**MEMBERS PRESENT:** ☒Ann Akland, ☒Cynthia Binanay, ☒Christopher Bostock, Vice-Chairman, ☒George Corvin, MD, ☐Kenneth Edge, ☒James Edgerton, ☒Lodies Gloston, ☒Phillip Golden (via phone), ☒John Griffin, Ed.D (via phone), ☒Curtis Massey, ☐Rev. Michael Page (exited at 6:25), ☒George Quick, ☒Robert Robinson, CEO ☒Vicki Shore (exited at 6:54), ☒William Stanford, Jr., Chairman, ☒Caroline Sullivan, ☒Scott Taylor, ☒Amelia Thorpe, ☒Lascel Webley, Jr., and ☒McKinley Wooten, Jr. (arrived at 4:40)

**GUEST(S) PRESENT:** Denise Foreman, Assistant to the Wake County Manager; and Janis Nutt, Cumberland Site Director

**ALLIANCE STAFF PRESENT:** Michael Bollini, Chief Strategy Officer; Margaret Brunson, Director of Hospital Relations; Hank Debnam, Cumberland Site Director/Veterans Point of Contact; Joey Dorsett, Chief Information Officer; Doug Fuller, Director of Communications; Kelly Goodfellow, Chief Financial Officer; Amanda Graham, Chief of Staff; Carol Hammett, General Counsel; Tina Howard, Quality Review Manager; Veronica Ingram, Executive Assistant; Carlyle Johnston, Director of Provider Network Strategic Initiatives; Geyer Longenecker, Director of Quality Management; Ken Marsh, Medicaid Program Director; Beth Melcher, Chief of Network Development and Evaluation; Sara Pacholke, Controller; Kate Peterson, Healthcare Network Project Manager; Monica Portugal, Chief Compliance Officer; and Doug Wright, Director of Consumer Affairs

1. **CALL TO ORDER:** Chairman William Stanford called the meeting to order at 4:03 p.m.

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<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION:</th>
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<tr>
<td>2. Announcements</td>
<td>Introduction of New Staff: Mr. Robinson introduced the following new staff: Dr. Margaret Brunson, Director of Hospital Relations; Dr. Michael Bollini, Chief Strategy Officer; and Kate Peterson, Healthcare Network Project Manager.</td>
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<td>3. Agenda Adjustments</td>
<td><strong>BOARD ACTION</strong></td>
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<td>A Motion was made by Lodies Gloston to add an announcement regarding the Board surveys to the agenda; seconded by Mr. Scott Taylor. Motion passed unanimously.</td>
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<td>Dr. George Corvin, Chair of the Board Quality Management Committee, requested that Board members complete the survey before they leave today’s meeting.</td>
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<td>4. Public Comment</td>
<td>There were no public comments.</td>
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**AGENDA ITEMS:**

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<tr>
<th>5. Committee Reports</th>
<th>DISCUSSION:</th>
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<tr>
<td>A. Consumer and Family Advisory Committee (5 minutes) – page 9</td>
<td>The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Durham, Wake, or Cumberland counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services. This month’s report included draft minutes from the recent Cumberland, Durham, and Wake subcommittee meetings and a Mental Health Awareness PowerPoint presentation. CFAC Chair, Marc Jacques, presented the CFAC report. He noted recent conversations discussing the importance of case management, CFAC members desire to support Alliance and increase awareness of Alliance and CFAC activities by obtaining Alliance CFAC t-shirts and/or badges, discussions regarding the need for additional direct service providers, and a recent resource fair with over fifty providers in attendance. Mr. Jacques provided updates on current CFAC membership noting the following: both he and Anna Cunningham will not seek another term. Carolyn Ambrose was elected as the new Chair, Israel Pattison was elected as Vice-Chair, Johnetta Johnson was elected as Secretary, and Curtis Taylor was elected as Treasurer.</td>
</tr>
<tr>
<td>B. Finance Committee (10 minutes) – page 41</td>
<td>The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board. This month’s report includes draft minutes from the May meeting, the budget to actual report, and ratios for the period ending April 30, 2015. Finance Committee Chairman, James Edgerton, presented the Finance Committee report. He noted that staff provided an overview of current financial internal controls/procedures. This was provided in response to the Eastpointe MCO State audit. Mr. Edgerton noted that the internal controls are comprehensive and appropriate. The Finance Committee recommended employing a second CPA firm to conduct a review of internal controls to see if there is room to improve. Ms. Portugal, Chief Compliance Officer, and Mr. Robinson, CEO, also recommended creating an audit and finance committee as a Board standing committee. Board members discussed receiving more information about internal controls at an upcoming meeting.</td>
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**BOARD ACTION**

A Motion was made by Mr. James Edgerton to set up a separate Board Audit and Finance Committee that would meet quarterly; seconded by Mr. George Quick. Motion passed unanimously.

A Motion was made by Mr. James Edgerton to hire a consultant to analyze Alliance’s internal controls; seconded by Mr. Christopher Bostock. Motion passed unanimously.
Ms. Goodfellow discussed a request for an amendment to the current budget, to increase the budget by $49,000,000.00 due to retroactive Medicaid payments, additional State allocations, and accounting of unspent County dollars. This additional revenue exceeds the budget that was previously set and is the reason for this budget amendment request. There were no additional questions or discussion about the budget amendment request.

**BOARD ACTION**
A Motion was made by Mr. James Edgerton for a budget amendment of $49,000,000.00 for this fiscal year; seconded by Mr. George Quick. Motion passed unanimously.

C. Policy Committee (10 minutes) – page 46
Per Alliance Behavioral Healthcare Area Board Policy “Development of Policies and Procedures”, the Board reviews all policies annually. The Board Policy Committee reviews a number of Policies each quarter in order to meet this requirement. This month’s report included draft minutes from the May meeting and Human Resources Policies recommended for approval.

Policy Committee Chairwoman, Cynthia Binanay, presented the Policy Committee report. Ms. Binanay noted that the report was submitted as part of the Board packet; the submitted policies mostly included procedural level detail and the majority of the revisions would include removing these details from policies and incorporating them into procedures. Additionally, she noted one policy was submitted without revisions and recommendations to repeals policies that were redundant. There were no questions or discussion about the submitted policies.

**BOARD ACTION**
A Motion was made by Mr. Christopher Bostock to accept for approval the submitted policies; seconded by Mr. Curtis Massey. Motion passed unanimously.
**AGENDA ITEMS:**

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<tr>
<th>DISCUSSION:</th>
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| 6. Consent Agenda | A. Draft Minutes from May 7, 2015, Board Meeting – page 86  
B. Executive Committee Report – page 93  
C. Quality Management Committee Report – page 97 |

   Chairman Stanford noted that the consent agenda was part of the Board packet; there were no questions or comments about the consent agenda.

**BOARD ACTION**

A Motion was made by Dr. George Corvin to approve the consent agenda; seconded by Mr. Christopher Bostock. Motion passed unanimously.

| 7. Proposed Leases | A. Proposed Lease for 309 Crutchfield Street, Durham – page 163  
B. Proposed Lease Renewal for Space at 711 Executive Place, Fayetteville – page 177 |

   Carol Hammett, General Counsel, reviewed the two proposed leases that were part of the packet. She noted that pursuant to the by-laws all property leases must be approved by the Board and would then be subject to approval by the respective Board of County Commissioners. Board members discussed the background behind both requests, the current location, and the impact that a potential location change could have on the community.

