
- **Average**: 1.4%, 1.7%, 1.8%

**Quarterly Averages**

- **Alliance**: 1.5%
- **ProtoCall**: 6.1%
- **Average**: 1.6%
Background: Alliance is tracking utilization of crisis services in order to target resources to increase appropriate use of services. Quarters three and four will create a baseline for FY 14.

Analysis: Information presented is incomplete due to the continued refinement of data sources. Data was only available for WakeBrook in Wake County and DCA in Durham County. UNC WakeBrook data for Facility Based Crisis and ATC only include 14 days during the month of September. The graph above shows the number of consumers served at the local crisis facilities for the month of September. CAS – WakeBrook in Wake County served 147 adult consumers and 2 child/adolescent consumers. DCA CEO in Durham County served 172 adults and 7 child/adolescent in the month of September.

Follow Up:
Next Steps: QM is working to have a consistent reporting mechanism from all crisis facilities. Currently the data is all self report and submitted in various forms. QM has requested that reporting requirements be added to the standard contract.
<table>
<thead>
<tr>
<th>Service</th>
<th># Requests</th>
<th>Client Count</th>
<th>% Approve d</th>
<th>% Denied</th>
<th>% Partial Denial</th>
<th>Avg. TAT (Days)</th>
<th>DenialRate (per 1,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Treatment</td>
<td>84</td>
<td>81</td>
<td>46.4%</td>
<td>6.0%</td>
<td>14.3%</td>
<td>2.8</td>
<td>0.45</td>
</tr>
<tr>
<td>CST</td>
<td>114</td>
<td>108</td>
<td>38.6%</td>
<td>16.7%</td>
<td>13.2%</td>
<td>2.8</td>
<td>0.59</td>
</tr>
<tr>
<td>IIH</td>
<td>525</td>
<td>477</td>
<td>56.0%</td>
<td>6.7%</td>
<td>6.9%</td>
<td>2.4</td>
<td>3.13</td>
</tr>
<tr>
<td>IAFT</td>
<td>2</td>
<td>2</td>
<td>50.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>1.5</td>
<td>0</td>
</tr>
<tr>
<td>MST</td>
<td>26</td>
<td>26</td>
<td>80.8%</td>
<td>7.7%</td>
<td>0.0%</td>
<td>2.7</td>
<td>0.18</td>
</tr>
<tr>
<td>TFC</td>
<td>143</td>
<td>140</td>
<td>61.5%</td>
<td>3.5%</td>
<td>4.2%</td>
<td>2.9</td>
<td>0.45</td>
</tr>
<tr>
<td>Res - Level II</td>
<td>7</td>
<td>6</td>
<td>42.9%</td>
<td>14.3%</td>
<td>14.3%</td>
<td>3.9</td>
<td>0.09</td>
</tr>
<tr>
<td>Res - Level III</td>
<td>70</td>
<td>64</td>
<td>65.7%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>2.4</td>
<td>0</td>
</tr>
<tr>
<td>Res - Level IV</td>
<td>5</td>
<td>4</td>
<td>60.0%</td>
<td>20.0%</td>
<td>0.0%</td>
<td>3.2</td>
<td>0.09</td>
</tr>
<tr>
<td>PRTF</td>
<td>108</td>
<td>98</td>
<td>83.3%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>1.6</td>
<td>0</td>
</tr>
<tr>
<td>ACTT</td>
<td>146</td>
<td>125</td>
<td>59.6%</td>
<td>10.3%</td>
<td>0.7%</td>
<td>1.8</td>
<td>0.46</td>
</tr>
<tr>
<td>SACOT</td>
<td>17</td>
<td>17</td>
<td>41.2%</td>
<td>0.0%</td>
<td>23.5%</td>
<td>3.0</td>
<td>0</td>
</tr>
<tr>
<td>SAIOP</td>
<td>52</td>
<td>59</td>
<td>56.5%</td>
<td>8.1%</td>
<td>1.6%</td>
<td>1.8</td>
<td>0.15</td>
</tr>
<tr>
<td>Psych Testing</td>
<td>24</td>
<td>24</td>
<td>29.2%</td>
<td>8.3%</td>
<td>25.0%</td>
<td>2.5</td>
<td>0.06</td>
</tr>
</tbody>
</table>

For Medicaid B/\# of Consumers: 3,058/ 2,368
Medicaid B Authorizations: 2.9 days, review s that met standard=100%

For Medicaid C/\# of Consumers: 519/ 198
Medicaid C Authorizations: 4.4 days, review s that met standard=100%

<table>
<thead>
<tr>
<th>Service</th>
<th># Requests</th>
<th>Client Count</th>
<th>% Approve d</th>
<th>% Denied</th>
<th>% Partial Denial</th>
<th>Avg. TAT (Days)</th>
<th>DenialRate (per 1,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comm Guide</td>
<td>24</td>
<td>24</td>
<td>83.3%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>2.1</td>
<td>0.06</td>
</tr>
<tr>
<td>Crisis Svcs (PR)</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Crisis Svcs (OIH)</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>In-Home Intensive Support</td>
<td>4</td>
<td>4</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.3</td>
<td>0</td>
</tr>
</tbody>
</table>

Select Enhanced Services:

Select Innovations Services:

<table>
<thead>
<tr>
<th>Service</th>
<th># of Consumers: 3,577</th>
<th>262</th>
<th>7.3%</th>
<th>15.8 hrs</th>
<th>Authorizations for Hospitals Number</th>
<th># of Consumers: 3,058/ 2,368</th>
<th>Medicaid B Authorizations: 2.9 days, review s that met standard=100% Avg. TAT</th>
<th>15.8 hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of requests:</td>
<td>3,577</td>
<td></td>
<td></td>
<td></td>
<td>Authorizations for Hospitals Number</td>
<td># of Consumers: 3,058/ 2,368</td>
<td>Medicaid B Authorizations: 2.9 days, review s that met standard=100% Avg. TAT</td>
<td>15.8 hrs</td>
</tr>
</tbody>
</table>

Note: Select Enhanced Services: Total # of requests: 3,577
Select Innovations Services: Total # of requests: 262
## UM Statistical Report for Medicaid Funded Services – September 13

### Total Authorizations

<table>
<thead>
<tr>
<th>Month</th>
<th>Total Auth. Completed</th>
<th>Avg. Auth. Response</th>
<th>Denied</th>
<th>Partially Denied</th>
<th>Approvals</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2013</td>
<td>4,479</td>
<td>3.84</td>
<td>230/5.1%</td>
<td>224/5.0%</td>
<td>3,619/80.8%</td>
</tr>
<tr>
<td>August 2013</td>
<td>4,469</td>
<td>3.74</td>
<td>313/7.0%</td>
<td>219/4.9%</td>
<td>3,598/80.5%</td>
</tr>
<tr>
<td>September 2013</td>
<td>3,577</td>
<td>3.63</td>
<td>159/4.4%</td>
<td>119/3.3%</td>
<td>2,343/65.5%</td>
</tr>
</tbody>
</table>

### Authorization Response Time in Days

<table>
<thead>
<tr>
<th>Month</th>
<th>Total Auth. Completed</th>
<th>Avg. Auth. Response</th>
<th>Denied</th>
<th>Partially Denied</th>
<th>Approvals</th>
</tr>
</thead>
<tbody>
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<td>3.63</td>
<td>159/4.4%</td>
<td>119/3.3%</td>
<td>2,343/65.5%</td>
</tr>
</tbody>
</table>

### Approval Breakdown

- **Approvals**: 3,619/80.8% (July 2013), 3,598/80.5% (August 2013), 2,343/65.5% (September 2013)
- **Partially Denied**: 224/5.0% (July 2013), 219/4.9% (August 2013), 119/3.3% (September 2013)
- **Denied**: 230/5.1% (July 2013), 313/7.0% (August 2013), 159/4.4% (September 2013)

---

**Auth Data Pulled on 10/2/13**
**Background:** To track utilization of enhanced services to monitor under or over-utilization of these services.

**Analysis:** Cumberland County had 1 administrative denial in the month of September from Carolina Outreach and Durham County had 7 administrative denials, 3 of those were also from Carolina Outreach. Wake County had 5 administrative denials in September from 4 different agencies – 2 of those denials were from Faith Works Community Services. Johnston County had no administrative denials.

**Follow Up:**

**Next Steps:** To be determined by UM Committee.
**Medicaid Denials – CST Services**

**Background:** To track utilization of enhanced services to monitor under or over-utilization of these services.

**Analysis:** Both Cumberland and Johnston Counties had 1 administrative denial each for CST services in the month of September. Durham County had 2 administrative denials from 2 separate agencies and Wake County had 6 administrative denials – 2 of those from Pathways for Life.

**Follow Up:**

**Next Steps:** To be determined by UM Committee.

---

**Cumberland: n = 12**

**Durham: n = 45**

**Johnston: n = 2**

**Wake: n = 52**

**CST Denials**

- Cumberland: 16.7%
- Durham: 7.1%
- Johnston: 16.3%
- Wake: 19.2%

**CST Partial Denials**

- Cumberland: 37.5%
- Durham: 6.7%
- Johnston: 33.3%
- Wake: 25.0%
Medicaid Denials – SAIOP/SACOT Services

**Background:** To track utilization of enhanced services to monitor under or over-utilization of these services.

**Analysis:**
- Cumberland had 2 administrative denials for SAIOP in September from 2 different providers and no administrative denials for SACOT.
- Durham County had 1 administrative denial for SAIOP and none for SACOT.
- Wake County had 2 administrative denials for SAIOP from 2 different agencies and no administrative denials for SACOT.
- Johnston County had no administrative denials.

**Follow Up:**

**Next Steps:** To be determined by UM Committee.

---

**Auth Data Pulled on 10/2/13**
**Medicaid Denials – IIH Services**

**Background:** To track utilization of enhanced services to monitor under or over-utilization of these services.

**Analysis:** Cumberland County had a total of 5 administrative denials in September, two of those were from Carolina Outreach. Durham County had 2 administrative denials from Access Family Services and Healing Interventions. Johnston County had 1 administrative denial and Wake County had 7 administrative denials. Two of the administrative denials for Wake County were from A United Community.

**Follow Up:**

**Next Steps:** To be determined by UM Committee.

**Auth Data Pulled on 10/2/13**
Medicaid Denials – Day Treatment Services

**Background:** To track utilization of enhanced services to monitor under or over-utilization of these services.

**Analysis:** Durham had 1 administrative denial in the month of September from Quality Care Solutions. Neither Cumberland County, Johnston County or Wake County had any administrative denials in September.

**Follow Up:**

**Next Steps:** To be determined by UM Committee.

Auth Data Pulled on 10/2/13
Medicaid Denials – MST Services

Background: To track utilization of enhanced services to monitor under or over-utilization of these services.

Analysis: There were no administrative denials in the month of September

Follow Up:

Next Steps: To be determined by UM Committee.

Cumberland: n = 9  Durham: n = 2  Johnston: n = 3  Wake: n = 10

Auth Data Pulled on 10/2/13
UM Statistical Report for State Funded Services – September 13

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Authorizations</th>
<th>Approvals</th>
<th>Partial Denials</th>
<th>Denials</th>
<th>Denial Rate (per 1,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>% of Total</td>
<td>Number</td>
<td>% of Total</td>
<td>Number</td>
</tr>
<tr>
<td>All Others:</td>
<td>1,389</td>
<td>1,016</td>
<td>73.1%</td>
<td>0</td>
<td>0.5%</td>
</tr>
<tr>
<td>IIH</td>
<td>17</td>
<td>1.2%</td>
<td>4</td>
<td>23.5%</td>
<td>2</td>
</tr>
<tr>
<td>MST</td>
<td>4</td>
<td>0.3%</td>
<td>3</td>
<td>75.0%</td>
<td>0</td>
</tr>
<tr>
<td>ACTT</td>
<td>26</td>
<td>1.9%</td>
<td>16</td>
<td>61.5%</td>
<td>0</td>
</tr>
<tr>
<td>CST</td>
<td>31</td>
<td>2.2%</td>
<td>24</td>
<td>77.4%</td>
<td>0</td>
</tr>
<tr>
<td>SAIOP</td>
<td>81</td>
<td>5.8%</td>
<td>50</td>
<td>61.7%</td>
<td>1</td>
</tr>
<tr>
<td>Family Therapy</td>
<td>0</td>
<td>0.0%</td>
<td>#DIV/0!</td>
<td>0</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>Medication Mgt</td>
<td>21</td>
<td>1.5%</td>
<td>19</td>
<td>90.5%</td>
<td>0</td>
</tr>
<tr>
<td>Outpatient Therapy</td>
<td>46</td>
<td>3.3%</td>
<td>32</td>
<td>69.6%</td>
<td>0</td>
</tr>
</tbody>
</table>

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</thead>
<tbody>
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<td></td>
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<td>% of Total</td>
<td>Number</td>
<td>% of Total</td>
<td>Number</td>
</tr>
<tr>
<td>Family Therapy</td>
<td>0</td>
<td>0.0%</td>
<td>#DIV/0!</td>
<td>0</td>
<td>#DIV/0!</td>
</tr>
<tr>
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<td>0</td>
</tr>
<tr>
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<td>46</td>
<td>3.3%</td>
<td>32</td>
<td>69.6%</td>
<td>0</td>
</tr>
</tbody>
</table>

Total # of requests: 1,389
Total # of Agencies Served: 81
Total # of Consumers: 1,001

Average U.M. Authorization Turnaround Time:
- Approvals: 2.0 days (0 days removed)
- Hospital Authorizations: 16.8 hours
- Denied: 2.3 days
- Partially Denied: 6.6 days

Authorization Response Time in Business Days - All Authorizations

Auth Data Pulled on 10/2/13
## UM Statistical Report for State Funded Services – September 13

<table>
<thead>
<tr>
<th>Month</th>
<th>July 2013</th>
<th>August 2013</th>
<th>September 2013</th>
<th>Quarterly Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Auth. Completed</td>
<td>1,721</td>
<td>1,527</td>
<td>1,389</td>
<td>4,637</td>
</tr>
<tr>
<td>Avg. Auth. Response</td>
<td>2.13</td>
<td>3.95</td>
<td>3.64</td>
<td>3.24</td>
</tr>
<tr>
<td>Denied</td>
<td>23/1.3%</td>
<td>15/1.0%</td>
<td>10/0.7%</td>
<td>48/1.0%</td>
</tr>
<tr>
<td>Partially Denied</td>
<td>22/1.3%</td>
<td>17/1.1%</td>
<td>7/0.5%</td>
<td>46/1.0%</td>
</tr>
<tr>
<td>Approvals</td>
<td>1,458/84.7%</td>
<td>1,270/83.2%</td>
<td>1,016/73.1%</td>
<td>3,744/80.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month</th>
<th>October 2013</th>
<th>November 2013</th>
<th>December 2013</th>
<th>Quarterly Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denied</td>
<td>Denied</td>
<td>Partially Denied</td>
<td>Partially Denied</td>
<td>Partially Denied</td>
</tr>
<tr>
<td>Partially Denied</td>
<td>Partially Denied</td>
<td>Approvals</td>
<td>Approvals</td>
<td>Approvals</td>
</tr>
<tr>
<td>Approvals</td>
<td>Approvals</td>
<td>Approvals</td>
<td>Approvals</td>
<td>Approvals</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month</th>
<th>January 2014</th>
<th>February 2014</th>
<th>March 2014</th>
<th>Quarterly Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denied</td>
<td>Denied</td>
<td>Partially Denied</td>
<td>Partially Denied</td>
<td>Partially Denied</td>
</tr>
<tr>
<td>Partially Denied</td>
<td>Partially Denied</td>
<td>Approvals</td>
<td>Approvals</td>
<td>Approvals</td>
</tr>
<tr>
<td>Approvals</td>
<td>Approvals</td>
<td>Approvals</td>
<td>Approvals</td>
<td>Approvals</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month</th>
<th>April 2014</th>
<th>May 2014</th>
<th>June 2014</th>
<th>Quarterly Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denied</td>
<td>Denied</td>
<td>Partially Denied</td>
<td>Partially Denied</td>
<td>Partially Denied</td>
</tr>
<tr>
<td>Partially Denied</td>
<td>Partially Denied</td>
<td>Approvals</td>
<td>Approvals</td>
<td>Approvals</td>
</tr>
<tr>
<td>Approvals</td>
<td>Approvals</td>
<td>Approvals</td>
<td>Approvals</td>
<td>Approvals</td>
</tr>
</tbody>
</table>

*Auth Data Pulled on 10/2/13*
**Total IPRS Authorizations - Adults**

**Background:** To track utilization of key services to monitor under or over-utilization of these services.

**Analysis:** Wake County had the most adult consumers approved for ACTT and CST in the month of September. Cumberland County had the second most consumers approved for ACTT services, while Durham had the second most adult consumers approved for CST services.

**Follow Up:**

**Next Steps:** Discuss in committee about next steps.

---

**Unduplicated Adults Approved for IPRS Services**

- **Durham:** 1 ACTT, 6 CST
- **Wake:** 8 ACTT, 18 CST
- **Johnston:** 7 ACTT
- **Cumberland:** 7 ACTT

*Auth Data Pulled on 10/2/13*
**Background:** Alliance is tracking the utilization of key services to monitor under or over-utilization of these services.

**Analysis:** Both Durham and Wake Counties had 2 consumers approved for IIH services in the month of September. Wake had the most child/adolescent consumers approved for MST, with a total of 2. Wake and Johnston Counties each had 1 consumer approved for Developmental Therapy in September.

**Follow Up:**

**Next Steps:** Create a plan to further manage services if necessary.
Background: Alliance tracks UR appeals and appeal outcomes as a method of determining the appropriateness of initial UR decisions and to identify patterns or trends that may indicate an issue with initial reviews.

Analysis: Of the 27 requests for reconsideration in September, 93% involved mental health/substance abuse services while the other 7% involved IDD services. 12 reconsiderations were upheld and 1 was overturned. 1 state fair hearing request was received and there was 1 OAH mediation in September resulting in an impasse. One case bypassed mediation and is in informal discussion around a reduction of services. This state fair hearing was scheduled but was continued and has not been scheduled as of yet.

