Alliance Behavioral Healthcare  
Area Board Meeting  
Thursday, March 7, 2013 4:00pm– 6:00 pm

MINUTES

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


MEMBERS ABSENT:  Dr. Nancy Henley and Michael Page.

GUESTS PRESENT:  Yvonne French from DMH/DD/SAS, Denise Foreman from Wake County and Janie McGee.

STAFF PRESENT:  Lorrie Beal, Doug Fuller, Kelly Goodfellow, Amanda Graham, Tracy Hayes, Tina Howard, Carlyle Johnson, Lena Klumper, Susan Knox, Lloyd Merithew, Pamela Norton, Ann Oshel, Sara Pacholke, April Parker, Sherry Phillips, Monica Portugal, Rob Robinson, Sean Schreiber, Dean Simpson, Valiria Willis and Doug Wright.

1. CALL TO ORDER:

Chairman, Lascel Webley Jr., called the meeting to order at 4:03pm.

2. ANNOUNCEMENTS:

A. Chairman Webley offered an invitation for all board members to attend the March Executive Committee to interview applicants for vacant Board seats.

B. Chairman Webley introduced a new Policy Committee to be headed by Monica Portugal, Corporate Compliance Officer. Monica briefly discussed the details of this new policy.

C. Chairman Webley offered a save the date notice to the Board for a legislative luncheon that is being planned for all members of the legislature in Alliance’s four catchment areas. An invitation will follow by email shortly.

No Motion required.

3. AGENDA ADJUSTMENTS:

A. Chairman Webley added two agenda items at the end of the agenda. Agenda item 14 will be Ms. Holliman’s discussion and agenda item 15 will be a closed session.

No Motion required.
4. **PUBLIC COMMENT:**

   None

   No Motion required.

5. **FINANCE COMMITTEE REPORT:**

   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 p.m. prior to the regular Area Board meeting. Draft minutes from the March 7, 2013 meeting are attached.

   No Motion required and the report was accepted as presented.

6. **EXECUTIVE COMMITTEE REPORTS:**

   A. The Quality Management Committee Report;
   B. Consumer and Family Advisory Committee (CFAC) Report;
   C. The Executive Committee Report.

   No Motion required and all reports are accepted as presented.

7. **CONSENT AGENDA:**

   A. A request from Ellen Holliman, Chief Executive Officer, to approve the minutes from the February 7, 2013 Board meeting.
   B. Reappointments of Scott Taylor, Barbara Gardner and Nancy Henley.

   A Motion was made by Philip Golden to approve the Consent Agenda as presented and reappoint Scott Taylor, Barbara Gardner and Nancy Henley to serve on the Alliance Area Board; seconded by Jim Edgerton. Motion Passed.

8. **IBM Smart Cities Proposal:**

   Ann Oshel, Durham Site Director, provided the Board with information and a PowerPoint presentation regarding the IBM-Smart Cities Proposal as follows:

   The Durham City/County Leadership requested that Alliance submit a proposal to assist in the planning and oversight to develop a System of Care approach for disconnected, transition age youth. This proposal is in response to the IBM Smarter Cities Challenge recommendations regarding this population. Alliance submitted a proposal to create two new positions within System of Care that has been endorsed by the City and County Managers as well as the DPS Superintendent.

   A Motion was made by George Quick to approve creation of a new Youth Services Director position and a new Youth Opportunity Coordinator position as presented; seconded by John Barry. Motion Passed.
9. **WAIVER POLICY:**

Monica Portugal, Corporate Compliance Officer, provided the Board with information on the new Waiver Policy as follows:

According to 10A NCAC 27G .0813, licensed facilities can request for licensing rules to be temporarily waived. The waiver request must meet certain criteria (see policy) and the facility must obtain approval by the LME-MCO Board, if contracted with an LME-MCO. Alliance receives multiple waiver requests on a regular basis, requiring timely processing and determination in order for the facilities to take appropriate steps to remain in compliance with such rules. Examples of requests frequently submitted to Alliance relate to the age or disability of persons served, staffing patterns at the facility and physical plant.

Through the proposed Rule Waiver Requests Policy the Area Board delegates authority to the CEO to make determinations to approve or deny waiver requests. Delegating the authority to the CEO will allow Alliance Behavioral Healthcare to provide a timely determination to the requesting facility and to the NC Department of Health and Human Services (DHHS). The final approval authority rests with DHHS in accordance with the above stated rule.

**A Motion was made by Bill Stanford to approve the Waiver Policy as presented; seconded by John Barry. Motion Passed.**

10. **UPDATE ON MEDICAID WAIVER**

Amanda Graham, Medicaid Program Director, presented a brief update on the Medicaid waiver. She gave an overview of the Weekly Status reports developed and detail the general trends noted. She also reviewed the Intra Departmental Monitoring Team (IMT) and discussed the next Mercer/IMT visit.

**No Motion required and the update is accepted as presented.**

11. **UPDATE ON WAKE BEHAVIORAL HEALTH DIVESTITURE PLAN**

Carlyle Johnson, Clinical Program Development and Design Administrator, provided an update on plans for divestiture of services currently provided by Wake County Human Services as follows:

Alliance and Wake County, along with many stakeholders and partners, are working to improve behavioral health care for Wake County residents with mental health, intellectual/developmental disabilities and substance abuse needs. Recent changes in state law required changes in the management of behavioral health funds and the provision of services. As a result, Wake County worked with Durham County to create Alliance Behavioral Healthcare (Alliance), a multi-county local management entity (LME) serving Wake, Durham, Johnston and Cumberland counties, and is transitioning behavioral health services to community providers.

- **WakeBrook Campus:** Wake County, Alliance and UNC Health Care (UNCHC) are moving forward with the transition of services at the WakeBrook Campus. The agreement approved by the Board of Commissioners on January 22, 2013 outlines a phased transition. Effective February 1, UNCHC began management of the Crisis and Assessment Center at WakeBrook. It was anticipated that UNCHC would begin management of the Recovery Center in March and the Rehabilitation Center in May. However, the Rehabilitation Center date has been delayed by a
month as UNCHC continues to work through licensure issues. It is still anticipated that the new 16-bed inpatient psychiatric program will begin July 1, 2013.

- **Outpatient Behavioral Health Services**: Wake County and Alliance are implementing a plan to divest outpatient behavioral health services, which include mental health, intellectual/developmental disability (IDD) and substance abuse services.

- **Adult Outpatient Services** – On January 31, Alliance issued a Request for Proposals (RFP) for Wake County Adult Outpatient Services. These services include approximately 1,500 adults currently served by Wake County Human Services staff with general adult outpatient needs. Potential providers are required to respond to the RFP by February 28, 2013, and the contract(s) will be awarded on March 15, 2013. Wake County staff and Alliance will work with current clients regarding future care options beginning in March.

- **Chronic/Fragile Adult Services** – Alliance and Wake County are pleased to be working with UNCHC to establish a new outpatient clinic to serve the chronic/fragile adult population of Wake County. Wake County currently serves approximately 500 chronic/fragile patients that have a history of repeated hospitalizations or require more intense care and access to medicines to ensure stability. This is an important and exciting development in ensuring the continuity of care for some of Wake County’s most fragile consumers.

- Wake County and Alliance are meeting weekly to further plan for the divestiture of services and successful transitions for over 3,000 clients and 200 staff. All behavioral health services will be divested and transitioned by June 30, 2013. Throughout these changes, Wake County will continue its commitment to provide approximately $25 million in annual funding for mental health, intellectual/developmental disability and substance abuse services.

- Selected vendors for each RFP will be presented to the Alliance Board or Executive Committee for approval according to the following schedule:
  
  - March 12: Adult Outpatient
  - April 15: Child Mental Health, Forensic Services, Latino Services
  - May 2: Drop-In Center, Supported Employment
  - May 14: Perinatal Substance Abuse, Work First, Deaf Services, IDD Bridging, 4H

  A Motion was made by George Corvin to approve the schedule for board review of selected vendors as presented; seconded by Phil Golden. Motion Passed and update accepted.

12. **LEGISLATIVE UPDATE**

Ellen Holliman, Chief Executive Officer, provided the Board with an update on her meetings with the Legislative Members and bills that have been introduced.

No Motion required and the update is accepted as presented.
13. **UPDATE ON AGENCY REORGANIZATION**

Rob Robinson, Chief Operations Officer, and Valiria Willis, Director of Human Resources, will provide the Board an update on the Agency Reorganization as follows:

**Background:**

Alliance Behavioral Healthcare (Alliance) has been functioning as a multi-county LME since July 2012 and been operating a Medicaid Waiver MCO since February 1, 2013. As we have evolved it is recognized that in order to become more effective and efficient as a MCO serving multiple counties, restructuring is required.