**BOARD ACTION**

A Motion was made by Mr. George Quick to approve the proposed lease renewal for 711 Executive Place, Fayetteville, subject to changes approved by General Counsel and the CEO; seconded by Mr. James Edgerton. Motion passed unanimously.

A Motion was made by Mr. Curtis Massey to approve the lease for 309 Crutchfield Street, Durham, subject to changes approved by General Counsel and the CEO; seconded by Mr. James Edgerton. Motion passed unanimously.

| 8. FY16 Recommended Budget | A. Public Hearing – page 179  
B. FY16 Recommended Budget Presentation – page 180 |

   At the April meeting Kelly Goodfellow, CFO, and Kelly Phillips, Finance Director of Budget and Analysis, presented the recommended budget for fiscal year 2016. The budget was included in the Board packet.

   Chairman Stanford opened the public hearing. There were no speakers; the public hearing was closed.
**AGENDA ITEMS:**

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<td>Kelly Goodfellow, Chief Financial Officer, presented a follow-up presentation for the FY2016 Recommended Budget; this PowerPoint presentation is attached to and made part of these minutes.</td>
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**BOARD ACTION**

A Motion was made by Ms. Cynthia Binanay to approve the FY16 budget; seconded by Mr. George Quick. Motion passed unanimously.

9. Approval of Corporate Compliance Plan – page 248

Alliance is required to have a compliance program per federal regulations and contractual agreement with the Division of Medical Assistance. The Board adopted the Corporate Compliance Plan in 2012 and approved it with minor revisions in June 2013 and 2014 for continued use.

Chairman Stanford reminded Board members that the compliance plan was sent as part of the Board packet. Monica Portugal, Chief Compliance Officer, presented an overview of the compliance plan. The compliance plan with recommended revisions is attached to and made part of these minutes.

Board members discussed the topic, noted the recommendation to create a Board Audit and Compliance Committee, and requested clarification when compliance related issues are resolved by the CEO and when these issues would come to the Board. Ms. Portugal noted that with the creation of this committee the compliance plan will need additional revisions. There were no additional comments or discussion about the compliance plan.

**BOARD ACTION**

A Motion was made by Commissioner Caroline Sullivan to accept and approve the proposed changes in the corporate compliance plan; seconded by Mr. Scott Taylor. Motion passed unanimously.

10. Area Board Conflict of Interest – page 264

It is the policy of Alliance to ensure that none of its Board members have conflicts of interest with any of the provider agencies with which Alliance has a contractual or a consumer referral relationship. Board Members must disclose a conflict or the appearance of a conflict of interest. The Area Board shall make the final decision regarding the disposition of all conflict of interest issues.

Ms. Portugal presented an overview of the Board’s conflict of interest policy which speaks to actual, potential or perceived conflict and outlines prohibited conflicts related to Board members and their family members; she noted that it is a particularly strict policy and is based on legal and ethical standards.
AGENDA ITEMS: | DISCUSSION:
---|---
Chairman Stanford led a discussion regarding three disclosed conflicts of interest noting that the Board would make a final decision regarding each disclosure. He noted that the other conflicts and additional disclosures will be presented at the August Board meeting.

Board members discussed the topic, potential solutions for each disclosure, and Alliance’s financial involvement with each agency noted in the disclosures. Board members also discussed reviewing/revising the current conflict of interest policy. Also, Board members discussed tasking the Chief Compliance Officer to review the agenda of upcoming Board meetings for issues related to potential conflicts.

**BOARD ACTION**
A Motion was made by Dr. George Corvin that the three disclosed conflicts be recognized as narrowly constrained and can be addressed by recusal and additionally, that the Compliance Officer review the agenda prior to meetings and bring to the Board’s attention any concerns that may require recusal, and that these three individuals continue their service on the Board. Seconded by Mr. John Griffin. Motion passed unanimously.

11. Proposal to Cancel the July 2, 2015, Board Meeting – page 265
The matter placed before the Board is to consider cancelling the July 2015 regularly scheduled meeting, as it has been done in the past. If canceled the proper notice shall be published in accordance with the Open Meetings Act and Area Board Policy. There were no questions or discussions about the topic.

**BOARD ACTION**
A Motion was made by Mr. Lascel Webley to cancel the July 2, 2015, scheduled Board meeting; seconded by Mr. George Quick. Motion passed unanimously.

12. Branding Media Campaign – page 266
Alliance is planning a media campaign designed to raise public awareness of its name/brand. This update included some of the messaging, the media mix to be utilized, and the strategies planned to measure the reach of the campaign. Mr. Robinson noted that this campaign was inspired by recent conversations with stakeholders, Alliance’s strategic planning and input from Board members.

Doug Fuller, Director of Communications, provided an update on Alliance’s branding media campaign and noted the publication of the 2014 annual report. This six-month campaign is focused on improving Alliance brand awareness and sharing Alliance’s values; it will encompass a variety of media: television, internet, radio, and outdoor (out-of-home). Mr. Fuller also provided information regarding measuring the campaign’s impact. A PowerPoint presentation is attached to and made part of these minutes.
**AGENDA ITEMS:**

| DISCUSSION: |  
| --- | --- |
| Board members discussed the topic, noted an increased need to help the community access services, the need for increased education with community stakeholders, and a need to include County contributions clearly. |  

**BOARD ACTION**

The Board accepted the presentation; no further action required.

13. Updates

A. Wake Hospital Beds – page 274
Late last year the CEOs of the hospitals in Wake County and Alliance CEO, Robert Robinson, met to discuss a recent spike of individuals with behavioral health crisis in the emergency departments. A workgroup was formed to review data and to make recommendations.

Beth Melcher, Chief of Program Development and Evaluation, presented an update on those recommendations and a response to them Dr. Melcher noted recommendations which were included as part of the Board packet and also forwarded to the State Department of Health and Human Services. The recommendations are attached to and made part of these minutes. Board members discussed the topic in detail including ways Board members could engage community stakeholders.

B. Mercer Review: topic was tabled due to time constraints.

C. Legislation – page 277
Alliance General Counsel, Carol Hammett, presented a legislative update noting expectations to have additional information the following week after the Senate submits their proposed budget which may also include Medicaid reform; the House may also submit a Medicaid reform bill the week of June 8-12, 2015.

**BOARD ACTION**

The Board accepted the updates; no further action required.

14. Election of Board Officers – page 278

As stated in the by-laws officers of the Area Board shall be chosen for a one-year term at the final meeting of the fiscal year in which the Area Board is serving, and shall be as follows: Chairperson and Vice-Chairperson. Officers will be nominated and elected by members of the Board.
Phillip Golden stated that he, Vicki Shore, Ann Akland, and John Griffin assisted in identifying Board members who would be interested in serving as Board officers. The following nominations were presented: Christopher Bostock as Chair and Cynthia Binanay as Vice-Chair. There were no additional nominations, discussion or comments about the selection of Board Officers.

