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

MINUTES

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


MEMBERS ABSENT: Dr. George Corvin.

GUESTS PRESENT: Yvonne French from DMH/DD/SAS, Fred Aikens from Heartfelt Alternatives and Eddie Stockhausen from Josef’s Pharmacy.

STAFF PRESENT: Dr. Erica Arrington, Doug Fuller, Kelly Goodfellow, Amanda Graham, Tracy Hayes, Lena Klumper, Susan Knox, Pamela Norton, Sara Pachelke, Monica Portugal, Sean Schreiber, Dean Simpson, and Dr. Khalil Tanas.

1. CALL TO ORDER:

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

2. ANNOUNCEMENTS:

   A. Chairman Webley reminded the Board to complete the Confidentiality forms and reminds the Board. Monica Portugal discussed a brief overview of the details of the form.
   B. Chairman Webley reminded the Board that the next Wake Behavioral Health Divestiture Plan RFP will be presented to the Board by April 15, 2013.
   C. Chairman Webley reminded the Board that the Legislative Luncheon will be held at the Museum of Natural Sciences on April 8, 2013 from 12:00pm-2:00pm.

   No Motion required.

3. AGENDA ADJUSTMENTS:

   None

   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.

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 March 7, 2013 Board meeting.
   
   B. A request from Ellen Holliman, Chief Executive Officer, to approve the minutes from the March 20, 2013 Board meeting.

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

8. **Recommendation of New Board Members:**

   A. Appoint New Board Members:

   Alliance received a total of four applicants for the Cumberland County Board seat. Two of the four applicants were determined to have a conflict of interest.

   The Executive Committee invited all Board members to attend its March 12, 2013 meeting where the committee interviewed the eligible applicants. Dr. John Griffin and Rev. Floyd Johnson were interviewed for the Cumberland Board seat.

   The Executive Committee, along with present Board members, recommends Dr. John Griffin, former Cumberland County School Superintendent, to be appointed to the Alliance Behavioral Healthcare Area Board for a three year term.

   B. Recommend Appointment for Vacant Durham County Board Seat by the Durham County Board of County Commissioners:

   Alliance received a total of three applicants for the Durham County Board Seat that was recently vacated by Monique Holsey Hyman. One of those applicants was determined to have a conflict of interest. The Executive Committee interviewed the eligible applicants for the Vacant Durham County Board Seat during its March 12, 2013 meeting.
The Executive Committee, along with present Board members, recommends to the Durham County Board of County Commissioners appoint Cynthia Binanay to the Alliance Behavioral Healthcare Area Board for a three year term.

A Motion was made by Phil Golden to appoint Dr. John Griffin to serve as an individual representing Cumberland County for a period of 3 years ending on April 30, 2016; seconded by John Barry and Scott Taylor. Motion Passed.

A Motion was made by Dr. Nancy Henley to recommend to the Durham County Board of County Commissioners to appoint Cynthia Binanay to serve as an individual representing Durham County for a period of 3 years ending on April 30, 2016; opposed by George Quick and seconded by John Barry. Motion Passed.

9. **Update on Cumberland County Merger:**

Ellen Holliman, Chief Executive Officer, provided the Board with an update on the Cumberland County Merger. Ms. Holliman discussed the two proposals that may be submitted to Cumberland County for a merger.

The first proposed offer would be for equal representation Cumberland County, Wake County and Durham County. This proposal would require that in order for Cumberland to participate they would need to bring up their per capita.

The second proposal would be to for all counties to remain at their current county funding structure. This would require that Durham County and Wake County would remain each with seven Board seats and that Cumberland County would be offered four Board seats. This proposal would also require Cumberland County to participate in the loan.

A Motion was made by George Corvin approve Tracy Hayes, General Council, to submit both proposals to Cumberland County for their review for a possible merger; 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), discussed the next Mercer/IMT visit and the US DOJ/NC settlement.

No Motion required and the update is accepted as presented.

11. **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. She also discusses the Governor and Secretary’s proposals.

No Motion required and the update is accepted as presented.
12. **CFAC Relational Agreement:**

Doug Wright, Director of Consumer Affairs, will provide the board with information regarding the CFAC Relational Agreement. He discussed Board responsibilities, Board/CFAC meetings and Board seats. Mr. Wright noted that the draft CFAC agreement emphasizes that the CFAC committee would like to ensure that the Alliance Area Board has at least one Board seat allocated to a CFAC member.

*No Motion required and the Board received the agreement for review.*

13. **Chairman’s Report:**

Chairman Webley acknowledges and appreciates all of the hard work that the Board had done over the past few months.

14. **Adjournment:**

With all business being completed the meeting was adjourned at 5:35pm.

Respectfully submitted:

[Signature]

5/2/13

Ellen S. Holliman, Chief Executive Officer

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

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 March 7, 2013 meeting are attached.

DATE OF BOARD MEETING: April 4, 2013

REQUEST FOR AREA BOARD ACTION:

Accept the Minutes as presented.

CEO RECOMMENDATION:

Accept the Minutes as presented.

RESOURCE PERSON(S):

Ellen Holliman
Sara Pacholke
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, Rob Robinson, LCAS

Staff Absent: N/A

Opening: Meeting opened by George Quick at 3:02 at Alliance Behavioral Healthcare’s corporate office

Approval of Minutes: Phillip Golden made a motion to approve the minutes from the February 7, 2013 meeting with a second from Jim Edgerton.

Agenda Items

Sara Pacholke presented the January 2013 financial statements and ratios. Explanations were provided for unusual items.

Kelly Goodfellow discussed the recent Community Funding Efficiency Plan issued by the State. This memo explained that if LME-MCO’s had not met the 100% single stream requirement as of December 31, 2012, January and February single stream payments would be stopped until the 100% requirement was met. Kelly explained that the requirement was 85% in the previous year and the State changed it to 100% this year.

Meeting adjourned at 3:35 pm.

Respectfully submitted,

Sara Pacholke
Finance Director
ITEM: Executive Committee Reports

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. Lena Klumper, PhD, Quality Management Director, will present the results reported for Grievances for the first 2 quarters of FY13.

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 March 4, 2013 meeting and final minutes from the March 12, 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 March 12, 2013 meeting will be attached to the May Board packet.

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. Draft minutes from the February 22, 2013 meeting will be attached to the May Board packet.

DATE OF BOARD MEETING: April 4, 2013

REQUEST FOR AREA BOARD ACTION: Accept the Reports as presented.

CEO RECOMMENDATION: Accept the Reports as presented

RESOURCE PERSON(S):

Ellen Holliman
Lena Klumper
Monica Portugal
Doug Wright
GRIEVANCE REPORT
SECOND QUARTER FY 12-13
WAKE AND DURHAM COUNTIES*

QUALITY MANAGEMENT DEPARTMENT

* For Quarters 1 and 2 only had access to Wake and Durham grievance data
Background:

Alliance Behavioral Healthcare is responsible for addressing grievances related to publicly-funded behavioral health services. Grievances are logged from consumers, providers, or service team members when dissatisfaction with services is reported. DMH/DD/SAS was added to the complainant category at the beginning of the second quarter.