Follow Up:
Next Steps: Continue to track and analyze data.
<table>
<thead>
<tr>
<th>Meeting/Partnership</th>
<th>County Involved in the Meeting/Partnership</th>
<th>Description</th>
<th>Meeting Schedule</th>
<th>Meeting Information &amp; Location</th>
<th>Who Leads/Who Attends from the MCO</th>
<th>Meeting is Open to All Providers or Invitation Only</th>
<th>Who to Contact About the Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarterly Provider Meeting</td>
<td>All</td>
<td>All MH/DD/SA Service Providers attend this quarterly provider meeting. The MCO contracts with various community based providers for the provision of basic and/or enhanced services.</td>
<td>Quarterly</td>
<td>March, June, Sept, Dec on the third Wednesday from 1-3 at Corporate</td>
<td>Carlyle Johnson facilitates. Senior Management presents.</td>
<td>Open</td>
<td>Carlyle Johnson</td>
</tr>
<tr>
<td>Alliance Provider Advisory Council</td>
<td>All</td>
<td>Provider Network representatives from all disability areas representing the 4 counties.</td>
<td>Monthly</td>
<td>4th Tuesday, 1-2:30 at Corporate, Room 208</td>
<td>Carlyle Johnson is co-chair with Mark Germann.</td>
<td>Invitation Only</td>
<td>Carlyle Johnson</td>
</tr>
<tr>
<td>Community Provider Advisory Council</td>
<td>Wake</td>
<td>Provider Network representatives from all disability areas representing Wake county.</td>
<td>Monthly</td>
<td>Second Thursday from 2:30 at the Wake site</td>
<td>Mary Ann Johnson and Tammy Ramirez report for Alliance.</td>
<td>Open</td>
<td>Laurie Stickney</td>
</tr>
<tr>
<td>CAS and ACT Provider meeting</td>
<td>Wake</td>
<td>UNC, Holly Hill Hospital, and all ACT Teams in Wake County.</td>
<td>Monthly</td>
<td></td>
<td>Noel Pellish is the chair. Mary Ann Johnson, Miki Jaeger, Karen Gall, and the ED care coordinators attend.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meeting/Partnership</td>
<td>County Involved in the Meeting/Partnership</td>
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<td>Meeting Information &amp; Location</td>
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<td>Meeting is Open to All Providers or Invitation Only</td>
<td>Who to Contact About the Meeting</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------------</td>
<td>--------------------------------</td>
<td>-----------------------------------</td>
<td>-------------------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>CASAWORKS Advisory</td>
<td>Wake</td>
<td>Advisory committee charged with programmatic oversight, including review of outcomes and funding accountability. Perinatal provider, Chief of Police, community volunteers, church groups, etc. attend. SA Block Grant requires perinatal programs to have an advisory board.</td>
<td>Quarterly</td>
<td></td>
<td>Mary Ann Johnson attends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Community Collaborative</td>
<td>Johnston</td>
<td>DSS, Johnston County Public Schools, Dept of Juvenile Justice, local courts, CFAC, and local providers.</td>
<td>Monthly</td>
<td>First Tuesday at 8:30 at the Johnston site</td>
<td>Margaret Hinnant, Felicia Farrell, Kellie Smith, Keith Copeland, Ulli Mattern attend</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alliance - DCA Crisis Service</td>
<td>Durham</td>
<td>MCO and Freedom House staff work together around crisis/DCA issues.</td>
<td>3rd Tuesday Monthly, 8:30 am - 9:30 am</td>
<td>Freedom House</td>
<td>James Osborn leads. Kim Hayes and Lynn Godwin attend</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisis Collaborative</td>
<td>Durham</td>
<td>Crisis providers, hospitals, jail staff, EMS, CRH, crisis providers, etc attend.</td>
<td>Monthly, first Thursday 1:00 pm</td>
<td>Durham Site</td>
<td>MH/SA Care Coordination, Lynn Godwin, Durham Community Relations staff.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

September 19, 2013
<table>
<thead>
<tr>
<th>Meeting/Partnership</th>
<th>County Involved</th>
<th>Description</th>
<th>Meeting Schedule</th>
<th>Who Leads/Who Attends from the MCO</th>
<th>Meeting is Open to All Providers or Invitation Only</th>
<th>Who to Contact About the Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>DD Contract Agency Directors Meeting</td>
<td>Wake</td>
<td>Long-standing partnership meeting with agencies that provide services to consumers with IDD. Information sharing, network building, policy advising, procedure development, coordination of service provision.</td>
<td>Bimonthly</td>
<td>Last meeting was held in Feb 2013. Meetings have ended.</td>
<td></td>
<td>Margaret Hinnant attends for Johnston LME.</td>
</tr>
<tr>
<td>Human Services Council</td>
<td>Johnston</td>
<td></td>
<td>Bimonthly</td>
<td>4th Tuesday at 11:00</td>
<td></td>
<td>Margaret Hinnant attends for Johnston LME.</td>
</tr>
<tr>
<td>Jail Meeting</td>
<td>Wake</td>
<td>Fellowship Health Resources, Detention staff, Wake County staff, UNC, and Alliance.</td>
<td>Monthly</td>
<td>Eric Johnson and Roosevelt Richard attend.</td>
<td>Invitation Only</td>
<td>Roosevelt Richard</td>
</tr>
<tr>
<td>Johnston Provider Advisory Council</td>
<td>Johnston</td>
<td>Johnston providers.</td>
<td>Monthly</td>
<td>Lori Caviness and Janis Nutt attend from Johnston LME.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

September 19, 2013
<table>
<thead>
<tr>
<th>Meeting/Partnership</th>
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<tr>
<td>Juvenile Crime Prevention Council (JCPC)</td>
<td>Johnston</td>
<td>Legislatively managed Council appointed by County Commissioners; requires local child mental health and substance abuse &quot;Director Designees&quot;. Makes funding decisions for programs with Dept of Juvenile Justice and Delinquency Prevention (DJJDP) funds.</td>
<td>Monthly</td>
<td>Third Monday at 4 pm at the Johnston County Health Dept</td>
<td>Margaret Hinnant attends.</td>
<td>Invitation Only</td>
<td>Eric Johnson is VP</td>
</tr>
<tr>
<td>Juvenile Crime Prevention Council (JCPC)</td>
<td>Wake</td>
<td>Legislatively managed Council appointed by County Commissioners; requires local child mental health and substance abuse &quot;Director Designees&quot;. Makes funding decisions for programs with Dept of Juvenile Justice and Delinquency Prevention (DJJDP) funds that are managed through Wake County.</td>
<td>Quarterly</td>
<td>Eric Johnson attends.</td>
<td>Invitation Only</td>
<td>Eric Johnson is VP</td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td>Juvenile Justice/Substance Abuse/Mental Health Partnership (JJSAMHP)</td>
<td>Durham</td>
<td>State initiative between the Division of MH/DD/SAS and the Dept of Juvenile Justice &amp; Delinquency Prevention. MCO and the Judicial District work together to facilitate this partnership. The partnership also includes service providers of juvenile justice/gang prevention and intervention programs and mental health/substance abuse treatment service agencies. All work together to plan and implement strategies for assuring access to MH/SA services for all Juvenile Court involved youth. The MCO provides clinical &amp; programmatic oversight, management, and expertise for the partnership and its initiatives.</td>
<td>Bimonthly</td>
<td>Location rotates to various provider agencies in Durham</td>
<td>Zailya Taylor chairs. Kim Johnson and Lynn Godwin attend.</td>
<td></td>
<td></td>
</tr>
<tr>
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</tr>
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<td>Juvenile Justice/Substance Abuse/Mental Health Partnership (JJSAMHP)</td>
<td>Wake</td>
<td>State initiative between the Division of MH/DD/SAS and the Dept of Juvenile Justice &amp; Delinquency Prevention. MCO and the Judicial District work together to facilitate this partnership. The partnership also includes service providers of juvenile justice/gang prevention and intervention programs and mental health/substance abuse treatment service agencies. All work together to plan and implement strategies for assuring access to MH/SA services for all Juvenile Court involved youth. The MCO provides clinical &amp; programmatic oversight, management, and expertise for the partnership and its initiatives.</td>
<td>Monthly</td>
<td>Third Tuesday at 10 am at the Wake site</td>
<td>Eric Johnson is the chair. Allie Oberbroeckling, Wendy Gantt, and Mary Ann Johnson attend.</td>
<td>Invitation Only</td>
<td>Eric Johnson</td>
</tr>
<tr>
<td>Lincoln Community Health/DCA</td>
<td>Durham</td>
<td>Joint provider meeting to address issues between agencies.</td>
<td>Quarterly</td>
<td>DCA</td>
<td>Kim Hayes and Lynn Godwin attend.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Interagency Coordinating Committee</td>
<td>Wake</td>
<td>Thirty-five plus member interagency partnership whose mission is to create and maintain a coordinated system of services that support families of young children (birth to five) with intellectual &amp; developmental disabilities.</td>
<td></td>
<td></td>
<td></td>
<td>Patti Beardsley attends.</td>
<td></td>
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<tr>
<td>Mobile Crisis Team Collaborative</td>
<td>Durham, Wake</td>
<td>Coordination of consumers between Wake and Durham MCTs in Wake and Durham, Alliance, and the communities served. Dispatch and response times to Law Enforcement Officer. IVC and safe transport criteria. Managing expectations in the community.</td>
<td>Monthly</td>
<td>Corporate</td>
<td>James Osborn, Lynn Godwin, Kim Hayes, Mary Ann Johnson, Tamara Smith attend.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partnership for a Healthy Durham</td>
<td>Durham</td>
<td>Durham Public Schools, Criminal Justice Resource Center (CJR), BECOMING, UNC Hospital, Durham County Health Dept, MH/SA providers.</td>
<td>Quarterly</td>
<td>Mutual Building in Durham</td>
<td>Kim Hayes and Lynn Godwin attend. Community Relations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partnership for a Healthy Durham - Substance Abuse and Mental Health Sub-Committee</td>
<td>Durham</td>
<td>Durham Public Schools, Criminal Justice Resource Center (CJR), BECOMING, UNC Hospital, Durham County Health Dept, MH/SA providers.</td>
<td>Monthly</td>
<td>Mutual Building in Durham</td>
<td>Kim Hayes and Lynn Godwin attend. Community Relations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raleigh-Wake Partnership to End and Prevent Homelessness</td>
<td>Wake</td>
<td>Focus is to work on 10 year plan to end homelessness. Approximately 30-40 representatives attend.</td>
<td>Monthly</td>
<td>Pullen Memorial</td>
<td>Malcolm White</td>
<td>open</td>
<td>Chuck Bridger</td>
</tr>
<tr>
<td>The Homeless Working Group meeting</td>
<td>Wake</td>
<td>Homeless service providers.</td>
<td>Monthly</td>
<td>Lennox Chase Apartments</td>
<td>Malcolm White</td>
<td>open</td>
<td>Ed Stelli</td>
</tr>
<tr>
<td>Project Homeless Connect Planning Committee</td>
<td>Durham, Wake</td>
<td>Homeless service providers attend. Group plans for annual event to promote services.</td>
<td>Monthly</td>
<td>Salvation Army</td>
<td>Malcolm White, Community Relations.</td>
<td>open</td>
<td>Donald McDonald</td>
</tr>
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<tr>
<td>Mental Health/Medical Respite Meeting</td>
<td>Wake</td>
<td>Healthcare agencies attend to plan around medical services to homeless and indigent population</td>
<td>Monthly</td>
<td>Healing Place</td>
<td>Malcolm White</td>
<td>not sure</td>
<td>Jason Lane</td>
</tr>
<tr>
<td>Wake County Continuum of Care</td>
<td>Wake</td>
<td>Meeting addresses HUD grant funding</td>
<td>Weekly</td>
<td>varies</td>
<td>Malcolm White</td>
<td>by invite</td>
<td>David Harris</td>
</tr>
<tr>
<td>Regional Adolescent SA Residential CASP</td>
<td>All</td>
<td>CASP providers</td>
<td>Quarterly</td>
<td>Durham</td>
<td>Mary Ann Johnson, Kim Hayes, Eric Johnson, Allie Oberbroeckling</td>
<td>by invite</td>
<td>David Harris</td>
</tr>
<tr>
<td>Quarterly Statewide meeting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Health Advisory Council</td>
<td>Johnston</td>
<td>Johnston County Public Schools, Johnston Public Health</td>
<td>Bimonthly</td>
<td>Varies - one of the local schools in Johnson Co.</td>
<td>Keith Copeland</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Campus Advisory Board</td>
<td>Johnston</td>
<td>Johnston County Public Schools, Dept of Juvenile Justice, local courts, mental health providers, LME/MCO.</td>
<td>Bimonthly</td>
<td></td>
<td>Keith Copeland</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Collaborative</td>
<td>Johnston</td>
<td>Includes local providers of substance abuse services.</td>
<td>Quarterly</td>
<td>4&lt;sup&gt;th&lt;/sup&gt; Friday at 11:00 at Johnston LME</td>
<td>Margaret Hinnant and Melissa Payne</td>
<td>attend from Johnston LME</td>
<td></td>
</tr>
<tr>
<td>System of Care Coordinators meeting</td>
<td>Wake</td>
<td>Serves as a planning group for continued SOC implementation statewide with representation of over 20 LMEs.</td>
<td>Monthly</td>
<td>by phone</td>
<td>Allie Oberbroeckling attends the meeting via phone.</td>
<td>Invitation Only</td>
<td>Hope Jones with DHHS</td>
</tr>
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<td>System of Care Regional meeting</td>
<td>Durham, Wake</td>
<td>DMH facilitates the meeting for the Central Region. System of Care Coordinators</td>
<td>Quarterly</td>
<td>Varies</td>
<td>System of Care Coordinators for Wake and Durham are required to attend.</td>
<td>Invitation Only</td>
<td>Hope Jones with DHHS</td>
</tr>
<tr>
<td>System of Care Regional meeting</td>
<td>Johnston</td>
<td>DMH facilitates the meeting for the Eastern Region.</td>
<td>Quarterly</td>
<td></td>
<td>System of Care Coordinator for Johnston is required to attend.</td>
<td>Invitation Only</td>
<td>Hope Jones with DHHS <a href="mailto:hope.jones@dhh.s.nc.gov">hope.jones@dhh.s.nc.gov</a></td>
</tr>
<tr>
<td>WakeBrook CQI meeting</td>
<td>Wake</td>
<td>Data sharing between the UNC campus and Alliance.</td>
<td>Twice per month</td>
<td>CAS</td>
<td>Mary Ann Johnson, James Osborn, Miki Jaeger, Karen Gall, Tamara Smith attend.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wake County Community Collaborative for Children and Families</td>
<td>Wake</td>
<td>Serves as an advisory board and decision making body for the Child MH/SA continuum of care based on the System of Care model. Includes representatives from WCPSS, Child Welfare, Dept of Juvenile Justice and Delinquency Prevention, service provider agencies, Alliance, consumers/families, and other stakeholders.</td>
<td>Monthly</td>
<td>Alliance</td>
<td>Deric Byrd chairs the meeting. Allie Oberbroeckling attends. Eric Johnson and Wendy Gantt are members.</td>
<td>open</td>
<td>Allie Oberbroeckling</td>
</tr>
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<td>Wake County Crisis Collaborative</td>
<td>Wake</td>
<td>Magistrates, police, EMS, Central Regional Hospital, Holly Hill Hospital, UNC, Therapeutic Alternatives Mobile Crisis, and Hospital Emergency Departments.</td>
<td>Monthly</td>
<td>Third Thursday from 2-3:30 at the Wake site</td>
<td>Sean Schreiber co-chairs with someone from Rex Hospital’s ED. James Osborn, Mary Ann Johnson, Miki Jaeger, Tamara Smith attend.</td>
<td></td>
</tr>
<tr>
<td>Day Treatment Collaborative</td>
<td>All</td>
<td>Partnership with the Public School System and providers of Day Treatment services. Group works to review program requirements and address barriers to appropriate treatment for youth unable to function in their academic settings.</td>
<td>Quarterly</td>
<td>Corporate, 2nd Friday quarterly</td>
<td>Kim Hayes, Lynn Godwin, Allie Oberbroeckling attend.</td>
<td></td>
</tr>
<tr>
<td>Wake County Gang Prevention Partnership (GPP)</td>
<td>Wake</td>
<td>Works with service providers to address the impact of gang activity on youth mental health and substance abuse issues.</td>
<td></td>
<td>Eric Johnson attends.</td>
<td>Not sure- ask Eric Johnson</td>
<td>Kennard France <a href="mailto:kfrance@havenhousenc.org">kfrance@havenhousenc.org</a></td>
</tr>
<tr>
<td>Wake County Interagency Transition Team</td>
<td>Wake</td>
<td>Collaboration between Wake Co. Public Schools, VR, Alliance, families, and community agencies to promote successful transition from high school to adult services for youth with disabilities through education about available resources. Leadership of the meetings changes between WCPSS and the MCO.</td>
<td></td>
<td>Patti Beardsley attends.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Work First Steering Committee</td>
<td>Wake</td>
<td>Work First, Housing, Employment, Wake Tech, Interact, etc. It is a collaboration between various community partners that work with Work First consumers.</td>
<td>Monthly</td>
<td>Last Wednesday of the month at the Swinburne Building</td>
<td>Mary Ann Johnson attends.</td>
<td>Invitation Only</td>
</tr>
<tr>
<td>Young Child Mental Health Initiative</td>
<td></td>
<td>Interagency initiative with the prime mission of identifying, enhancing, and improving the quality of mental health services to our youngest citizens (five and under). This is done through training, leveraging funding to develop new services, building collaborations, public awareness, and creating an efficient, family-friendly system in Wake County.</td>
<td>Monthly</td>
<td></td>
<td>Patti Beardsley attends.</td>
<td>Invitation Only</td>
</tr>
<tr>
<td>Jail Diversion</td>
<td>Durham</td>
<td>Workgroup that focuses on reducing MH/SA consumer incarcerations.</td>
<td>Monthly</td>
<td>4th Thursday from 2:00 - 4:30 pm at the Durham Jail</td>
<td>James Osborn, Stephanie Williams, Damali Austin, Lynn Godwin, Laylon Williams, MH/SA Care Coordinators.</td>
<td></td>
</tr>
<tr>
<td>Assertive Engagement Provider Meeting</td>
<td>Durham</td>
<td>Review Housing for New Hope AE Team caseloads for the month.</td>
<td>Monthly</td>
<td>2nd Tuesday from 11 am - 1 pm at the Durham Site</td>
<td>MH/SA Care Coordinators, Community Relations, Lynn Godwin, James Osborn.</td>
<td></td>
</tr>
</tbody>
</table>
GRIEVANCE REPORT
FOURTH QUARTER FY 12-13
Q4 Background information

- Due to changes in Alpha that were submitted in July, the 4th Quarter data reflect the new Type of Case categories (Grievance, Internal Employee Concern, External Stakeholder Concern, Compliment, Other).
- Staff were trained at the end of the Quarter on the new classification process.
**Background:**
At the time a grievance is logged, it is placed in the category that best describes the nature of the concern. These new categories are: Grievance, Internal Employee Concern, External Stakeholder Concern, Compliment and Other.

**Analysis and Trends:**
More than half of the issues entered were grievances; internal and external concerns were equally divided. There was a 15% increase in Grievances/Concerns received.

**Follow up:**
Guidance to staff is ongoing to ensure proper categorization.

**Next Steps:**
After 1st Quarter of FY14 is collected, more substantial analysis can be done on trends in reporting.
**Background:**
Alliance Behavioral Healthcare is responsible for addressing grievances related to publicly-funded, behavioral health services. Grievances/Concerns are logged from consumers, providers, and/or service team members when dissatisfaction with services is reported.

**Analysis and Trends:**
Consumer filing has increased slightly from 49% Q3 to 55% Q4. MCO staff, Providers and Anonymous reporting has decreased. This trend will be monitored into the 1st quarter. The anticipated increase in MCO reporting has not been seen.

**Follow up:**
- Grievance/Concern procedures are in the final stages of approval.
- Grievance/Concern training has been recorded and is available to Alliance staff.

**Next Steps:**
Continue to monitor implementation of changes. Work with staff entering Grievance/Concerns to ensure accurate data entry.

---

**By Complainant**

- **54, 23%** Consumer
- **10, 4%** Anonymous
- **20, 8%** Consumer Advocate/Rep.
- **17, 7%** DMA
- **54, 23%** MCO Staff
- **2, 1%** Other
- **2, 1%** Provider

N 240*
Does not include 2 Compliments
**Background:**
This chart reflects consumer grievances. *

**Analysis and Trends:**
The majority of complaints continued to be focused on Quality of Services (44%) followed by Access to Services (15%).

**Follow-up:**
These categories are defined by the Division of Mental Health Intellectual/Developmental Disabilities and Substance Abuse Services. They were included in the training materials.

* included are consumer, family member, and guardian. N is different from previous slide due to the consumer being the source for some internal and external concerns. This graph reflects only grievances.
**Background:**
Detail of areas of concern expressed by MCO staff

**Analysis and Trends:**
The largest area of concern was Quality of Services (23) a decrease from Q3. Authorization/Payment/Billing was the next largest area of concern.

**Follow-up:**
These categories are defined by the Division of Mental Health Intellectual/Developmental Disabilities and Substance Abuse Services. They were included in the training materials.

---

N is different from previous slide due to the consumer being the source for some internal and external concerns. This graph reflects only Internal Employee Concerns.
Background:
Grievances/Concerns presented by service to identify trends

Analysis and Trends:
A slight increase was seen of issues related to Enhanced Benefit Services. Issues related to IDD and Crisis doubled from last quarter. Unknown concerns also increased. Of the Enhanced Benefit services, the vast majority were related to residential care (53). ACTT was second (13), followed by I1H (11). This breakdown was similar to Q3.

Next Steps:
The LME/MCO is now required to report the type of residential service. QM is working on ways to identify this in Alpha; currently a field does not exist.
**Background:**
QM staff use various methods to resolve issues.

**Analysis and Trends:**
Overall resolution rates increased 16% from Q3 to Q4. Ninety-one (91)% of grievances were resolved by providing technical assistance to complainant or working with the provider for a resolution. This is slightly up from Q3 (90%). Unresolved grievances were down from 7 to 4%. Unresolved grievances are predominantly due to lack of accurate contact information for complainants.

**Follow-up:**
Based on several provider trends, referrals have been made to Compliance, Network Development Specialists, and Network Development Evaluators.
**Background:**
Grievances must be resolved within 15 working days (of the date filed), but may be extended if issues require additional attention, or the grievance requires the attention of an external regulatory agency. Frequently, QM staff work to resolve the issue within 5 days. Previously, data had to be presented in increments of 15. Current data is presented in increments of 7 to more accurately represent the resolution time. Alpha data is calculated in calendar days.

**Analysis and Trends:**
Of the 212 issues that were resolved, 149 (70%) were resolved within 21 calendar days (15 working days) of the Grievances. Seventy-five (75) % were resolved within the required timeframe. Those over 30 days have typically been referred to external agencies.

**Next Steps:**
This data will be compared to Q1 FY14 data to develop trending related to resolution time.
Background:
Grievances were reviewed to begin baseline data for the top providers against whom grievances/complaints were filed.

Analysis and Trends:
Alliance, Carolina Outreach and Holly Hill were all in the top five in Q3. Alliance has increased in the number of Grievances/Concerns received. Carolina Outreach has had a 25% decrease; Holly Hill has had a 50% decrease.