**Objectives:**
- Create an integrated infrastructure that promotes collaboration across organization
- Provide improved support to local sites
- Create a single point of accountability for each functional area

**Key Points:**
- Addresses need for consistency and standardization across sites while maintaining uniqueness of each community
- Single point of functional accountability
- Site Directors eliminated
- Increased reliance on supervisors and Corporate staff to be active and oversee local activities
- Facility management duties reassigned
- Staff whose positions are eliminated given priority in filling vacant positions

Several new classifications are created through the reorganization and require Board approval. The positions include the following:

**Administration Department:**
- Attorney - Grade 38
- Investigations Supervisor (Compliance) – Grade 33

**Business Operations:**
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- Technology Support Analyst – Grade 31

Network Development and Evaluation:

- Chief of Network Development and Evaluation – Grade 42
- Credentialing Manager – 33
- Data Analyst – Grade 27

As a result of the reorganization, there are nine positions being eliminated. Employees in these roles will be subject to a Reduction in Force, however there are several vacancies which these employees are qualified and priority consideration will be given to them. Positions being eliminated include the following:

- Applications Web Developer
- Database Developer
- Network Administrators (2)
- Helpdesk Technicians (2)
- Site Director (2)
- Director of Provider Networks

A Motion was made by George Quick to approve the new classifications presented and approve the positions being eliminated; seconded by George Corvin. Motion Passed.

14. ELLEN HOLLIMAN’S DISCUSSION

Ellen Holliman’s discussion was addressed in the closed session, agenda item number 15.

15. CLOSED SESSION

Chairman Webley called for a closed session in accordance with N.C.G.S. § 143-318.11(a)(3) at 5:57pm.

A Motion was made by Barbara Gardner to return to open session; seconded by John Barry. Motion Passed and the Board Meeting returned to open session at 6:45pm.

The Board discussed the Cumberland County merger proposal, the required funding allocation that would be needed and the allotment of Board seats.
A Motion was made by George Quick to authorize Ellen Holliman, Chief Executive Officer, to convey an initial merger proposal to Cumberland County requiring a $1,000,000.00 funding allocation and to assign four (4) Alliance Board seats to Cumberland County; seconded by George Corvin and Bill Stanford. Motion Passed.

16. **CHAIRMAN’S REPORT:**

Not addressed in this Board meeting.

17. **ADJOURNMENT:**

With all business being completed the meeting was adjourned at 6:52pm.

Respectfully submitted:

Ellen S. Holliman, Chief Executive Officer

April 4, 2013

Date Approved
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Area Board Meeting
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MINUTES

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A. Chairman Webley added two agenda items at the end of the agenda. Agenda item 14 will be Ms. Holliman’s discussion and agenda item 15 will be a closed session.

No Motion required.
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None

*No Motion required.*

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  **A Motion was made by George Corvin to approve the schedule for board review of selected vendors as presented; seconded by Phil Golden. Motion Passed and update accepted.**

12. **LEGISLATIVE UPDATE**

Ellen Holliman, Chief Executive Officer, provided the Board with an update on her meetings with the Legislative Members and bills that have been introduced.

**No Motion required and the update is accepted as presented.**
13. **UPDATE ON AGENCY REORGANIZATION**

Rob Robinson, Chief Operations Officer, and Valiria Willis, Director of Human Resources, will provide the Board an update on the Agency Reorganization as follows:

**Background:**

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A Motion was made by George Quick to approve the new classifications presented and approve the positions being eliminated; seconded by George Corvin. Motion Passed.

14. ELLEN HOLLIMAN’S DISCUSSION

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15. CLOSED SESSION

Chairman Webley called for a closed session in accordance with N.C.G.S. § 143-318.11(a)(3) at 5:57pm.

A Motion was made by Barbara Gardner to return to open session; seconded by John Barry. Motion Passed and the Board Meeting returned to open session at 6:45pm.

The Board discussed the Cumberland County merger proposal, the required funding allocation that would be needed and the allotment of Board seats.
A Motion was made by George Quick to authorize Ellen Holliman, Chief Executive Officer, to convey an initial merger proposal to Cumberland County requiring a $1,000,000.00 funding allocation and to assign four (4) Alliance Board seats to Cumberland County; seconded by George Corvin and Bill Stanford. Motion Passed.

16. CHAIRMAN’S REPORT:

Not addressed in this Board meeting.

17. ADJOURNMENT:

With all business being completed the meeting was adjourned at 6:52pm.

Respectfully submitted:

Ellen S. Holliman, Chief Executive Officer

4/4/2013

Date Approved
ITEM: Finance Committee Minutes from February 7, 2013 meeting

DATE OF BOARD MEETING: March 7, 2013

REQUEST FOR AREA BOARD ACTION:

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 p.m. prior to the regular Area Board meeting. Final minutes from the February 7, 2013 meeting are attached.

CEO RECOMMENDATION:

Accept the Minutes as presented.

RESOURCE PERSON(S):

Ellen Holliman
Sara Pacholke
Alliance Behavioral Healthcare  
Finance Committee Minutes  
February 7, 2013

**Members Present:** Lascel Webley, Jr, BS, MBA, MHA, George Quick, MBA, Phillip Golden, BS, Jim Edgerton, BS

**Members Absent:** N/A

**Staff Present:** Ellen Holliman, BS, Kelly Goodfellow, MBA, Sara Pacholke, BS, CPA,

**Staff Absent:** Rob Robinson, LCAS

**Opening:** Meeting opened by George Quick at 3:06 at Alliance Behavioral Healthcare’s corporate office

**Approval of Minutes:** Lascel Webley made a motion to approve the minutes from the December 13, 2012 meeting with a second from Phillip Golden.

**Agenda Items**

Sara Pacholke presented the December 2012 financial statements and ratios. Explanations were provided for unusual items.

George Quick suggested we review and revise our fund balance policy and procedure to include more information on how the funds are spent (i.e. spend restricted funds first as allowable with a goal to limit unrestricted fund balance spending). It was decided that this policy and procedure revision would be complete before the FY14 budget was brought to the Board for approval.

Kelly Goodfellow explained that there would be a budget revision due to an increase in our PMPM. This is as a result of the DOJ settlement relating to group homes and adult care homes.

Kelly Goodfellow discussed the State’s suggestion to look into stop loss insurance and our findings. The findings show that based on a history of our high cost consumers and the cost of stop loss insurance it does not make financial sense for Alliance to purchase stop loss insurance. If we went with a $200,000 dollar claim policy, based on our high cost consumer history we would lose $96,176.43 after paying premiums. The calculated loss increases as the dollar threshold of the claim goes up.

Meeting adjourned at 3:58 pm.

Respectfully submitted,

Sara Pacholke  
Finance Director
ITEM: Executive Committee Reports

DATE OF BOARD MEETING: March 7, 2013

A. Quality Management Report:

The Quality Management Committee serves as the Board’s Monitoring and Evaluation Committee charged with the review of statistical data and provider monitoring reports. Final minutes from the December 13, 2012 meeting are attached.

B. Consumer and Family Advisory Committee:

The Alliance CFAC (Consumer and Family Advisory Committee) was formed in August 14, 2012 as an advisory committee to the Alliance Behavioral Healthcare organization; this merged CFAC from Durham and Wake counties fulfill the State’s requirement established by the 2001 reform legislation. Alliance CFAC meets at 5:30 pm the first Monday of every other month with sub-committees in Durham and Wake meeting on the first Monday at 5:30 pm on opposite months. Draft minutes from the February 4, 2013 meeting are attached.

C. Executive Committee Report:

The Executive Committee sets the agenda for Area Board meetings and acts in lieu of the Area Board between meetings. Actions by the Executive Committee are reported to the full Area Board. Draft minutes from the February 12, 2013 meeting are attached.

D. Human Rights Committee Report:

The purpose of the Human Rights Committee is to oversee the protection of client rights, identify and report to the Area Board system issues which negatively impact client rights. The committee meets on the last Tuesday of every other month. The February 22, 2013 draft minutes will be attached to the April 2013 Board packet.

CEO RECOMMENDATION:

Accept the Reports as presented.

RESOURCE PERSON(S):

Ellen Holliman
Lena Klumper
Monica Portugal
Doug Wright
### Committee name:
Quality Management Committee

### Meeting date:
December 13, 2012

### Report submitted by:
Tina M. Howard, MA; Chair: John Barry ___________________ Date: ___________________

### Members Present:
John Barry (Chair), MSW, MBA; Joe Kilsheimer, MBA (Durham County CFAC member); George Corvin, MD (Area Board); Nancy Henley, MD (Area Board); and Ann Ackland (Wake County CFAC).

### Members Absent:
Phil Golden, Area Board; Lascel Webley, Jr., Area Board Chair, BS, MBA, MHA

### Staff Present:
Lena Klumper, PhD, Quality Management Director; Tina Howard, MA, Quality Review Manager; Kenitra Carby-Shields, MSW, Quality Review Coordinator; Walter Linney, MA, Grievance Specialist; May Alexander, MA, LMFT, Data Manager

### Staff Absent:
Khalil Tanas, MD, Medical Director

### Community Providers Present:
None

### Community Providers Absent:
None

### Guests:
None

### Topic:
Minutes for November 2012

**Brief description of Topic:**
Committee reviewed the minutes from the previous meeting in November. The minutes were approved as written.

**Follow-up items:**
- *QM Program Procedures* – GQMC members were asked to give feedback on procedures. Edits were submitted and incorporated.
- *FY 12 Durham Center QIP-DCA Discharge Planning* – Report was finalized. Charts will be reviewed again in early Spring 2013.
- *FY 12 Durham Center QIP-SA Engagement* – Report was finalized. Consumers in study will be followed for a year. Outcome data will be collected in January and reported to GQMC at February meeting. Durham site received report.