Analysis and Trends:

Data reflects grievances for both Durham and Wake Counties. The total number of grievances declined slightly from the previous quarter (139), which also included data from Durham and Wake counties. Consumer and MCO Staff reporting the majority of the grievances (46%) is a continued trend. Second quarter data remains parallel to first quarter with the exception of Consumer complaints, which is down 7%. An increase in complaints is expected in the third quarter as Alliance transitions to an MCO. Projected complaint categories include: UM denials; provider ineligibility/credentialing, and issues related to the NC Innovations Waiver.

Next Steps:

QM staff to work with Alliance UM, Provider Networks, Care Coordination, Call Center, and I/DD Management Team to address potential concerns prior to 2/1/2013.

QM will review the capacity of Alliance departments to address concerns to ameliorate complaints.

First number is the actual count, with second being percent of the total.
**Background:**

Grievance Specialists have six possible options to resolve a grievance (Categories not present: 1. Referred to Advocacy Group, 2. Mediation between parties).

**Analysis and Trends:**

85% of grievances were resolved by providing technical assistance to complainant or working with the provider for a resolution; 12% of grievances were unresolved; and 3% of grievances were referred to external agencies. Unresolved grievances are predominantly due to lack of accurate contact information for complainants.

**Next Steps:**

QM will work with Alliance Access Specialists to ensure that valid contact information is entered into Alpha for complainants.
**Background:**

At the time a grievance is logged, it is placed in the category that best describes the nature of the concern.

**Analysis and Trends:**

The overwhelming majority (71%) of grievances were categorized as Complaint/Concern.

**Next Steps:**

QM will review Complaints/Concerns to determine if further data analysis is necessary, or if the information captured in the Nature of Grievance dropdown box (in Alpha) accurately captures the nature of the grievance.
Background:
At the time a grievance is logged, it is placed into a category that best highlights the specific issues implicated in the grievance. These categories are defined by DMH/DD/SAS.

Analysis and Trends:
Quality of Services encompassed one-fifth of complaints. Quality of Services includes Quality of Care Concerns reported by Alliance Behavioral Healthcare UM staff. Alliance Behavioral Healthcare will begin reviewing Wake County Medicaid service authorization requests upon becoming an MCO on February 1, 2013. Care Coordination staff in both Wake and Durham counties has become actively involved in addressing consumer-specific Quality of Care Concerns and communicating with QM. It is anticipated that Quality of Care Concerns reported by Alliance staff will decrease as the provider network becomes more stable.

Alpha system contained incorrect information for Nature of Complaint options for multi-week period in October 2012. 49 complaints were categorized incorrectly.

Next Steps:
QM will 1) analyze grievances categorized incorrectly to determine correct nature of concern; and 2) differentiate and conduct a detailed analysis of the types of quality of care concerns, as these comprise the majority of the nature of complaints.
**Background:**

The chart documents grievances reported from Q2FY2012 – Q2FY2013

**Analysis and Trends:**

Quality of Care Concerns (QOC’s) reported by the Utilization Management (UM) Department are not included in the total for the first quarter; as collecting and tracking QOC’s began in the second quarter of FY12.

A spike in reported grievances in the third quarter was followed by a sharp decrease in the fourth quarter. This may be due to UM Managers entering more appropriate QOC’s, and providers being given technical assistance with service authorizations.

An increase in complaints is expected in Q3FY2013 as Alliance transitions to an MCO. Projected complaint categories include: UM denials; provider ineligibility; and issues related to the NC Innovations Waiver.

**Next Steps:**

QM will work with Alliance UM, Provider Networks, and IDD Senior Management Team to address potential concerns prior to 2/1/2013.

QM will review the capacity of Alliance departments to address concerns prior to becoming grievances.
Background:

Quality of Services comprised the majority of grievances (49) logged in Q2. 49 grievances were categorized incorrectly.

Analysis and Trends:

Alpha system contained incorrect information for Nature of Complaint options for multi-week period in October 2012. 49 complaints were categorized incorrectly.

Quality of Services includes Quality of Care Concerns reported by Alliance Behavioral Healthcare UM staff. Alliance Behavioral Healthcare will begin reviewing Wake County Medicaid service authorization requests upon becoming an MCO on February 1, 2013. Care Coordination staff in both Wake and Durham counties has become actively involved in addressing consumer specific Quality of Care Concerns and communicating with QM. It is anticipated that Quality of Care Concerns reported by Alliance staff will decrease as the provider network becomes more stable.

Next Steps:

QM will 1) analyze grievances categorized incorrectly to determine correct nature of concern; 2) differentiate and conduct a detailed analysis of the types of quality of care concerns, (as these comprise the majority of the nature of the grievances); and 3) develop potential grievance training for Alliance staff to reduce incorrect complainant contact information.
Attending: Caroline Ambrose, Gene Cook, Anna Cunningham, Dave Curro, Maribel Rivera-Elias, Faye Griffin (by phone), Cynthia Daniels-Hall, Eric S. Hall, Marc Jacques, and Kurtis Taylor

Absent voting members: Donna Anderson, Frank Edwards, Joy Johnson, Ronnell McGill, and Orah Raia

Alliance Staff: Patti Beardsley, Tina Howard, and Doug Wright

State Staff: Glenda Stokes

Guests: Ronnie Marshall, Israel Pattison, and Denise Wood

W-FI and Skype capabilities for meeting
Standing operating procedure to have documents projected on a projector during the Wake Site subcommittee

Introductions

Dinner/Welcome/Call to Order
~ Adoption/Revision of the Agenda
Anna Cunningham made a revision of having Tina Howard from Quality Management go first and then Patti Beardsley. Revision was approved.

Minutes
~Review/Approval of record of last meeting
Motion to accept January minutes: Kurtis Taylor made a motion and Gene Cook seconded the motion. Gene Cook had a discussion item for the January minutes – no further discussion. Minutes approved
Gene Cook corrected the January minutes with this statement and he also provided it in written format for the secretary.
Public comments solicited after budget is presented to board are of little impact. Public comments need to be solicited prior to budget development for presentation to board.
January minutes were approved with this correction.

Alliance LME/MCO Wake Site Update - Patti Beardsley
Departmental Updates
Mental Health/Substance Abuse Care Coordination
As of to date, 18 people on staff
Now hiring 3 administrative care coordinator, not license individuals
In progress of hiring one license care coordinator
DOJ transition coordinator is in progress of getting hired
Working well with our Emergency Departments especially Wake Med
Liaisons helping with discharge
Trying to work with out of catchment hospitals to form a good relationship with them
3 new positions because of the Innovations staff posted
Organizational changes: Didn’t going to replace site directors
Patti is working the Wake RFP full time
Not an IDD clinical director on the work chart
Suzanne Goerger now is that role of I/DD Care Coordination Manager
Clinical Director, really hard to find but stresses the need to be in the realm of everything.
2 positions that will assist Director of Community Affairs, one in Wake and one in Durham
Patti Beardsley is currently on CFAC liaison
Not separate entities anymore, trying to collaborate our efforts for one Alliance
Behavioral Healthcare
Inreach has started
Debbie Jennings is the DOJ coordinator

RFP Updates of Wake County Human Services
1. Adult – still in negotiation
2. Child
3. Latino – due back March 28th discussion by mid April
4. Forensic
5. Drop-In centers
6. SET
7. Paternal/Substance Abuse
8. IDD Bridging
9. Deaf Services
10. Work First
School based mental health is still up in the air, Wake – Alliance BHC or the school system
The Wake RFPs are suppose to come out by March 28th or sooner
Review teams hope to consist of CFAC member, board member, community member
Recruit now for RFP participation
July 30th direct services is going to proposed out
Substance Abuse does not mean a mental illness