Next Steps:
Currently, no next steps other than to monitor trends.
**Background:**
Previously, demographic and population data have not been included; it is now being included to identify ongoing areas of training need.

**Analysis and Trends:**
Identification of disability areas had slight increases in IDD and MH. However, approximately 50% were missing data. This is similar to last quarter. There was a slight decrease in the number of Grievances/Concerns missing an age category from 40% to 33%.

**Next Steps:**
Continue to work with staff who enter Grievances/Concerns to correctly identify both age and disability groups.
**Background:**
In February 2013, Alliance began serving 4 counties.

**Analysis and Trends:**
Rate of reporting has been graphed based on number of consumers served in each county. If all counties were reporting at the same rate, the line would be flat. This graph includes grievances, external stakeholder concerns, compliments and other. (Internal concerns are not included as they skew the Durham numbers. Complaints from other counties are also not included.) Forty-five (45) % of grievances and concerns did not have an Alliance county associated with them.

**Next Steps:**
This information presents the opportunity for training and education in all of the 4 counties about grievance reporting.

---

**Grievance Trends by County Population**

- **Cumberland**
- **Durham**
- **Johnston**
- **Wake**

\[N=97\]
**Background:**
Quality of Services comprised the majority of Grievances/Concerns.

**Analysis and Trends:**
There was a 15% increase between Q3 and Q4 in total Grievances/Concerns. Quality of services continues to be the highest category accounting for 42% of Grievances/Concerns. This is a slight decrease from Q3.

**Follow up:**
All Alliance staff were offered Grievance/Concern training at the end of Q4. Included was a reference sheet for determining the nature of Grievances/Concerns.

**Next Steps:**
Volume of grievances will continue to be monitored to determine optimal staffing patterns.

Q2 data included a category for missing (49). It is not included in the graph above because it was not used in any other quarter.
GRIEVANCE REPORT
FIRST QUARTER FY 13-14

Data pulled 10.18.13
Q1 Background information

- Type of Case Categories were implemented and most staff were trained in the new process.
- There was a 17% increase in the number of grievances/concerns received.
**Background:**
At the time a grievance is logged, it is placed in the category that best describes the nature of the concern. These new categories are: Grievance, Internal Employee Concern, External Stakeholder Concern, Compliment and Other.

**Analysis and Trends:**
There was a slight (10%) decrease of grievances received from last quarter. There was a 10% increase of internal concerns logged. There was a 17% increase in Grievances/Concerns received.

**Follow up:**
Continue to provide guidance to Alliance staff about proper categorization and data elements needed for reporting.
Background: Alliance Behavioral Healthcare is responsible for addressing grievances related to publicly-funded, behavioral health services. Grievances/Concerns are logged from consumers, providers, and/or service team members when dissatisfaction with services is reported.

Analysis and Trends: Consumer filing has decreased slightly from 55% Q4 to 43% Q1*. MCO staff reporting has increased, this may be a result of the training at the beginning of the quarter.

Follow up: None at this time. Reporting trends will continue to be monitored.

*note the in Q4 family member was included in consumer, in Q1 it was not.
Background: This chart reflects consumer grievances.

Analysis and Trends: The majority of complaints continued to be focused on Quality of Services (56%) up 12% from last quarter followed by Access to Services (16%).

Follow-up: These categories are defined by the Division of Mental Health Intellectual/Developmental Disabilities and Substance Abuse Services. They were included in the training materials.
**Background:**
Detail of areas of concern expressed by MCO staff

**Analysis and Trends:**
The largest area of concern was Quality of Services (52) an increase from Q4 the number of reports doubled and the percentage increased by 6%. Other was the next largest area of concern at 16% followed by Authorization/Payment/Billing. MCO reporting doubled during this quarter.

**Follow-up:**
These categories are defined by the Division of Mental Health Intellectual/Developmental Disabilities and Substance Abuse Services. They were included in the training materials.
**Background:**
Grievances/Concerns presented by service to identify trends

**Analysis and Trends:**
Percentage wise the service breakdown is very similar to Q4 with the exception of Crisis services, those have decreased by 60%. Enhanced Benefit concerns remained the same as last quarter with the highest number of reports related to residential services (45) followed by ACTT (27) which doubled from last quarter and IIH which also increased from last quarter. Basic benefits (outpatient) was the next largest category. Unknown was the third largest category. This category could be selected for a number of reasons, the complainant doesn’t identify the service or it is not entered when the form is completed (not a required field).

**Next Steps:**
Work is continuing to be done on residential type reporting.
**Background:**
QM staff use various methods to resolve issues.

**Analysis and Trends:**
Overall resolution rates had a slight increase of 2% from Q4 to Q1. Ninety-one (93)% of grievances were resolved by providing technical assistance to complainant or working with the provider for a resolution. This is slightly up from Q4 (91%). Unresolved grievances were down from 4 to 1%. Unresolved grievances are predominantly due to lack of accurate contact information for complainants.

**Follow-up:**
Based on several provider trends, referrals have been made to Compliance, Network Development Specialists, and Network Development Evaluators.
**Background:**
Grievances must be resolved within 15 working days (of the date filed), but may be extended if issues require additional attention, or the grievance requires the attention of an external regulatory agency. Frequently, QM staff work to resolve the issue within 5 days. Previously, data had to be presented in increments of 15. Current data is presented in increments of 7 to more accurately represent the resolution time. Alpha data is calculated in calendar days.

**Analysis and Trends:**
Of the 270 issues that were resolved, 222 (82%) were resolved within 21 calendar days (15 working days) of the Grievances. This was a 12% increase from Q1. The number resolved over 30+ days decreased by 5%, Those over 30 days have typically been referred to external agencies.

**Next Steps:**
Monitor trends
**Background:**
Grievances were reviewed to begin baseline data for the top providers against whom grievances/complaints were filed.

**Analysis and Trends:**
Alliance, HHH, and Carolina Outreach have been in the top for the last three quarters. Alliance and HHH remained the same for the number Grievances/Concerns received. Carolina Outreach has had a 15% increase; Evergreen has had a 40% increase.

**Next Steps:**
Several providers have been referred to compliance for review and some are currently under plans of correction.
Background:
Previously, demographic and population data have not been included; it is now being included to identify ongoing areas of training need.

Analysis and Trends:
Of the disability areas identified, IDD has a slight decrease, other disability areas had an increase. However, approximately 50% were missing data. This is similar to last quarter. There Grievances/Concerns missing an age category remained the same as Q4 at 33%.

Next Steps:
Continue to work with staff who enter Grievances/Concerns to correctly identify both age and disability groups.
**Background:**
In February 2013, Alliance began serving 4 counties.

**Analysis and Trends:**
Rate of reporting has been graphed based on number of consumers served in each county. If all counties were reporting at the same rate, the line would be flat. Q1 is the closest we have seen to a flat line for three of the four counties. This graph includes grievances, external stakeholder concerns, compliments and other. (Internal concerns are not included as they skew the Durham numbers. Complaints from other counties are also not included.) Forty-five (43) % of grievances and concerns did not have an Alliance county associated with them.

**Next Steps:**
This information presents the opportunity for training and education in all of the 4 counties about grievance reporting.
**Background:**
Quality of Services comprised the majority of Grievances/Concerns.

**Analysis and Trends:**
There was a 17% increase between Q4 and Q1 in total Grievances/Concerns. Quality of services continues to be the highest category accounting for 50% of Grievances/Concerns. This is an 8% increase from Q4.

**Next Steps:**
Volume of grievances has reached staffing capacity.
Incident Trends Report
4Q 2013
July 2013

Serving Durham, Wake, Cumberland and Johnston Counties
Q4 Incident Statistics

- There were 747 incidents occurring for 561 consumers. 444 involved children, 303 adults.
- The highest number of incidents for one consumer was 7.
- Of the consumers with the highest number of incidents (over 5) all 6 are children.
  - 1 child was discharged and referred to day tx after attempted sexual assault at group home, 4 are pursuing a higher level of care, 1 is being addressed within the current service.
Background: Level 2 incidents are monitored to ensure consumer and community safety.

Trend and Analysis: Q4 data is being presented by population. The lower trend line indicates those types of incidents that occurred in more than .2% of that county’s population served. The upper trend line is only for Consumer Behavior incidents. Those typically occur at a high rate than all others. The percentage used is .4% of that county’s population served. The majority of the Wake County restrictive interventions (59%) are from one day treatment provider. This same provider accounts for 19% of the total consumer behaviors and 24% of “other” incidents. 78% of incidents categorized as “other” occurring in Johnston County were from one child residential provider. There were 18 reports involving 7 consumers, and the majority of these reports were repeat consumer absences by the same 5 consumers. 50% of incidents categorized as “other” in Durham County were from one substance abuse provider. There are no trends related to Durham consumer behaviors.

Next Steps: Review incident trends to determine if referral to Provider Account specialists is needed.
**Background:** Level 3 incidents are monitored to ensure consumer and community safety. Information is shared with necessary members of management to ensure a comprehensive clinical and administrative response.

**Trend and Analysis:** Q4 data is being presented by population. The trend line indicates those types of incidents that occurred in more than .25% of that county’s population served. There are no provider trends related to abuse/neglect/exploitation in Durham or Wake Counties. There are also no trends related to incidents categorized as “other” for Johnston County.

**Next Steps:** Review incident trends to determine if referral to Provider Account specialists is needed.
Q4 FY13 Incidents by Service Type – MH/SA

- IIIH: 25%
- Ch Day Tx: 18%
- .1700: 14%
- .5600A: 12%
- .4300 TROSA: 5%
- BH OPT: 12%
- MST: 4%
- ACTT: 4%
- PRTF: 3%
- Ther Leave Level II: 3%

N = 608
Q4 FY13 Incidents by Service Type – IDD

- Supp Employment: 1%
- Personal Care: 2%
- Spec Comm Residential: 4%
- Residential Supports - Lvl 4: 5%
- Residential Supports - Lvl 3: 5%
- Home & Comm Supports: 10%
- Day Support: 16%
- .5600F: 2%
- .5600C: 25%
- ICF MR/DD: 30%

N = 139
Level 2 & 3 Incident Definitions

- **Level 2 incident categories and behaviors**
  - Consumer Death – Terminal Illness or Natural Cause
  - Restrictive Intervention – Emergency/Unplanned use or planned use that has exceeded authorized limits
  - Consumer Injuries – Any injury that requires treatment by a licensed health professional
  - Allegations of Abuse – Any allegations of abuse, neglect or exploitation including domestic violence
  - Medication Errors – Any error that threatens the consumer’s health or safety
  - Consumer Behavior – Suicidal behavior, sexual behavior (exhibited by the consumer), consumer act (involves aggressive, destructive or illegal act that results in a report to law enforcement that is potentially harmful to the consumer or others), consumer absence (greater than 3 hours over what is specified in the consumer’s plan or requires police contact)
  - Other – Suspension, Expulsion and Fire

- **Level 3 incident categories and behaviors** – all are categorized as any that results in permanent physical or psychological impairment or if there is perceived to be a significant danger to the community
  - Death – Suicide, Accident, Homicide, Unknown
  - Restrictive Intervention
  - Consumer Injury
  - Abuse/Neglect/Exploitation – includes all sexual assaults
  - Medication Error
  - Behavior
  - Other
Incident Trends Report
1Q 2014
October 2014
Q1 Incident Statistics

- There were 720 incidents occurring for 527 consumers. 383 involved children, 307 adults.
- The highest number of incidents for one consumer was 7.
- Of the consumers with the highest number of incidents (over 5) both are adults.
  - 1 adult was transferred to another agency that could provide better services and more time to her. Care Coordination is working on completing the consumer’s behavior plan. No updates were noted on the other adult consumer, as the guardian is happy with current placement.
Q1 FY 14 Level 2 Incidents by Population

**Background:** Level 2 incidents are monitored to ensure consumer and community safety.

**Trend and Analysis:** The lower trend line indicates those types of incidents that occurred in more than .2% of that county’s population served. The upper trend line is only for Consumer Behavior incidents. Those typically occur at a high rate than all others. The percentage used is .4% of that county’s population served. The majority of the Wake County restrictive interventions (41%) are from one day treatment provider. This same provider accounts for 25% of the total consumer behaviors and 32% of “other” incidents in Wake County. 42% of incidents categorized as “Consumer Behavior” occurring in Johnston County were from one child residential provider. There were 8 reports involving 5 consumers, and the majority of these reports were repeat aggressive behaviors by the same 2 consumers. 37% of incidents categorized as “other” in Durham County were from one substance abuse provider and 19% of incidents categorized as “consumer behavior” were from one agency providing multiple services.

**Next Steps:** Review incident trends to determine if referral to Provider Account specialists is needed.
Background: Level 3 incidents are monitored to ensure consumer and community safety. Information is shared with necessary members of management to ensure a comprehensive clinical and administrative response.

Trend and Analysis: The trend line indicates those types of incidents that occurred in more than .25% of that county’s population served. There are no provider trends related to abuse/neglect/exploitation in Durham, Johnston or Wake Counties. 40% of the incidents categorized as “other” in Wake County were from 1 provider – 2 separate Silver Alerts were issued for the same consumer in the 1st quarter. No trends related to the consumer behavior category were noted for Wake or Cumberland counties.

Next Steps: Review incident trends to determine if referral to Provider Account specialists is needed.
Incidents involving MH/SA consumers decreased from 608 in the 4th quarter of FY13 to 556 in the 1st quarter of FY14. IIH services remained the service with the highest percentage of incidents reported with 20% (140 incidents) compared to 18% (137 incidents) last quarter. Outpatient Therapy was the next highest with 69 incidents reported, followed by Child Day Treatment with 66 incidents reported in the 1st quarter.
Q1 FY14 Incidents by Service Type – IDD

Incidents involving IDD consumers decreased from 139 to 134 in Q1 FY14. .5600C group homes had the most incidents in the 1st quarter with 31 incidents reported, compared to 33 last quarter. ICF MR/DD’s were the next highest with 27 incidents reported, compared to 39 in the 4th quarter. There was a large decrease in incidents involving Home and Community Supports services – from 13 incidents in the 4th quarter FY13 to 3 incidents in the 1st quarter FY14.
Level 2 & 3 Incident Definitions

- Level 2 incident categories and behaviors
  - Consumer Death – Terminal Illness or Natural Cause
  - Restrictive Intervention – Emergency/Unplanned use or planned use that has exceeded authorized limits
  - Consumer Injuries – Any injury that requires treatment by a licensed health professional
  - Allegations of Abuse – Any allegations of abuse, neglect or exploitation including domestic violence
  - Medication Errors – Any error that threatens the consumer’s health or safety
  - Consumer Behavior – Suicidal behavior, sexual behavior (exhibited by the consumer), consumer act (involves aggressive, destructive or illegal act that results in a report to law enforcement that is potentially harmful to the consumer or others), consumer absence (greater than 3 hours over what is specified in the consumer’s plan or requires police contact)
  - Other – Suspension, Expulsion and Fire

- Level 3 incident categories and behaviors – all are categorized as any that results in permanent physical or psychological impairment or if there is perceived to be a significant danger to the community
  - Death – Suicide, Accident, Homicide, Unknown
  - Restrictive Intervention
  - Consumer Injury
  - Abuse/Neglect/Exploitation – includes all sexual assaults
  - Medication Error
  - Behavior
  - Other
Technical Support and Trainings - Provider Network Development Team (Corporate location)
Staff: Kimberly Hayes, Mary Ann Johnson, Lynn Godwin

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<tr>
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- Note the impact of training/technical assistance on providers — was there any improvement in provider compliance, service delivery, understanding of expectations?
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</table>

- Note the impact of training/technical assistance on providers – was there any improvement in provider compliance, service delivery, understanding of expectations?
Technical Support and Trainings Summary

- Approx 7/12-1/13 – Team was know as Provider Network Acct. Managers. One I/DD staff was 'on loan' to the UM department for a period of this time. The other I/DD Team was heavily involved in credentialing activities.
- 12/12 – Provided Innovations trainings for providers in all 4 counties. 1/13 – organized and lead 2 webinars for Innovations providers for Relative as Provider
- Training arranged provided for Innovations providers of the 4 counties through DDTI in Spring 2013
- I/DD staff was involved with Wake Divestiture RFP’s for Supported Employment, IDD Community Connections and for DD/MI consumers
- I/DD staff were involved with writing scopes of work for assigned providers Spring 13
- Communications via phone calls and approx. 25 emails/day are from providers, care coordinators, and other internal MCO staff. Various topics include but are not limited to: out of network authorization requests, Relative as a Provider, quality of care concerns, technical assistance requests (from care coordinators to reach out to Innovations providers, general information. Prior to approx. 2/13, some questions related to Alpha and credentialing. These now are routed to help desk or another department
- Additional meetings/duties include: Relative as Provider weekly meetings, mediations, OAH hearings, I/DD clinical council in Wake, identifying providers for specific services, twice yearly scope of work on site reviews, and others
- The impact of trainings and additional TA has been positive judging from feedback from comments, emails. IDD providers are requesting separate or break out meetings during the all provider quarterly meeting.
Training Report

Quantum Units Education-Online Training

53 clinical Staff has completed on-trainings

604 CEU have been awarded to 53 clinical staff

996 is the balance of hours remaining

Staff Trainings

<table>
<thead>
<tr>
<th>Staff Trainings listed in Paychex January- October 10, 2013</th>
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<tbody>
<tr>
<td><strong>Trainings</strong></td>
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<td>1915(b)(c) Waiver Overview</td>
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<td>BI Training</td>
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<td>Claims and Finance Training</td>
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<td>Classification and Pay Study Review</td>
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<td>CLEAR Advanced Training</td>
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<td>CLEAR Basic Training</td>
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<td>Clinical Advisory- Practice Guidelines</td>
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<td>Conflict of Interest - Confidentiality</td>
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<td>Consumer Rts, Medicaid F &amp; A, Advance Directives</td>
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<td>Corporate Compliance</td>
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<td>E and M Code Training</td>
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<td>Grievance and Concern Training Webinar</td>
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<td>IDD-Training</td>
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<td>Introduction to NC Innovations and IDD Services</td>
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<td>Investigating Grievances</td>
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<td>IRIS Training</td>
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<td>L &amp; L Strengths-Based Case Conceptualization</td>
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<td>Medicaid UR 201- Medical Necessity (SACOT, SAIOP..</td>
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### Staff Trainings listed in Paychex January - October 10, 2013

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<th>Trainings</th>
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<td>Non-Harassment and Workplace Violence</td>
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<td>Paychex-Timesheet</td>
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<td>URAC HUM v7.0</td>
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### SR-AHEC Collaborative Training

January – June 30, 2013

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<td>September - June</td>
<td>Varied</td>
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<tr>
<td>Advance MI Practicum - 9 sessions</td>
<td>October - June</td>
<td>Varied</td>
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<tr>
<td>Adopting Best Practice - 9 sessions</td>
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<td>Intro To MINT</td>
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<td>One Step. One Breath. Mindfulness and Self Care</td>
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<td>Should I lead, Follow, Cut in, But Out? Ethics Training</td>
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### July 1 - October 10, 2013

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<td>September - June</td>
<td>(14 registered)</td>
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<tr>
<td>Advance MI Practicum - 9 sessions</td>
<td>October - June</td>
<td>(8 registered)</td>
</tr>
<tr>
<td>Adopting Best Practice - 9 sessions</td>
<td>October - June</td>
<td>(14 registered)</td>
</tr>
<tr>
<td>Cultural Competency</td>
<td>9/18/2013</td>
<td>40</td>
</tr>
<tr>
<td>DSM V</td>
<td>8/28/2013</td>
<td>97</td>
</tr>
<tr>
<td>DSM V</td>
<td>10/02/2013</td>
<td>65</td>
</tr>
<tr>
<td>Mental Health First Aid (Wake AHEC)</td>
<td>2/20-21-2013</td>
<td>26</td>
</tr>
<tr>
<td>Mental Health First Aid (Wake AHEC)</td>
<td>8/13-14/2013</td>
<td>16</td>
</tr>
<tr>
<td>Mental Health First Aid (Wake AHEC)</td>
<td>9/12-13/2013</td>
<td>24</td>
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</table>
## Provider Trainings

January - October 10, 2013

<table>
<thead>
<tr>
<th>Trainings</th>
<th>Date</th>
<th># Attended</th>
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</thead>
<tbody>
<tr>
<td>Locus/Calocus</td>
<td>01/24/2013</td>
<td>35</td>
</tr>
<tr>
<td>Locus/Calocus</td>
<td>02/21/2013</td>
<td>12</td>
</tr>
<tr>
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<td>02/27/2013</td>
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</tr>
<tr>
<td>Locus/Calocus</td>
<td>03/21/2013</td>
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<td>Locus/Calocus</td>
<td>04/18/2013</td>
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<tr>
<td>Locus/Calocus</td>
<td>06/20/2013</td>
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<tr>
<td>Locus/Calocus</td>
<td>07/18/2013</td>
<td>15</td>
</tr>
<tr>
<td>Normal &amp; Abnormal Aging</td>
<td>01/8/2013</td>
<td>12</td>
</tr>
<tr>
<td>Community Guide</td>
<td>01/17/2013</td>
<td>30</td>
</tr>
<tr>
<td>Alpha Training</td>
<td>03/04/2013</td>
<td>57</td>
</tr>
<tr>
<td>Due Process Training – Johnston CO.</td>
<td>03/12/2013</td>
<td>30</td>
</tr>
<tr>
<td>Innovations Employment Services and Support – staff</td>
<td>05/23/13</td>
<td>24</td>
</tr>
<tr>
<td>Innovations Employment Services and Support</td>
<td>05/23/13</td>
<td>54</td>
</tr>
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</table>
**Background:** Provide information on Call Center activities. URAC requires designation between licensed and unlicensed staff along with screening and health education calls. On January 29, 2013 Alliance assumed 24/7 staffing of the Call Center with ProtoCall providing backup.