**Announcements:**
New Staff: Walter Linney – Grievance Specialist

**Next steps:**
Continue to collect data on outcome measures for FY 12 QIPs, provide update to GQMC on regular basis.
<table>
<thead>
<tr>
<th>Topic:</th>
<th>QM Implementation Update (Dr. Klumper)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief description of Topic:</td>
<td>The Corporate Office of Alliance is preparing to assume responsibility for QM functions in Cumberland (on December 17) and Johnston (on January 1) Counties.</td>
</tr>
<tr>
<td>Actions Taken:</td>
<td>QM is continuing to staff new positions, three openings remain. Start date for those positions moved to February due to funding. Alliance will go live with the Cumberland County IPRS consumers on Monday (December 17). Preliminary IT reports confirm that Alliance is on track to manage the consumers appropriately. Grievances, NCTOPPS, NCSNAPS, incident reporting will all be taken over by Alliance. Past data will be collected for data tracking purposes. QM will be tracking ED admissions and collecting “real time” data. Alliance will go live with Johnston County in January. Cumberland and Johnston County site directors will remain the same through the transition.</td>
</tr>
<tr>
<td>Next steps:</td>
<td>QM staff are expected to receive training in the Business Intelligence (BI) system shortly. BI is the tool used to analyze large data sets.</td>
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<td>Brief description of data reviewed:</td>
<td>GQMC reviewed the follow-up (which was requested by the committee) to the test of providers’ crisis numbers originally conducted in May 2012.</td>
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<tr>
<td>Analysis</td>
<td>QM retested the crisis lines of 12 of the 16 Durham providers who were identified as needing additional follow up after the original test in May. Three of the remaining 4 no longer had contracts and the fourth corrected the crisis number and demonstrated compliance in June. The 12 numbers were checked for accuracy prior to the re-test. Calls were made after regular business hours in November. 58% of the calls were answered by a person. All calls left on voicemail were returned within 2 hours, 60% were returned within 30 minutes.</td>
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<tr>
<td>Next steps:</td>
<td>To improve providers’ responses to crisis calls, information about Alliance’s requirements, how to update crisis information, and best practices will be placed on Alliance website, distributed in newsletters regarding First Responder responsibilities, and distributed at the All Provider Meetings. Additionally, QM may provide training to providers. QM is working with Compliance to create a sanctions grid for providers that are not in compliance. The next test will take place early next year (February/March) after contact numbers are verified.</td>
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<thead>
<tr>
<th>Report:</th>
<th>Strategic Plan Action Plan (Tina)</th>
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<tbody>
<tr>
<td>Brief description of data reviewed:</td>
<td>Tina reviewed the action plan for the Alliance Strategic Plan for FY 14-17.</td>
</tr>
<tr>
<td>Analysis</td>
<td>Tight timeline. The goal is to have the final plan ready for the Area Board at their June meeting. Board participation is requested for the planning process. An advisory group is being put together to consist of internal Alliance staff, board</td>
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</tbody>
</table>
members, CFAC representative and hopefully a provider. QM would also like an outside consultant on board to assist with the planning. Data collected will be used to help determine how best to move forward with the network.

**Actions taken:** QM has received quotes from two consultants. Senior management will make a decision shortly about the vendor.

**Next steps:** Advisory group will meet the 2nd Wednesday of the month from 3:30-4:30 starting in January 2013, then one meeting per month until April. Much work will be done via email communication. Johnston and Cumberland Counties will participate. Consider having focus groups in those counties.

### Data:

#### ED and Hospital Report (Lena)

**Brief description of data reviewed:** Statewide Behavioral Health Emergency Admissions

**Analysis:** While admissions of individuals with MH, I/DD, or SA diagnoses to Emergency Departments (EDs) has increased over the last 3 years, the rate of admissions in Alliance’s catchment area remain the 2nd lowest in the state. Approximately 50% of consumers that present that the ED for medical and/or behavioral health symptoms are not admitted. Data suggests that the consumers’ symptoms could have most likely been treated elsewhere.

**Actions taken:** N/A

**Next steps:** Committee would like to know how the 50% of consumers that is not admitted is broken down by county. That data will be presented at the next meeting.

### Data:

#### Pilot Project: Top 25 ED Reduction (Kenitra) SEE CHART

**Brief description of data reviewed:** Kenitra reviewed the project in Durham County to identify and wrap services/supports around the top 25 Medicaid consumers who are repeatedly admitted to EDs.

**Analysis:** The team in Durham identified 3 children and 22 adults for the pilot. No names have been released at this time. The targeted group of individuals accounted for $270,000 in costs at the ED. 86% of the adults are dually-diagnosed. Currently EMS only gets paid for hospital transports; looking to have that changed to include transports to other facilities of care.

**Actions taken:** Kenitra is gathering consents and collecting additional baseline data. Also working on how to share information between community partners efficiently.

**Next steps:** EMS has the capability to flag a residence, not a person. Will work on how to flag a person to distinguish target consumers. ED Liaison – new position. Person may be 50% Duke employee and 50% Alliance so they can have access to Medical Records from the hospital.
<table>
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<tr>
<th>Data:</th>
<th>Inter-Rater Reliability Studies – UM &amp; Call Center (Tina)</th>
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<tbody>
<tr>
<td>Brief description of data reviewed:</td>
<td>As per Medicaid and URAC requirements, Alliance conducted studies of consistency (inter-rater reliability) of UM Managers’ service authorization decisions and Call Center referral recommendations. Additionally, questions about Quality of Care concern referrals and policies and procedures were added to the tools.</td>
</tr>
<tr>
<td>Analysis</td>
<td>The IRR study for UM took place in August, while the initial baseline study for the Call Center took place in May, immediately before the merger with Wake County. The tool used by the UM Care Managers was modified from previous tools and questions related to Quality of Care concerns and policies and procedures were added. The Call Center study was adapted from the UM tool. The UM results demonstrated a 69% (moderate) agreement between Care Managers and the Master, Alliance’s Medical Director. In contrast, the Call Center study yielded a higher level of agreement among the 5 staff of 75%.</td>
</tr>
<tr>
<td>Actions taken:</td>
<td>IRR was approved as a Quality Improvement Project for FY 13. Tests for UM and the Call Center will be conducted on a quarterly basis.</td>
</tr>
<tr>
<td>Next steps:</td>
<td>The UM and Call Center Directors discussed the findings with their supervisors and staff and provided training on new policies and procedures in October 2012. Due to the substantial transition as Alliance prepares to manage two more counties starting in January 2013, reliability is expected to decrease in the next study. However, the results will identify areas for improvement.</td>
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<thead>
<tr>
<th>Data:</th>
<th>Mystery Caller Study – FY 12 Study from Durham (Tina)</th>
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<tr>
<td>Brief description of data reviewed:</td>
<td>Alliance recruited volunteers to act as consumers, or family members of consumers, requesting services through the Call Center. Volunteers would then disclose their real identities at the end of the call to ask questions about protocol. Call Center staff, and the after-hours contractor, was evaluated on their responses to scenarios and friendliness.</td>
</tr>
<tr>
<td>Analysis</td>
<td>In June, 19 calls were made over a 4 shifts in a 3 week period. Calls are made at different times of the day and callers pretend to be consumers needing services or concerned family members. On average the screeners were knowledgeable about policies/procedures. However, the Alliance Call Center consistently demonstrated a greater understanding of protocol and were rated as more friendly. One screener at the after hours vendor was rated as unprofessional and unfriendly.</td>
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<tr>
<td>Actions taken:</td>
<td>The Mystery Caller project was approved as a Quality Improvement Project for FY 13. It will be expanded to include Care Coordination in 2013.</td>
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<tr>
<td>Next steps:</td>
<td>The results will immediately be shared with the director at the after hours vendor. The Director will be asked for a plan to address the concerns noted in the study and other concerns.</td>
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<tr>
<td>Data:</td>
<td>1st Q, FY 13 Reports – Authorizations and Call Center (May)</td>
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<tr>
<td>Brief description of data reviewed:</td>
<td>May provided an overview of UM authorizations and Call Center data.</td>
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<tr>
<td>Analysis</td>
<td>Call Center – just under 1/3 of all calls received were not coded. This was due to a training issue and was remedied late in the quarter. Protocol, which accounts for just over 10% of call volume, is not coding calls at all. Beginning in 3rd quarter Alliance will be answering all of the calls. Alliance standard is that 95% of calls are answered within 30 seconds. Call center is easily meeting that standard. Alliance standard is that no more than 5% of calls abandoned or blocked. Call center is easily meeting this standard (2.1%). Currently there are no issues with blockage. Alliance did not meet turnaround time standards for MH/SA the quarterly average was 93% the standard is 95%. The standard for CAP, 75% was also not met. Alliance was at 62%. Both of these units are now fully staffed and it is expected that they will meet the standards. Medicaid Authorizations for Durham county has a slight decrease throughout the quarter, turnaround time also decreased. IPRS authorizations for Durham had a spike in August and leveled out at the end of the quarter, response time had a spike at the end of the quarter IPRS Authorizations for Wake were not able to be calculated for the quarter due to data conversion issues.</td>
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<tr>
<td>Actions taken:</td>
<td>Alliance will answer calls 24/7 in February. Starting in February, ProtoCall will answer calls on a back-up basis only.</td>
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<tr>
<td>Next steps:</td>
<td>Continuing to hire Call Center staff in preparation for Go-Live and 24/7 coverage. Continue to track turn around time as the UM department becomes fully staffed and begins to authorize services for all four counties in February.</td>
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<tr>
<td>Next Meeting:</td>
<td>The GQMC will not meet in January. The next meeting will take place on February 7, 2013.</td>
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Alliance Behavioral Healthcare  
Consumer Family Advisory Committee (CFAC)  
Minutes  
February 4, 2013