Quality Management Team Discussion – Tina Howard
Provided an Alliance Behavioral Healthcare Dashboard for Fiscal Year 2012-2013
Input data for all of our counties
Provided a color coded key if we met the standards
Red means = did not meet the standard
Green means = met the standard
Focusing on Wake tonight but if any questions regarding other counties please feel free to ask
State and local paid claims
Standards are for appointment kept, urgent (within 48 hours) routine
(14 days)
At least 3 or 4 thousand folks that are counted in this data
8% of the population receives Medicaid in Wake County
16-17% of the population receives Medicaid in Durham County
Concern of being judged with other counties
Is Wake going to be "handicapped" by the state and the other counties by having such a low percentage?
State will probably hold us to the 8% in Wake County and 16% or 17% in Durham County
Wake County is a wealthy county
Are goals being changed because of budget cuts? Will found out
Data not correct is a concern, state is pulling data from North Carolina Prevention Outcome Performance System -(NCPOPS)
Struggle with the database for several year and it said the biggest population we are serving are Native Alaskan
Don’t have access to wake data in conjunction with the database
No billing service now as with targeted case management in the past (I/DD population)
Beardsley will be giving us more measurements in the upcoming months
Three-way bed – contracts with local hospitals i.e. Holly Hill and Duke Regional to put psychiatric beds in the community instead of state hospitals
Every call going in and out of the system at Alliance Behavioral Healthcare is recorded so instead of having volunteers making the phone calls. The staff and hopefully CFAC members will listen to the recordings.
Tina Howard will email everyone about the 5 Quality Management projects shortly.

Relational Agreement Update
≈ Process expectations
≈ Completion Date
Input from the executive meeting was added to the regional agreement
Moved forward to the Alliance Board
Area board responsibilities under 5, Cook made a comment that considering consumers and family members who sit on the area board. We still need CFAC representation on the area board. No need to beat a dead horse.
This is a starting point not the final word
No competition date was set
Cumberland County might merge with Alliance
Do you still want to advocate for 2 CFAC people on the area board? Question raised
Wright suggested we wait until we hear a response back from the area board
They have a process on the way that selection members but CFAC is not involved
Representative from I/DD, MH, and SA on the area board and it is written in their bylaws
Satisfying those above positions as a having a CFAC individual
CFAC should have 2 seats as voting members on the area board
2 recommendations:
1. Make recommendations for two individuals one has voting rights and the 
other is a delegate
2. Our board makeup will be changing

Cunningham endorses the current board makeup
Without having it in writing, how can we ensure the current board makeup?
A lot of work has to be done by CFAC

Bylaws Discussion
≈ Next Steps
Initially a rush job
36 members probably is to many members for the Alliance CFAC
Co- Chairs vs Chair
In tonight’s packet; bylaws, minutes and additional information
Wright developed a budget worksheet for Alliance CFAC, the executive committee will 
look at it at its meeting, March 25
Feedback about bylaws and budget to executive committee
Going to generate an Alliance CFAC brochure
Wright is recruiting for Wake RFP

Alliance CFAC Training
≈ Topic for this month: Intellectual/Developmental Disabilities (I/DD) 
See Powerpoint

Alliance Wake Subcommittee Task Teams
≈ Update from Wake Gaps/Needs Analysis
≈ Next Steps
Cook reviewed last year’s wake gaps/needs analysis
I/DD reported was excellent
MH was weak
SA nothing was there
Taylor commented that there was quite a bit for SA
Not a real time frame
Taylor will work with Cook on SA gaps/needs analysis
For the wake gaps/needs anaylsis subcommittee, Cook is going to refer to Doug Wright,
Patti Beardsley, and Glenda Stokes

State Update - Glenda Stokes
Reviewed and provided a detail document for the State Update (March 2013)

Announcements/Adjournment
Patti Beardsley will be emailing the Wake County Vendor Forms soon
### Alliance Behavioral Healthcare

**Consumer Family Advisory Committee (CFAC) Minutes**

**March 4, 2013**

<table>
<thead>
<tr>
<th><strong>Members Present:</strong></th>
<th>Jim Henry</th>
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<tr>
<td>J. Dan Shaw</td>
<td>Vivian Harris</td>
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<td>Sharon O’Brian</td>
<td>Tammy Harring</td>
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<td>Hermann Bennhausen</td>
<td>State Staff</td>
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<td>Steve Hill</td>
<td>Glenda Stokes</td>
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<td>David Smith</td>
<td>Roanna Newton</td>
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<td>Janet Kennell</td>
<td>ABHC Staff</td>
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<td>Felishia McPherson</td>
<td>Debra Duncan</td>
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<tr>
<td>Colleen Kilsheimer</td>
<td>Doug Wright</td>
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<td>Joe Kilsheimer</td>
<td>May Alexander</td>
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**Start Time**

**CFAC Agenda Item** | **CFAC Discussion, Conclusions, Recommendations** | **CFAC Action, Follow-up** | **Person Responsible**
---|---|---|---
Welcome | | | |
Minutes | Minutes approved as written. | | |
Quality Management Report/Dashboard | Ms. May Alexander explained the Alliance Behavioral Healthcare Dashboard for the state performance requirements. Durham is performing at or above the requirements. The state is currently changing some of the requirements. This first quarter sets the baseline for all Alliance communities. This allows Alliance to review the results so that they may determine what is working well and what needs work. Alliance has not compared their experiences to other communities’ results however the state feels that Alliance is in line with other communities. There are some crisis treatment barriers in Wake, Johnston and Cumberland counties. Alliance is working to address these barriers as well as recovery services offered in the other three communities. | | |
| Training/Community Relations | Doug Wright provided a short training on Intellectual/Developmental Delays.  
March is Intellectual/Developmental Delays and Traumatic Brain Injury Month.  
It was discussed that an insert for the local paper, defining Mental Health, explaining how to access services and sharing “success stories” or a letter to the editor would help inform the community about Mental Health, how to access services and the changes that are happening. Doug offered to assist with this. |
| Relational Agreement | The Relational Agreement between Alliance Behavioral Healthcare (ABHC) and the ABHC/CFAC will be presented to the ABHC board. CFAC thanked Doug for all of his hard work on this. |
| CAFC Bylaws | The Executive Board of the ABHC/CFAC would like the CFAC members to consider making changes to the current bylaws. The executive group would like to change from co-chairs to chair and vice chair as well as lessen the number of voting members on the ABHC CAFC. A change in the executive structure would allow for less cumbersome communication and more efficient activities. They feel that a smaller membership number would allow for more to be accomplished efficiently and effectively as well. This will be discussed at the ABHC CFAC meeting.  
The group discussed providing stipends for more than one meeting per month. This suggestion was met with great enthusiasm but would have to be worked into the developing CFAC budget. This will be discussed in greater detail at the next ABHC/CFAC.  
Job descriptions for the executive committee need to be developed. A small group will be convened to work on this.  
At this time the only subcommittees CFAC members are a
part of Alliance subcommittees. Does CFAC need standing subcommittees?