**Analysis:** Alliance handled a total of 24,746 calls in the 3rd quarter and 23,809 in 4th quarter of FY13, while ProtoCall handled a total of 2,502 calls in the 3rd quarter and 1,271 in the 4th quarter. Total call volume decreased from 8,991 calls in May to 7,365 calls in June.

**Follow up:**

**Next Steps:** Continue to track data and determine if, after weekly reminders about coding, more training is needed.
% of Calls Answered in 30 Seconds

**Background:** URAC standards requires 95% of all calls to be answered by a live person within 30 seconds

**Analysis:** In 3rd Q FY13, an average of 99.8% of calls were being answered within 30 seconds by Alliance staff and the Call Center average was 98.5%. In 4th Q FY13, the average percent of calls being answered within 30 seconds by Alliance staff increased to 100% and the Call Center average increased to 99.4%. ProtoCall continues to not meet the standard with 91.5% of calls answered within 30 seconds in June. Alliance remained at 100% of calls answered within 30 seconds in June. The Call Center average increased slightly to 99.6% in June.

**Follow Up:**

**Next Steps:** Continue to monitor ProtoCall’s responsiveness and maintain standard.

---

**Call Center Data Pulled on 7/1/13**
% of Calls Abandoned/Blocked

**Background:** URAC standards require no more than 5% of calls abandoned or blocked

**Analysis:** Alliance had an average abandonment rate of 1.8% in the 3rd quarter of FY13 and an average abandonment rate of 1.5% in the 4th quarter. Alliance staff continues to meet the standard in June with the average increasing slightly to 1.4%. ProtoCall showed a large decrease in June with 1.9% of calls abandoned-blocked. Average call abandonment and blockage rates have been met.

**Follow Up:**

**Next Steps:** Continue to monitor ProtoCall to ensure that they are also meeting the URAC standard. Alliance’s IT and Clinical teams are working with both ATCom and Time Warner Cable to determine the monthly blockage rate statistics.

---

**Quarterly Averages**

<table>
<thead>
<tr>
<th></th>
<th>Q1 FY13</th>
<th>Q2 FY13</th>
<th>Q3 FY13</th>
<th>Q4 FY13</th>
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<tr>
<td>Alliance</td>
<td>1.7%</td>
<td>1.0%</td>
<td>1.4%</td>
<td>1.5%</td>
</tr>
<tr>
<td>ProtoCall</td>
<td>7.8%</td>
<td>5.8%</td>
<td>3.1%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Average</td>
<td>2.1%</td>
<td>2.8%</td>
<td>2.1%</td>
<td>1.8%</td>
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**Monthly Averages**

<table>
<thead>
<tr>
<th></th>
<th>13-Apr</th>
<th>13-May</th>
<th>13-Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alliance</td>
<td>1.7%</td>
<td>1.2%</td>
<td>1.4%</td>
</tr>
<tr>
<td>ProtoCall</td>
<td>4.2%</td>
<td>2.5%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Average</td>
<td>1.9%</td>
<td>1.8%</td>
<td>1.4%</td>
</tr>
</tbody>
</table>
Crisis Services – ED Visits

Background: Alliance is tracking utilization of crisis services in order to target resources to increase utilization of less costly and more appropriate crisis services. Quarters three and four will create a baseline for FY 14.

Analysis: The graph above shows emergency room admissions for the month of June for Cumberland, Durham, Johnston and Wake counties. Cape Fear had the highest number of adult admissions during June with a total of 277 (up from 229 in May), the highest number of adolescent admissions with 8 (down from 19 in May) and the highest number of child admissions with a total of 8 (up from 6 in May). WakeMed Raleigh had the second highest adult admissions with 97 (down from 111 in May) and child admissions with a total of 3. Other changes of note include a decrease in admissions from Duke Durham from 67 in May to 29 in June. The Other Category also decreased from 79 in May to 58 in June.

Follow Up:
Next Steps: Continue to refine data collection methods and track trends of Emergency Department admissions in the Alliance catchment area, particularly with Cape Fear as they have just begun to submit data. Work with the IT team to get data on paid claims.
**Background:** Alliance is tracking utilization of crisis services in order to target resources to increase appropriate use of services. Quarters three and four will create a baseline for FY 14.

**Analysis:** Information presented is incomplete due to the continued refinement of data sources. The graph above shows the number of consumers served at the local crisis facilities for the month of June. The numbers include Durham, Johnston and Wake counties. CAS (WakeBrook CEO) in Wake County served 363 adult consumers and 50 child consumers. Daymark (WakeBrook) served 65 adult consumers during June, a decrease from 294 in May. Daymark closed its FBC unit in June and stopped admissions mid-month in order to discharge all consumer prior to 6/22 so UNC could take over. This accounts for the low numbers from Daymark. DCA STS in Durham County served 328 adult consumers and DCA CEO served 110 adults, 22 adolescent consumers and 6 children.

**Follow Up:**

**Next Steps:** QM is working to have a consistent reporting mechanism from all crisis facilities. Currently the data is all self report and submitted in various forms. QM has requested that reporting requirements be added to the standard contract.
**Background:** Alliance is required by DMA to review authorization requests within a specified number of business days—14 days for Medicaid B and C requests. March 2013 was the first month we were able to pull Medicaid B and Medicaid C data for Alliance.

**Analysis:** Alliance met the standard for reviewing authorization requests in a timely manner for 100% of the Medicaid B requests and 99% of Medicaid C requests in June. The average turn-around time for Medicaid B requests was 3.8 days, while the average for Medicaid C requests was 3.5 days. The average TAT for inpatient was 15.1 hours in June. Inpatient broken down by type of review; the average TAT for initial is 15 hours and reauthorization is 15.2 hours. 8 initial requests from Old Vineyard took the longest to review with an average of 1.6 days.

**Follow Up:**

**Next Steps:** Continue to track turn around time.

**Auth Data Pulled on 7/5/13**
The rate of approvals for ACTT services decreased from 1.82 in May to 1.20 in June, while the rate of denials increased to 0.49 from 0.28 in May. Both CST approvals and denials decreased in June. Approvals decreased from 2.68 to 1.88 and denials decreased from 0.86 to 0.31. SAIOP/SACOT approvals showed a decrease from 3.36 in May to 3.21 and denials remained at 0.37.

There was a significant increase in the rate of denials for IIH services. The rate of denials increased from 4.47 to 10.29 in June, while the approvals decreased from 35.33 to 32.02. Day Treatment denials decreased from May (1.88) to June (1.43) as did the approvals which decreased from 6.26 in May to 6.08 in June.
Medicaid Denials – Cumberland County

**Background:** To track utilization of enhanced services to monitor under or over-utilization of these services.

**Analysis:** There were 2 administrative denials for ACTT services in June, both from Kids Health Services, Inc. Both CST and SAIOP each had 1 administrative denial in the month of June.

**Follow Up:**

**Next Steps:** To be determined by UM Committee.

---

**% of Adult Requests Denied - By Service (Cumberland)**

<table>
<thead>
<tr>
<th></th>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTT</td>
<td>32.4%</td>
<td>24.1%</td>
<td>23.5%</td>
</tr>
<tr>
<td>CST</td>
<td>10.5%</td>
<td>24.0%</td>
<td>16.7%</td>
</tr>
<tr>
<td>SAIOP/SACOT</td>
<td>5.6%</td>
<td>3.7%</td>
<td>4.0%</td>
</tr>
</tbody>
</table>

**% of Adult Requests Partially Denied - By Service (Cumberland)**

<table>
<thead>
<tr>
<th></th>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTT</td>
<td>11.8%</td>
<td>34.5%</td>
<td>29.4%</td>
</tr>
<tr>
<td>CST</td>
<td></td>
<td>11.8%</td>
<td>6.7%</td>
</tr>
<tr>
<td>SAIOP/SACOT</td>
<td>5.6%</td>
<td>2.0%</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

ACTT: n = 11  
CST: n = 17  
SAIOP/SACOT: n = 30  

*Auth Data Pulled on 7/5/13*
Medicaid Denials – Cumberland County Cont’d

**Background:** To track utilization of enhanced services to monitor under or over-utilization of these services.

**Analysis:** There were a total of 24 administrative denials for Intensive In-Home services in the month of June from 6 different providers. Evergreen Behavioral Management and Day by Day Family Services had the most with 8 administrative denials each. Child Day Treatment services had 1 administrative denial in June from Evergreen Behavioral Management.

**Follow Up:**

**Next Steps:** To be determined by UM Committee.
Medicaid Denials – Durham County

**Background:** To track utilization of enhanced services to monitor under or over-utilization of these services.

**Analysis:** For the above adult service requests, ACTT had 4 administrative denials in the month of June. 3 of the 4 administrative denials were from Easter Seals UCP.

**Follow Up:**

**Next Steps:** To be determined by UM Committee.

---

Auth Data Pulled on 7/5/13
Background: To track utilization of enhanced services to monitor under or over-utilization of these services.

Analysis: There were 5 administrative denials for IIH services and 1 administrative denials for Day Treatment services in the month of June. Of the 5 administrative denials for IIH, 2 were from B and D Behavioral Health Services, 2 were from Sunrise Clinical Associates and 1 was from Simrun Health Services.

Follow Up: 
Next Steps: To be determined by UM Committee.
**Medicaid Denials – Johnston County**

**Background:** To track utilization of enhanced services to monitor under or over-utilization of these services.

**Analysis:** For the above adult service requests, administrative denials were as follows: 1 administrative denial for ACTT, 1 for SAIOP and 1 for SACOT.

**Follow Up:**

**Next Steps:** To be determined by UM Committee.

---

**% of Adult Requests Denied - By Service (Johnston)**

<table>
<thead>
<tr>
<th>Service</th>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTT</td>
<td>12.5%</td>
<td>10.0%</td>
<td>25.0%</td>
</tr>
<tr>
<td>CST</td>
<td>13.0%</td>
<td>10.0%</td>
<td>25.0%</td>
</tr>
<tr>
<td>SAIOP/SACOT</td>
<td>1</td>
<td>2</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

**% of Adult Requests Partially Denied - By Service (Johnston)**

<table>
<thead>
<tr>
<th>Service</th>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTT</td>
<td>28.6%</td>
<td>20.0%</td>
<td>50.0%</td>
</tr>
<tr>
<td>CST</td>
<td>8.7%</td>
<td>10.0%</td>
<td>20.0%</td>
</tr>
<tr>
<td>SAIOP/SACOT</td>
<td>2</td>
<td>2</td>
<td>50.0%</td>
</tr>
</tbody>
</table>

ACTT: n = 4  
CST: n = 4  
SAIOP/SACOT: n = 8

*Auth Data Pulled on 7/5/13*
**Medicaid Denials – Johnston County Cont’d**

**Background:** To track utilization of enhanced services to monitor under or over-utilization of these services.

**Analysis:** For the above child/adolescent service requests, IIH had 4 administrative denials. 2 administrative denials were from A New Start Support Services and 2 were from Carolina Support Services. MST services had 2 administrative denials, both from Pathways to Life, Inc.

**Follow Up:**

**Next Steps:** To be determined by UM Committee.

---

**% of Child/Adolescent Requests Denied - By Service (Johnston)**

- **IIH:** April 3.6%, May 4.5%, June 13.6%
- **Day Tx:** April 6.7%, May 12.5%
- **MST:** April 2

**% of Child/Adolescent Requests Partially Denied - By Service (Johnston)**

- **IIH:** April 14.5%, May 20.0%
- **Day Tx:** April 27.3%, May 40.0%
- **MST:** April 20.5%, May 9

---

Auth Data Pulled on 7/5/13
Medicaid Denials – Wake County

Background: To track utilization of enhanced services to monitor under or over-utilization of these services.

Analysis: For the above adult service requests, ACTT had 7 administrative denials. Of the 7 administrative denials, 5 were from Easter Seals UCP, 1 was from Essential Supportive Services and 1 was from Fellowship Health Resources.

Follow Up: Next Steps: To be determined by UM Committee.

Auth Data Pulled on 7/5/13
Background: To track utilization of enhanced services to monitor under or over-utilization of these services.

Analysis: For child/adolescent service requests, IIH had 12 administrative denials from 5 different providers. Turning Point Family Care had the most administrative denials with a total of 6.

Follow Up:
Next Steps: To be determined by UM Committee.
The rate of ACTT approvals decreased from 0.43 in May to 0.37 in June, and denials decreased to 0.03. CST approvals increased from 0.62 in May to 0.80 in June.

IIH approvals decreased from 1.16 in May to 1.07 in June and denials showed a significant increase from 0.09 to 0.54 in June. MST approvals increased to 0.81 while DT approvals decreased in the month of June from 1.07 to 0.72.

*Rate per 1,000

*Percentages calculated using US Census website #’s for county residents under the age of 18

Auth Data Pulled on 7/5/13
**Total IPRS Authorizations - Adults**

**Background:** To track utilization of key services to monitor under or over-utilization of these services.

**Analysis:** In the 4th quarter of FY13, Wake County had the most adults approved for CST with a total of 51. Durham had a total of 15 adults approved, while both Johnston and Cumberland had 2 adults approved. Cumberland had the most adults approved for ACTT services with 15. Wake had 14 approved, Durham had 11 and Johnston had 4 adults approved for ACTT services. Wake had the most adult consumers approved for both ACTT and CST in the month of June, while Durham had the second most consumers for both services.

**Follow Up:**

**Next Steps:** Discuss in committee about next steps.

AUTH DATA PULLED ON 7/5/13
**Total IPRS Authorizations – Child/Adolescent**

**Background:** Alliance is tracking the utilization of key services to monitor under or over-utilization of these services.

**Analysis:** In the 4th quarter of FY13, Wake had the most child/adolescent consumers approved for all 3 services. Durham had 13 consumers approved for IIH, while Johnston had 4 and Cumberland had 2 approved. Cumberland had 7 consumers approved for MST and Johnston had 2 approved for Developmental Therapy. Wake had the most child/adolescent consumers approved for both IIH and DT services in the month of June. Durham had 3 IPRS consumers approved for IIH services and Johnston had 1. Cumberland had 5 consumers approved for MST services in June while Wake had 4.

**Follow Up:**

**Next Steps:** Create a plan to further manage services if necessary.

Auth Data Pulled on 7/5/13
**Background:** Alliance tracks UR appeals and appeal outcomes as a method of determining the appropriateness of initial UR decisions and to identify patterns or trends that may indicate an issue with initial reviews.

**Analysis:** Of the 22 requests for reconsideration in June, 64% involved mental health/substance abuse services while the other 36% involved IDD services. 10 reconsiderations were upheld and 1 was overturned. 3 mediations occurred and all 3 mediations resulted in the denial being overturned and all were resolved.

**Follow Up:**

**Next Steps:** Continue to track and analyze data.

---

*Appeals Data Pulled on 7/9/13*
UM Statistical Report for Medicaid Funded Services – June 13

**Total # of requests:** 2,308

<table>
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<tr>
<th>Authorization Type</th>
<th># Requests</th>
<th># Approved</th>
<th># Denied</th>
<th>% Partial Denial</th>
<th>Avg. TAT (Days)</th>
<th>% Approved</th>
<th>% Denied</th>
<th>% Partial Denial</th>
<th>Avg. TAT (Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid B Authorizations</td>
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<tr>
<td>Routine: Initial/Prospective</td>
<td>958</td>
<td>685</td>
<td>95</td>
<td>178</td>
<td>3.6</td>
<td></td>
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<tr>
<td>Routine: Reauthorization</td>
<td>839</td>
<td>608</td>
<td>175</td>
<td>55</td>
<td>3.6</td>
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<tr>
<td>Emergent: Initial/Prospective</td>
<td>182</td>
<td>179</td>
<td>0</td>
<td>3</td>
<td>4.1</td>
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<td></td>
<td></td>
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<tr>
<td>Emergent: Reauthorization</td>
<td>137</td>
<td>134</td>
<td>0</td>
<td>3</td>
<td>4.5</td>
<td></td>
<td></td>
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<td>Medicaid C Authorizations</td>
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<td>113</td>
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<tr>
<td>Routine: Initial/Prospective</td>
<td>958</td>
<td>685</td>
<td>95</td>
<td>178</td>
<td>3.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine: Reauthorization</td>
<td>137</td>
<td>134</td>
<td>0</td>
<td>3</td>
<td>4.5</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Emergent: Initial/Prospective</td>
<td>182</td>
<td>179</td>
<td>0</td>
<td>3</td>
<td>4.1</td>
<td></td>
<td></td>
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<tr>
<td>Emergent: Reauthorization</td>
<td>137</td>
<td>134</td>
<td>0</td>
<td>3</td>
<td>4.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Service**

- **Select Enhanced Services:**
  - Day Treatment: 119, 57.1% Approved, 13.4% Denied, 29.4% Partial Denial, Avg. TAT = 6.2
  - CST: 120, 50.8% Approved, 8.3% Denied, 40.8% Partial Denial, Avg. TAT = 4.5
  - IH: 614, 58.3% Approved, 18.7% Denied, 23.0% Partial Denial, Avg. TAT = 4.1
  - IAFT: 0
  - MST: 31, 87.1% Approved, 12.9% Denied, 0.0% Partial Denial, Avg. TAT = 2.6
  - TFC: 98, 85.7% Approved, 2.0% Denied, 12.2% Partial Denial, Avg. TAT = 3.4
  - Res - Level II: 4, 100.0% Approved, 0.0% Denied, 0.0% Partial Denial, Avg. TAT = 1.3
  - Res - Level III: 61, 98.4% Approved, 1.6% Denied, 0.0% Partial Denial, Avg. TAT = 2.3
  - Res - Level IV: 4, 100.0% Approved, 0.0% Denied, 0.0% Partial Denial, Avg. TAT = 0.8
  - ACTT: 55, 70.9% Approved, 29.1% Denied, 0.0% Partial Denial, Avg. TAT = 1.7
  - PRTF: 60, 98.3% Approved, 1.7% Denied, 0.0% Partial Denial, Avg. TAT = 2.5
  - SACOT: 34, 70.6% Approved, 11.8% Denied, 17.6% Partial Denial, Avg. TAT = 2.9
  - SAIOP: 94, 85.1% Approved, 8.5% Denied, 6.4% Partial Denial, Avg. TAT = 2.9
  - Psych Testing: 35, 51.4% Approved, 42.9% Denied, 5.7% Partial Denial, Avg. TAT = 7.2

- **Select Innovation Services:**
  - Comm Guide: 2, 100.0% Approved, 0.0% Denied, 0.0% Partial Denial, Avg. TAT = 2.0
  - Crisis Svcs (PR): 2, 100.0% Approved, 0.0% Denied, 0.0% Partial Denial, Avg. TAT = 4.0
  - Crisis Svcs (OOH): 0
  - In-Home Intensive Supports: 2, 100.0% Approved, 0.0% Denied, 0.0% Partial Denial, Avg. TAT = 0.5