<table>
<thead>
<tr>
<th>Members Present:</th>
<th>Felishia McPherson</th>
<th>Carlyle Johnson</th>
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<tbody>
<tr>
<td>Marc Jacques- Co-Chair</td>
<td>Amelia Thorpe</td>
<td>Suzanne Goerger</td>
</tr>
<tr>
<td>Vivian Harris- Co-Chair</td>
<td>Faye Griffin</td>
<td>State Staff</td>
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<td>Caroline Ambrose-Secretary</td>
<td>Anna Cunningham</td>
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<td>David Smith</td>
<td>Glenda Stokes</td>
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<tr>
<td>Maribel Rivera-Elias</td>
<td>Roanna Newton</td>
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<tr>
<td>Herman Bennhausen</td>
<td>ABHC Staff</td>
<td></td>
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<tr>
<td>Gene Cook</td>
<td>Debra Duncan</td>
<td></td>
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<tr>
<td>J. Dan Shaw</td>
<td>Ann Oshel</td>
<td></td>
</tr>
<tr>
<td>Tammy Harrington</td>
<td>Pattie Beardsley</td>
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**Start Time**

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<thead>
<tr>
<th>CFAC Agenda Item</th>
<th>CFAC Discussion, Conclusions, Recommendations</th>
<th>CFAC Action, Follow-up</th>
<th>Person Responsible</th>
</tr>
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<tbody>
<tr>
<td>Welcome Ice Breaker</td>
<td>Welcome to the February CFAC meeting. Group participated in an ice breaker which allowed for the creation of table tent name tags to be used at future meetings.</td>
<td>Ice Breakers will be provided for future CFAC meetings</td>
<td>Debra Duncan</td>
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<tr>
<td>Minutes</td>
<td>December minutes were approved as written. CFAC members request that minutes from the previous month’s subcommittee meeting be available at the ABHC CFAC meeting</td>
<td></td>
<td>Debra Duncan</td>
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</table>
| Consumer Affairs | **Training:** A power point presentation was given to CFAC on: Member Rights & Responsibilities, and Medicaid & Fraud Abuse, and Advance Directives. CFAC members asked several questions:  
  • Can you have a peer advocate at a PCP meeting? - Yes  
  • Can you remain anonymous when reporting fraud and/or abuse? - Yes | | |

**Guests:**

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<th>Guests:</th>
<th>Debra Duncan</th>
<th>Denise Wood</th>
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what the circumstances around the pregnancy are? (Abuse, rape, etc) Will the parents and/or the authorities be notified? - Treatment will be given, and depending on the situation parents and authorities may be notified but this is not a part of the treatment requirements.

- Does this apply to adjudicated adults? – No, they have different rights.

CFAC members made recommendations:
- Explain what the State Auditor Waste line is – “Another avenue to report Fraud and Medicaid Abuse”.

CFAC members discussed situations they have experienced with public and provider agencies. This allowed the group to affirm each other’s strengths and advocacy skills and make some suggestions for families and consumers:
- Always get info from doctors in writing.
- Make sure doctor takes the time to understand all questions and concerns.

CFAC members expressed some interest in having more training on Advance Directives. Alliance BHC is working to provide more training opportunities.

**Current Events, needs, Q & A:**
Alliance Behavioral Healthcare went live as an MCO on February 1, 2013. ABHC now manages Medicaid dollars for Durham, Wake, Cumberland and Johnston Counties. This announcement was met with a few questions:
- Was there an increase in the call volume at the call center pertaining to unmet needs for IDD community? – The breakdown on call topics was not available but the call volume was up during the first week as a full MCO.
- How is the penetration rate measured for this?

Suzanne Goerger offered to do a presentation on these topics for this and other groups.
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<td>• Do all MCO’s use the same formulas? - Yes this is state regulated.</td>
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<td>The Relational Agreement between CFAC and ABHC is still pending.</td>
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<td>The application/enquiry forms for the Human Rights Committee are available.</td>
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<td></td>
<td>ABHC Budget Retreat is scheduled for February 12, 2013, 10:00-12:00/lunch will be provided. CFAC is asked to send three representatives (one from each disability population). Marc Jacques (SA), Maribel Rivera-Elias (MH) and Herman Bennhausen (IDD) will attend. CFAC asks that the group present a report at the next CFAC meeting.</td>
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<td></td>
<td>Doug Wright recently attended a Community Outreach Committee meeting in Cumberland County. This committee works to build relationships with other organizations in the community (Schools, Department of Social Services, Public Health, etc). It was suggested that the ABHC/CFAC consider participating in community events (Information Fairs, etc) to engage the community in learning more about mental health.</td>
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<td>CFAC members requested that management take into consideration the conflict with work schedules when scheduling meetings during traditional work times (8:00am-5:00pm). CFAC members asked if a stipend or gas card could be given for attending the extra meetings. There will more discussion surrounding the possibility of adding this to the bylaws.</td>
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<td>DOJ Settlement trainings are happening.</td>
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<td>Please contact office of Community Affairs if interested.</td>
<td>Doug Wright</td>
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CAP slot allocation recommendations have been submitted but not yet approved.

Alliance’s Strategic Planning process has begun.

Discussion has begun around bringing the three CFACs (ABHC, Cumberland and Johnston County) together to discuss all that is happening and perhaps have a “Lunch and Learn” on a Saturday.

It was suggested that CFAC consider a Communication Committee newsletter for the ABHC website

<table>
<thead>
<tr>
<th>Executive Committee</th>
<th>The Executive Committee met with Ellen Holliman and Lascel Webley Jr. to discuss the ABHC’s vision of CFAC and their seats on the ABHC board.</th>
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<tr>
<td></td>
<td>Doug Wright is working to add this to the relational agreement. Gene Cook offered to assist with this task.</td>
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<td>The CFAC Executive Committee needs to meet at least one time per month, via phone/computer conference or in person.</td>
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<tr>
<th>Update from State Liaison</th>
<th>Glenda Stokes will no longer be the state representative for ABHC CFAC. Roanna Newton will be her replacement.</th>
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<td>The consumer Empowerment update for February was shared.</td>
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<tr>
<th>Wake Site Director update</th>
<th>The Wake office moved February 1, 2013. There were minimal IT issues. The divestiture of Wake Human Services is happening now. RFPs will be going out for services. The review group would like Wake CFAC subcommittee representation. Discussions with UNC are underway to determine if UNC is able to serve some of the consumers in need of services. Triumph has closed their doors in Wake and Durham County. Consumers being</th>
</tr>
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</table>
| Durham Site Director update | The Durham Site is busy as usual. It was discovered on Friday, February 1, 2013 that several providers were no longer endorsed and had not transitioned their consumers to new providers. This became a priority on Friday.  

CRH has been on lockdown for two days due to chaotic behaviors.  

DCA was at 100% utilization last week. This was anticipated as a result of the changes.  

There is progress being made on the Emergency Crisis Reduction Plan. There is a great deal of collaboration happening in Durham between Mental Health, EMS, the hospitals and other crisis facilities.  

CFAC members expressed concern about long term residents at CRH and other long term facilities.  

CFAC members asked what should be paid the greatest attention to in order to advocate for the IDD community to avoid institutional bias. |
|---|---|
| Announcements | The state is hosting a Recovery Summit. CFAC representation will be needed. The date is not yet determined for Summit.  

CFAC is involved in the ABHC Strategic Planning. Marc Jacques and Maribel Rivera-Elias will be attending the February 26, 2013 work session.  