| Alliance Behavioral Healthcare as an MCO | Alliance Behavioral Healthcare has been an official MCO for one month. Things are going well. The few challenges have been dealt with. The ABHC Human Rights committee needs two more committee members. This group meets monthly at this time but will be moving to quarterly. Please contact Doug if you are interested in joining this committee. |
| DOJ Settlement | In-Reach has begun; Alliance Behavioral Healthcare representatives are meeting with consumers currently living in nursing homes to determine if they would like to and are able to live independently in the community. There is some funding to assist with the move (startup funds and rental assistance) The Diversion process has begun as well. This will assist in diverting mentally ill consumers from being placed in nursing homes for the elderly. |
| Wake County | Alliance Behavioral Healthcare has issued RFP’s for agencies to apply to provide services in the Wake County community. |
| State Report | Glenda Stokes is still with us for a few more months. She and Roanna provided the Consumer Empowerment Team Update. The Recovery Summit will be held on March 27, 2013. This event is by invitation only (one CFAC member and one ABHC employee). |

**Upcoming Meetings**
April 1- ABHC CFAC-- 4600 Emperor Blvd-- 5:30-7:15
May 6- CFAC Durham Subcommittee—1820 James Street, Durham—5:30-7:15
May 14 CFAC Wake Subcommittee—5000 Falls of the Neuse Road, Raleigh—5:30-7:15
ITEM: Consent Agenda

DATE OF BOARD MEETING: April 4, 2013

REQUEST FOR AREA BOARD ACTION:

A. Approve the draft minutes from the March 7, Board meeting;
B. Approve the draft minutes from the March 20, Board meeting.

CEO RECOMMENDATION:

Approve the Consent Agenda as presented.

RESOURCE PERSON(S):

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

DRAFT 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 DIVSETITURE 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 REORGINIZATION**

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:**
- Emergency Department Claims Reviewer – Grade 33

**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

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     Date Approved
Alliance Behavioral Healthcare  
Called Area Board Meeting  
Wednesday, March 20, 2013 4:00pm– 5:00 pm  

DRAFT MINUTES

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

MEMBERS PRESENT:  
Ann Akland (via phone), John Barry, Dr. George Corvin, Jim Edgerton, Barbara Gardner (via phone), Phillip Golden (via phone), Ellen Holliman, Dr. Nancy Henley, George Quick, Scott Taylor, Amelia Thorpe and Lascel Webley, Jr., Chairman.

MEMBERS ABSENT:  
William Stanford and Michael Page.

GUESTS PRESENT:  
Denise Foreman, Wake County

STAFF PRESENT:  
Doug Fuller, Tracy Hayes, Carlyle Johnson, Pamela Norton, Rob Robinson, Sean Schreiber, Dean Simpson, and Doug Wright.

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

2. **Announcements:**
   
   None

3. **Agenda Adjustments:**
   
   None

4. **Public Comment:**
   
   None

5. **Wake County Adult Outpatient Request For Proposal (RFP) RFP # 2013-100 RFP Selection Summary**

   Carlyle Johnson, Clinical Program Development and Design Administrator, provided the Board with information and a summary of the RFP proposals submitted for Cottage Health Care Services, Inc., SouthLight, Inc. and Monarch as follows:

   Alliance Behavioral Healthcare issued a Request for Proposals (RFP) on January 31, 2013 for outpatient mental health and substance abuse services for adults in Wake County. These services are currently provided by the Wake Behavioral Health program within Wake County Human Services, and include services provided in Raleigh, Cary and each of the regional centers (Eastern Regional in Zebulon, Northern Regional in Wake Forest, and Southern Regional in Fuquay-Varina).
Dr. Johnson recommends that Monarch be selected as the provider for adult outpatient services at all locations covered by the scope of this RFP.

A Motion was made by George Corvin to select Monarch as the provider for adult outpatient services at all locations covered by the scope of this RFP; seconded by Scott Taylor and Nancy Henley. Motion passed.

6. Cumberland County Merger

Ellen Holliman, Chief Executive Officer, and Tracy Hayes, General Counsel, provided the Board with an update on the merger with Cumberland County and the communication between Alliance and Cumberland.

7. Adjournment

With all business being completed the meeting was adjourned at 5:28pm.

Respectfully submitted:

Ellen S. Holliman, Chief Executive Officer

Next Meeting
Thursday, April 4, 2013
Alliance Behavioral Healthcare
4600 Emperor Blvd., Room 208
Durham, NC 27703
ITEM:  1. Appoint New Board Members

Alliance received a total of four applicants for the Cumberland County Board seat. Two of the four applicants were determined to have a conflict of interest.

The Executive Committee invited all Board members to attend its March 12, 2013 meeting where the committee interviewed the eligible applicants. Dr. John Griffin and Rev. Floyd Johnson were interviewed for the Cumberland Board seat.

The Executive Committee, along with present Board members, recommends Dr. John Griffin, former Cumberland County School Superintendent, to be appointed to the Alliance Behavioral Healthcare Area Board for a three year term.

2. Recommend Appointment for Vacant Durham County Board Seat by the Durham County Board of County Commissioners

Alliance received a total of three applicants for the Durham County Board Seat that was recently vacated by Monique Holsey Hyman. One of those applicants was determined to have a conflict of interest. The Executive Committee interviewed the eligible applicants for the Vacant Durham County Board Seat during its March 12, 2013 meeting.

The Executive Committee, along with present Board members, recommends to the Durham County Board of County Commissioners appoint Cynthia Binanay to the Alliance Behavioral Healthcare Area Board for a three year term.

DATE OF BOARD MEETING: April 4, 2013

REQUEST FOR AREA BOARD ACTION: The Board is requested to consider and approve the following:

A. To appoint Dr. John Griffin to serve as an individual representing Cumberland County for a period of 3 years ending on April 30, 2016.

B. To recommend to the Durham County Board of County Commissioners to appoint Cynthia Binanay to serve as an individual representing Durham County for a period of 3 years ending on April 30, 2016.

CEO RECOMMENDATION:

Accept the recommendation to appoint Dr. John Griffin and approve the recommendation of Cynthia Binanay to the Durham County Board of County Commissioners to serve on the Alliance Behavioral Healthcare Board.

RESOURCE PERSON(S): Ellen Holliman
AREA BOARD MEMBERSHIP APPLICATION
(Application can be competed online but must be printed and signed before submitting.
All information on this document will be released to the public upon request.)

Name: JOHN R. GRIFFIN                Ethnic Background: NEGRO
Gender: MALE                           Over Age 18? YES
Home Phone Number: 910 630 4346
Email Address: EDDGRIF@AOL.COM
Street Address: 3481 THAMESFORD RD.
City: FAYETTEVILLE                     State: NC  Zip: 28311
Membership category applying for:
ALLIANCE BOARD

Qualifications/justification for inclusion in this membership category:
FORMER SUPERINTENDENT, CUMBERLAND COUNTY SCHOOLS
FORMER CHAIRPERSON OF CAPE FEAR VALLEY HOSPITAL SYSTEM BD. OF
TRUSTEES
FORMER HIGH SCHOOL PRINCIPAL

Occupation (if applicable): RETIRED
Place of Business (if applicable): N/A
Business Address (if applicable): N/A
Business Phone (if applicable): N/A

Education:
Ed.D

Name of any Durham or Wake County committee or board on which you presently serve:
NONE
Based on your qualifications and experiences, briefly describe why your service on the Area Board would be beneficial to Alliance Behavioral Healthcare:

Because of my various experiences with special population students and challenges associated with the hospital system, I feel capable of assisting in the process of providing the services needed for all identified clients. Also, I have family members with special needs.