**BOARD ACTION**
A Motion was made by Mr. McKinley Wooten to close the nominations for Chair; seconded by Mr. George Quick. Motion passed unanimously. By unanimous vote via show of hands Christopher Bostock was elected as new Chair.

A Motion was made by Mr. McKinley Wooten to close the nominations for Vice-Chair; seconded by Commissioner Caroline Sullivan. Motion passed unanimously. By unanimous vote via show of hands Cynthia Binanay was elected as Vice-Chair.

15. Chairman’s Report
Chairman Stanford expressed appreciation to staff and Board members for serving as Chairman. Chairman-elect Bostock presented a Chairman Stanford with a plaque expressing gratitude from Board members and staff for his service as Chairman. Chairman-elect Bostock expressed appreciation for serving on the Board and for the work done by Board members and staff.

Mr. Robinson, CEO, noted a new staff committee, Futures Development Committee, starting July 23; he invited Board members to attend and participate.

16. Adjournment
With all business being completed the meeting adjourned at 7:22 p.m.
ITEM: Consumer and Family Advisory Committee (CFAC) Report

DATE OF BOARD MEETING: June 4, 2015

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

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

The Alliance CFAC meets at 5:30pm on the first Monday in the months of February, April, June, August, October and December at the Alliance Corporate Office, 4600 Emperor Boulevard, Durham. Subcommittee meetings are held in individual counties, the schedules for those meetings are available on our website.

The Alliance CFAC tries to meet its statutory requirements by providing you with the minutes to our meetings, letters to the board, participation on committees, outreach to our communities, providing input to policies effecting consumers, and by providing the Board of Directors and the State CFAC with an Annual Report as agreed upon in our Relational Agreement describing our activities, concerns, and accomplishments. The Alliance CFAC is currently chaired by Marc Jacques while Dr. Mike Martin serves as vice-chair.

REQUEST FOR AREA BOARD ACTION: Receive draft subcommittee minutes from the Cumberland April 23rd meeting, the Durham May 4th meeting, the Wake May 12th meeting, and a copy of the PowerPoint presentation on Mental Health Awareness.

CEO RECOMMENDATION: Receive the report.

RESOURCE PERSON(S): Marc Jacques, CFAC Chair; Doug Wright, Director of Consumer Affairs
1. **WELCOME AND INTRODUCTIONS:** The meeting was called to order at 5:45 p.m. by Chair, Lotta Fisher. Lotta recognized Alliance Board member, Chris Bostock, and all visitors. All guests and members introduced themselves.

2. **REVIEW OF THE MINUTES**

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<td>Public Comment</td>
<td>Dr. Michael McGuire reminded those present about the availability of free Safe Link phones. Those eligible for these free phones include anyone receiving federal assistance such as food stamps and Medicaid. Dr. McGuire indicated that he is a contact point for those in need of a Safe Link phone.</td>
<td>The Subcommittee will spread information about this free resource as they speak with consumers and families.</td>
<td>Ongoing</td>
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<td>Consumer/Family challenges and solutions</td>
<td>A 10 minute roundtable around challenges faced and solutions found. Dr. McGuire wondered how more people could be attracted to attend future CFAC-sponsored Public Forums. He felt this lack of attendance thwarts CFAC’s efforts to inform and advocate for individuals in their community. Amy Quinn suggested marketing directly to area churches may be one solution. She revealed that she has access to contact for many churches in Cumberland County and would be willing to share this information. Susan Baggett reminded the subcommittee that she continues to make available to them opportunities to participate in community outreach events. Nay Headley reported that she attended the Community Collaborative meeting earlier today to keep the different agencies and programs that comprise the Collaborative abreast of issues and to make them aware of CFAC and any</td>
<td>The subcommittee will continue to identify additional avenues for expanding their outreach to the community. Multiple members voiced a plan to man an Alliance outreach booth at Eastover Heritage Day.</td>
<td>Ongoing 05/02/15</td>
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<td>AGENDA ITEMS:</td>
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<td>Health and Human Services to fund a Critical Time Intervention (CTI) program in Cumberland County for two years. This forensic program is intended to promote recovery, psychiatric rehabilitation, and full inclusion in the community for individuals with mental health, substance use, or co-occurring conditions post release from the Cumberland County Jail.</td>
<td>about it, and seek future update on the implementation and effectiveness.</td>
<td>The subcommittee will share information about the Re-Think campaign while in the community.</td>
<td>Ongoing</td>
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<td>Doug reminded the subcommittee to begin thinking of nominations for officers for the full Alliance CFAC. He revealed that the Alliance Re-Think campaign continues throughout the 4 county Alliance coverage area. Earlier this month, the Alliance Behavioral Healthcare Executive Committee received training in self-determination and recovery.</td>
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<td>Subcommittee members will seek updated information on this issue.</td>
<td>Ongoing</td>
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<td>Doug indicated that both the Senate and the House continue to develop separate bills regarding Medicaid. Lobbyists for Alliance are educating legislators about the benefits of the LME/MCO system and sharing Alliance’s views. These lobbyists are also monitoring legislative happenings and providing timely feedback to Alliance.</td>
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<td>The subcommittee will support this plan.</td>
<td>Ongoing</td>
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<td>Alliance Board member, Chris Bostock, reported that the Board has placed an importance on the following three things: (1) development of a brand for Alliance Behavioral Healthcare. This would include brand name recognition. (2) Making certain that the state knows the value of Alliance MCO and that of the other LME/MCOs in terms of their impact on services in the state. (3) Ensuring that individuals known how to access services.s</td>
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<td><strong>STATE UPDATES</strong></td>
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<td>public forums. Nay recommended the subcommittee consider establishing a marketing committee. Doug Wright informed the group about the Datacom committee meeting every other month whose role is to strategize about reaching out to the community. The next Datacom meeting is in May 2015.</td>
<td>Dr. McGuire has agreed to be a member of the marketing committee and is seeking additional members. The subcommittee will seek input from the Datacom committee.</td>
<td>Ongoing</td>
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<td>Susan Baggett reminded the subcommittee of upcoming outreach opportunities with the Community Relations Department staff including Eastover Heritage Day on May 2, 2015 and Steadman Party in the Park on May 16, 2015.</td>
<td>Several members including Dr. Michael McGuire, Lotta Fisher, Jackie Blue, and George Mitchell sit at the Alliance booth during Eastover Heritage Day for outreach with the community.</td>
<td>Ongoing</td>
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<td>Co-Chair, Dr. Michael McGuire, suggested a need for a CFAC ID card when approaching individual in the community. He suggested a card might provide more substantiation and thereby lead to more successful interactions and advocacy within the community.</td>
<td>Doug Wright agreed to look into the possibility of CFAC identification cards.</td>
<td>Ongoing</td>
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<td><strong>MCO UPDATES</strong></td>
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|  | Roanna Newton shared information from the Consumer Empowerment Team Update for April 2015.  
- The next State CFAC meeting is May 13, 2015 from 9:00 a.m. to 3:00 p.m. on the Dix campus in the Haywood Building, Room 104.  
- The next Local CFAC to State CFAC conference call is May 20, 2015. Members are encouraged to listen in by calling 1-888-273-3658. Access Code 2490768#. | The subcommittee will continue to participate in meetings, events, and discussions in order to remain abreast of issues and legislation that impact consumers, families, and the community at large. | Ongoing |
<p>|  | Roanna informed the subcommittee that she has resigned effective May 8, 2015. There is no current word on her replacement. She has been assured that someone from her office will be assigned to follow-up with the subcommittee. | | |
|  | Members thanked Roanna for her support to the subcommittee. | | |
|  | Doug Wright reported that Alliance has just been awarded a $554,000 grant from the North Carolina Department of | The subcommittee will be supportive of this program, educate the community | Ongoing |</p>
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<td>Community Forum – Recap</td>
<td>Chris reminded the subcommittee that their role of advocacy, education, and outreach is vitally important.</td>
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<td>Doug Wright reported that 37 people attended the April 14, 2015 Community Forum which was held at the Cumberland County Department of Social Services. During this event, the documentary, ‘The Anonymous People’ was screened as the forum focus was on recovery from substance misuse. Subcommittee members expressed their disappointment with the attendance number. Discussion was held on ways to increase community forum attendance and whether another opportunity to see the documentary should be pursued. George Mitchell suggested further development of advertising about the documentary. Upon inquiry from Alliance Board members, Chris Bostock, Doug revealed that there have been two showings in Durham, those only reached a total of 45 attendees. Doug offered to rescreen the documentary in Cumberland County pending notification from the subcommittee.</td>
<td>Subcommittee members will seek to gauge the level of interest with the community for another showing of ‘The Anonymous People’. The subcommittee will explore advertising opportunities for informing the community about future public forums and CFAC-sponsored events.</td>
<td>Ongoing</td>
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<td>Membership/Goals</td>
<td>Chair, Lotta Fisher, noted that Kiamesha White has attended multiple Cumberland CFAC Subcommittee meetings and led discussion with Kiamesha about her desire to become a member. Lotta led a motion to accept Kiamesha as a member. The motion was seconded by Jackie Blue and the Subcommittee voted unanimously to accept Kiamesha White as a member. Ann Quinn voted for Dr. Mike Martin by proxy.</td>
<td>N/A</td>
<td>N/A</td>
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<td>Appreciation</td>
<td>A 5 minute roundtable around appreciation of each other.</td>
<td>N/A</td>
<td>N/A</td>
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<td>The meeting was adjourned at 7:15 p.m. following a motion by Chair, Lotta Fisher, and a second by George Mitchell. Next Cumberland Subcommittee of Alliance CFAC is May 28, 2015 at 5:30 p.m. at the Cumberland office</td>
<td>Subcommittee members will attend the next meeting.</td>
<td>May 28, 2015</td>
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5. ADJOURNMENT
1. **WELCOME AND INTRODUCTIONS**