**Auth Data Pulled on 7/5/13**
## UM Statistical Report for Medicaid Funded Services – June 13

### Authorizations Completed

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>July 2012</strong></td>
<td>2,632</td>
<td>5.92</td>
<td>427/16%</td>
<td>94/3.6%</td>
<td>2076/79%</td>
<td>129/5%</td>
</tr>
<tr>
<td><strong>August 2012</strong></td>
<td>2,460</td>
<td>6.71</td>
<td>242/9.8%</td>
<td>100/4.1%</td>
<td>2099/85%</td>
<td>119/4.8%</td>
</tr>
<tr>
<td><strong>September 2012</strong></td>
<td>2,010</td>
<td>5.06</td>
<td>287/14.3%</td>
<td>81/4.0%</td>
<td>1660/82.6%</td>
<td>63/3.1%</td>
</tr>
<tr>
<td><strong>Quarterly Total</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>July 2012</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>August 2012</strong></td>
<td></td>
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<tr>
<td><strong>September 2012</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>October 2012</strong></td>
<td>2,448</td>
<td>4.01</td>
<td>399/16.3%</td>
<td>111/4.5%</td>
<td>1,942/79.3%</td>
<td>107/4.4%</td>
</tr>
<tr>
<td><strong>November 2012</strong></td>
<td>2,115</td>
<td>4.67</td>
<td>412/19.5%</td>
<td>111/5.2%</td>
<td>1,642/77.6%</td>
<td>119/4.8%</td>
</tr>
<tr>
<td><strong>December 2012</strong></td>
<td>1,968</td>
<td>3.48</td>
<td>298/15.1%</td>
<td>91/4.6%</td>
<td>1,602/81.4%</td>
<td>67/3.4%</td>
</tr>
<tr>
<td><strong>January 2013</strong></td>
<td>1,424</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>February 2013</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>March 2013</strong></td>
<td>1,326</td>
<td>5.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>April 2013</strong></td>
<td>2,460</td>
<td>3.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>May 2013</strong></td>
<td>2,677</td>
<td>4.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>June 2013</strong></td>
<td>2,308</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Quarterly Total</strong></td>
<td></td>
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</tbody>
</table>

### Authorization Response Time in Days

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>March</td>
<td>5.3</td>
<td>2,461</td>
<td>2,308</td>
<td>3,126</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>April</td>
<td>4.1</td>
<td>2,677</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2,236/83.5%</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td>3.7</td>
<td>2,308</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2,236/83.5%</td>
<td></td>
</tr>
<tr>
<td>June</td>
<td>3.5</td>
<td>2,677</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2,236/83.5%</td>
<td></td>
</tr>
</tbody>
</table>

*Shading indicates Durham totals only. **Unable to calculate Quarterly Total for 3rd Q.*
# UM Statistical Report for State Funded Services – June 13

Total # of requests: **802**  
Total # of Agencies Served: **64**  
Total # of Consumers: **526**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Authorizations</th>
<th>Approvals</th>
<th>Partial Denials</th>
<th>Denials</th>
<th>Claims Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>% of Total</td>
<td>Number</td>
<td>% of Auths</td>
<td>Number</td>
</tr>
<tr>
<td>Select Enhanced Services:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IIH</td>
<td>21</td>
<td>2.6%</td>
<td>12</td>
<td>57.1%</td>
<td>3</td>
</tr>
<tr>
<td>MST</td>
<td>9</td>
<td>1.1%</td>
<td>9</td>
<td>100.0%</td>
<td>0</td>
</tr>
<tr>
<td>ACTT</td>
<td>13</td>
<td>1.6%</td>
<td>12</td>
<td>92.3%</td>
<td>0</td>
</tr>
<tr>
<td>CST</td>
<td>26</td>
<td>3.2%</td>
<td>26</td>
<td>100.0%</td>
<td>0</td>
</tr>
<tr>
<td>SAIOP</td>
<td>81</td>
<td>10.1%</td>
<td>78</td>
<td>96.3%</td>
<td>0</td>
</tr>
<tr>
<td>Select Basic Services:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Therapy</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>#DIV/0!</td>
<td>0</td>
</tr>
<tr>
<td>Medication Mgt</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>#DIV/0!</td>
<td>0</td>
</tr>
<tr>
<td>Outpatient Therapy</td>
<td>8</td>
<td>1.0%</td>
<td>8</td>
<td>100.0%</td>
<td>0</td>
</tr>
<tr>
<td>All Others:</td>
<td>652</td>
<td>81.3%</td>
<td>624</td>
<td>95.7%</td>
<td>10</td>
</tr>
<tr>
<td>Totals</td>
<td>802</td>
<td>100.0%</td>
<td>761</td>
<td>94.9%</td>
<td>13</td>
</tr>
</tbody>
</table>

## Average U.M. Authorization Turnaround Time
- **Approvals**: 2.3 days (0 days removed)
- **Hospital Authorizations**: 9.8 hours
- **Denied**: 2.9 days
- **Partially Denied**: 1.8 days

## Total # of requests: 802
- **Hospital Authorizations**: 9.8 hours

## Total # of Agencies Served: 64
- **Total # of Consumers**: 526

## Total Authorizations
- **Number**: 802
- **% of Total**: 100.0%

## Authorization Response Time in Business Days - All Authorizations
- **Mar**: 3.37
- **Apr**: 4.33
- **May**: 2.17
- **Jun**: 2.33

---

**Auth Data Pulled on 7/5/13**
<table>
<thead>
<tr>
<th>July 2012</th>
<th>August 2012</th>
<th>September 2012</th>
<th>Quarterly Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Auth. Completed</strong></td>
<td>1,177</td>
<td>1,334</td>
<td>1,195</td>
</tr>
<tr>
<td><strong>Avg. Auth. Response</strong></td>
<td>1.64</td>
<td>1.37</td>
<td>1.85</td>
</tr>
<tr>
<td><strong>Denied</strong></td>
<td>134/11.4%</td>
<td>153/11.5%</td>
<td>270/22.6%</td>
</tr>
<tr>
<td><strong>Reduction in Service</strong></td>
<td>86/7.3%</td>
<td>103/7.7%</td>
<td>82/6.9%</td>
</tr>
<tr>
<td><strong>Approvals</strong></td>
<td>1,043/88.6%</td>
<td>1,172/87.9%</td>
<td>925/77.4%</td>
</tr>
<tr>
<td><strong>Claims Paid</strong></td>
<td></td>
<td></td>
<td>1,161/98.8%</td>
</tr>
<tr>
<td><strong>Claims Paid</strong></td>
<td></td>
<td></td>
<td>1,161/98.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>October 2012</th>
<th>November 2012</th>
<th>December 2012</th>
<th>Quarterly Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Auth. Completed</strong></td>
<td></td>
<td>Total Auth. Completed</td>
<td>0</td>
</tr>
<tr>
<td><strong>Denied</strong></td>
<td></td>
<td>Denied</td>
<td>6/0.5%</td>
</tr>
<tr>
<td><strong>Reduction in Service</strong></td>
<td></td>
<td>Reduction in Service</td>
<td>Partially Denied</td>
</tr>
<tr>
<td><strong>Approvals</strong></td>
<td></td>
<td>Approvals</td>
<td>1,161/98.8%</td>
</tr>
<tr>
<td><strong>Claims Paid</strong></td>
<td></td>
<td></td>
<td>1,161/98.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>January 2013</th>
<th>February 2013</th>
<th>March 2013</th>
<th>Quarterly Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Auth. Completed</strong></td>
<td></td>
<td>Total Auth. Completed</td>
<td>1,175</td>
</tr>
<tr>
<td><strong>Denied</strong></td>
<td></td>
<td>Denied</td>
<td>6/0.5%</td>
</tr>
<tr>
<td><strong>Reduction in Service</strong></td>
<td></td>
<td>Reduction in Service</td>
<td>Partially Denied</td>
</tr>
<tr>
<td><strong>Approvals</strong></td>
<td></td>
<td>Approvals</td>
<td>1,161/98.8%</td>
</tr>
<tr>
<td><strong>Claims Paid</strong></td>
<td></td>
<td></td>
<td>1,161/98.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>April 2013</th>
<th>May 2013</th>
<th>June 2013</th>
<th>Quarterly Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Auth. Completed</strong></td>
<td>832</td>
<td>855</td>
<td>802</td>
</tr>
<tr>
<td><strong>Avg. Auth. Response</strong></td>
<td>4.33</td>
<td>2.17</td>
<td>2.33</td>
</tr>
<tr>
<td><strong>Denied</strong></td>
<td>14/1.7%</td>
<td>34/4.0%</td>
<td>28/3.5%</td>
</tr>
<tr>
<td><strong>Partially Denied</strong></td>
<td>10/1.2%</td>
<td>17/2.0%</td>
<td>13/1.6%</td>
</tr>
<tr>
<td><strong>Approvals</strong></td>
<td>808/97.1%</td>
<td>804/94.0%</td>
<td>761/94.9%</td>
</tr>
<tr>
<td><strong>Claims Paid</strong></td>
<td></td>
<td></td>
<td>761/94.9%</td>
</tr>
</tbody>
</table>

**Shading indicates Durham totals only.** **Unable to calculate Quarterly Total for 3rd Q.**
**UM Slots – June 2013**

**Background:** UM Care Managers make referrals to Care Coordination when appropriate

**Analysis:** June data does not show the variation there was between April and May. There were a total of 53 referrals in June up 2 from May. Wake county had the most significant increase up 10 in June. Cumberland county has the most significant decrease down 6.

**Follow Up:** None at this time

**Next Steps:**

---

Auth Data Pulled on 7/15/13
ITEM: Human Rights Committee Report

DATE OF BOARD MEETING: February 6, 2014

BACKGROUND:
The Human Rights Committee shall include consumers and family member 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.
   4) Submitting an annual report to the Area Board which includes, among other things, a review of the Area Authority’s compliance with NCGS 122C, Article 3, DMHDDSAS Client Rights Rules (APSM 95-2) and Confidentiality Rules (APSM 45-1).

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. The Committee is currently chaired by Mr. Scott Taylor.

REQUEST FOR AREA BOARD ACTION:
Receive the minutes for November 26, 2013, meeting and the First Quarter grievance and incident reports.

AREA DIRECTOR RECOMMENDATION:
Accept the minutes and the First Quarter Reports as presented.

RESOURCE PERSON(S):
Doug Wright, Scott Taylor, May Alexander
MEMBERS PRESENT: Dan Shaw, Scott Taylor
GUEST(S) PRESENT: Dr. Michael Teague, Doug Wright, May Alexander

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – Minutes were deferred to be approved via e-mail since a quorum was not present. Doug will send out an e-mail requesting approval and asking members to let us know when they will not be able to make it to the meeting.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction of potential member.</td>
<td>Dr. Michael Teague was introduced to the committee. He talked about his personal experience and desire to serve on the committee. Scott Taylor gave a brief overview of what the committee was responsible for and how we functioned.</td>
<td>Scott will seek opinions from members about consideration of Dr. Teague to the Area Board Chair for appointment. If agreed upon then Scott will make a recommendation to the chair.</td>
<td>December 5, 2013</td>
</tr>
<tr>
<td>1st Quarter Grievances</td>
<td>May reviewed the first quarter grievance report, attached.</td>
<td>Include with minutes to Area Board.</td>
<td>February Board Meeting</td>
</tr>
<tr>
<td>1st Quarter Incidents</td>
<td>May reviewed the first quarter incidents report, attached.</td>
<td>Include with minutes to Area Board.</td>
<td>February Board Meeting</td>
</tr>
<tr>
<td>Training</td>
<td>Discussed the need for annual training for the committee.</td>
<td>Present training to the committee.</td>
<td>February 25, 2014</td>
</tr>
</tbody>
</table>

5. ADJOURNMENT
Q1 Background information

- Type of Case Categories were implemented and most staff were trained in the new process.
- There was a 17% increase in the number of grievances/concerns received.
**Background:**
At the time a grievance is logged, it is placed in the category that best describes the nature of the concern. These new categories are: Grievance, Internal Employee Concern, External Stakeholder Concern, Compliment and Other.

**Analysis and Trends:**
There was a slight (10%) decrease of grievances received from last quarter. There was a 10% increase of internal concerns logged. There was a 17% increase in Grievances/Concerns received.

**Follow up:**
Continue to provide guidance to Alliance staff about proper categorization and data elements needed for reporting.
Background:
Alliance Behavioral Healthcare is responsible for addressing grievances related to publicly-funded, behavioral health services. Grievances/Concerns are logged from consumers, providers, and/or service team members when dissatisfaction with services is reported.

Analysis and Trends:
Consumer filing has decreased slightly from 55% Q4 to 43% Q1*. MCO staff reporting has increased, this may be a result of the training at the beginning of the quarter.

Follow up:
• None at this time. Reporting trends will continue to be monitored.

*note the in Q4 family member was included in consumer, in Q1 it was not.
**Background:**
This chart reflects consumer grievances.

**Analysis and Trends:**
The majority of complaints continued to be focused on Quality of Services (56%) up 12% from last quarter followed by Access to Services (16%).

**Follow-up:**
These categories are defined by the Division of Mental Health Intellectual/Developmental Disabilities and Substance Abuse Services. They were included in the training materials.
**Background:**
Detail of areas of concern expressed by MCO staff

**Analysis and Trends:**
The largest area of concern was Quality of Services (52) an increase from Q4 the number of reports doubled and the percentage increased by 6%. Other was the next largest area of concern at 16% followed by Authorization/Payment/Billing. MCO reporting doubled during this quarter

**Follow-up:**
These categories are defined by the Division of Mental Health Intellectual/Developmental Disabilities and Substance Abuse Services. They were included in the training materials
**Background:**
Grievances/Concerns presented by service to identify trends

**Analysis and Trends:**
Percentage wise the service breakdown is very similar to Q4 with the exception of Crisis services, those have decreased by 60%. Enhanced Benefit concerns remained the same as last quarter with the highest number of reports related to residential services (45) followed by ACTT (27) which doubled from last quarter and IIH which also increased from last quarter. Basic benefits (outpatient) was the next largest category. Unknown was the third largest category. This category could be selected for a number of reasons, the complainant doesn’t identify the service or it is not entered when the form is completed (not a required field).

**Next Steps:**
Work is continuing to be done on residential type reporting.
Background:
QM staff use various methods to resolve issues.

Analysis and Trends:
Overall resolution rates had a slight increase of 2% from Q4 to Q1. Ninety-one (93)% of grievances were resolved by providing technical assistance to complainant or working with the provider for a resolution. This is slightly up from Q4 (91%). Unresolved grievances were down from 4 to 1%. Unresolved grievances are predominantly due to lack of accurate contact information for complainants.

Follow-up:
Based on several provider trends, referrals have been made to Compliance, Network Development Specialists, and Network Development Evaluators.
**Background:**
Grievances must be resolved within 15 working days (of the date filed), but may be extended if issues require additional attention, or the grievance requires the attention of an external regulatory agency. Frequently, QM staff work to resolve the issue within 5 days. Previously, data had to be presented in increments of 15. Current data is presented in increments of 7 to more accurately represent the resolution time. Alpha data is calculated in calendar days.

**Analysis and Trends:**
Of the 270 issues that were resolved, 222 (82%) were resolved within 21 calendar days (15 working days) of the Grievances. This was a 12% increase from Q1. The number resolved over 30+ days decreased by 5%. Those over 30 days have typically been referred to external agencies.

**Next Steps:**
Monitor trends

---

**Resolution Time**
- Resolved/Completed 0-7 Days: 147 (55%)
- Resolved/Completed 8-15 Days: 28 (10%)
- Resolved/Completed 16-21 Days: 47 (17%)
- Resolved/Completed 22-30 Days: 23 (9%)
- Resolved/Completed 30+ Days: 3 (1%)
- Unresolved: 22 (8%)
**Background:**
Grievances were reviewed to begin baseline data for the top providers against whom grievances/complaints were filed.

**Analysis and Trends:**
Alliance, HHH, and Carolina Outreach have been in the top for the last three quarters. Alliance and HHH remained the same for the number Grievances/Concerns received. Carolina Outreach has had a 15% increase; Evergreen has had a 40% increase.

**Next Steps:**
Several providers have been referred to compliance for review and some are currently under plans of correction.
Background:
Previously, demographic and population data have not been included; it is now being included to identify ongoing areas of training need.

Analysis and Trends:
Of the disability areas identified, IDD has a slight decrease, other disability areas had an increase. However, approximately 50% were missing data. This is similar to last quarter. There Grievances/Concerns missing an age category remained the same as Q4 at 33%.

Next Steps:
Continue to work with staff who enter Grievances/Concerns to correctly identify both age and disability groups.

Training Opportunities
**Background:**
In February 2013, Alliance began serving 4 counties.

**Analysis and Trends:**
Rate of reporting has been graphed based on number of consumers served in each county. If all counties were reporting at the same rate, the line would be flat. Q1 is the closest we have seen to a flat line for three of the four counties. This graph includes grievances, external stakeholder concerns, compliments and other. (Internal concerns are not included as they skew the Durham numbers. Complaints from other counties are also not included.) Forty-five (43)% of grievances and concerns did not have an Alliance county associated with them.

**Next Steps:**
This information presents the opportunity for training and education in all of the 4 counties about grievance reporting.
**Background:**
Quality of Services comprised the majority of Grievances/Concerns.

**Analysis and Trends:**
There was a 17% increase between Q4 and Q1 in total Grievances/Concerns. Quality of services continues to be the highest category accounting for 50% of Grievances/Concerns. This is an 8% increase from Q4.

**Next Steps:**
Volume of grievances has reached staffing capacity.
Incident Trends Report
1Q 2014
October 2014

Serving Durham, Wake, Cumberland and Johnston Counties
Q1 Incident Statistics

- There were 720 incidents occurring for 527 consumers. 383 involved children, 307 adults.

- The highest number of incidents for one consumer was 7.

- Of the consumers with the highest number of incidents (over 5) both are adults.
  - 1 adult was transferred to another agency that could provide better services and more time to her. Care Coordination is working on completing the consumer’s behavior plan. No updates were noted on the other adult consumer, as the guardian is happy with current placement.
**Background:** Level 2 incidents are monitored to ensure consumer and community safety.

**Trend and Analysis:** The lower trend line indicates those types of incidents that occurred in more than .2% of that county’s population served. The upper trend line is only for Consumer Behavior incidents. Those typically occur at a high rate than all others. The percentage used is .4% of that county’s population served. The majority of the Wake County restrictive interventions (41%) are from one day treatment provider. This same provider accounts for 25% of the total consumer behaviors and 32% of “other” incidents in Wake County. 42% of incidents categorized as “Consumer Behavior” occurring in Johnston County were from one child residential provider. There were 8 reports involving 5 consumers, and the majority of these reports were repeat aggressive behaviors by the same 2 consumers. 37% of incidents categorized as “other” in Durham County were from one substance abuse provider and 19% of incidents categorized as “consumer behavior” were from one agency providing multiple services.

**Next Steps:** Review incident trends to determine if referral to Provider Account specialists is needed.
**Background:** Level 3 incidents are monitored to ensure consumer and community safety. Information is shared with necessary members of management to ensure a comprehensive clinical and administrative response.

**Trend and Analysis:** The trend line indicates those types of incidents that occurred in more than .25% of that county’s population served. There are no provider trends related to abuse/neglect/exploitation in Durham, Johnston or Wake Counties. 40% of the incidents categorized as “other” in Wake County were from 1 provider – 2 separate Silver Alerts were issued for the same consumer in the 1st quarter. No trends related to the consumer behavior category were noted for Wake or Cumberland counties.

**Next Steps:** Review incident trends to determine if referral to Provider Account specialists is needed.
Q1 FY14 Incidents by Service Type – MH/SA

Incidents involving MH/SA consumers decreased from 608 in the 4th quarter of FY13 to 556 in the 1st quarter of FY14. IIH services remained the service with the highest percentage of incidents reported with 20% (140 incidents) compared to 18% (137 incidents) last quarter. Outpatient Therapy was the next highest with 69 incidents reported, followed by Child Day Treatment with 66 incidents reported in the 1st quarter.

N = 556
Q1 FY14 Incidents by Service Type – IDD

Incidents involving IDD consumers decreased from 139 to 134 in Q1 FY14. .5600C group homes had the most incidents in the 1st quarter with 31 incidents reported, compared to 33 last quarter. ICF MR/DD’s were the next highest with 27 incidents reported, compared to 39 in the 4th quarter. There was a large decrease in incidents involving Home and Community Supports services – from 13 incidents in the 4th quarter FY13 to 3 incidents in the 1st quarter FY14.

N = 134
Level 2 & 3 Incident Definitions

**Level 2 incident categories and behaviors**
- Consumer Death – Terminal Illness or Natural Cause
- Restrictive Intervention – Emergency/Unplanned use or planned use that has exceeded authorized limits
- Consumer Injuries – Any injury that requires treatment by a licensed health professional
- Allegations of Abuse – Any allegations of abuse, neglect or exploitation including domestic violence
- Medication Errors – Any error that threatens the consumer’s health or safety
- Consumer Behavior – Suicidal behavior, sexual behavior (exhibited by the consumer), consumer act (involves aggressive, destructive or illegal act that results in a report to law enforcement that is potentially harmful to the consumer or others), consumer absence (greater than 3 hours over what is specified in the consumer’s plan or requires police contact)
- Other – Suspension, Expulsion and Fire

**Level 3 incident categories and behaviors** — all are categorized as any that results in permanent physical or psychological impairment or if there is perceived to be a significant danger to the community
- Death – Suicide, Accident, Homicide, Unknown
- Restrictive Intervention
- Consumer Injury
- Abuse/Neglect/Exploitation – includes all sexual assaults
- Medication Error
- Behavior
- Other
ITEM: Consumer and Family Advisory Committee (CFAC) Report

DATE OF BOARD MEETING: February 6, 2014

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, 4600 Emperor Boulevard, Durham. 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.