A new Second Hand store in the North Raleigh Area- Hand Me Ups will be opening in the near future and providing job opportunities to the IDD population in the area. |
Durham Sub Committee Meeting: March 4, 2013, 5:30-7:15  Trosa, 1820 James Street, Durham
Wake Sub Committee Meeting: March 12, 2013, 5:30-7:15 Wake Office 5000 Falls of the Neuse Rd, Raleigh, NC
Next ABHC/CFAC Meeting: April 1, 2013, 5:30-7:15, Corporate Office 4600 Emperor Blvd, Durham
Date: February 12, 2012  
Present: Lascel Webley, Nancy Henley, George Quick, Ann Akland, Bill Stanford, John Barry  
Staff: Ellen Holliman, Rob Robinson Doug Wright, Ann Oshel, Monica Portugal  
Absent:  

### Agenda Items
Meeting was called to order by Lascel Webley

| Topic: Durham and Wake Board Appointments: | Data: The Executive Committee discusses dates for Board seats for Durham and Wake. Barbara Gardner and Scott Taylor’s terms will end on March 13, 2013 and both members are interested in serving another term.  
**A Motion was made by George Quick** to reappoint board members Barbara Gardner and Scott Taylor to the Alliance Board; **seconded by John Barry. Motion passed.** | Action Required: Item will be added to the consent agenda for the March 7, 2013 Board meeting. Follow-up. Ellen Holliman will follow up with Wake County about the recruiting process for board members. |
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<td>Topic: Johnston and Cumberland Board seats:</td>
<td>Data: The Executive Committee will invite all applicants to the March Executive Committee meeting. Additionally, the Executive Committee will invite all Alliance Board Members to participate in the interview process. Recommended applicants will be invited to attend the April Alliance Board Meeting.</td>
<td>Action Required: Recommended applicants will be invited to attend the April Alliance Board Meeting.</td>
</tr>
<tr>
<td>Topic: Board Stipends:</td>
<td>Data: The Executive Committee requested that stipends be paid to board members for all board meetings including committee meetings, board retreats and called meetings. The Board agreed that a member who attended via phone or video conference should receive a stipend.</td>
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<tr>
<td>Topic: Area Board Applicants:</td>
<td>Data: As of February 12, 2013, the Alliance Board has four applicants. Two from Durham and two from Cumberland.</td>
<td>Action Required: Recommended applicants will be invited to attend the April Alliance Board Meeting.</td>
</tr>
<tr>
<td><strong>IBM Smart Cities:</strong></td>
<td>Ann Oshel gave the committee an overview of the IBM project. Following discussion, a Motion was made by Ann Akland to recommend the Board to approve this at the March 7, 2013 Board Meeting. George Quick seconded the Motion. Motion Passed.</td>
<td>The IBM Smart Cities Project will be added to the March 7, 2013 Board Meeting Agenda.</td>
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<td><strong>Policy Waiver Requests:</strong></td>
<td>Monica Portugal, Corporate Compliance Officer, presented a policy that addresses a different procedure to approve waiver requests from licensed facilities. The item will be a standalone item on the March Board agenda for discussion and approval.</td>
<td>The Policy Waiver requests will be added to the March 7, 2013 Board Meeting Agenda.</td>
</tr>
<tr>
<td><strong>New Policy Committee:</strong></td>
<td>Chairman Webley stated he will appoint a new policy committee that will be tasked with revising the bylaws and review all agency policies. The Bylaws need to be changed to come in line with Senate Bill 191 that allows 3-3 year terms. Other items that need to be discussed include: serve on board until new members are appointed; state the number of meetings a board member can participate by phone or video conference. George Quick and John Barry volunteered to serve on the Policy Committee.</td>
<td>Add Policy Committee as a standard committee.</td>
</tr>
<tr>
<td><strong>Agenda items for March 7, 2013 Board meeting:</strong></td>
<td>The Executive Committee approved the March 7, 2013 agenda that includes the following items: Policy Committee Appointment Recommendations Policy on Waiver Requests IBM Smart Cities Proposal</td>
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Proposal for Establishing an Infrastructure to Support Youth Opportunity Initiative

Following is a proposal for the establishment of a leadership infrastructure that will facilitate the planning and implementation of strategic priorities to address the growing concerns around increasing opportunities for at-risk and high risk youth to improve life outcomes. For several years there have been more focused efforts by various systems around program development for this population but the recommendations in the IBM report have provided a framework to begin exploring both the system level and service level barriers and needs. All stakeholders who have responded to the IBM recommendations agree it is time for the community to develop a “road map” to comprehensively and holistically address the needs of Durham’s most vulnerable young people. While this group is described in different ways (on-track, behind, disconnected, transition age, etc...) there is universal concern that too many of our young people are falling through the cracks of complicated and fragmented systems. Establishing a leadership structure that has expertise in simultaneously addressing system and service level issues while building consensus and collaboration is critical for the early success of this change initiative. Equally critical is that whatever leadership structure is approved has clear reporting guidelines that are inclusive of all major partners.

Durham System of Care (SOC) was established in 2002 for the children service system and expanded in 2007 for the adult service system. This philosophical framework based on cross system collaboration and designing a seamless service delivery model has been adopted as a way to do business in Durham. Physically and fiscally the infrastructure for SOC resides with Alliance Behavioral Healthcare but has maintained a neutral focus in the community addressing barriers and issues that don’t always pertain to persons with behavioral health issues. Transition age youth has been a focus of SOC efforts for several years culminating in a successful federal grant award in the amount of $5.4 million dollars with a $7 million local match known as BECOMING. While BECOMING has a target population of 16-21 it offers resources such as a Social Marketing Coordinator, a Cultural and Linguistic Competence Coordinator (a recommendation by IBM), an Employment Coordinator co-located at the Office of Workforce Development (OWD) and a robust data system that includes extensive national evaluation protocols. SOC also has additional resources such as a Training workgroup, Network of Care which is an online resource directory, a wraparound team model and Care Review teams which include a specialized team for transition age youth. Our Care Review model was recently cited as an emerging national best practice during our SOC site visit conducted by the University of South Florida in conjunction with SAMHSA, the federal funder of BECOMING. Combined with other community resources, these existing SOC resources could be leveraged to provide a strong and cost effective starting point for this initiative. With the integration of child and adult SOC
we are in a position to view this issue across the life span as endorsed by the Durham Workforce Development Board (DWDB.) As referenced on pg. 25 of the IBM report, "... BECOMING Durham and System of Care programs are excellent examples of programs that take a holistic view, which should be scaled to all the youth population."

In order for SOC to provide the leadership necessary for this type of systemic overhaul, we propose the creation of 2 key positions, a Youth Services Director and a Youth Opportunity Coordinator. Attached is a draft budget and job descriptions for these positions. With the amount of work that has been outlined by various proposals and the fact that these two positions have distinctly different responsibilities and skill sets, it would be difficult to address all the moving parts effectively without both positions.

Structurally, the Youth Opportunity Coordinator will report directly to the Youth Services Director and the Youth Services Director will report directly to the Durham Site Director. The team will be located at the Alliance BHC offices in the Human Services Building. While the accountability and reporting structure of this initiative will be to Alliance BHC, regular reports will be given to the Durham Directors and the City/County Leadership Team. Attached is a proposed collaborative structure to illustrate community engagement and the operationalizing of strategic priorities.

The Youth Opportunity Coordinator would be similar to the Commissioner for Youth Opportunity outlined in the IBM recommendations. It is extremely important that this candidate be a person who can relate to the challenges and obstacles of a young person navigating multiple systems but also set the example of how to turn adversity into opportunity. They would be living proof of the power of recovery and resiliency that would resonate with young people and offer insights that cannot be attained through professional training. In the IBM report this position would be part of the leadership team with the influence and authority to be an agent of change representing youth voice in Durham. This person would play a key role in the creation and coordination of a comprehensive youth service system, engaging youth at every level of decision making and advocacy. Elevating a dedicated position to represent youth in system transformation efforts is also embraced by SAMHSA, the funder of BECOMING, as critical to youth engagement.

The IBM report also outlines an Operations Unit consisting of 5 positions. At this point it is too early to invest in such an expensive infrastructure but the Youth Services Director could possess some of the skill sets suggested- budget and funding, strategic planning and a thorough understanding of change management. Unlike the Youth Opportunity Coordinator where lived experience is paramount, the Youth Services Director would require an advanced degree with sufficient management experience to lead a large project.

It is our suggestion that a Hiring and Selection Committee be formed to finalize job descriptions and interview questions as well as interview potential candidates. Given these 2 positions will be hired and directly supervised by Alliance BHC they will be subject to all hiring policies and practices.

Supporting high risk youth during their most critical life transitions is a complex social and programmatic issue, requiring a multi-pronged community approach. While there have been various responses to the IBM recommendations clearly there is great synergy and momentum to
make sustainable and systemic changes. Working in concert with public and private agencies, community partners and stakeholders while leveraging existing resources, System of Care offers the context and expertise to facilitate this large scale change process.

Budget Proposal

**Youth Opportunity Coordinator**
Salary Range: $39,779- $68,478
Benefit Package: $7900.00
401k automatic contribution: 5%
Pension plan automatic contribution: 6.74%
Assuming a mid-point salary of $54,128 total cost of position: $68,382.40

**Youth Services Director**
Salary Range: $56,159-$96,677
Benefit Package: $7900.00
401k automatic contribution: 5%
Pension plan automatic contribution: 6.74%
Assuming a mid-point salary of $76,148 total cost of position: $97,254

**Strategic Plan Consultation (Year 1 expense)**
$8000-$10,000
Includes facilitation of stakeholder meetings, conducting focus groups/surveys, creation of a logic model and strategic plan

**Other expenses to be negotiated**
Computers/phones
Mileage/cell phone
Office supplies
Marketing materials
Special events
ITEM: Consent Agenda

DATE OF BOARD MEETING: March 7, 2013

REQUEST FOR AREA BOARD ACTION:

A. Approve the draft minutes from the December 6, 2012 Board meeting;
B. Recommend reappointment of Scott Taylor, Barbara Gardner and Nancy Henley to the Board.

CEO RECOMMENDATION:

Approve the Consent Agenda as presented.