2. **REVIEW OF THE MINUTES** – No quorum - minutes not approved at this time.

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<tr>
<td>Public Comment</td>
<td>Johnetta has observed that Case Management Services are greatly missed within the community. She is discovering that there is still great need for this service. The community is struggling to find the resources needed. CFAC members suggested that Johnetta look to Wellness City and the Durham Network of Care for resources.</td>
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<tr>
<td>Consumer/Family challenges and solutions</td>
<td>No new challenges discussed</td>
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<tr>
<td>State Update</td>
<td>• May 4 is Roanna’s last CFAC meeting. She is moving this week. The group expressed dismay over her leaving.</td>
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<td>• A hard copy of the State Update was not provided.</td>
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<td>• The state office has moved to the Bath Building, 306 N Wilmington Street.</td>
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<td>• The State CFAC meeting will be held on May 13, 2015 in the Haywood Building- #104, 9:00-10:00am</td>
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<td>• The CFAC conference call will be on May 20th.</td>
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<td>• DWAC will meet on May 20, 2015- in the Brown Building</td>
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<td>• The Wake County CFAC will host a Community Resource Fair on May 16, 2015.</td>
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<td>• The state asks that CFAC share interesting things happening in our communities for the newsletter. Contact the State Consumer Empowerment Team with this information.</td>
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<td>• THANK YOU Roanna for all you have done!</td>
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**AGENDA ITEMS:**

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<th>Mental Health Awareness Training</th>
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<tr>
<td>May is Children’s Mental Health Awareness Month. Doug provided a power point on <em>Understanding Mental Health</em>.</td>
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<tr>
<th>MCO Updates</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• The Innovations Waiver workgroup, a group providing feedback on the Innovations Waiver, meets on the fourth Wednesday of each month-3:30-5:30. If you are interested in joining this workgroup please contact Doug.</td>
<td></td>
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</tr>
<tr>
<td>• Cumberland was awarded a Grant for Critical Time Intervention. This will assist community members coming out of incarceration with needed resources in a timely manner.</td>
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<tr>
<td>• In the Legislature- Bills have crossed over to be considered. Alliance is in Raleigh advocating for Mental Health.</td>
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<tr>
<td>• The Community Awareness Campaign is being implemented. The Executive Team has been trained. Once the rest of the Alliance staff has been trained the curriculum will be offered to the community.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Membership/other Concerns/Snapshot Survey</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>• Tammy introduced Allison Stutts and would like to sponsor her for membership. She will present this to the large CFAC group in June.</td>
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<tr>
<td>• The Nominating Committee will present the names of the potential 2015/2016 officers at the June meeting.</td>
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</tr>
<tr>
<td>• Colleen Kilheimer is home from Pettigrew Nursing Home but has contracted a virus.</td>
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</tr>
<tr>
<td>• Sharon is currently facing some challenges but hopes to be back with us soon.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Announcements</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>• Felecia McPherson is out of the hospital and living with her sister. It is reported that she is doing well.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Wake CFAC is hosting a Resource Fair on May 16, 2015. What can the Durham Subcommittee do in the community? Tammy would like to have a community resource fair. Doug suggested that after May 16, 2015- Brynda, Tammy, Allison and Johnetta talk with the Wake Subcommittee to find out</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## AGENDA ITEMS:

<table>
<thead>
<tr>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>how they set the resource fair up and what lessons were learned.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appreciation</td>
<td>THANK YOU Roanna! We will miss you!</td>
<td></td>
</tr>
</tbody>
</table>

### 5. ADJOURNMENT
MEMBERS PRESENT: Dave Curro, Marc Jacques, Denise Wood, Faye Griffin, Carrie Ambrose, Israel Pattison, Cynthia Daniels-Hall, Eric Hall, Anna Cunningham, Crystal Foreman
GUEST(S) PRESENT: Doug Wright, Teri Kachur, Glenda Stokes