The Alliance CFAC is currently chaired by Dan Shaw while Maribel Rivera-Elias serves as vice-chair.

REQUEST FOR BOARD ACTION:
Receive the minutes of December 2, 2013 from the full Alliance Consumer and Family Advisory Committee.
CEO RECOMMENDATION:
Accept the minutes as presented.

RESOURCE PERSON(S):
Doug Wright, Dan Shaw, Maribel Rivera-Elias
# Alliance Behavioral Healthcare
## Consumer Family Advisory Committee (CFAC)
### Minutes
#### December 2, 2013

<table>
<thead>
<tr>
<th>Members Present:</th>
<th>Lotta Fisher</th>
<th>LME/MCO</th>
</tr>
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<tbody>
<tr>
<td>Dan Shaw</td>
<td>Casey Bullard</td>
<td></td>
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<tr>
<td>Carolyn Ambrose</td>
<td>Rebecca Page</td>
<td>Debra Duncan</td>
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<tr>
<td>Kurtis Taylor</td>
<td>Anna Cunningham</td>
<td>Doug Wright</td>
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<tr>
<td>Joe Kilsheimer</td>
<td>Orah Raia</td>
<td>State Staff</td>
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<tr>
<td>Colleen Kilsheimer</td>
<td>David Curro</td>
<td>Roanna Newton</td>
</tr>
<tr>
<td>Felishia McPherson</td>
<td>Amelia Thorpe</td>
<td></td>
</tr>
<tr>
<td>Vivian Harris (phone)</td>
<td>James Henry</td>
<td>Isael Patterson</td>
</tr>
<tr>
<td>Faye Griffin (Phone)</td>
<td>Marc Jacques</td>
<td></td>
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<tr>
<td>Eric Hall</td>
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<th>Start Time</th>
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<table>
<thead>
<tr>
<th>CFAC Agenda Item</th>
<th>CFAC Discussion, Conclusions, Recommendations</th>
<th>CFAC Action, Follow-up</th>
<th>Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>Dan Shaw welcomed the group and introductions were made.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minutes</td>
<td>Minutes were approved with the correction on page three.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Comment</td>
<td>CFAC members expressed interest in the Medicaid Buy-in program.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relational Agreement</td>
<td>The Relational Agreement has been reviewed by the Alliance Behavioral Healthcare legal department and approved with one amendment. The board cannot designate seats as CFAC members as they do not appoint board members the county commissioners do this. CFAC members may apply to their county commissioners if a seat becomes available in their county. The Agreement was approved by the CFAC members.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Committee reports | Data Com  
  - Google and Facebook accounts have been created. Please visit/login to both and provide the committee feedback on your experiences. Please visit the Durham Network of Care (www.durhamnetworkofcare.org) | | |
| Consumer Empowerment Team update | Roanna Newton shared copies of the update. This will be sent out electronically. |

QM
- Copies of the CQI report were disseminated
- Hospital admissions are down.
- There is concern on the treatment of consumers at the ER/Hospitals before admittance into CRH.

Human Rights
- Watching trends as they unfold in the community.

Ad-Hoc- State Wide CFAC
- Meeting December 4 at Extraordinary Venture, 200 Elliott Rd, Chapel Hill, NC—11:00-3:00

NC Council Developmental Disabilities
- A cross disabilities group is now founded

NC Commission
- Group created to look at all laws that impact people with Mental Health Issues

Wake sub Committee
- Minutes disseminated to the group.
- Housing initiative shore with the group.

Durham Sub Committee
- Dave Currey- Director of BECOMING presented
- Minutes disseminated to the group
- Much discussion concerning the Alliance Behavioral Healthcare policy about legal guardians as care givers.

Cumberland Sub Committee
- No meeting held in November
- Chairperson resigned and Lotta Fisher is the new chairperson

State CFAC
- No quorum
- Report will be provided in the spring.

CAFC members requested copies of committee minutes (even in draft form) to stay current on the information being shared.
| MCO Update | It has been determine that the number of MCO’s will be condensed to four (Western, Eastern and two central) MCOs. This will be a slow process possibly taking effect in 2016.  
Alliance Behavioral Healthcare and BECOMING are partnering to create an Ant stigma campaign. |
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<tbody>
<tr>
<td>CFAC policy update</td>
<td>Stipends for meetings that require travel over 50 miles will be $50.00</td>
</tr>
</tbody>
</table>

**Next Meeting:**  
January 6, 2014– Durham Subcommittee  
January 14, 2014– Wake Subcommittee  
January 23, 2014– Cumberland Subcommittee  
February 3, 2014 Alliance Behavioral Healthcare CFAC
ITEM: Consent Agenda

DATE OF BOARD MEETING: February 6, 2014

REQUEST FOR BOARD ACTION:
A. Approve the draft minutes from the December 7, 2013, Board meeting.
B. Approve the draft minutes from the January 9, 2014, Board meeting.

CEO RECOMMENDATION:
Approve the minutes as presented.

RESOURCE PERSON(S):
Ellen Holliman, Veronica Ingram
DRAFT MINUTES

PLACE: Alliance Behavioral Healthcare, 4600 Emperor Blvd. Room 208, Durham, NC 27703.

MEMBERS PRESENT: Ann Akland, Cynthia Binanay, Christopher Bostock, Dr. George Corvin, Kenneth Edge, James Edgerton, Lodies Gloston, Phillip Golden, Dr. John Griffin, Dr. Nancy Henley, Ellen Holliman, Rev. Michael Page, George Quick, Vicki Shore, Caroline Sullivan, Scott Taylor, Amelia Thorpe and Lascel Webley, Jr., Chairman.

MEMBERS ABSENT: William Stanford

GUESTS PRESENT: Denise Foreman from Wake County, Eddie Burke, with Cherry Bekaert, CPA, Melissa McLamb with Cherry Bekaert, CPA, Mary Short, Mildred Miller

STAFF PRESENT: May Alexander, Hank Debnam, Doug Fuller, Kelly Goodfellow, Veronica Ingram, Carlyle Johnson, Susan Knox, Janis Nutt, Sara Pacholke, Monica Portugal, Rob Robinson, Sean Schreiber, Dr. Khalil Tanas, Sara Wilson, and Doug Wright.

1. CALL TO ORDER:
Chairman Lascel Webley, Jr. called the meeting to order at 4:02 p.m.

2. ANNOUNCEMENTS
A. Chairman Webley introduced Commissioner Caroline Sullivan as a new Board member and stated that Commissioner Sullivan’s Oath of Office will be deferred until the next Board meeting.
B. Chairman Webley mentioned Board member Adele Foschia’s death and plans to offer condolences to Ms. Foschia’s family.
C. Ellen Holliman, Chief Executive Officer, recognized Commissioner Kenneth Edge’s election to the position of Vice-Chair of the Cumberland Board of County Commissioners and Rev. Michael Page’s election to the position of Chair of the Durham Board of County Commissioners.
D. Ms. Holliman presented a letter sent to North Carolina Department of Health and Human Services Secretary, Aldona Wos, expressing Alliance’s support of the proposed MCO consolidation plan and recommendation to move forward with the consolidation. Ms. Holliman presented an overview of the advisory panel meeting and stated that a timeframe...
for the MCO consolidation has not been specified.
E. Rob Robinson, Chief Operating Officer, reminded the Board of the upcoming URAC Accreditation visit on December 10 and 11, 2013. Mr. Robinson commended staff for their preparation for the URAC visit.
F. Mr. Robinson reminded the Board of the upcoming Mercer review scheduled for February 13 and 14, 2014.
G. Chairman Webley informed the Board that there will be a January Board meeting due to the time sensitivity of the recent Request for Proposal (RFP) process. The purpose of the January meeting will be to approve staff recommendations for providers selected through the RFP process. The meeting will be held on January 9, 2014 at 4:00 p.m.
H. Chairman Webley reminded the Board that the NC Council Fall Conference will be held in Pinehurst December 11, 12 and 13, 2013.
I. Chairman Webley announced that Dr. Nancy Henley has accepted the position of Chief Medical Officer with the Division of Medical Assistance and will be resigning from the Board.

3. **AGENDA ADJUSTMENTS**
   None

4. **PUBLIC COMMENT**
   Mary Short, representing herself, from Alexander County, stated that she attended last month’s Board meeting and returned because the Relative as Provider policy is a current agenda item. Ms. Short expressed concern regarding the omission of a phrase in the PowerPoint presentation. Additionally, Ms. Short requested that the two minute limit for public comments be extended.

   Mildred Miller, representing herself, from Wake County, expressed concern regarding the statement that families isolated consumers. Ms. Miller offered information to contradict this statement and requested a response from Alliance. Also, Ms. Miller requested more involvement in the community by Alliance to substantiate their claim.

5. **FINANCE COMMITTEE REPORT**
The Finance Committee’s function is to review financial statements and recommend policies, practices on fiscal matters to the Board. The Finance Committee meets monthly at 3:00 p.m. prior to the regular Board meeting. Draft minutes and financial information from the November 7, 2013, meeting are attached. Finance Chairman, George Quick, requested an increase in budget due to the increase in covered lives.

   **BOARD ACTION**
The Board accepted the Finance Committee Minutes as presented.

   A Motion was made by Dr. George Corvin to approve the amended budget to cover the additional covered lives; seconded by Phillip Golden. Motion passed.
6. **FY 13 AUDIT REPORT**
An annual audit is a requirement of the Local Government Budget and Fiscal Control Act GS 159-34. The annual audit is also a requirement of the DHHS-DMA contract with Alliance for the Medicaid Waiver. The Alliance financial report and the report of the independent auditor were presented by the firm of Cherry Bekaert, CPA.

Eddie Burke, Engagement Partner with the firm Cherry Bekaert, CPA presented the results of this year’s audit. Mr. Burke presented detailed findings from the audit and did not propose any adjustments. Mr. Burke summarized that overall the audit was good, especially for a company being in business one year. Ms. Holliman congratulated Alliance’s Chief Finance Officer and Finance Director. Chairman Webley expressed gratitude to Alliance staff.

**BOARD ACTION**
The Board accepted the audit as presented.

7. **COMMITTEE REPORTS**
A. Consumer and Family Advisory Committee Report  
B. Executive Committee Report  
C. Policy Committee

Chairman Webley stated that the Board received the Committee Reports in the Board Packets.

**BOARD ACTION**
A motion was made by Phillip Golden to accept the reports as presented; seconded by Christopher Bostock. Motion passed.

8. **CONSENT AGENDA**
A. Draft Board minutes from the November 7, 2013, Board meeting  
B. Annual Review of Board Policies

Chairman Webley stated that the Board received the minutes and Board Policies in the Board Packets.

**BOARD ACTION**
A Motion was made by Commissioner Michael Page to approve the Consent Agenda and Board Policies as presented; seconded by Vicki Shore. Motion passed.

9. **RFP UPDATE**
Carlyle Johnson, Clinical Program Development and Design Administrator, presented an update on the Request for Proposals (RFPs) for Intensive In-Home (IIH), Community Support Team (CST), Substance Abuse Intensive Outpatient (SAIOP) and Supported Employment for Individuals with Serious Mental Illness (SEP).

Dr. Johnson provided the Board with an update that included requirements being considered during the RFP desk review. Dr. Johnson mentioned that although not
required, Alliance offered providers, who did not meet the requirements, an opportunity to meet informally with Alliance’s Chief Executive Officer. Dr. Johnson stated that RFP interviews will start next week and a second review will be conducted for providers who do not meet requirements; the purpose of the second review is to confirm Alliance’s original decision. Dr. Johnson clarified representation of Board members in RFP interviews and stated that he would send the RFP interview schedule to Board members.

**BOARD ACTION**
The Board received the update. No further action was required.

10. **BOARD EDUCATION**

A. Relative as Provider

The presentation on Relative as Provider is a follow-up to the public comments made by two individuals at the November Board meeting. Sara Wilson, Network Development Specialist, presented a PowerPoint presentation on Alliance’s Relative as Provider process.

Ms. Wilson stated that the Relative as Provider Committee’s decisions are a separate process from utilization management and do not have an adverse effect on authorizations. Ms. Wilson mentioned details of the Relative as Provider process including the number of authorizations approved, denied and voluntarily withdrawn. Specifically, Ms. Wilson noted details of employment-based criteria, age requirements and included DMA’s recommendation regarding the number of hours provided to Waiver participants; expressing Alliance’s considerations for authorizations in excess of forty (40) hours per week which differs from other LME/MCOs that systematically deny authorizations in excess of forty hours per week.

B. Grievance Process

Compliant review and resolution are part of the LME/MCO state required function. May Alexander, Quality Management Data Manager, presented an orientation of the grievance/concern process.

Ms. Alexander stated that all staff are trained in submitting an external grievance or internal concern. Some grievances/concerns are referred to Corporate Compliance Committee, Provider Monitoring or Special Investigations. Ms. Alexander presented details regarding informal resolution including internal research, details of timeframe requirements for grievances and concerns, and emphasized that receipt of a grievance or concern is the date of initial receipt not the date when the grievance/concern is entered in Alpha MCS.

**BOARD ACTION**
The Board received the presentations. No further action was required.
11. Policy/Corporate Compliance Report

The Alliance Behavioral Healthcare Area Board Policy “Development of Policies and Procedures” requires the Board to review all policies annually. Alliance is required to have a compliance program per Federal Regulations and contractual agreement with the Division of Medical Assistance. The US Sentencing Commission has released guidelines for organizations which state that an organization must have an effective compliance program with reasonable oversight by the governing board; understanding of the scope and operations of the compliance program. The Area Board approved Corporate Compliance Plan states that a report of compliance efforts will be submitted and presented annually to the Alliance Behavioral Healthcare Area Board.

Chairman Webley stated that the policies and Compliance Report were included in the Board packet. Chairman Webley mentioned that as discussed a year ago, cosmetic policy changes were presented as part of the Consent Agenda and significant policy changes would be presented to the Board separately.

Monica Portugal, Corporate Compliance Officer, presented detailed information on the draft revised Board Conflict of Interest and Public Comment at Board Meetings policies, as well as the Alliance FY13 Compliance Report. Ms. Portugal presented an overview of the Compliance Program including Policies and Procedures, staff education, how to address violations, if any, prevention and setting appropriate foundations.

Ellen Holliman, Chief Executive Officer, stated that the By Laws policy was pulled from the Board Packet for additional revisions. Additionally, Ms. Holliman stated that the County Commissioners Advisory Committee will be a standing committee as part of the By Laws and would meet quarterly.

Commissioner Michael Page stated, regarding the Public Comments Policy, that the Board wants to inform the public that their input is welcome. Commissioner Page offered additional input to facilitate public comments.

**BOARD ACTION**

A Motion was made by Commissioner Kenneth Edge to accept the Compliance Report and approve the Board Conflict of Interest and Public Comment at Board Meetings Policies as presented; seconded by George Quick. Motion passed.

12. CHAIRMAN'S REPORT

As discussed in the previous Executive Committee meeting and in lieu of Board member Adele Foschia’s passing, Chairman Webley proposed withholding one month of each Board member’s stipend to support a special fund. The monies in this fund would be used to purchase flowers, etc. for similar future situations.

**BOARD ACTION**

A Motion was made by Dr. George Corvin to allocate one month of each Board member’s stipend to a special fund; seconded by Commissioner Kenneth Edge. Motion passed.
13. CLOSED SESSION
   The Area Board had a closed session in accordance with NC General Statute 143-318.11(a) (3) to discuss the performance of a public official.

   BOARD ACTION
   A Motion was made by Lodies Gloston to enter a closed session; seconded by Dr. John Griffin. Motion passed.

15. ADJOURNMENT
   With all business being completed the meeting adjourned at 6:22 p.m.

   Next Meeting
   Thursday, January 9, 2014
   Alliance Behavioral Healthcare
   4600 Emperor Blvd., Room 208
   Durham, NC 27703

Respectfully submitted:

Ellen S. Holliman, Chief Executive Officer     Date Approved
Alliance Behavioral Healthcare
Special Board Meeting
Thursday, January 9, 2014
4:00pm – 6:00 pm

DRAFT MINUTES

PLACE: Alliance Behavioral Healthcare, 4600 Emperor Blvd. Room 208, Durham, NC 27703.

MEMBERS PRESENT: Ann Akland, Christopher Bostock, Dr. George Corvin, Kenneth Edge, James Edgerton, Phillip Golden, Dr. John Griffin, Ellen Holliman, George Quick, Michael Page, Vicki Shore, William Stanford, Caroline Sullivan, Scott Taylor, and Lascel Webley, Jr., Chairman

MEMBERS ABSENT: Cynthia Binanay, Lodies Gloston, Amelia Thorpe

GUESTS PRESENT: Cathy Hanenberg, Pamela LeMay, Anju Verma from QCS, Sue Creighton, Lori Kearney, Michele Swigunski from IFCs, Antwane Yelverton from Yelverton Enrichment Services, Vickie Yelverton from Yelverton Enrichment Services, Jose Lopez, Yvonne French from DMH/DD/SAS, Valeria Mayo, Lisa Bradley, Allison Zirkel, Jeannie King

STAFF PRESENT: Hank Debnam, Doug Fuller, Amanda Graham, Kelly Goodfellow, Carlyle Johnston, Beth Melcher, Janis Nutt, Ann Oshel, Monica Portugal, Al Ragland, Rob Robinson, Dr. Khalil Tanas, Jim Wall, Doug Wright

1. CALL TO ORDER:
Chairman Lascel Webley, Jr. called the meeting to order at 4:06 p.m.

2. ANNOUNCEMENTS
A. URAC Accreditation Visit
Chairman Lascel Webley, Jr. updated the Board on the result of the December 10 and 11, 2013, URAC visit. At the conclusion of this visit, Alliance was awarded Health Network, Health Utilization Management, and Health Call Center accreditation. Chairman Webley congratulated staff on this accomplishment.

B. Mercer Review
Chairman Lascel Webley, Jr. reminded the Board of the upcoming Mercer review scheduled for February 13 and 14, 2014.
3. **AGENDA ADJUSTMENTS**  
   Oath of Office

4. **OATH OF OFFICE**  
   Durham Board of County Commissioners Chairman Michael Page administered the Oath of Office to new Wake County Commissioner Caroline Sullivan.

5. **REQUEST FOR PROPOSAL (RFP) RECOMMENDATIONS**  
   Carlyle Johnson, Clinical Program Development and Design Administrator, presented a detailed PowerPoint presentation including background, qualifications, details of staff training to complete the desk review, the desk review process and staff recommendations. Dr. Johnson mentioned that staff recommendations for Supported Employment will be reviewed in the February meeting.

   Staff recommendations for full year contracts for Community Support Team providers included Carolina Outreach, Family Legacy Mental Health Services, Family Preservation Services of NC, NC Recovery Support Services, SouthLight, Tonya Omar/The Aya Center, and Turning Point Family Care.

   Staff recommendations for six month contracts for Community Support Team providers included A United Community, B and D Behavioral Health Services and Yelverton’s Enrichment Services.

   Staff recommendations for full year contracts for Intensive-In Home providers included Access Family Services, Alexander Youth Network, Carolina Outreach, Carolina Support Services, Diverse Family Services, Easter Seals UCP, Family Legacy Mental Health Services, Family Preservation Services of NC, HealthCore Resource, Inc., Hope Services, Melange Health Solutions, LLC, NC Mentor (merging with IFCS), NC Recovery Support Services, Tonya Omar/The Aya Center, Turning Point Family Care, Upward Change Health Services, Youth Extensions, and Youth Villages.

   Staff recommendations for six month contracts for Intensive In-Home providers included A United Community, B and D Behavioral Health Services, Healing Interventions, Quality Care Solutions, Yelverton’s Enrichment Services.

   Staff recommendations for full year contracts for Substance Abuse Intensive Outpatient Program providers included B and D Behavioral Health Services, Carolina Outreach, Cumberland County CommuniCare, Family Legacy Mental Health Services, Fellowship Health Resources, NC Recovery Support Services, Restoration Family Services, SouthLight, UNC Horizons, VisionQuest Nonprofit Corporation, Visions counseling Studio, PLLC.

   Staff recommendation for six month contract for Substance Abuse Intensive Outpatient Program provider was Sigma Health Services.

   Board members discussed the details of the presentation and the recommendations.
BOARD ACTION
A Motion was made by James Edgerton to approve staff recommendations for Community Support Team providers selected through the RFP process; seconded by Caroline Sullivan. Motion passed.