Other information you consider pertinent (civic memberships, related work experience, etc.):

1). Vice Chairperson of the Low Wealth Consortium.
2). Special Assistant to the Chancellor, FSU (Special projects)

Date: 3-11-13

Applicant’s Signature: __John Griffin______________________________

Return application to:

Pam Norton
Alliance Behavioral Healthcare
4600 Emperor Boulevard
Durham, NC 27703

Or sign, scan and submit electronically to pnorton@AllianceBHC.org.
Name: Cynthia A. Binanay  
Ethnic Background: Caucasian  
Gender: Female  
Over Age 18? yes

Home Phone Number: 919-523-2843  
Email Address: Cynthia.binanay@dm.duke.edu

Street Address: 2527 Sevier Street  
City: Durham  
State: NC  
Zip: 27705

Membership category applying for:  
Durham County Resident

Qualifications/justification for inclusion in this membership category:  
See attached cover letter and CV

Occupation (if applicable): Director of Operations, Hubert Yeargan Center for Global Health

Place of Business (if applicable): Duke Clinical Research Institute

Business Address (if applicable): 310 Trent Drive, Durham, NC 27708

Business Phone (if applicable): 919-668-8249

Education:  
BSN, MA

Name of any Durham or Wake County committee or board on which you presently serve:  
NA

Based on your qualifications and experiences, briefly describe why your service on the Area Board would be beneficial to Alliance Behavioral Healthcare:  
See attached cover memo
Other information you consider pertinent (civic memberships, related work experience, etc.):

Date:

Applicant’s Signature: ________________________________

Return application to:

Pam Norton
Alliance Behavioral Healthcare
4600 Emperor Boulevard
Durham, NC 27703

Or sign, scan and submit electronically to pnorton@AllianceBHC.org.
February 13, 2013

To Whom It May Concern:

I would like to respectfully submit my application for your posted Board of Directors position for a Durham County Resident for Alliance Behavioral Healthcare. I believe my professional and personal background lends a unique combination of skills that can contribute to improving the care of clients with mental illness. I have attached my resume for your review.

To briefly summarize, my professional education includes an undergraduate degree in nursing. I practiced clinically in a hospital and home care setting for many years before venturing into a corporate business environment in sales and marketing for major pharmaceutical companies. While there, I found I could combine my clinical background with a natural affinity for utilizing analytical, organizational, and leadership skills by venturing into clinical research and drug development. And although I thrived in the corporate environment, I decided to apply those skills in an academic environment, in great part to ensure that my son, who had congenital heart disease and hepatitis C from blood transfusions, had access to health care from experts we had come to trust. And so, sixteen years ago, I joined the Duke Clinical Research Institute as a project leader, leading multimillion dollar, multicenter clinical trials for the National Institute of Health (NIH) and private industry.

Both my pharmaceutical and research experience led me into the mental health field. I marketed valproic acid to psychiatrists for bipolar disorder when it was first recognized as a beneficial treatment for indications other than seizure disorder. I worked with the National Institute of Mental Health leading a study for major depression and with the Substance Abuse and Mental Health Services Administration in the establishment of the National Center for Child Traumatic Stress. It was an area of special interest to me, as I strongly suspected a strong link between post-traumatic stress disorders in children exposed to medical trauma, such as we experienced with our son’s four open heart surgeries in his first 16 years of life.

But by far, the most compelling reason for my application to the Board position is that seven years ago our son had an acute psychotic break, resulting in a subsequent diagnosis of schizoaffective disorder. It has been a life altering event for our entire family, one of many heartaches, and yet, also many blessings. We have been fortunate to find excellent care for him, and although he is in recovery, it is fragile and something we can never take for granted. There have been times when we have been exhausted from caregiver fatigue, fearful that he would injure himself, frustrated by his lack of understanding about drug compliance and drug abuse. But there have been an equal number of times when we have been inspired by his courage. We have learned much more about what it means to be discriminated against, about stigma, about lack of access to affordable healthcare, and the importance of speaking out for the rights of the disenfranchised who cannot speak for themselves. We have lobbied our congressional representatives and counseled other parents going through the acute stages of their children’s illness.

I am passionate about the importance of good mental health care for children and for our community and hope you will favorably consider my application for board membership.

Thank you,

Cynthia A. Binanay
919-668-8249
Cynthia.binanay@duke.edu
CYNTHIA ANNE BINANAY

2527 Sevier Street, Durham, NC 27705
binan001@dm.duke.edu • (919) 668-8249

PROGRAM LEADER, GLOBAL HEALTHCARE OPERATIONS

PROGRAM PLANNING & DEVELOPMENT • OPERATIONS • TURNAROUNDS • TEAM BUILDING

Creator and leader of successful international partnership expanding cardiovascular care in rural Western Kenya. Drove planning, fundraising, organization and development; facilitate partnerships with major medical schools, industry, NIH and foreign governments. In-depth knowledge of healthcare environments, public policy, and foreign cultures with exceptional project leadership skills. Extensive senior clinical research and healthcare delivery experience.

- Planning, execution and implementation for multimillion-dollar collaborative research and training awards from NIH, industry, and other large funding sources.
- Key planning, startup and management role for new global health center.
- Grant proposal development to successfully fund major international research initiatives.
- Experience in leading cardiology, pulmonary and mental health programs.

PROFESSIONAL EXPERIENCE

DIRECTOR OF OPERATIONS
Hubert Yeargan Center for Global Health, Durham, NC 2005 – Present

Program of Duke University Department of Medicine committed to developing the next generation of globally educated, socially responsible healthcare professionals dedicated to improving the health of disadvantaged populations.

Built successful collaborative educational programs from start in developing countries including Kenya, Rwanda, Sri Lanka and Nicaragua. Led initial planning, development strategy, partnership formation and team building. Created necessary program infrastructures, built effective partnerships with US and foreign collaborators.

- Created nationally recognized, global health residency and fellowship training program for specialists in internal medicine, emergency medicine, infectious diseases, cardiology, psychiatry, neurosurgery, and ob/gyn; awarded $2.25M funding for program.
- Develop training, mentoring and research partnerships with academic medical schools including Yale, Harvard, Emory, and Cornell and nonprofit organizations including Clinton Health Access Initiative.
- Won $2.4M grant from NHLBI to fight cardiovascular and pulmonary disease in Kenya in partnership with Moi University, Brown University and Indiana University.
- Developed Global Health Educational Exchange Program for medical students and residents in Australia, China, Kenya, Haiti, Indian Health Service, New Mexico, Thailand, Sri Lanka and Rwanda.
SENIOR PROJECT LEADER
Duke Clinical Research Institute, Durham, NC 1995 – Present
World’s largest academic clinical research organization recognized for groundbreaking multinational clinical trials, with 15,000 international studies across 65 countries and more than 760 phase I to IV clinical trials.