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – Minutes for 3/10/2015 were approved.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Comment</td>
<td>None</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Consumer/Family challenges and solutions</td>
<td>The continued challenges of agencies finding qualified direct service providers to be able to deliver authorized services needs to be addressed.</td>
<td>Continue the discussion, potential solutions such as job fairs, pay rates, reimbursement rates, etc.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>State updates</td>
<td>Glenda Stokes announced that the state will be posting the job vacated by Roanna Newton that she and other staff will be filling in until that person is hired. She updated members about upcoming events, dates, and locations.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Training – Mental Health Awareness</td>
<td>Doug Wright presented the attached training on Mental Health Awareness. The discussion was timely considering that May is Mental Health month.</td>
<td>It was suggested that we have some copies of this training available at the resource fair.</td>
<td>5/16/2015</td>
</tr>
<tr>
<td>Resource Fair</td>
<td>Dave and Teri reported out on the status of the resource fair. 50 community providers and/or resources have signed up to participate. Members were encourage to send out the flyer to their friends and contacts. Teri will talk it up on social media, it has been put on several community boards, participating partners have been ask to promote the event as well. Further discussion was had about logistics, set up, tear down and general information. Everyone was excited about having the fair and looking forward to Saturday.</td>
<td>Suit up, show up, and have the resource fair.</td>
<td>5/16/2015</td>
</tr>
<tr>
<td>MCO Updates</td>
<td>Doug reported that Cumberland County had been awarded a Forensic Critical Time Intervention grant. Members were reminded that they will be voting on officers at their next full</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### AGENDA ITEMS:

**DISCUSSION:**

CFAC meeting; mention was made of all of the activities going on around the communities in celebration of Mental Health month; reminded everyone that the legislature is in session and bills are being discussed about Medicaid reform; updated the committee on training received by the Alliance Executive Leadership Team around a recovery oriented system of care and self-determination.

**NEXT STEPS:**

Consider others for membership, review status of members and where the needs are for the committee.

**TIME FRAME:**

7/14/2015

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
<th>NEXT STEPS</th>
<th>TIME FRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership/other Concerns/Snapshot Survey</td>
<td>Discussion was had about looking for new members at the Resource fair; members were encouraged to fill out the Snapshot survey.</td>
<td>Consider others for membership, review status of members and where the needs are for the committee.</td>
<td>7/14/2015</td>
</tr>
<tr>
<td>Appreciation</td>
<td>Members were grateful for all the work that had gone into putting on the resource fair.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### 5. ADJOURNMENT

Members were grateful for all the work that had gone into putting on the resource fair.
Mental Health Awareness
Understanding Mental Health Challenges

• A medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning

• Affect every aspect of life

• Can affect persons of any age, race, religion or income

• Not the result of personal weakness, lack of character or poor upbringing
Understanding Mental Health Challenges

• One in four adults in America experiences a mental health disorder in a given year
  - One in 17 lives with a serious mental health challenge such as schizophrenia, depression or bipolar disorder

• Half of the adults in America will develop a mental health challenge sometime in their lives

• One in 10 children lives with a serious mental or emotional disorder
Understanding Mental Health Challenges

• Symptoms of mental health challenges can appear as physical problems, such as abdominal pain, back pain or headache.

• A thorough medical workup is important to understanding the cause and diagnosis of mental health challenges.
Serious Mental Health Challenges

- **Major depression**
  - Mood state that goes well beyond temporarily feeling sad or blue

- **Schizophrenia/schizo-affective disorder**
  - Affects 2.4 million American adults

- **Bipolar disorder**
  - Chronic illness with recurring episodes of mania and depression

Serving Durham, Wake, Cumberland and Johnston Counties
Serious Mental Health Challenges

• Obsessive compulsive disorder (OCD)
  ○ Obsessions are intrusive, irrational thoughts; unwanted ideas or impulses

• Anxiety/panic disorder

• Posttraumatic stress disorder (PTSD)
  ○ Affects many different people, from survivors of rape and natural disasters to military service men and women

Serving Durham, Wake, Cumberland and Johnston Counties
Serious Mental Health Challenges

• Borderline personality disorder
  o Pervasive instability in moods, interpersonal relationships, self-image and behavior

• Attention-deficit hyperactivity disorder (ADHD)
  o Characterized by inattention, hyperactivity and impulsivity

• Dissociative Identity Disorder

Serving Durham, Wake, Cumberland and Johnston Counties
Risk Factors

• Close blood relative with a mental health challenge.

• Mother’s exposure to viruses, toxins, drugs or alcohol during pregnancy

• Stressful life situations, such as financial problems, a loved one's death or a divorce

• Chronic medical condition, such as cancer

• Brain damage as a result of a serious injury
Risk Factors

• Traumatic experiences, such as military combat or being assaulted
• Use of illegal drugs
• Being abused or neglected as a child
• Lack of friends or healthy relationships
• Having a previous mental health challenge
Signs and Symptoms

- Feeling sad or down
- Confused thinking or reduced ability to concentrate
- Excessive fears or worries
- Extreme mood changes of highs and lows
- Withdrawal from friends and activities
- Significant tiredness, low energy or problems sleeping
Signs and Symptoms

- Delusions, paranoia or hallucinations
- Inability to cope with daily problems or stress
- Extreme feelings of guilt
- Alcohol or drug abuse
- Major changes in eating habits
- Sex drive changes
- Excessive anger, hostility or violence
- Suicidal thinking
Complications of Mental Health Challenges

- Unhappiness and decreased enjoyment of life
- Family conflicts
- Relationship difficulties
- Social isolation
- Problems with tobacco, alcohol and other drugs
- Problems at work or school
- Poverty and homelessness
Complications of Mental health Challenges

- Self-harm and harm to others, including suicide or homicide
- Increased risk of motor vehicle accidents
- Weakened immune system
- Heart disease and other medical conditions
Recovery from Mental Health Challenges

• As people become familiar with their illness they recognize their own patterns of behavior
• A holistic process that involves a variety of perspectives
• Recovery journey is unique for each individual
• A process, not an event
• Requires community support and continuity of care

Serving Durham, Wake, Cumberland and Johnston Counties
Recovery from Mental Health Challenges

• Seek effective and timely care
  o Because mental health challenges have no cure, treatment may need to be continuous

• Treatment extends beyond medication
  o Includes attaining and maintaining physical health

• Individuals with a mental health challenges benefit tremendously from taking responsibility for their own recovery
Treatment of Mental Health Challenges

• Medications available to help with challenges including psychosis, depression and anxiety
  o Usually effective but side effects should be monitored and minimized

• Treatment program should also include other essential components such as:
  o Psychotherapy
  o Support groups
  o Patient understanding of the challenge

Serving Durham, Wake, Cumberland and Johnston Counties
What Can You Do?

- If you have any signs or symptoms of a mental health challenge, see your doctor, mental health provider or other health professional.

- If your loved one shows signs of a mental health challenge, have an open and honest discussion with him or her about your concerns.
The Treatment Team

- Family or primary care doctor
- Psychiatrist
- Psychotherapist, such as a psychologist or a licensed counselor
- Pharmacist
- Social worker
- Family members/Peers

Serving Durham, Wake, Cumberland and Johnston Counties
Questions for the Healthcare Team

• What mental health challenge might I have?
• Why can't I get over it on my own?
• How do you treat my mental health challenge?
• Will counseling or psychotherapy help?
• Are there medications that might help?
• How long will treatment take?
• What can I do to help myself?

Serving Durham, Wake, Cumberland and Johnston Counties
Questions for the Healthcare Team

• Do you have any brochures or other printed material that I can have?