RESOURCE PERSON(S):

Ellen Holliman
Pamela Norton
Alliance Behavioral Healthcare  
Area Board Meeting  
Thursday, February 7, 2013  
4:00 pm – 6:00 pm  

DRAFT MINUTES

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


MEMBERS ABSENT:  Dr. George Corvin and Michael Page.

GUESTS PRESENT:  Benjamin Staples from MHA of the Triangle, Louise Jordan, Gerry Akland and Sarah Weathersby from NAMI Wake, Yvonne French from DMH/DD/SAS, Denise Foreman from Wake County, Mark Germann a Wake County Provider, Laurie Stickney and Wendy Wenzel of Wake CPAC, John Gilmore and Glenn George from UNC and Jennifer Ternay from the JLS Advisory Group.


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

2. ANNOUNCEMENTS:  
   A. Chairman Webley offered a fond farewell to Monique Hosley Hyman upon her resignation from the Board.
   B. Ellen Holliman, Chief Executive Officer, introduced Pamela Norton, a new Alliance staff member.
   C. Chairman Webley reminded the Board that the Alliance FY14 Budget Retreat will be held on Tuesday, February 12, 2013 in the Alliance Board Room. Interested Board Members should RSVP to Pamela Norton.

   No Motion required.

3. AGENDA ADJUSTMENTS:  
   A. Chairman Webley moved agenda item number 10, Alliance Behavioral Healthcare Updates, to be heard at agenda item number 8.
4. **PUBLIC COMMENT:**

Louise Jordan represented NAMI Wake and was an advocate for UNC’s STEP Program. She shared a personal story of her brother living with a severe mental illness and the care and treatment he received with private providers and UNC. Her main concern was that Wake County needs to keep the severely mentally ill populations out of emergency rooms. She advocated that the UNC STEP Program will be able to give this population the close level of care needed.

Lorrie Stickney of Wake CPAC represented the provider network of Wake County. She stated that the provider community is frustrated to learn of the no-bid contract when they are struggling to exist. She further stated that regardless of any situation, the Wake provider network has continued to deliver the high quality services. She stressed that the provider community is in jeopardy because of the current no-bid contract.

Wendy Wenzel of Wake CPAC also represented the provider network of Wake County. She shared a personal story of closing her own provider agency and conveyed that the provider network has worked extremely hard to serve Wake County. The provider network feels that the no-bid contract created a lack of equal opportunity for providers and eventually a loss of opportunities for the populations they serve. The provider network also believes that a move towards UNC will comfort the recipients who have been enduring ongoing changes.

Sarah Weathersby also represented NAMI Wake. She shared a personal story of her son living with adult onset schizophrenia and the care and treatment he received with private providers and UNC. She advocated for UNC to run the STEP Program.

Gerry Akland represented the NAMI Wake County Board of Directors and commented that he believes it is important that the providers are taken care of. He further stated that the severely mentally ill population in this provider network is at risk. He believes that the UNC Program offers stability and will evolve to work as a seamless provider network.

Mark Germann, a Wake County provider representing himself, commented on the frustration that the provider community has experienced after learning of the no-bid contract. He stated that by offering the no-bid contract Alliance is not allowing any opportunities for providers.

Benjamin Staples represented the MHA of the Triangle. He commented that his organization provides support, education and advocacy to the population they serve and wants to make sure that there is a good process in place for the community. He advocated for the UNC program.

**No Motion required.**

5. **FINANCE COMMITTEE REPORT:**

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 p.m. prior to the regular Area Board meeting. Draft minutes from the February 7, 2013 meeting are attached.

No Motions required and the report was accepted as presented.
6. EXECUTIVE COMMITTEE REPORTS:

A. The Quality Management Committee Report;
B. The Human Rights Committee Report;
C. Consumer and Family Advisory Committee (CFAC) Report;
D. The Executive Committee Report.

No Motions required and all reports are accepted as presented.

7. CONSENT AGENDA:

A. A request from Ellen Holliman, Chief Executive Officer, to approve the minutes from the December 13, 2012 Board meeting.
B. A request from Ellen Holliman, Chief Executive Officer, to approve the Record Retention schedule as presented.
C. A request from Ellen Holliman, Chief Executive Officer, to approve the new classification system as presented.

A Motion was made by John Barry to approve the Consent Agenda as presented; seconded by Scott Taylor. Motion Passed.

8. ALLIANCE BEHAVIORAL HEALTHCARE UPDATES:

Rob Robinson, Chief Operations Officer, provided the Board with updates and a PowerPoint presentation on the following information:

A. Update on the February 1st “go live” Medicaid Waiver. Alliance is thrilled to announce that it has “gone live” as a MCO/LME on February 1, 2013. Alliance’s first week as an MCO has been largely successful and problem-free. IMT meeting with the State are scheduled monthly to provide the State updates, ensure we are adhering to contractual requirements and problem-solve any issues that may arise.

B. Update on the Wake Behavioral Health Divestiture Plan. Alliance is working with Wake County to divest of its behavioral health services by June 30, 2013. A plan has been developed to include the development of RFP’s seeking qualified vendors to provide a variety of outpatient services that were previously offered by Wake County. A divestiture team has been formed to include Wake County, Wake Behavioral staff, and Alliance to work through conversion issues to ensure a seamless transition of consumers to their next destination. Program RFP’s will be going out in phases; the first to be released was Outpatient services which was released on February 1st. An evaluation committee has been established to review and rate responses. This committee is comprised of members from Alliance, Wake County, CFAC, Alliance’s Board, and an individual representing Emergency Services.

No Motions required and all updates accepted as presented.
9. **BOARD TRAINING:**

Tracy Hayes, General Counsel, presented a PowerPoint training presentation on Consumer Appeals and provided an overview of State and Federal due process requirements in the managed care environment.

No Motions required and training accepted as presented.

10. **QUALITY MANAGEMENT REPORT:**

Tina Howard, Quality Review Manager, presented a PowerPoint presentation on the Quality Management updates for 2nd quarter report for Y13 State Performance Indicators.

No Motions required and report accepted as presented.

11. **CHAIRMAN’S REPORT:**

A. Valiria Willis, Director of Human Resources, discussed two new projects that Alliance is currently working on. The results of these projects will be ready for presentation to the Board in May, 2013. These projects are as follows:

   1. Alliance’s new classification system and compensation study. HR is creating a new classification system and compensation study with Ann Taylor, consultant, to get an overall view of Alliance as an organization.

   2. Alliance’s new workplace survey. This survey will be going out to employees in the next few weeks. The information collected will gauge where Alliance is as a new organization and how the employees view our new organization.

B. Rob Robinson, Chief Operations Officer, discussed the new Alliance reorganization plan. Alliance is in the process of reorganizing the entire organization to create a single point of accountability for all functions. This reorganization will also apply consistency and standards for every function across all site locations. Rob will offer an update for the Board in the March Board meeting.

C. Ellen Holliman, Chief Executive Officer, gave an update for all MCOs over the entire state. All MCOs, except for Coastal Care and Mecklenburg, have “gone live” as of February 1, 2013.

D. Ellen Holliman, Chief Executive Officer, also addressed several agenda items that she would like to discuss with the Legislature and shared upcoming meetings dates. She will have an update for the Board at the March Board meeting. Several of these agenda items are already supported NC Council. They are as follows:

   1. Medicaid Appeals Decisions Must Be Based on Clinical Data;
   2. No changes to House Bill 916;
   3. Change the Medicaid Residency Structure to Support the Consumer.
Agenda items for discussion that the NC Council will not be supporting that she would like to discuss with the legislature are as follows:

1. The expansion of Medicaid;
2. Restoring the $20 million dollar budget cut.

E. Carlyle Johnson, Clinical Program Development and Design Administrator, offered information on eight new RFP review panels that he would like to get Board member participation on. Carlyle will give more information to the Board on these review panels as soon as it becomes available. These panels include:

1. Child Mental Health;
2. Latino Services;
3. Forensics;
4. Deaf Services;
5. Intellectual and Developmental Disabilities Bridging;
6. Drop-In Center/Supported Employment;
7. Work First and Perinatal Substance Abuse programs;
8. 4-H Program.

F. Chairman Webley offered an invitation for all Board Members to attend the Executive Committee which will be held directly before the Budget Retreat on Tuesday February 12, 2013. Please RSVP to Pamela Norton.

G. Chairman Webley reminds the Board if they have not already done so to please complete the Board survey and submit it to QM.

12. **ADJOURNMENT:**
   With all business being completed the meeting was adjourned at 5:46 pm.

Respectfully submitted:

[Signature]

Ellen S. Holliman, Chief Executive Officer  Date Approved
ITEM: Request to Approve Recommended Reappointments to the Alliance Behavioral Healthcare Board

DATE OF BOARD MEETING: March 7, 2013

REQUEST FOR AREA BOARD ACTION:

The Board is requested to consider and approve the following recommendations:

A. To reappoint Scott Taylor to continue to serve as an individual representing Consumer/Family Members for a period of 3 years ending on 3/31/2016.
B. To reappoint Barbara Gardner to continue to serve as an individual with Business Expertise for a period of 3 years ending on 3/31/2016.
C. To reappoint Nancy Henley to continue to serve as an individual with Clinical Expertise for a period of 3 years ending on 3/31/2016.