A Motion was made by Ann Akland to approve staff recommendations for Intensive In-Home providers selected through the RFP process; seconded by Christopher Bostock. Motion passed.

A Motion was made by Dr. George Corvin to approve staff recommendations for Substance Abuse Intensive Outpatient Program providers selected through the RFP process; seconded by Vicki Shore. Motion passed.

13. CLOSED SESSION
The Area Board entered into a closed session in accordance with NC General Statue 143-318.11(a) (6) to discuss the qualifications and conditions of appointment of a public employee; in accordance with General Statue 143-318.11 (a) (3) the Board consulted with counsel regarding pending and potential litigation.

BOARD ACTION
A Motion was made by William Stanford to enter a closed session; seconded by Kenneth Edge. Motion passed.

A Motion was made by Christopher Bostock to suspend the By-Laws; seconded by Dr. George Corvin. Motion passed.

A Motion was made by Dr. George Corvin to appoint Robert Robinson as Chief Executive Officer effective April 1, 2014; seconded by George Quick. Motion passed.

15. ADJOURNMENT
With all business being completed the meeting adjourned at 6:17 p.m.

Next Meeting
Thursday, February 6, 2014
Alliance Behavioral Healthcare
4600 Emperor Blvd., Room 208
Durham, NC 27703

Respectfully submitted:

[Signature]
Ellen S. Holliman, Chief Executive Officer

Date Approved
ITEM: Consumer and Family Advisory Committee (CFAC) Relational Agreement

DATE OF BOARD MEETING: February 6, 2014

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, 4600 Emperor Boulevard, Durham. 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.

The Alliance CFAC is currently chaired by Dan Shaw while Maribel Rivera-Elias serves as vice-chair.
REQUEST FOR BOARD ACTION:
Receive and approve the relational agreement between the Alliance Behavioral Healthcare CFAC, Alliance Behavioral Healthcare Board of Directors, and Alliance Behavioral Healthcare LME/MCO.

CEO RECOMMENDATION:
Approve the relational agreement.

RESOURCE PERSON(S):
Doug Wright, Dan Shaw, Maribel Rivera-Elias
RELATIONAL AGREEMENT
Between

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

And

Alliance Behavioral Healthcare LME/MCO Board of Directors

And

Alliance Behavioral Healthcare Consumer and Family Advisory Committee (CFAC)

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

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

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

IV. DEFINITIONS.

1. Area Board - the governing unit of the LME/MCO that includes representatives from each county in the Alliance catchment area.

2. Consumer and Family Advisory Committee (CFAC) – a legislatively mandated self-governing and self-directed organization made up of of consumers and family members who represent the three disability areas of mental health, intellectual/ developmental disabilities, and substance abuse. N.C.G.S. §122C-170 requires that CFACs advise the LME/MCO and its Governing Board on “the planning and management of the local mental health, developmental disabilities, and substance abuse services system.”
3. Local Business Plan – The three (3) year business plan that is required to be adopted by the Board for the management, delivery, and oversight of publicly-funded MH/IDD/SA services that, among other things, establishes how the LME/MCO will ensure the availability, quality, and effectiveness of services.

4. Local Management Entity/Managed Care Organization (LME/MCO) – a local management entity that is under contract with DHHS to operate the combined Medicaid Waiver program authorized under Section 1915(b) and Section 1915 (c) of the Social Security Act. Alliance Behavioral Healthcare is a multi-county LME/MCO existing under N.C.G.S. Chapter 122C for Cumberland, Durham and Wake counties.

5. N.C. Department of Health and Human Services (DHHS) – the State agency responsible for health and human services and designated as the single State Medicaid agency; this includes the oversight of publicly-funded mental health, intellectual/developmental disabilities, and substance abuse services (MH/IDD/SAS) in the State of North Carolina.

6. Office of Consumer Affairs - A Department of the LME/MCO that ensures that the voices and perspectives of consumers and family members are heard and integrated at all levels of the organization and empowers consumers and family members through education and exposure to resources.

7. Within Available Resources – Refers to the limited availability of LME/MCO funding, which is subject to annual appropriation by the N.C. General Assembly and Federal appropriation by the U.S. Congress. Any and all funding and staff commitments by Alliance in this Agreement, including but not limited to the CFAC budget, are subject to this limitation.

V. ROLES AND RESPONSIBILITIES OF THE CFAC.

1. The CFAC shall review, comment on, and monitor the implementation of the local business plan (LBP) to Alliance, the Board, stakeholders, and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS).

2. The CFAC shall identify service gaps and underserved populations and make recommendations on areas of service eligibility and service array to Alliance and the Board.

3. The CFAC shall make recommendations regarding the service array and monitor the development of additional services.

4. The CFAC shall review and comment on the LME/MCO program budget.

5. The CFAC shall participate in all quality improvement measures and performance indicators.

6. The CFAC shall submit findings and recommendations regarding ways to improve the delivery of MH/IDD/SA services to the State CFAC. These findings and recommendations
shall utilize any template provided by the State CFAC and/or be approved by consensus agreement of the CFAC.

7. The CFAC shall conduct regularly scheduled meetings that are open to any interested individual.

8. The CFAC shall develop by-laws for self-governance. These by-laws are not binding upon Alliance or the Board.

9. The CFAC shall identify CFAC members’ training needs and participate in suggested training activities.

10. The CFAC shall work to recruit, appoint, retain, support and orient its membership.

11. The CFAC shall submit recommendations on CFAC appointments to the Board Chair and Alliance CEO/ Area Director for representation on the Board’s Human Rights and Quality Management Committee and other Board and Alliance committees as requested by the Board and CEO/ Area Director.

12. The CFAC shall participate in Alliance committees as appropriate and as approved by the CEO/Area Director and the Board.

13. CFAC representatives appointed to such committees shall routinely share information regarding the committees’ activities with the CFAC members.

14. The CFAC Chair and Vice-Chair(s), with input from CFAC members, will identify an executive committee of the CFAC to represent the CFAC through participation at the joint executive committee meetings with representatives from the Board and Alliance.

15. The Executive Committee of the CFAC will schedule quarterly meetings with the CEO/ Area Director and Board Chair of the LME/MCO.

16. The CFAC may report to the Board at the monthly Board meeting about its activities and needs from the Board. The CFAC agrees to submit an annual written report to the Board regarding the six core functions of the CFAC, including a report of issues/concerns in fulfilling these core functions. This report will be submitted to the Board by the end of the first quarter of each fiscal year. The Executive Committee of the CFAC may also communicate as needed regarding the LME/MCO’s policies, activities, and budget.

17. The CFAC Executive Committee, on behalf of the CFAC, will reply, in writing, to written recommendations and/or inquiries from Alliance or the Board within two (2) weeks of receipt.

18. At least once a year, the CFAC will conduct an open town hall or forum meeting to encourage and help facilitate education as well as input and dialogue from the broadest range of consumer and family members in the Alliance catchment area.
19. The CFAC will work closely with the Office of Consumer Affairs to ensure the voices of consumers and family members are integrated in all departments of Alliance.

20. No later than the last working day of February each year, the CFAC will submit its requested annual budget and justification to the Alliance Chief Financial Officer for inclusion into the overall LME/MCO budget.

VI. ROLES AND RESPONSIBILITIES OF ALLIANCE.

Alliance shall:

1. Provide sufficient support to assist the CFAC in implementing its duties under N.C.G.S. §122C -170, including data for the identification of service gaps and underserved populations, training to meet statutory requirements and review and comment on business plans and budgets, procedures to allow participation in quality monitoring, and technical advice on rules of procedure and applicable laws.

2. Provide an annual funding allocation, based on the previous year’s expenditures and within available resources, to support the CFAC to undertake its statutory responsibilities. Reimbursement for approved expenses shall be made in accordance with Alliance policies and procedures, Generally Accepted Accounting Principles, audit standards, and the DMH/DD/SAS Area Program Budgeting Procedures Manual (APSM 75-1, effective July 1, 1995 including any revisions or updates thereto). Approved expenses may include stipends, training costs (including but not limited to facility needs), and transportation/ travel expenses, and may not include reimbursement for the cost of child/ disabled adult/ elder care.

3. Provide an Alliance/CFAC liaison and clerical support to the CFAC within available resources.

4. Distribute relevant documents, reports, and information to CFAC members by appropriate methods, including presentations, electronic media, and/ or hard copy methods and alternate formats, when needed.

5. Obtain input from the CFAC regarding the annual update of the community need and provider capacity assessment, and report the results of the annual assessment to the CFAC.

6. Include CFAC members on appropriate Alliance committees and/or collaboratives, including QM, Communication, Budget/Finance, and others that involve activities required for CFAC to perform statutory duties.

7. Notify the CFAC at least three (3) weeks in advance of the date of the annual budget retreat and provide information and documents to the CFAC members, including training activities designed to acquaint the CFAC with the budget development process to encourage participation.
8. Endeavor to respond in writing to issues, questions, or recommendations received in writing from the CFAC within two (2) weeks.

9. Conduct at least two (2) catchment area-wide forums each year to discuss topics such as budgets, gaps analysis, or other emerging issues.

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

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

1. Assist in maintaining a current CFAC membership list with contact information as submitted in a timely fashion by the CFAC Chair/ Vice-Chair(s).

2. Identify meeting locations and send email reminders (hardcopies may be sent to members without email) to all members prior to meeting dates.

3. In coordination with the CFAC secretary, receive the meeting agenda from the CFAC Chair/ Vice-Chair(s) at least five (5) working days prior to the meeting to assure the availability of meeting materials. To the extent possible, meeting agendas, reminders and related materials will be sent to members via email messages and attachments.

4. Assist with coordinating presentations, training and other arrangements for upcoming meetings within available resources and as approved by the CEO/ Area Director.

5. Assist with financial reimbursements and refreshments for meetings, when applicable and within available resources and audit requirements.

6. Assist with transportation, funding and care arrangements for CFAC members attending conferences within available resources.

7. Assist with maintaining updated CFAC information on the Alliance website.

8. Assist with CFAC membership recruitment, within available resources.

9. Forward relevant State and other documents to CFAC members using appropriate media. This may include information regarding policy changes, upcoming training, conference opportunities, etc.

10. Coordinate with the CFAC secretary and be responsible for taking minutes of regularly scheduled CFAC meetings and provide “draft” minutes to the CFAC Chair/ Vice-Chair(s) and CFAC members for review at least ten (10) days prior to the following regularly scheduled meeting. The liaison will facilitate the placement of approved minutes on the CFAC website and distribute to CFAC members.
VIII. ROLES AND RESPONSIBILITIES OF THE BOARD.

The Alliance Board shall:

1. Officially recognize the CFAC as the body that seeks to fulfill the obligations of N.C. Gen. Stat. § 122C-170.

2. Accept and consider comment from the CFAC on substantive planning and management issues such as, but not limited to, decisions regarding service retention/elimination, new service initiatives, or any significant shift or reduction in service resources and delivery.

3. Endeavor to reply, in writing, to written questions or recommendations from the CFAC within two (2) weeks of receipt.

4. Provide at least five (5) working days’ written notification of proposed actions regarding service retention/elimination, new service initiatives, or any significant shift or reduction in service resources and delivery. Whenever possible, the CFAC requests respect for its regular meeting schedule and CFAC shall in turn respect the Board’s schedule. When this is not possible due to external factors, the CFAC will respond as quickly as possible within the time frame needed by Alliance.

5. Encourage its members to attend CFAC meetings, possibly on a rotating basis.

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

1. Work together to achieve a public MH/I-DD/SA service system for Alliance Enrollees that is collaborative, accessible, responsive and efficient.

2. Work jointly to develop action plans regarding any systemic issues or concerns with systems of care, service retention/elimination, new service initiatives, or any significant shift or reduction in service resources and delivery.

3. Determine the level of professional staff participation necessary to ensure support but not control the Alliance CFAC.

4. Work together to ensure that the Alliance CFAC remains viable, is representative of all disability groups and reflect the racial, gender, and geographic differences in the catchment area.

X. DISPUTE RESOLUTION. In the event of any conflict, the Parties agree to work with the Office of Consumer Affairs to try and resolve any concerns in an informal and team oriented approach. If conflicts between the CFAC and its liaison or any Alliance staff person or the Board cannot be resolved informally, the CFAC may request a meeting with CEO/ Area Director. If resolution is not achieved, the CFAC may request a meeting with the Board Chairperson.
If the conflict cannot be resolved, it shall be submitted to mediation, which shall focus on the needs of everyone concerned and seek to solve problems cooperatively, with an emphasis on dialogue and accommodation. Mediation shall occur in Durham or Wake County, North Carolina, before a mediator certified by the North Carolina Dispute Resolution Commission. The goal of the mediation shall be to preserve and enhance relationships by developing a mutually acceptable agreement which will fulfill the needs of everyone concerned. A Party desiring mediation may begin the process by giving the other Party a written “Request to Mediate” notice describing the issues involved and inviting the other Party to join with initiating the calling Party to name a mutually agreeable mediator and a time frame for the mediation which shall occur no more than thirty (30) days following the notice unless the Parties mutually agree otherwise. The Parties and the mediator may adopt any procedural format that seems appropriate for the particular dispute. The contents of all discussions during the mediation shall be confidential and nondisclosable. If the Parties can agree upon a mutually acceptable agreement, it shall be reduced to writing, signed by all Parties and the dispute shall be fully resolved.

XI. TERMINATION.

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

XII. MISCELLANEOUS.

1. INDEPENDENT CONTRACTOR. CFAC understands and agrees that, in performing their responsibilities pursuant to this Agreement, it is acting as an independent contractor. CFAC shall not have the right to bind or obligate Alliance or the Board in any manner without prior written consent.

2. HOLD HARMLESS. Each Party agrees that it will be responsible for its own acts and the results thereof and shall not be responsible for the acts of the other Party and the results thereof. Each Party therefore agrees that it will assume all risk and liability to itself, its agents or employees for any injury to persons or property resulting in any manner from the conduct of its own operations and the operations of its agents or employees under this Agreement, and for any loss, cost, or damage caused thereby during the performance of this Agreement. Notwithstanding the foregoing, nothing contained in this Agreement shall be deemed to constitute a waiver of the sovereign immunity of Alliance as a local political subdivision of the State of North Carolina, which immunity is hereby reserved to Alliance.

3. ASSIGNMENT. Neither Party shall have the right to assign, delegate or otherwise transfer, and shall not assign, delegate or otherwise transfer, in whole or part, directly or indirectly, by operation of law or otherwise, any of its rights, obligations, or duties under this Agreement without the prior written consent of the other Party. Any purported assignment, delegation or transfer without prior written consent of either Party shall be void.
4. **NO THIRD PARTY RIGHTS.** This Agreement and the covenants and agreements contained herein are solely for the benefit of the Parties hereto. No other person shall be entitled to enforce or make any claims, or have any right pursuant to the provisions of this Agreement.

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

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

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

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

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

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

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

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

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

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

14. COUNTERPARTS. This Agreement shall be executed in two (2) counterparts, each of which, for all purposes, shall be deemed to be an original instrument, and all of which together shall constitute a single agreement.
IN WITNESS WHEREOF, each Party has caused this agreement to be executed in multiple copies, each of which shall be deemed an original, as the act of said Party. Each individual signing below certifies that it has been granted the authority to bind that Party to the terms of this Agreement.

SIGNATURES:

<table>
<thead>
<tr>
<th>Position</th>
<th>Date</th>
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<tbody>
<tr>
<td>CFAC Chair</td>
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<tr>
<td>CFAC Vice-Chair</td>
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<tr>
<td>Alliance Behavioral Healthcare Board Chair</td>
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<tr>
<td>Alliance Behavioral Healthcare CEO/Area Director</td>
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</tbody>
</table>
ITEM: Revision of Employee Time and Attendance Policy and Leave Policy

DATE OF BOARD MEETING: February 6, 2014

BACKGROUND:
By policy Alliance administrative offices are normally open for business and employees are expected to report for work if they are able to safely do so. Work hours missed are to be made up according to the provisions of the Inclement Weather Policy. However, office closures or delayed openings mandated by building ownership/management prohibit affected staff from adhering to the aforementioned policy.

REQUEST FOR BOARD ACTION:
The Board is requested to approve the following revision to the Employee Time and Attendance policy:

D. Inclement Weather
If inclement weather conditions prevail, Alliance shall normally be open for business and employees shall report to work if they are able to do so safely. Work hours missed due to inclement weather shall be made up according to the provisions of the Alliance Inclement Weather Procedure. However, should any Alliance administrative office have a delayed opening or be closed by building ownership/management due to inclement weather, employees of that facility shall be permitted to utilize Administrative Leave for hours missed.

The Board is further requested to approve the revision of the Leave policy to add the following to the list of examples during which Administrative Leave may be utilized:

“work hours missed due to the closure or delayed opening of an Alliance administrative office by the building owner/manager”

CEO RECOMMENDATION:
Approve the recommended revisions to the Employee Time and Attendance policy and the Leave policy.

RESOURCE PERSON(S):
Ellen S. Holliman
I. PURPOSE

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

II. POLICY STATEMENT

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

i. Employees are expected to report for each and every scheduled working day or shift, to report on time and to complete all scheduled hours.

ii. Being absent from or reporting to work after the scheduled beginning time requires the employee to properly notify the supervisor in advance and to utilize appropriate leaves or to lose payment for time not worked.

iii. Employees scheduled to work are expected to remain on the job until completion of the last hour of the scheduled work day or shift.

iv. Arrival any time after the beginning of the scheduled work day or shift is considered late or tardy for performance purposes.

A. Meal Periods

Alliance Behavioral Healthcare does not provide established break periods. Meal breaks should be scheduled as near to the middle of the shift as possible.

Meal periods must be at least 30 uninterrupted minutes and should not be more than 60 minutes.

The employee must:

i. not be required to perform any duties; or,

ii. not be required to remain at the work station.

B. Travel Time

Ordinary home-to-work travel will not be considered hours worked and employees will not be compensated. Work-related travel that occurs during an employee’s workday is included as hours worked. If an employee has an out-of-town one-day assignment or an out-of-town overnight assignment, all time spent traveling between cities, less time usually spent traveling to and from the work site, is counted as hours worked. Travel time must be included in the calculation of overtime or compensatory time for non-exempt employees.
C. Training, Lecture, and Meeting Time
required attendance at training programs, lectures, meetings or similar activities is considered hours worked for non-exempt employees.

D. Inclement Weather
If inclement weather conditions prevail, Alliance shall normally be open for business and employees shall report to work if they are able to do so safely. Work hours missed due to inclement weather shall be made up according to the provisions of the Alliance Inclement Weather Procedure. However, should any Alliance administrative office have a delayed opening or be closed by building ownership/management due to inclement weather, employees of that facility shall be permitted to utilize Administrative Leave for hours missed. Should the administrative offices of Alliance Behavioral Healthcare have a delayed opening or be closed due to inclement weather, employees shall take leave or work with their supervisor to make up the time lost due to closure or delayed opening, within 30 days of the weather event. Those employees who work in areas or functions designated as essential are required to report to work.

E. Time Changes
Twice a year employees working night shifts are affected by a time change. When the time changes from Eastern Standard Time to Daylight Savings Time, non-exempt or special provision employees working during this interval work one less hour than usual and will only be paid for actual hours worked. An employee desiring to be compensated for the one hour lost must charge that hour to compensatory leave or annual leave. When the time changes from Daylight Savings Time to Eastern Standard Time, non-exempt or special provision employees working during this interval work one more hour than usual. Employees must be compensated for this extra hour or given time off.

F. Flex-Time
The Area Board in its continuing effort to increase job satisfaction and morale of employees authorizes the Area Director to develop a flexible work hours system.
I. PURPOSE

The purpose of this policy is to establish a consistent system of leave for Alliance Behavioral Healthcare staff.

II. DEFINITION

Immediate Family: Husband/wife, children (biological and step), grandchildren, sister/ brother (biological, half, step), parents (biological and step), grandparents, parents-in-law, or other individuals designated as in loco-parentis and others living within the same household.

III. POLICY STATEMENT

Alliance Behavioral Healthcare recognizes the importance of balancing work and time away from the workplace and shall provide the following types of leave to employees as a privilege when approved by a supervisor according to applicable procedures.

A. Eligibility

All probationary, provisional, trainee and regular employees who work a minimum of 50% of a regular work schedule per week are eligible. All part-time employees are eligible on a pro-rated basis. Emergency, temporary employees and interns are not eligible for leave.

B. Types of Leaves

1. Administrative Leave

Alliance Behavioral Healthcare may grant paid administrative leave as a benefit to eligible employees, when the reason for leave does not fit an established paid leave category.