• What websites do you recommend?
Dealing with Suicidal Thoughts

• Call 911 or your local emergency number

• Call a suicide hotline number, such as 800-273-TALK, to reach a trained counselor

• Reach out to a close friend or loved one or a minister or someone in your faith community

• Contact your doctor, other health care provider or mental health specialist

Serving Durham, Wake, Cumberland and Johnston Counties
Living Well with Mental Health Challenges

- Stick to your treatment plan
- Avoid alcohol and drug use
- Stay active
- Don't make important decisions when your symptoms are severe
- Prioritize your life
- Learn to adopt a positive attitude
ITEM: Finance Committee Report

DATE OF BOARD MEETING: June 4, 2015

BACKGROUND:
The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board. The Finance Committee meets monthly at 3:00 p.m. prior to the regular Area Board Meeting. The draft minutes of the May Finance Committee meeting are attached. This month’s report includes the Statement of Revenues and Expenditures and ratios for the period ending April 30, 2015.

REQUEST FOR AREA BOARD ACTION:
Accept the report.

CEO RECOMMENDATION:
Accept the report.

RESOURCE PERSON(S):
James Edgerton, Committee Chair; Robert Robinson, CEO; Kelly Goodfellow, CFO
APPOINTED MEMBERS PRESENT: ☒ James Edgerton, Chair; ☐ George Quick, MBA, ☐ John Griffin; ☒ Vicki Shore ☒ Bill Stanford
BOARD MEMBERS PRESENT: N/A
GUEST(S) PRESENT: Vicki Evans, Cumberland County
STAFF PRESENT: Rob Robinson, CEO; Kelly Goodfellow, CFO; Sara Pacholke, BS, CPA, Controller

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the 4/2/2015 meeting and 3/31/15 budget retreat were reviewed; a motion was made by George Quick and seconded by Vicki Shore to approve the minutes. Motion passed.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
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<th>TIME FRAME:</th>
</tr>
</thead>
</table>
| 3. Monthly Financial Reports | The monthly financial reports were discussed which includes the Statement of Net Position, the Statement of Revenue and Expenses – Actual to Budget and Benchmark Ratios  
a) Statement of Net Position as of March 31, 2015 
b) Statement of Revenue and Expenses – Actual to Budget for the Nine Months Ending March 31, 2015.  
c) Alliance is currently meeting and exceeding all required Senate Bill 208 ratios. | | |
| 4. | Kelly Goodfellow discussed the intent to pay the loans in full to Cumberland, Durham and Wake counties before the end of the year. | | June 9, 2015 |
| 5. | Sara Pacholke provided an update on the language change to the Wake County funding agreement. Still waiting for a response from Wake County. The language will be changed to allow Alliance to put unspent money in a restricted fund balance account. | Alliance to provide proposed contracts to Durham and Cumberland County as soon as possible. | |
| 6. | Discussed that the State provides Alliance with an “Alliance” allocation (not by County). Alliance budgets by county using historical information. Discussed putting a procedure in place to obtain board approval when State funding is moved between counties over a certain threshold. Rob discussed that we need to start thinking regionally in order to utilize the money in the best way possible. | Discuss internally and work on procedure. | |

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

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
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<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.</td>
<td>Discussed the revised fund balance policy. Alliance will determine what one month of expenses truly is and modify the policy accordingly. We also discussed the investment policy.</td>
<td>Sara Pacholke will determine one month of expenses and modify the policy.</td>
<td></td>
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</tbody>
</table>

4. **ADJOURNMENT**

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
# Alliance Behavioral Healthcare
## Statement of Revenue and Expenses - Budget and Actual
### 4/30/2015

<table>
<thead>
<tr>
<th></th>
<th>Original Budget</th>
<th>Current Period</th>
<th>Year to Date</th>
<th>Balance</th>
<th>% Received/ Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Service</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County</td>
<td>$36,224,000.00</td>
<td>$5,047,855.66</td>
<td>$28,323,084.18</td>
<td>$7,900,915.82</td>
<td>78.19%</td>
</tr>
<tr>
<td>State</td>
<td>38,939,289.00</td>
<td>2,978,659.87</td>
<td>31,954,004.06</td>
<td>6,985,284.94</td>
<td>82.06%</td>
</tr>
<tr>
<td>Federal</td>
<td>7,715,997.00</td>
<td>549,340.43</td>
<td>6,315,419.39</td>
<td>1,400,577.61</td>
<td>81.85%</td>
</tr>
<tr>
<td>Medicaid Waiver</td>
<td>316,520,179.00</td>
<td>26,961,457.58</td>
<td>290,945,172.57</td>
<td>25,575,006.43</td>
<td>91.92%</td>
</tr>
<tr>
<td>In Kind Revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous Revenue</td>
<td>0.00%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Service Revenue</strong></td>
<td>399,399,465.00</td>
<td>35,537,313.54</td>
<td>357,537,680.20</td>
<td>41,861,784.80</td>
<td>89.52%</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>4,588,482.00</td>
<td>363,282.00</td>
<td>3,652,030.00</td>
<td>936,452.00</td>
<td>79.59%</td>
</tr>
<tr>
<td>Medicaid Waiver</td>
<td>41,129,741.00</td>
<td>5,019,715.13</td>
<td>37,599,363.42</td>
<td>3,530,377.58</td>
<td>91.42%</td>
</tr>
<tr>
<td>Miscellaneous Revenue</td>
<td>100,000.00</td>
<td>(46,830.68)</td>
<td>43,562.41</td>
<td>56,437.59</td>
<td>43.56%</td>
</tr>
<tr>
<td><strong>Total Administrative Revenue</strong></td>
<td>45,818,223.00</td>
<td>5,336,166.45</td>
<td>41,294,955.83</td>
<td>4,523,267.17</td>
<td>90.13%</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>445,217,688.00</td>
<td>40,873,479.99</td>
<td>398,323,636.03</td>
<td>46,385,051.97</td>
<td>89.58%</td>
</tr>
<tr>
<td><strong>EXPENDITURES</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>Service</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County</td>
<td>36,224,000.00</td>
<td>5,047,855.66</td>
<td>28,323,084.18</td>
<td>7,900,915.82</td>
<td>78.19%</td>
</tr>
<tr>
<td>State</td>
<td>38,939,289.00</td>
<td>2,978,659.87</td>
<td>31,954,004.06</td>
<td>6,985,284.94</td>
<td>82.06%</td>
</tr>
<tr>
<td>Federal</td>
<td>7,715,997.00</td>
<td>549,340.43</td>
<td>6,315,419.39</td>
<td>1,400,577.61</td>
<td>81.85%</td>
</tr>
<tr>
<td>Medicaid Waiver</td>
<td>316,520,179.00</td>
<td>26,961,457.58</td>
<td>290,945,172.57</td>
<td>25,575,006.43</td>
<td>91.92%</td>
</tr>
<tr>
<td>In Kind Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Service Expenditures</strong></td>
<td>399,399,465.00</td>
<td>31,214,511.20</td>
<td>327,667,243.21</td>
<td>71,732,221.79</td>
<td>82.04%</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational</td>
<td>7,236,484.00</td>
<td>420,721.95</td>
<td>6,815,762.05</td>
<td>3,212,722.23</td>
<td>55.61%</td>
</tr>
<tr>
<td>Salaries, Benefits, and Fringe</td>
<td>33,024,563.00</td>
<td>2,361,350.04</td>
<td>30,663,212.96</td>
<td>10,885,343.33</td>
<td>67.04%</td>
</tr>
<tr>
<td>Professional Services</td>
<td>5,557,176.00</td>
<td>398,222.58</td>
<td>5,158,953.42</td>
<td>1,825,495.12</td>
<td>67.15%</td>
</tr>
<tr>
<td><strong>Total Administrative Expenditures</strong></td>
<td>45,818,223.00</td>
<td>3,180,294.57</td>
<td>42,637,928.45</td>
<td>15,923,110.68</td>
<td>65.25%</td>
</tr>
<tr>
<td><strong>Total Expenditures</strong></td>
<td>445,217,688.00</td>
<td>34,394,805.77</td>
<td>357,562,355.53</td>
<td>87,655,332.47</td>
<td>80.31%</td>
</tr>
<tr>
<td><strong>REVENUES OVER EXPENDITURES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6,478,674.22</td>
</tr>
</tbody>
</table>
Alliance Behavioral Healthcare
Benchmark Ratios
As of April 30, 2015