- Recruited to work closely with CEO and Vice Chancellor of Corporate and Venture Development to create operational and financial plan for the clinical development program of a novel compound.
- Key role in grant writing and organizational process improvement committees.
- Selected to take over and save $6M NIMH program by effective “crash rescue” program to enhance program enrollment and preserve funding (HYPERICUM).
- Led successful $4.7M Congestive Heart Failure and Pulmonary Artery Catheterization effectiveness study (ESCAPE).
- Key role in developing winning proposal for five-year, $12M contract from NIMH for treatment of adolescent depression (TADS).
- Managed state-of-art treatment/methodology research projects including device trial for S540™ stent (ULTRA); $3M (PARADIGM) platelet aggregation receptor antagonist dosage investigation for Hoffman LaRoch; and $2M Rhone Poulenc Rofer Phase III trial (ATLAST) anti-platelet therapy.

OTHER EXPERIENCE
MEDICAL AND REGULATORY SPECIALIST, Quintiles Transnational, Durham, NC

NEUROSCIENCE SPECIALIST, Abbot Laboratories, Chicago, IL
Regional sales specialist for neurology, cardiology, infectious disease and psychiatry areas. Consistently surpassed sales goals.

GROUP LEADER, Glaxo Inc., Durham, NC
Project Manager for startup corporate telemarketing program including training, performance monitoring for new sales staff.

MANAGER, FAMILY TO FAMILY, INC. PHILIPPINES
Lived overseas and provided programmatic leadership to create a non-profit program for food and basic medical screening and care for malnourished children and their families.

EDUCATION
Master of Arts in Liberal Studies and Health Policy Certificate, Duke University, Durham, NC
Bachelor of Science in Nursing, Thomas Jefferson University, Philadelphia, PA
Currently enrolled in Public Health Leadership Program, University of North Carolina, Durham, NC

AFFILIATIONS
Member, Board of Directors, Family to Family, Inc., Durham, NC
Member, Board of Directors, Modoc Research Services, Inc.
PUBLICATIONS AND PRESENTATIONS


ITEM: Cumberland County Merger

Ellen Holliman, Chief Executive Officer, will provide the Board with an update on the Cumberland County Merger.

DATE OF BOARD MEETING: April 4, 2013

REQUEST FOR AREA BOARD ACTION:

Accept this update as presented.

CEO RECOMMENDATION:

Accept this update as presented.

RESOURCE PERSON(S):

Ellen Holliman
ITEM: Update on Medicaid Waiver

Amanda Graham, Medicaid Program Director, will present a brief update on the Medicaid waiver.

DATE OF BOARD MEETING: April 4, 2013

REQUEST FOR AREA BOARD ACTION:

Accept update as presented.

CEO RECOMMENDATION:

Accept update as presented.

RESOURCE PERSON(S):

Amanda Graham, MS, LPC, NCC
ITEM: Legislative Update

DATE OF BOARD MEETING: April 4, 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>H 5</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>SL 2013-4</td>
</tr>
<tr>
<td>H 70</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>
</tr>
<tr>
<td>H 130</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>
</tr>
<tr>
<td>H 173</td>
<td>Revise Controlled Substance Reporting</td>
<td>Horn, Brisson, Fulghum, Hollo</td>
<td>Makes revisions to the State requirements on controlled substance reporting</td>
<td>Referred to Committee on Health and Human Services</td>
</tr>
<tr>
<td>H 320</td>
<td>Funds/MHDDSA Services/Non-Medicaid Eligibles</td>
<td>Insko</td>
<td>Appropriates $78 million for each year for community MH/DD/SA State-funded services.</td>
<td>Committee on Appropriations</td>
</tr>
<tr>
<td>H 320</td>
<td>Medicaid Managed Care/Behavioral Health</td>
<td>Dollar, Burr</td>
<td>Establishes federal Medicaid managed care requirements for appeals under the Medicaid 1915 (b)(c) waiver.</td>
<td>Referred to Cmte. on Health and Human Services</td>
</tr>
<tr>
<td>H 344</td>
<td></td>
<td>Insko</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H 398</td>
<td>Systematically Reform Medicaid</td>
<td>Burr, Hollo, Avila</td>
<td>A placeholder bill with no language yet waiting on the RFI draft on Medicaid reform from DHHS.</td>
<td>Referred to Cmte. on Health and Human Services</td>
</tr>
<tr>
<td>H 399</td>
<td>Amend Laws Pertaining to DHHS</td>
<td>Burr, Hollo, Avila</td>
<td>DHHS requested changes to law related to child abuse, neglect and dependency, Medicaid and public health. Medicaid changes include provisions on estates and deceased as well as additions to limited and moderate categorical risk provider types.</td>
<td>Referred to Cmte. on Health and Human Services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Senate</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>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>SL 2013-5</td>
</tr>
<tr>
<td>Bill Number</td>
<td>Bill Title</td>
<td>Sponsor</td>
<td>Description</td>
<td>Status</td>
</tr>
<tr>
<td>------------</td>
<td>-------------------------------------------------</td>
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<td>-----------------------------------------------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<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>
<tr>
<td>S 208</td>
<td>Effective Operations under the Medicaid 1915(b)(c) Waiver</td>
<td>Tucker</td>
<td>Sets parameters for the Secretary to monitor and measure solvency of the LME-MCOs and addresses timeliness of payments to providers.</td>
<td>Committee Substitute reported favorably by Senate Health Care. Placed on Senate calendar for 4/2/13.</td>
</tr>
<tr>
<td>S 222</td>
<td>Revise Controlled Substance Reporting</td>
<td>Allran, Bingham</td>
<td>Makes revisions to the State requirements on controlled substance reporting</td>
<td></td>
</tr>
<tr>
<td>S 335</td>
<td>Payment of 2012-2013 Medicaid costs</td>
<td>Brunstetter, Brown, Hunt</td>
<td>Gives direction on adjustments to the State budget to increase the authorized budget for Medicaid.</td>
<td>Referred to Appropriations</td>
</tr>
<tr>
<td>S 347</td>
<td>Study Unified Public Health System</td>
<td>Hartsell</td>
<td>Requires a study be done and reported to the HHS LOC on a unified public health system, including a review of public health and mental health governance structures.</td>
<td>Referred to Committee on Health Care</td>
</tr>
<tr>
<td>S 367</td>
<td>Systematically Reform Medicaid</td>
<td>Hise, Pate</td>
<td>A placeholder bill with no language yet waiting on the RFI draft on Medicaid reform from DHHS.</td>
<td>Referred to Committee on Health Care</td>
</tr>
<tr>
<td>S 417</td>
<td>Establish State Public Health Authority</td>
<td>Hartsell</td>
<td></td>
<td>Referred to Cmte. on Health Care</td>
</tr>
<tr>
<td>S 447</td>
<td>Eligibility Requirements/Public Assistance</td>
<td>Brock</td>
<td>Requires applicants to undergo substance abuse testing before being eligible for public assistance. Also requires Social Services Commission to adopt rules regarding substance abuse screening and treatment and public assistance eligibility.</td>
<td>Referred to Committee on Health Care</td>
</tr>
<tr>
<td>S 473</td>
<td>Health Care Cost Reduction and Transparency</td>
<td>Rucho, Brown</td>
<td>Requires disclosure of hospital costs for episodes of care and requires CCNC to meet the governance standards in the bill to maintain a contract with DHHS.</td>
<td>Referred to Cmte. on Health Care</td>
</tr>
<tr>
<td>S 551</td>
<td>Amend Laws Pertaining to Medicaid</td>
<td>Hise</td>
<td>DHHS requested changes to law related to child abuse, neglect and dependency, Medicaid and public health. Medicaid changes include provisions on estates and deceased as well as additions to limited and moderate categorical risk provider types.</td>
<td>Not yet referred</td>
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<tr>
<td>S 552</td>
<td>Public Paid Claims Data/Health Info Exchange</td>
<td>Hise</td>
<td>Requires LME-MCOs to provide monthly (two business days after month ends) all client-specific paid claims, encounter data and shadow claims.</td>
<td>Not yet referred</td>
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<td>S 553</td>
<td>LME/MCO Enrollee</td>
<td>Hise</td>
<td>Establishes grievances and appeals under the Medicaid 1915 (b)(c)</td>
<td>Not yet referred</td>
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<td>Grievances and Appeals</td>
<td>Waiver.</td>
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<tr>
<td>S 562 Establish Statewide Telepsychiatry Program</td>
<td>Hise</td>
<td>Appropriates $2 million for each of two years to establish a statewide telepsychiatry program.</td>
<td>Not yet referred</td>
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ITEM: CFAC Relational Agreement