CEO RECOMMENDATION:

Recommend Reappointment of Barbara Gardner, Scott Taylor and Nancy Henley to continue to serve on the Alliance Behavioral Healthcare Board.

RESOURCE PERSON(S):

Ellen Holliman
Pamela Norton
ITEM: IBM Smart Cities Proposal

DATE OF BOARD MEETING: March 7, 2013

REQUEST FOR AREA BOARD ACTION:
Ann Oshel, Durham Site Director, will provide the Board with information regarding the IBM-Smart Cities Proposal as follows:

The Durham City/County Leadership requested that Alliance submit a proposal to assist in the planning and oversight to develop a System of Care approach for disconnected, transition age youth. This proposal is in response to the IBM Smarter Cities Challenge recommendations regarding this population. Alliance submitted a proposal to create two new positions within System of Care that has been endorsed by the City and County Managers as well as the DPS Superintendent.

CEO RECOMMENDATION:
Approve creation of a new Youth Services Director position and a new Youth Opportunity Coordinator position as presented.

RESOURCE PERSON(S):
Ann Oshel
System of Care

- A cluster of organizational change strategies that are based on a set of values and principles that are intended to shape policies, regulations, funding mechanisms, services and supports. These changes are multi-faceted and need to occur on multiple levels

  - HERNANDEZ AND HODGES 2002
History of Durham System of Care

- Child SOC began in 2002
- 2005 legislation passed to establish Child and Family Teams based on Durham model
- Expanded to Adult SOC in 2007
- Integrated Child and Adult SOC in 2009
- Multiple national and state awards
- Fiscal responsibility resides with ABH and formerly The Durham Center
Durham SOC Activities

- Network of Care
- Care Review
- Child and Family Teams
- BECOMING
- Training
- Partner with School Based Mental Health Project
- Community Collaborative
- Special Events
  - Children’s Mental Health Day
  - Making a Difference Awards Breakfast
  - Steps Forward
IBM Smarter Cities Challenge

- One of 33 cities selected across the world as part of IBM’s citizenship efforts to build a smarter planet
- International team spent 3 weeks in Durham during March 2012
- Conducted hundreds of interviews
- Focus on 14-25 year old youth disconnected from school or employment pathways
IBM Recommendations

- Comprehensive recommendations ranging from governance, developing service networks, data collection, technology and infrastructure
- “Durham’s BECOMING Durham initiative and System of Care programs are excellent examples of programs that take a holistic view, which should be scaled to all youth populations” (pg. 25)
Alliance’s Proposal to City/County Leadership

- Hiring of 2 positions
  - Youth Services Director
  - Youth Opportunity Coordinator
- Facilitate strategic planning process
- Establish Youth Services Steering Committee
- Leverage existing resources thru BECOMING
Benefits for Alliance

- Highly visible community initiative
- Continues to promote SOC approach as a way of doing business in the community
- Opportunities and resources in one site benefits all sites
- Promotes the sustainability of BECOMING
- Enhances other SOC activities
Youth Opportunity Proposal

END

QUESTIONS?
ITEM:  Board Policy: Rule Waiver Requests

DATE OF BOARD MEETING:  March 7, 2013

REQUEST FOR AREA BOARD ACTION:

Approval of the Rule Waiver Requests Policy

According to 10A NCAC 27G .0813, licensed facilities can request for licensing rules to be temporarily waived. The waiver request must meet certain criteria (see policy) and the facility must obtain approval by the LME-MCO Board, if contracted with an LME-MCO. Alliance receives multiple waiver requests on a regular basis, requiring timely processing and determination in order for the facilities to take appropriate steps to remain in compliance with such rules. Examples of requests frequently submitted to Alliance relate to the age or disability of persons served, staffing patterns at the facility and physical plant.

Through the proposed Rule Waiver Requests Policy the Area Board delegates authority to the CEO to make determinations to approve or deny waiver requests. Delegating the authority to the CEO will allow Alliance Behavioral Healthcare to provide a timely determination to the requesting facility and to the NC Department of Health and Human Services (DHHS). The final approval authority rests with DHHS in accordance with the above stated rule.

CEO RECOMMENDATION:

Approve the Policy as presented.

RESOURCE PERSON(S):

Ellen Holliman, CEO
Monica Portugal, Compliance Officer
I. PURPOSE

The purpose of this policy is to ensure that Alliance Behavioral Healthcare processes waiver of licensure rule requests made by contracted licensed facilities in a consistent manner. When recommending approval to waive a rule, Alliance must ensure the existence of safeguards to protect the consumers’ health and safety.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to process all rule waiver requests submitted by licensed facilities in the Alliance Provider Network consistently and in compliance with the North Carolina Administrative Code. The Administrative Rule outlines that the decision to grant or deny the waiver request shall be based on the following:

a. The nature and extent of the request;

b. The existence of safeguards to ensure that the health, safety, or welfare of the clients residing in the facility will not be threatened;

c. The determination that the waiver will not affect the health, safety, or welfare of clients residing in the facility;

d. The existence of good cause; and

e. Documentation of LME-MCO governing body approval when requests are from an LME-MCO contract agency.

The Alliance Area Board has delegated authority to the Area Director to approve and deny requests to waive a rule.

III. PROCEDURES

The Area Director shall develop procedures to ensure a consistent approval process of rule waiver requests.
ITEM: Update on Medicaid Waiver

DATE OF BOARD MEETING: March 7, 2013

REQUEST FOR AREA BOARD ACTION:

Amanda Graham, Medicaid Program Director, will present a brief update on the Medicaid waiver. She will give an overview of the Weekly Status reports developed and sent to the State and detail the general trends noted. She will also review the Intra Departmental Monitoring Team (IMT) and the next Mercer/IMT visit.

CEO RECOMMENDATION:

Accept Update as presented.

RESOURCE PERSON(S):

Amanda Graham, MS, LPC, NCC
ITEM: Wake Behavioral Health Divestiture Update

DATE OF BOARD MEETING: March 7, 2013

REQUEST FOR AREA BOARD ACTION:

Carlyle Johnson, Clinical Program Development and Design Administrator, will provide an update on plans for divestiture of services currently provided by Wake County Human Services as follows:

Alliance and Wake County, along with many stakeholders and partners, are working to improve behavioral health care for Wake County residents with mental health, intellectual/developmental disabilities and substance abuse needs. Recent changes in state law required changes in the management of behavioral health funds and the provision of services. As a result, Wake County worked with Durham County to create Alliance Behavioral Healthcare (Alliance), a multi-county local management entity (LME) serving Wake, Durham, Johnston and Cumberland counties, and is transitioning behavioral health services to community providers.

- **WakeBrook Campus:** Wake County, Alliance and UNC Health Care (UNCHC) are moving forward with the transition of services at the WakeBrook Campus. The agreement approved by the Board of Commissioners on January 22, 2013 outlines a phased transition. Effective February 1, UNCHC began management of the Crisis and Assessment Center at WakeBrook. It was anticipated that UNCHC would begin management of the Recovery Center in March and the Rehabilitation Center in May. However, the Rehabilitation Center date has been delayed by a month as UNCHC continues to work through licensure issues. It is still anticipated that the new 16-bed inpatient psychiatric program will begin July 1, 2013.

- **Outpatient Behavioral Health Services:** Wake County and Alliance are implementing a plan to divest outpatient behavioral health services, which includes mental health, intellectual/developmental disability (IDD) and substance abuse services.

- **Adult Outpatient Services** – On January 31, Alliance issued a Request for Proposals (RFP) for Wake County Adult Outpatient Services. These services include approximately 1,500 adults currently served by Wake County Human Services staff with general adult outpatient needs. Potential providers are required to respond to the RFP by February 28, 2013, and the contract(s) will be awarded on March 15, 2013. Wake County staff and Alliance will work with current clients regarding future care options beginning in March.

- **Chronic/Fragile Adult Services** – Alliance and Wake County are pleased to be working with UNCHC to establish a new outpatient clinic to serve the chronic/fragile adult population of Wake County. Wake County currently serves approximately 500 chronic/fragile patients that have a history of repeated hospitalizations or require more intense care and access to medicines to ensure...
stability. This is an important and exciting development in ensuring the continuity of care for some of Wake County’s most fragile consumers.

- Wake County and Alliance are meeting weekly to further plan for the divestiture of services and successful transitions for over 3,000 clients and 200 staff. All behavioral health services will be divested and transitioned by June 30, 2013. Throughout these changes, Wake County will continue its commitment to provide approximately $25 million in annual funding for mental health, intellectual/developmental disability and substance abuse services.

- Selected vendors for each RFP will be presented to the Alliance Board or Executive Committee for approval according to the following schedule:
  
  o March 12: Adult Outpatient
  o April 15: Child Mental Health, Forensic Services, Latino Services
  o May 2: Drop-In Center, Supported Employment
  o May 14: Perinatal Substance Abuse, Work First, Deaf Services, IDD Bridging, 4H

**CEO RECOMMENDATION:**

Accept this update and approve the schedule for board review of selected vendors.