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

**Defensive Interval**
- Current assets divided by average daily operating expenses. This ratio shows how many days the organization can continue to pay expenses if no additional cash comes in. The benchmark is 30 days.

**Percent Paid**
- Percent of clean claims paid within 30 days of receiving. The benchmark is 90%.

**Medical Loss**
- Medicaid claims expense divided by the total capitation payment. The ratio shows the percentage the organization spends on Medicaid service costs. The benchmark is 80%.
ITEM: Policy Committee Report

DATE OF BOARD MEETING: June 4, 2015

BACKGROUND:
Per Alliance Behavioral Healthcare Area Board Policy “Development of Policies and Procedures”, the Board is to review all policies annually. The Board Policy Committee reviews a number of Policies each quarter in order to meet this requirement.

Policies reviewed at the May 5, 2015 Policy Committee meeting and ready for Board approval without revisions:
Clinical Staff Credentialing

Policies reviewed with revisions:
Equal Employment Opportunity/Affirmative Action  Recruitment and Selection
Conditions of Employment  Classification and Compensation
Employee Benefits  Alcohol and Drug Free Workplace
Employee Time and Attendance  Sexual Harassment
Leave Policy  Family and Medical Leave Act
Disciplinary Action  Performance Management
Separation  Employee Complaint
Employee Grievance  Reduction-in-Force

Policies reviewed and recommended to repeal:
Employee Appointment (Reason for recommended action: this Policy is covered by EEOC Policy).
Employee Performance Appraisals (Reason for recommended action: this Policy is duplicative of Performance Management Policy).

REQUEST FOR AREA BOARD ACTION:
Accept the report. Accept Board Policy Committee minutes from the May meeting as submitted. As part of the annual review process approve the above listed policies for continued use. Approve the recommended changes to the above listed policies.

CEO RECOMMENDATION:
Accept the report. Approve the reviewed policies for continued use and approve the proposed revised policies.

RESOURCE PERSON(S):
Cynthia Binanay, Committee Chair; Monica Portugal, Chief Compliance Officer
Thursday, May 14, 2015  BOARD POLICY COMMITTEE

APPOINTED MEMBERS PRESENT: ☒ Cynthia Binanay (Committee Chair, Area Board Member), ☒ Lodies Gloston (Area Board Member) via conference call, ☒ Curtis Massey (Area Board Member) via conference call
BOARD MEMBERS PRESENT: 
STAFF PRESENT: Carol Hammett (General Counsel), Monica Portugal (Chief Compliance Officer), Sandy Valdes (Administrative Assistant to Compliance)

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES: Motion was made by Ms. Gloston and seconded by Mr. Massey to approve the minutes of the 3/19/2015 meeting. Motion carried.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Announcements:</td>
<td>None</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Documents Provided:</td>
<td>Minutes: 3/19/15, HR Policies</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Policies reviewed and considered for continued use without revisions:</td>
<td>Clinical Staff Credentialing</td>
<td>Ms. Portugal will present a review/date due list for Class and Comp Study.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recruitment and Selection: changes in procedures language to be consistent with other policies.</td>
<td>Policies and Agenda Action Form will be submitted to Board Clerk for inclusion in the June 4, 2015 Board Packet.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conditions of Employment: modified policy statement language, added work status requirement language to policy statement and changes in procedures language to be consistent with other policies.</td>
<td>Policies and Agenda Action Form will be submitted to Board Clerk for inclusion in the June 4, 2015 Board Packet.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Classification and Compensation: modified language and changes in procedures language to be consistent with other policies. Ms. Binanay requested a last review/date due list for Class and Comp Study.</td>
<td>Policies and Agenda Action Form will be submitted to Board Clerk for inclusion in the June 4, 2015 Board Packet.</td>
<td></td>
</tr>
</tbody>
</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Benefits:</td>
<td>modified language, propose to remove section three of policy statement and last sentence under COBRA rights and changes to procedures language to be consistent with other policies.</td>
<td>Policy Committee meeting.</td>
<td></td>
</tr>
<tr>
<td>Alcohol and Drug Free Workplace:</td>
<td>removed language under policy statement A - G.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Time and Attendance:</td>
<td>changes to procedures language to be consistent with other policies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Harassment:</td>
<td>word correction.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leave Policy:</td>
<td>removed definitions language and changes to procedures language to be consistent with other policies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family and Medical Leave Act:</td>
<td>modified policy statement language and changes to procedures language to be consistent with other policies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disciplinary Action:</td>
<td>removed definitions and appeal rights language, modified policy statement language and added procedures language to be consistent with other policies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performance Management:</td>
<td>modified language and added procedures language to be consistent with other policies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separation:</td>
<td>removed definitions language and changes to procedures language to be consistent with other policies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Complaint:</td>
<td>modified language and add reference policy HR18 under definition of complaint.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Grievance:</td>
<td>modified definition and policy statement language and added rule to Reference.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduction-in-Force:</td>
<td>modified language, moved notice requirements language to policy statement and changes to procedures language to be consistent with other policies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policies to Repeal:</td>
<td>Employee Appointment: The Committee reviewed a request to repeal this policy; it is covered by EEOC Policy.</td>
<td>Policies will be submitted to Board Clerk for inclusion in the June 4, 2015 Board Packet.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee Performance Appraisals: The Committee reviewed a request to repeal this policy; it is duplicative of Performance Management Policy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ms. Binanay made a motion to recommend to repeal these two policies. Motion was seconded by Mr. Massey. <strong>Motion carried.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td>Committee agreed to move next meeting from August 13 to August 4. Committee discussed and agreed to add a meeting to calendar.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
3. ADJOURNMENT: Next meeting will be August 4, 2015 from 4:00 p.m. to 6:00 p.m. in room 237.
AREA BOARD
POLICIES AND PROCEDURES

I. PURPOSE

The purpose of this policy is to ensure that clinical staff of Alliance Behavioral Healthcare is appropriately credentialed to perform clinical functions.

II. DEFINITIONS

Credential: Attestation of qualification, competence or authority issued to an individual by an organization or entity of competent jurisdiction

Credentialing: The process of establishing the qualifications of licensed/certified professionals

III. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to ensure that only those persons with appropriate training, education, credentials and/or experience perform clinical functions. In order to accomplish this, Alliance Behavioral Healthcare shall verify the clinical license and/or certification of applicable personnel at the time of employment or contract and no less than every three years thereafter.