Doug Wright, Director of Consumer Affairs, will provide the board with information regarding the CFAC Relational Agreement

DATE OF BOARD MEETING: April 4, 2013

REQUEST FOR AREA BOARD ACTION:
Receive the agreement for questions and comments back to Area Board Chair or Executive Committee.

AREA DIRECTOR RECOMMENDATION:
Receive the agreement for review.

RESOURCE PERSON(S):
Doug Wright, Director of Consumer Affairs
Relational Agreement Between

The Board of Alliance Behavioral Healthcare Area Authority for Mental Health, Developmental Disabilities and Substance Abuse Services (hereafter known as the Area Board),

And

The Alliance Behavioral Healthcare Consumer and Family Advisory Committee (CFAC)

This agreement, entered into by and between the Alliance Behavioral Health Care Area Board which is responsible for assuring the availability of local mental health, developmental disability and substance abuse services, with corporate offices located at 4600 Emperor Boulevard, Durham, NC 27703 and the Alliance Behavioral Health Care Consumer and Family Advisory Committee (CFAC), shall be effective the day following the last signature to this agreement and shall continue in effect until terminated by mutual consent of both parties or by any party for cause upon 60 day written notice to the other parties.

PURPOSE:

The Purpose of this agreement is to establish the roles and responsibilities for the partnerships between the Alliance Behavioral Healthcare Board of Directors (Area Board), the Alliance Behavioral Healthcare Local Management Entity – Managed Care Organization (LME-MCO), and the Alliance Behavioral Healthcare Consumer and Family Advisory Committee (CFAC). This document contains the essential elements of the arrangement (as mandated by North Carolina General Statutes, Chapter 122-C-170) between the Area Board, LME-MCO, and the CFAC that will assure commitment to and maintenance of regular communication among all parties. This document may be amended to meet the needs of any of the parties, to the extent that the additions do not detract from these essential elements.”

DEFINITIONS:

1. 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, developmental disabilities, and substance abuse. North Carolina General Statute §122C-170 requires that CFACs advise the LME and its Governing Board on “the planning and management of the local mental health, developmental disabilities, and substance abuse services system.”

2. Department of Health and Human Services (DHHS) – the lead State agency responsible for health and human services; this includes the delivery of mental health, developmental disabilities, and substance abuse services (MH/DD/SAS) in the State of North Carolina.
3. Local Management Entity – Managed Care Organization (LME - MCO) – an area authority that is responsible for assuring choice within the mental health, developmental disabilities, and substance abuse service system and is responsible for managing that system. Alliance Behavioral Healthcare is that authority for Durham and Wake counties.

   Alliance Corporate Office
   4600 Emperor Boulevard
   Durham, NC 27703

The Alliance Corporate Office houses the administrative functions of the organization, including utilization management, business operations, information technology and quality management, as well as the Access and Information Center.

Community Offices:

   414 East Main Street
   Durham, NC 27701

   5000 Falls of the Neuse Road, Suite 304
   Raleigh, NC 27609

Our Durham and Raleigh offices enhance Alliance’s local presence by housing the staff and services that have the most direct contact with our consumers and families and the closest collaboration with our local partners. These include community relations, care coordination, System of Care and provider relations.

4. Area Board - the LME - MCO Board of Directors is a public authority made up of representatives from each county in its catchment area.

5. Office of Consumer Affairs - The Office of Consumer Affairs will ensure that the voices and perspectives of consumers and family members are heard and integrated at all levels of the organization and will empower consumers and family members through education and exposure to resources.

   Office of Consumer Affairs
   4600 Emperor Boulevard
   Durham, NC 27703
6. State Empowerment Team Liaison - The Consumer Empowerment Team ensures consumer and advocacy voice and disability representation in Division planning, implementation, management and improvement efforts. The team is responsible for monitoring the efforts and achievements of the local Consumer and Family Advisory Committees to ensure their empowerment in order to perform their roles and responsibilities. Members are located across the state of North Carolina.

7. Local Business Plan – The Area Board must adopt a three year business plan for the management, delivery, and oversight of community services that, among other things establishes how the LME-MCO will ensure the availability, quality, and effectiveness of services.

RESPONSIBILITIES OF THE AREA BOARD, LME –MCO, AND THE CFAC:

CFAC Responsibilities (per North Carolina G.S.§122C -170)

1. The CFAC shall review, comment on, and monitor the implementation of the local business plan (LBP) to the LME -MCO, stakeholders, and the Division of MH/DD/SA Services.

2. The CFAC shall identify service gaps and underserved populations and make recommendations on areas of service eligibility and service array to the LME -MCO and the Area 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 area authority program budget.

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

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

Additional Responsibilities to assist in meeting statutory requirements:

1. Conduct regularly scheduled meetings that are open to any interested individual.

3. Identify CFAC members’ training needs and participate in the suggested training activities.

4. Work to recruit, appoint, retain, support and orient its membership.

5. Submit recommendations on CFAC appointments to the Area Board Chair and LME - MCO Area Director for representation on the Area Board’s Human Rights and Quality Management Committee and other Area Board and LME - MCO Committees as requested by the Area Board and LME - MCO.

6. Participate in LME - MCO committees as appropriate and as approved by the LME - MCO and the Area Board.

7. CFAC representatives to LME - MCO and Area Board committees agree to routinely share information regarding the committees’ activities with the CFAC members.

8. The CFAC Co-Chairs 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 Area Board and the LME - MCO.

9. The Executive Committee of the CFAC will schedule quarterly meetings with the CEO and Board Chair of the LME-MCO.

10. The CFAC may report to the Area Board at the monthly Area Authority Board meeting about its activities and needs from the Area Board. The CFAC agrees to submit an annual written report to the Area 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 Area 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.

11. The CFAC Executive Committee, on behalf of the CFAC, will reply, in writing, to written recommendations and/or inquiries from the LME - MCO or Area Board within two weeks of receipt.

12. 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.

13. 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 Behavioral Healthcare.
14. The CFAC will submit to the Chief Financial Officer its annual budget for inclusion into the overall budget by the end of February each year.