For example, Administrative Leave may be used for:

a. work hours missed due to the closure or delayed opening of an Alliance administrative office by the building owner/manager;
b. civil leave when subpoenaed as a witness on behalf of Alliance Behavioral Healthcare or other governmental jurisdiction;
c. jury duty;
d. donation of blood;
e. injury or illness associated with the first 7 days of Worker’s Compensation (per fiscal year);
f. investigatory suspension or Fitness for Duty; and
g. academic involvement at a pre-K to 12 educational institutions for up to 4 hours per month.
2. Annual Leave

Alliance Behavioral Healthcare shall provide annual leave based on the following accrual:

<table>
<thead>
<tr>
<th>Years</th>
<th>Hours/Period</th>
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<tr>
<td>0-2</td>
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<td>2-5</td>
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<td>15-20</td>
<td>7.07</td>
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<tr>
<td>Over 20</td>
<td>8.00</td>
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<td></td>
<td>Maximum Carry Over 240 hours (30 days)</td>
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At the end of the first full pay period of each fiscal year, any accrued vacation leave in excess of 30 days will be converted to sick leave.

Annual leave pay outs, up to the maximum of 30 days, are made upon separation from Alliance Behavioral Healthcare.

3. Funeral Leave

Alliance Behavioral Healthcare shall grant a benefit of up to 3 days per fiscal year of paid funeral leave to eligible employees to arrange for and attend the funeral of immediate family members.

Funeral leave is not intended to equate with the bereavement period. Funeral Leave may be taken in consecutive or nonconsecutive increments. Employees needing more than three 3 days may take annual leave, sick leave, or leave without pay.

4. Holiday Leave

On designated holidays, Alliance Behavioral Healthcare offices will be closed for business. Alliance shall offer (eight) 8 hours of paid time off for these designated holidays. Those functions that operate on a 24/7 basis will maintain a normal work schedule. Employees that are required and preapproved to work on designated holidays may be provided additional holiday compensation for the hours worked. The Area Director, Deputy Director, and Department/Unit Directors are not eligible for additional holiday compensation. The Area Director shall establish procedures to implement holiday compensation.

Designated holidays are:

a. New Years Day
b. Dr. Martin Luther King, Jr.’s Birthday
c. Veterans Day
d. Good Friday
e. Memorial Day
f. Independence Day
g. Labor Day
h. Thanksgiving Day and the day after
i. Christmas and 1-2 additional days. If Christmas falls on:
   i. Monday: Monday and Tuesday off
   ii. Tuesday: Monday, Tuesday, and Wednesday off
   iii. Wednesday: Tuesday, Wednesday, and Thursday off
   iv. Thursday: Wednesday, Thursday, and Friday off
   v. Friday: Thursday and Friday off
   vi. Saturday: Friday and Monday off
   vii. Sunday: Friday and Monday off
5. **Management Leave**
Alliance Behavioral Healthcare may grant Management Leave to those employees who are exempt from the Fair Labor Standards Act. The Area Director shall establish procedures to implement Management leave.

6. **Military Leave**
Alliance Behavioral Healthcare shall grant paid time off for military obligations. Employees who are scheduled for reserve military duty are entitled to 120 hours (prorated for part-time employees) of paid leave per calendar year. Leave Without Pay will be granted for additional time if required for training purposes beyond the allowable 120 hours each year. The employee may elect to use vacation leave, management leave, or leave without pay. Military leave without pay is granted for one enlistment period of active service (not to exceed 4 years) plus the 90 days immediately following the enlistment period.

7. **Sick Leave**
Alliance Behavioral Healthcare shall grant sick leave to employees for, among other things, personal illness and the illness of immediate family members. Doctor and dentist visits, as well as, all doctor-ordered quarantines may be charged to sick leave. When an employee’s sick leave balance has been depleted, the system will automatically default to annual leave or leave without pay.
   a. Sick leave may be accrued indefinitely with no limit on maximum accumulation at the following rate: 3.69 hrs per pay period (12 days per year)
   b. Sick leave is not compensable in any final leave payments when an employee separates from service.
   c. Employees transferring from other North Carolina state or local governmental entities or who are reinstated within three years of separation from Alliance Behavioral Healthcare may request and shall be credited with previously accrued sick leave. Sick leave transferred to Alliance Behavioral Healthcare in this manner may be used by employees the same as sick leave earned while working for Alliance Behavioral Healthcare.
ITEM: Recommendation to Wake and Durham BOCCs for Reappointments to Alliance Board of Directors

DATE OF BOARD MEETING: February 6, 2014

BACKGROUND:
The By-Laws of the Alliance Board provided that the initial terms of its original Board members be staggered with each initial term being considered a full term. Accordingly the terms of some original members were designated to end after one year, others after two, and others after three.

NC Senate Bill 191 revised G.S. 122C-118.1.d to allow members to be reappointed for two additional three-year terms.

The terms of Board members Jim Edgerton, Jim Corvin and Lascel Webley are set to expire on March 31, 2014.

REQUEST FOR BOARD ACTION:
The Board is requested to recommend to the Wake Board of County Commissioners the reappointment of Jim Edgerton and George Corvin and to the Durham Board of County Commissioners the reappointment of Lascel Webley, each for an additional three-year term.

CEO RECOMMENDATION:
Recommend to the Wake Board of County Commissioners the reappointment of Jim Edgerton and George Corvin and to the Durham Board of County Commissioners the reappointment of Lascel Webley.

RESOURCE PERSON(S):
Ellen S. Holliman
ITEM: Fiscal Year 2015 Budget Retreat

DATE OF BOARD MEETING: February 6, 2014

BACKGROUND:
On an annual basis a Board Budget Retreat is held to discuss the upcoming fiscal year.

REQUEST FOR AREA BOARD ACTION:
Discuss the upcoming Board retreat and provide direction to staff.

CEO RECOMMENDATION:
Discuss the upcoming Board retreat and provide direction to staff.

RESOURCE PERSON(S):
Kelly Goodfellow
ITEM: Highlights of Alliance NC Medicaid Waiver Annual Report

DATE OF BOARD MEETING: February 6, 2014

BACKGROUND:
The contract with DMA requires us to submit an annual report of performance measures. This presentation will review the data for the first five months operation submitted to the state in December 2013. This presentation will highlight the main measures of that report including Innovations performance measures.

REQUEST FOR BOARD ACTION:
Accept update as presented.

CEO RECOMMENDATION:
Accept update as presented.

RESOURCE PERSON(S):
Beth Melcher, Ph.D.
LME/MCOs are required to report on an annual basis performance measures for Medicaid recipients.

This annual report has 27 elements, 8 were selected as key items for review. These items focus on health and safety, engagement and penetration rates.

Data included in this presentation reflects the first five months of operation for Alliance Behavioral Healthcare (February – Jun 2013).

At the time of this presentation comparison data is not available.
Readmission Rates within 30 days of Discharge

Background: On an annual and monthly basis DMA tracks the number of consumers readmitted to various crisis facilities.
Discharge Follow-up Appointments

Background: On an annual basis reports are submitted tracking the number of consumers that have follow-up appointments when discharged from a crisis facility.
Initiation and Engagement of Alcohol and other Drug Dependence Treatment

<table>
<thead>
<tr>
<th>Category</th>
<th>2nd service within 14 days</th>
<th>2 or more services within 30 days</th>
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<tbody>
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<td>116</td>
<td>116</td>
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<tr>
<td>Young Adult 18-20</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>Adult</td>
<td>1348</td>
<td>1348</td>
</tr>
</tbody>
</table>

Background: On an annual basis DMA tracks the number of consumers engaged in Substance Abuse services.
Mental Health Penetration Rate

Substance Abuse Penetration Rate

Grievances and Concerns

February through December 2013

N = 880

- % Consumer complaints against provider: 30% (269)
- % total complaints against LME/MCO: 2% (21)
- % of Other Types of Complaints: 67% (529)
- Percent of Complaints resolved in 30 days: 94% (825)

Source: AlphaMCS

Background: This data is presented to DMA/DMH on a monthly basis and reflects a 45 day lag in reporting to allow for resolution. Included in Other Types of Complaint are internal staff concerns (Quality of Care Concerns) and Provider complaints against other providers.
Critical Incident Definitions

Level 2 incident categories and behaviors
- Consumer Death – Terminal Illness or Natural Cause
- Restrictive Intervention – Emergency/Unplanned use or planned use that has exceeded authorized limits
- Consumer Injuries – Any injury that requires treatment by a licensed health professional
- Allegations of Abuse – Any allegations of abuse, neglect or exploitation including domestic violence
- Medication Errors – Any error that threatens the consumer’s health or safety
- Consumer Behavior – Suicidal behavior, sexual behavior (exhibited by the consumer), consumer act, consumer absence
- Other – Suspension, Expulsion and Fire

Level 3 incident categories and behaviors – all are categorized as any that results in permanent physical or psychological impairment or if there is perceived to be a significant danger to the community
- Death – Suicide, Accident, Homicide, Unknown
- Abuse/Neglect/Exploitation – includes all sexual assaults
- Restrictive Intervention
- Medication Error
- Consumer Injury
- Behavior
- Other
Critical Incidents

Total of incidents reported February to December 2013

Source: Monthly LME-MCO Monthly Monitoring Report
Innovations Measures - Level of Care Determination

Percent of new LOC evaluations completed using approved processes and instruments

Percent of LOC evaluations completed at least annually for enrolled participants

Percent of new waiver enrolles who have a LOC prior to receipt of services

Source: Innovations Performance Measure Reporting. LOC=A determination, based on severity of disability and assessment of needs, that a person requires one or more services offered in the waiver in order to avoid institutionalization, per The Centers for Medicare and Medicaid Services (CMS).
Innovations Measures

Individualized Service Plans

- Portion of claims paid by the PIHP for Innovations Waiver services that have been authorized in the service plan: 261,920 (65%)
- Portion of ISPs in which the services and supports reflect participant assessed needs and life goals: 172 (97%)
- Portion of ISPs that address identified health and safety risk factors: 172 (97%)
- Percentage of Participants reporting that their ISP has the services they need: 172 (97%)
- Portion of Participants reporting that their Care Coordinator helps them to know what waiver services are available: 172 (97%)

Source: Innovations Performance Measure Reporting.
ITEM: Update on Request for Proposals, including recommendation for additional Intensive In-Home Vendor and Recommendations for Selection of Vendors for Mental Health / Substance Support Employment and Long-Term Vocational Support

DATE OF BOARD MEETING: February 6, 2014

BACKGROUND:
On September 30, 2013, Alliance released Requests for Proposal (RFPs) for Mental Health / Substance Abuse Supported Employment and Long-Term Vocational Supports (SE/LTVS). These are new services that have been approved by DHHS in response to the state’s settlement with the United States Department of Justice.

Providers submitted thirteen RFP responses by the deadline of 5:00 p.m. on November 1, 2013. Alliance staff reviewed RFP responses and determined that all thirteen responses met minimum review criteria. Selection committees for each RFP completed the review of written responses and rated each submission using a standardized scoring tool. Respondents whose submissions met the threshold for review of written responses were invited to interviews in order to obtain additional information about each agency and its services. The selection committee invited twelve providers for interviews. Respondents were asked a standardized set of questions which were scored using a rating tool similar to that used for the review of written materials. Final recommendations for selection of vendors are based on both the ratings of the RFP written response and the interview.

Staff will provide an overview of the RFP selection process and will make recommendations for selection of vendors for the SE/LTVS RFP.

Staff will also provide an update on plans for ensuring service access, and will make a recommendation for an additional IIH vendor for a six month contract.

REQUEST FOR AREA BOARD ACTION:
Approve the recommendations for selection of vendors

CEO RECOMMENDATION:
Accept this update and approve the recommendations for selection of vendors

RESOURCE PERSON(S):
Beth Melcher, Carlyle Johnson
RFP Selection Summary

Mental Health and Substance Abuse Individual Supported Employment and Long Term Vocational Supports

Introduction:

Alliance Behavioral Healthcare issued a Request for Proposals (RFP) on September 30, 2013 for MH/SA Supported Employment and Long Term Vocational Supports (SE/LTVS) in Cumberland, Durham, Johnston and Wake counties. This new service definition is based on requirements for the Transitions to Community Living Initiative of the state’s settlement agreement with the US Department of Justice, and must be delivered in accordance with evidence-based practice standards for the Dartmouth IPS Model. Eligible respondents were limited to current providers of any service with a credentialed site within the Alliance catchment area.

Purpose:

The intent of the RFPs is to select multiple providers to render evidence-based SE/LTVS services for adults with serious mental illness (SMI) and severe and persistent mental illness (SPMI). The number of awards will be limited to three providers due to limited funding for this service.

Funding sources:

Funding for services covered by the scope of this RFP consists of State (IPRS) funding that is disbursed to providers on a fee for service basis.

Selection Committee:

The Selection Committee included staff from Cumberland, Durham, Johnston and Wake counties with a breadth of experience and expertise in the areas covered by the RFP. Selection Committee members were assigned specific areas for review based on their areas of expertise. Financial reviews were conducted by financial staff, legal and compliance areas were reviewed by legal/compliance staff, and clinical reviewers included staff with backgrounds that were aligned with the clinical content being reviewed. Alliance Board and CFAC members were also invited to participate in provider interviews.

Selection process

Responses were evaluated first for minimal compliance with expectations of the RFP, and RFP responses that met minimum criteria were distributed to selection committee members for review. Raters evaluated each provider using a standardized Alliance RFP Scoring Tool and submitted responses for tabulation. Providers whose written responses met the desk review threshold as established in the posted RFP documents were invited to interviews, which were held in December and January. Factors considered in
making a final recommendation included both the quality of the written proposal and information obtained in the provider interview.

**Number of proposals received**

Alliance received 13 proposals by the RFP deadline of November 1, 2013 at 5:00pm. All responses were determined to meet minimum review criteria and were reviewed by the Selection Committee.

**Selection summary including scores**

A summary of recommended vendors including evaluation scores will be presented at the Board meeting.

**Providers chosen**

Selection Committee recommendations of vendors for will be presented at the Board meeting.

**Approval from Credentialing Committee**

Prior approval from the Credentialing Committee is not required since only credentialed providers were eligible to respond to the RFPs.

**Total program/project budget**

State funds are available to support these services on a fee for service basis.

**Rationale for providers chosen**

Based upon reviews of the written proposal and information gathered from vendors during the interview process, the Selection Committee identified current Alliance providers that met the expectations as stated in each RFP. Consistent with the intent of the RFPs, selection priorities included the following:

- Commitment to quality, consumer inclusion, principles of recovery and evidence-based practices
- Understanding of expectations regarding implementation of evidence-based model for Supported Employment and Long Term vocational supports and capacity to implement services in fidelity to the Dartmouth IPS model.
- Sufficient infrastructure with respect to IT, financial, clinical and administrative areas
- Well-developed processes for ensuring model fidelity and provision of clinical supervision
Recommendation of Vendors in Response to Requests for Proposal
MH/SA Supported Employment and Long Term Vocational Supports (SE/LTVO)
February 6, 2014
Background

- NC settlement agreement with US Department of Justice (DOJ)
- Transitions to Community Living Initiative requires development of array of services, including SE/LTVS services for MH/SA population
- New service definitions established
- Expectation of fidelity to evidence-based practices: Dartmouth Individual Placement and Support (IPS) model
- Funded through State allocation
- Selection of providers for contract renewal through Request for Proposal (RFP) process
<table>
<thead>
<tr>
<th></th>
<th>SE/LTVS</th>
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<tr>
<td>Responses Received</td>
<td>13</td>
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<td>Met Minimum Review Criteria</td>
<td>13</td>
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<tr>
<td>Met Desk Review / Interviewed</td>
<td>12</td>
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<tr>
<td>Recommended to Board</td>
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Recommendations

Selection of the following providers for contracts:

- Community Partnerships
- Easter Seals UCP
- Monarch

Development of SE/LTVS learning collaborative:

- Three selected providers
- Five additional respondents
- Implementation and preparation for future development
Recommendations

Extend invitations for SE/LTVS learning collaborative:
- CPI, Easter Seals, and Monarch
- Durham Exchange Club Industries
- Family Preservation
- Johnston County Industries
- ServiceSource
- Visions Counseling Studio
Update on CST, IIH and SAIOP RFPs

- Contracts renewed for 35 programs
- Six programs received 6-month contracts
- Staff providing feedback and technical assistance
- Targeted network development efforts for Johnston to ensure service access and consumer choice

- Recommend that Board approve 6-month contract extension for Pathways to Life for Intensive In-Home services
Questions and Feedback
ITEM: Board Training: Community Relations Collaboration with the Legal System

DATE OF BOARD MEETING: February 6, 2014

BACKGROUND:
Each of our four communities employs a Jail Liaison as a member of the Community Relations Team. This position is tasked with designing a system of services and supports in partnership with our legal and criminal justice partners to better address the needs of individuals with behavioral health issues when they interface with the criminal justice system. The ultimate goal is to reduce the length of stay in local detention facilities, improve release planning to reduce re-arrest rates, promote CIT as a pre-booking diversion and increase engagement and retention in services.

A presentation will be provided to update the board on the collaboration that occurs between the legal and criminal justice system, and Alliance’s Community Relations department. The presentation will cover the following:

- The role of the Crisis and Incarceration Manager and Jail Liaisons
- CIT (Crisis Intervention Team) activities
- Data: what is being measured and what are the outcomes
- Specialty services and providers for those who are criminal justice involved
- The involuntary commitment process and assisted outpatient treatment (outpatient commitments)
- Priority strategic areas

REQUEST FOR BOARD ACTION:
Accept the report as presented.

CEO RECOMMENDATION:
Accept the report as presented.

RESOURCE PERSON:
James Osborn, Crisis and Incarceration Manager
Collaborative Efforts with the Legal and Criminal Justice Systems

February 6, 2014
Crisis and Incarceration Manager

- Promote a System of Care approach across the life span and across multiple systems

- Systems-level approach to identify strengths and potential barriers impacting consumer access to care, and identify needs and gaps in the crisis continuum

- Focus on strategies and models to divert individuals from incarceration to community-based treatment

Serving Durham, Wake, Cumberland and Johnston Counties
Jail Liaison

• Designs a system of services and supports to:
  o Reduce length of stay in local detention facilities
  o Increase engagement and retention in services for high risk consumers

• Improve release planning to reduce re-arrest rates

• Promote CIT as a pre-booking diversion

Serving Durham, Wake, Cumberland and Johnston Counties
Crisis Intervention Team (CIT)

- Increase utilization of facility-based and mobile crisis services across the four counties
- Increase utilization of first-responder activities of clinical home providers
- Reduce psychiatric hospital readmissions
- Opportunity for earlier engagement of client
- More positive/productive MH service engagement

Serving Durham, Wake, Cumberland and Johnston Counties
Crisis Intervention Team (CIT)

• Jail diversion to more appropriate solution
• Ensuring public safety while getting someone the treatment they need
• Reduce officer/consumer injuries through verbal de-escalation techniques
• Partners in advocacy and educational efforts

Serving Durham, Wake, Cumberland and Johnston Counties
Crisis Intervention Team (CIT)

- Well established in all four counties
- CIT Leadership Committees provide feedback and guidance on program improvement
- Curriculum has been updated
- Expansion to include all First Responders, EMS, fire and 911 operators
- Working on CIT Report data collection and reports
## CIT Training

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<tr>
<th>County</th>
<th>Number Trained</th>
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<tr>
<td>Cumberland</td>
<td>445</td>
<td>2009</td>
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<td>Durham</td>
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<td>2007</td>
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<td>Johnston</td>
<td>40</td>
<td>2011</td>
</tr>
<tr>
<td>Wake</td>
<td>731</td>
<td>2005</td>
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<td><strong>Total</strong></td>
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<td></td>
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</tbody>
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Serving Durham, Wake, Cumberland and Johnston Counties
Specialty Services and Providers

- Drug Treatment Court
- Forensic jail services
- Assertive Outreach Program (Durham)
Commitments

- Involuntary commitment
- Outpatient commitment
  - Assisted Outpatient Treatment (AOT)

Serving Durham, Wake, Cumberland and Johnston Counties
Collaborative Efforts

• Education
  o Developed a three-hour mental health training for First Responders
  o Trained every First Responder in Durham County and the City of Durham
  o Trained Durham County security officers
  o Trained Wake EMS
  o Trained Durham County School Resource officers

Serving Durham, Wake, Cumberland and Johnston Counties
Collaborative Efforts

- Participate in Crisis Collaboratives in Wake, Durham and Cumberland counties
- Host Jail Coordination meetings in Wake and Durham
Priority Strategic Areas

- Mental Health Court (Wake)
- Vet Court (Durham)
- Develop robust crisis continuum in all our communities
- Continue to develop and monitor utilization and performance expectations of mobile crisis providers
- Decrease daily census of inmates identified with mental health issues

Serving Durham, Wake, Cumberland and Johnston Counties