**RESOURCE PERSON:**

Carlyle Johnson
## Wake Behavioral Services – Divestiture Timeline

<table>
<thead>
<tr>
<th>Service/Program</th>
<th>RFP/RFI</th>
<th>RFP Issue Date</th>
<th>Award Date</th>
<th>Transition Complete</th>
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<tbody>
<tr>
<td><strong>Adult Services</strong></td>
<td>RFP</td>
<td>1/31/2013</td>
<td>3/15/2013</td>
<td>5/15/2013</td>
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<td>Geriatric Psychiatry</td>
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<td>General services</td>
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<tr>
<td>Chronic/fragile – <em>transitioning to UNC</em></td>
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<td>6/30/2013</td>
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<tr>
<td>Psychiatric Services</td>
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<tr>
<td>MH/SA Integrated Services: Regional Substance Abuse</td>
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<td>Team</td>
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<td><strong>Child MH Teams</strong></td>
<td>RFP</td>
<td>2/28/2013</td>
<td>4/15/2013</td>
<td>5/31/2013</td>
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<td>Sexual Abuse Tx Program</td>
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<td>Child Health &amp; Developmental Program</td>
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<tr>
<td>Child Welfare</td>
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<td>Services, incl child welfare and juv justice</td>
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<tr>
<td>Psychiatric Services</td>
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<td><strong>Individual Programs</strong></td>
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<td>Drop-in Center</td>
<td>RFP</td>
<td>3/31/2013</td>
<td>5/15/2013</td>
<td>6/30/2013</td>
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<td>Supported Employment</td>
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<td>School-based Mental Health</td>
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ITEM: Legislative Update

DATE OF BOARD MEETING: March 7, 2013

REQUEST FOR AREA BOARD ACTION:

Ellen Holliman, Chief Executive Officer will provide the Board with an update on her meetings with the Legislative Members and bills that have been introduced.

CEO RECOMMENDATION:

Accept Update as presented.

RESOURCE PERSON(S):

Ellen Holliman
Pamela Norton
<table>
<thead>
<tr>
<th>House</th>
<th>Bill Title</th>
<th>Primary Sponsor</th>
<th>Brief explanation of the bill</th>
<th>Status of bill</th>
</tr>
</thead>
<tbody>
<tr>
<td>H5</td>
<td>Temporary Funding/Group Homes &amp; SCUs</td>
<td>Dollar and Burr</td>
<td>Requires DHHS to provide temporary, short-term financial assistance to group homes serving residents who are now not eligible for Personal Care Services under Medicaid and Special Care Units with residents who qualify for PCS on or after 1/1/13.</td>
<td>Ratified 2/27/13 Presented to Governor 2/28/13</td>
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<td>H70</td>
<td>NC Health Plan</td>
<td>Brandon</td>
<td>To cover all NC residents with comprehensive health benefit coverage, including MH services, as an alternative to a Health Benefit Exchange.</td>
<td>Referred to Cmte. on Insurance</td>
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<td>H130</td>
<td>MH Workers’ Bill of Rights</td>
<td>Bell</td>
<td>Specifies rights of Mental Health Workers by amending 122C</td>
<td>Referred to Cmte. on Health and Human Services</td>
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<tr>
<td>Senate</td>
<td>Bill Title</td>
<td>Primary Sponsor</td>
<td>Brief explanation of the bill</td>
<td>Status of bill</td>
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<tr>
<td>S4</td>
<td>No NC Exchange/No Medicaid Expansion</td>
<td>Apodaca, Brown, Rucho</td>
<td>Clarifies State’s intent not to operate a state-run or “partnership” health benefit exchange and to provide that future Medicaid eligibility determinations will be made by the State and to reject the Affordable Care Act’s optional Medicaid expansion.</td>
<td>Ratified 2/27/13 Presented to Governor 2/28/13</td>
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<td>S137</td>
<td>Prohibit Co-Pay Waiver/Medicaid Providers</td>
<td>Tillman</td>
<td>Provides that the regular practice of waiving the Medicaid recipient co-payments by a Medicaid provider constitutes fraud.</td>
<td>Referred to Cmte. on Health Care</td>
</tr>
</tbody>
</table>
ITEM: Alliance Organization Restructuring

DATE OF BOARD MEETING: March 7, 2013

REQUEST FOR AREA BOARD ACTION:

Background:

Alliance Behavioral Healthcare (Alliance) has been functioning as a multi-county LME since July 2012 and been operating a Medicaid Waiver MCO since February 1, 2013. As we have evolved it is recognized that in order to become more effective and efficient as a MCO serving multiple counties, restructuring is required.

Objectives:

• Create an integrated infrastructure that promotes collaboration across organization
• Provide improved support to local sites
• Create a single point of accountability for each functional area

Key Points:

• Addresses need for consistency and standardization across sites while maintaining uniqueness of each community
• Single point of functional accountability
• Site Directors eliminated
• Increased reliance on supervisors and Corporate staff to be active and oversee local activities
• Facility management duties reassigned
• Staff whose positions are eliminated given priority in filling vacant positions

Several new classifications are created through the reorganization and require Board approval. The positions include the following:

Administration Department:

• Attorney - Grade 38
• Investigations Supervisor (Compliance) – Grade 33

Business Operations:
Community Relations:
  • Director of Community Relations – Grade 40
  • Crisis and Incarceration Manager – Grade 36

Clinical Operations:
  • MH/SA Care Coordination Manager – Grade 38
  • UM I/DD Manager – Grade 37

Information Technology:
  • Business and Technology Applications Analyst I– Grade 33
  • Business and Technology Applications Analyst II – Grade 34
  • Business and Technology Applications Specialist – Grade 37
  • Business Systems Manager – Grade 38
  • Helpdesk Coordinator – Grade 31
  • Networking Analyst – Grade 34
  • Networking Specialist – Grade 36
  • Senior Networking Specialist/Security – Grade 37
  • Technology Support Analyst – Grade 31

Network Development and Evaluation:
  • Chief of Network Development and Evaluation – Grade 42
  • Credentialing Manager – 33
  • Data Analyst – Grade 27

As a result of the reorganization, there are nine positions being eliminated. Employees in these roles will be subject to a Reduction in Force, however there are several vacancies which these employees are qualified and priority consideration will be given to them. Positions being eliminated include the following:
  • Applications Web Developer
  • Database Developer
  • Network Administrators (2)
  • Helpdesk Technicians (2)
  • Site Director (2)
  • Director of Provider Networks

CEO RECOMMENDATION:

Approve the new classifications presented and approve the positions being eliminated.

RESOURCE PERSON(S):
Ellen Holliman
Rob Robinson
Valiria Willis
Alliance Board Meeting
Re-organization Orientation
March 7, 2013
Primary Objectives

• Create an integrated infrastructure that promotes collaboration across organization
• Provide improved support to local sites
• Create a single point of accountability for each functional area

Serving Durham, Wake, Cumberland and Johnston Counties
Key Strategic Points

• Addresses need for consistency and standardization across sites while maintaining uniqueness of each community

• Single point of functional accountability

• Site Directors eliminated

• Increased reliance on supervisors and Corporate staff to be active and oversee local activities

Serving Durham, Wake, Cumberland and Johnston Counties
Key Strategic Points

• Facility management duties reassigned

• Staff whose positions are eliminated given priority in filling vacant positions
Administration

Serving Durham, Wake, Cumberland and Johnston Counties
Clinical Operations

Chief Clinical Officer

Office Assistant

MH/SA UM Director
  - MH/SA UM Supervisor
    - MH/SA UM Care Managers

I/DD UM Manager
  - MH/SA UM Supervisor
  - MH/SA UM Care Manager

UR Manager

Appeals Coordinator

MH/SA Care Coordination Manager
  - MH/SA Care Coordination Supervisors
    - MH/SA Care Coordinator
      - Admin. Care Coordinator
      - CCNC Care Coordinator

Hospital Liaison

I/DD Care Coordination Manager
  - I/DD Care Coordination Supervisor
    - I/DD Care Coordinator
      - I/DD Olmstead Liaison

Transition/Care Coordinator

I/DD Access Coordinator

UM

Senior Psychologist
  - Elig. & Enroll. Team Lead
    - Elig. & Enroll. Research Assistant

Access Director
  - Access Supervisor
    - Access Clinician
    - Access Coordinator

Call Center

Serving Durham, Wake, Cumberland and Johnston Counties
Information Technology

Chief Information Officer 1

IT Director 1

BI Application/Web Developer 1
Sharepoint Web Developer 1
BI Report Developer 1

BI Architect 1
Database Administrator 1
State Reporting Tech 1

Application/Quality Assurance Manager 1

Application Support Spec. 2
Technical Trainer/Writer 2
Quality Assurance Analyst 1

Helpdesk Administrator 1

Network Services Manager 1
Sr. Network/Security Administrator 1

Networking Specialist 1
Networking Analyst 1
Technology Support Analyst 1

Serving Durham, Wake, Cumberland and Johnston Counties
Program/Quality

Serving Durham, Wake, Cumberland and Johnston Counties
Next Steps

- Finalize organizational chart
- Meet with staff who are directly impacted
- Educate all staff on organizational changes
- Develop/revise job descriptions
- Continue classification and pay study
- Seek Board approval of any new positions and of RIF plans, if needed