**Local Management Entity – Managed Care Organization Responsibilities:**

1. Provide sufficient support to assist the CFAC in implementing its duties under N.C.G.S. §122C -170.

2. Provide adequate funding to support the CFAC to undertake its statutory responsibilities. CFAC financial needs include:
   a. Stipends
   b. Refreshments
   c. Funding for training in content, services, and management.
   d. Transportation or compensation for travel expenses.
   e. Childcare and eldercare, as appropriate.
   f. Facility needs

3. Provide training to CFAC in accordance with activities described in numbers one through six above as defined by N.C.G.S.§122C -170 or as otherwise required by the CFAC to undertake its statutory responsibilities and approved by the LME - MCO.

4. Provide a LME - MCO/CFAC liaison and clerical support to the CFAC as identified and approved by the LME - MCO Area Director. The LME - MCO/CFAC liaison will coordinate with the CFAC secretary and be responsible for taking minutes of regularly scheduled CFAC meetings and will provide “draft” minutes to the CFAC Co-Chair(s) and CFAC members for review at least 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.

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

6. The LME - MCO will:
   • Obtain input from the CFAC regarding the annual update of the community need and provider capacity assessment
   • Report the results of the annual assessment to the CFAC.
   • Provide updates to the CFAC as required by the North Carolina Division of MH/DD/SAS and per related statutes.

7. Include CFAC members on appropriate leadership committees/collaboratives: ex. QM, Communication, Budget/Finance, and others that involve activities required for CFAC to perform statutory duties.

8. The LME - MCO agrees to notify, at least three weeks in advance, 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.

9. Respond in writing to issues, questions, or recommendations received from the CFAC within two weeks.

10. The LME - MCO will conduct at least two MCO wide forums each year to discuss topics such as budgets, gaps analysis, or other emerging issues.

**LME - MCO/CFAC Liaison Responsibilities and Activities:**

In that the CFAC is considered to be self-governing and self-directed, the LME -MCO/CFAC Community Relations Representative activities to provide support to the CFAC shall include:

1. Assist in maintaining a current CFAC membership list with contact information as submitted in a timely fashion by the CFAC Co-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 Co-Chair(s) at least five 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 as approved by the LME - MCO Area Director and as time and funding permits.

5. Assist in coordinating child and elder care for CFAC members as requests and as assistance is available.

6. Assist with financial reimbursements and meals for meetings, when applicable.

7. Assist with transportation, funding and care arrangements for CFAC members attending conferences (as resources permit).

8. Assist with maintaining updated CFAC information on the LME - MCO website.

9. Assist with CFAC membership recruitment, as able.
10. Forward relevant State and other documents to CFAC members using appropriate media. This may include information regarding policy changes, upcoming training, conference opportunities, etc.

**Area Board Responsibilities:**

1. The Area Board agrees to receive comment from the CFAC on substantive planning and management issues such as, but not limited to, decisions regarding service divestiture/retention/elimination, new service initiatives, or any significant shift or reduction in service resources and delivery.

2. The Area Board will reply, in writing, to issues, questions, or written recommendations from the CFAC within two weeks of receipt.

3. The Area Board agrees to officially recognize the CFAC as the body that seeks to fulfill the obligations of NC General Statute 122C-170.

4. The Area Board shall ensure timely, advance notification of actions proposed: When action must be taken on an item or issue, at least five business days’ notice should be given to the CFAC members so that materials may be distributed to the CFAC membership. Whenever possible, the CFAC requests respect for its regular meeting schedule and CFAC shall in turn respect the Area 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 the LME - MCO.

5. The Area Board, while exempt from specific membership requirements, with respect to the spirit of those requirements, will ensure that at least one board member is a CFAC member.

6. The Area Board will encourage its members to attend CFAC meetings, possibly on a rotating basis.

**JOINT RESPONSIBILITIES of the Alliance CFAC, the Area Board, and the LME:**

1. Work together to achieve a public MH/DD/SA service system for Alliance residents that is commensurate with other public and private resources available;

2. Work jointly to develop action plans regarding any systemic issues or concerns with systems of care;

3. Determine the level of professional staff participation necessary to ensure support but not control of the Alliance CFAC;
4. Work together to ensure that the Alliance CFAC and the Area Board memberships remain viable and are representative of all disability groups and reflect the racial, gender, and geographic differences in the catchment area;

5. Delineate processes for dispute resolution when necessary. If no dispute resolution procedure can be agreed upon, both parties agree to use the procedure in the following section.

**DISPUTE RESOLUTION:**

In the event of conflict CFAC agrees 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 LME - MCO staff person or the Area Board cannot be resolved informally, appeal shall be made to the LME - MCO Area Director.

If resolution is not achieved, the CFAC may appeal to the Area Board Chairperson.

If the conflict cannot be resolved, the three parties agree to use a mutually agreed upon external arbitrator for mediation.

**TERMINATION OF AGREEMENT:**

This Agreement may be terminated, in whole or in part, by mutual written consent of all parties or by any signing party, for cause upon 60 days written notice to the other party.

**SIGNATURES:**

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<th>CFAC Co-Chair Wake County</th>
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<th>CFAC Co-Chair Durham County</th>
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NOTE TO PERSONS FINALIZING AGREEMENT:

1. Signatures must appear on a page with at least the last sentence of the agreement, not on a separate, detached page.
2. This document contains the essential elements of the arrangement between the Local Management Entity – Managed Care Organization, the Area Board and the CFAC. The document may be amended to meet the needs of these three entities (the Local Management Entity – Managed Care Organization, the Area Board and the CFAC), to the extent that the additions do not detract from these essential elements.

Part 4A. Consumer and Family Advisory Committees.

§ 122C-170. Local Consumer and Family Advisory Committees.
(a) Area authorities and county programs shall establish committees made up of consumers and family members to be known as Consumer and Family Advisory Committees (CFACS). A local CFAC shall be a self-governing and a self-directed organization that advises the area authority or county program in its catchment area on the planning and management of the local public mental health, developmental disabilities, and substance abuse services system.

Each CFAC shall adopt bylaws to govern the selection and appointment of its members, their terms of service, the number of members, and other procedural matters. At the request of either the CFAC or the governing board of the area authority or county program, the CFAC and the governing board shall execute an agreement that identifies the roles and responsibilities of each party, channels of communication between the parties, and a process for resolving disputes between the parties.
(b) Each of the disability groups shall be equally represented on the CFAC, and the CFAC shall reflect as closely as possible the racial and ethnic composition of the catchment area. The terms of members shall be three years, and no member may serve more than two consecutive terms. The CFAC shall be composed exclusively of:
   (1) Adult consumers of mental health, developmental disabilities, and substance abuse services.
   (2) Family members of consumers of mental health, developmental disabilities, and substance abuse services.
(c) The CFAC shall undertake all of the following:
   (1) Review, comment on, and monitor the implementation of the local business plan.
   (2) Identify service gaps and underserved populations.
   (3) Make recommendations regarding the service array and monitor the development of additional services.
   (4) Review and comment on the area authority or county program budget.
   (5) Participate in all quality improvement measures and performance indicators.
   (6) Submit to the State Consumer and Family Advisory Committee findings and recommendations regarding ways to improve the delivery of mental health, developmental disabilities, and substance abuse services.
(d) The director of the area authority or county program shall provide sufficient staff to assist the CFAC in implementing its duties under subsection (c) of this section. The assistance shall include data for the identification of service gaps and underserved populations, training to 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. (2006-142, s. 5.)