Licensed and or certified employees and consultants shall notify Alliance Behavioral Healthcare management in writing of an adverse change in licensure or certification status immediately (within 24 hours) upon learning of the status change. Each employee or consultant shall attest to knowledge of this requirement by signing an attestation at the time of employment or beginning of a contract.

IV. PROCEDURES

The Area Director shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to ensure the fair treatment of applicants and employees in all aspects of personnel administration without regard to race, color, religion, sex, sexual orientation, national origin, political affiliations, age, or disability and with proper regard for their privacy and constitutional rights as citizens. This “fair treatment” principle includes compliance with the federal employment opportunity and nondiscrimination laws.

II. POLICY STATEMENT

1. Equal Employment Opportunity:

Alliance Behavioral Healthcare is committed to equal employment opportunity for all who seek employment with the organization as well as those employed by the organization. Discrimination in all forms is prohibited, including retaliation against those who protest alleged discrimination. As a means of carrying out its commitment, the Area Board shall enforce the relevant provisions of the Civil Rights Act of 1964 as amended, the Equal Pay Act of 1963, the Age Discrimination in Employment Act of 1967 as amended, the Rehabilitation Act of 1973 as amended and all other statutes or regulations governing equal employment opportunity.

2. Affirmative Action:

Alliance Behavioral Healthcare is committed to ensuring greater utilization of women, minorities, and the disabled as part of its workforce. The Area Director shall develop and implement a program of affirmative action to assure that all personnel policies and practices facilitate employment opportunities for women, minorities and the disabled. Annually, the Area Director shall provide a progress report on the distribution of the gender, minorities and disabled employees to the Board during the Board’s December meeting.
I. PURPOSE

The purpose of this policy is to define certain terms and conditions that individuals must meet to be hired by Alliance Behavioral Healthcare. The contents of this policy are not intended to serve as an exhaustive list of requirements or conditions of employment, and some or all of the requirements and conditions described in this policy may not apply to every individual who is hired.

II. PERSONS AFFECTED

This policy primarily impacts newly hired, transferred, or promoted employees in all employee classifications. It also requires all current employees to report felony convictions that occur at any time during their employment.

III. POLICY STATEMENT

It is the Condition of Employment policy for Alliance Behavioral Healthcare that all employees satisfy a range of job-related eligibility conditions including (1) licensure, certification and/or credentialing and (2) satisfactory criminal background checks and e-verify employment verification, and (3) Alliance shall not employ anyone who is excluded from participation in federal healthcare programs or federal procurement activities and has been identified on the list of excluded individuals/entities maintained by the Office of Inspector General of the US DHHS or the Excluded Parties List System maintained by the federal System for Award Management (SAM), eligibility to participate in procurement activities under the Federal Acquisition Regulation or in non-procurement activities under regulations issued under Executive Order No. 12549.

IV. PROCEDURES

The Area Director shall develop procedures to implement this Policy.

A. Employment of Relatives

Alliance Behavioral Health shall not employ immediate members of the same family if it results in one member supervising or otherwise occupying a position of influence over another member’s employment, promotion, salary administration or other related management or personnel considerations. This includes employees hired directly through Alliance Behavioral Healthcare or a third party agency. The term immediate family will be understood to refer to (in general):

- Husband
- Father
- Sister
- Wife
- Mother
- Brother
Employees must disclose these relationships created by marriage, birth or when an offer, transfer, or promotion will contravene this policy. In the event that such a relationship comes into existence after employment, an attempt will be made to eliminate the conflict of interest by transferring one of the employees to a comparable position. If a transfer is not permissible, the employees will decide which of them will resign. If neither employee chooses to resign, the Area Director shall retain the employee that best serves the interests of Alliance Behavioral Healthcare and separate the other.

B. Background Checks

1. Information provided by final candidates on employment applications or resumes will be verified to ensure the selection of individuals who are qualified to perform the duties of a position.

2. The background check must be completed before the candidate begins employment. Adverse information found on the background check may result in the withdrawal of the job offer.

3. If programmatic needs require that the candidate begin employment prior to the completion of the background check, continued employment is contingent upon successful completion of the background check.

4. Alliance Behavioral Healthcare reserves the right to conduct background checks on internal applicants.

5. Background checks may be conducted by either Alliance Behavioral Healthcare staff or a third-party service provider.

6. The Area Director shall develop procedures for conducting and evaluating the results of background checks. These procedures should address the requirements of all relevant statutory, regulatory or accrediting bodies.

C. Work Status Requirement

Alliance Behavioral Healthcare must verify the work status of all employees using the E-Verify employment verification system. Use of the E-Verify employment verification system is in addition to the requirements currently specified in the Immigration Reform and Control Act of 1986.

D. Employment of Foreign Nationals

Employment of foreign nationals must be in accordance with federal law and the regulations of the U.S. Citizenship and Immigration Services (USCIS).

E. Probationary Period

1. Requirements

With the exceptions noted below, all new employees hired with an initial appointment of a year or more must work a minimum probationary period of six months. During the probationary period, their work performance and general suitability for employment are carefully evaluated.
a. Employees who are rehired following a break in service shall serve a new probationary period whether or not they previously completed a probationary period.

b. Time on cumulative leave of four weeks or longer with or without pay is not qualifying service for completion of the probationary period, and the employee’s probationary period shall automatically be extended by the length of time spent on leave.

2. Extending the Probationary Period

a. A manager or supervisor may request an extension of the probationary period. The Area Director or designee must approve the request.

b. If an employee’s probationary period is being extended because the employee was on cumulative leave of four weeks or longer during the probationary period, the extension is automatic and does not require a request for extension.

3. Completion of Probationary Period

The employee’s probationary period is completed after six months of continuous service. If the employee’s probationary period was extended, then the employee’s probationary period is completed after the extension date.

E. New Employee Trainings

All new employees are required to complete all required training as specified by Alliance Behavioral Healthcare before the end of their probationary period.

G. Criminal Conviction Reporting

Within five calendar days of a felony conviction in any U.S. or foreign court, current employees are required to report that conviction to their supervisor and the Human Resources department. Adverse information found may result in disciplinary action up to and including dismissal.

H. Secondary Employment

An employee may work a second job provided it does not constitute a conflict of interest or interfere with his/her Alliance Behavioral Healthcare job performance. A second job will not be considered an excuse for poor performance, absenteeism, tardiness, leaving early, refusal to travel, or refusal to work overtime or different hours. If outside work activity causes or contributes to job-related problems, it must be discontinued.

An employee who has or accepts a second job must obtain written approval from his or her supervisor. This written approval will be placed in the employee’s official personnel file and must be renewed on an annual basis and whenever the employee changes secondary employment.

IV. EXCEPTIONS

Unless there is explicit and specific authorization for an action by this policy, the action is considered to be a variation from the policy and must be approved in advance by the Area Director, who is the hiring authority.
I. PURPOSE

The purpose of this policy is to set forth the basis for providing benefits for the employees of Alliance Behavioral Healthcare.

II. POLICY STATEMENT

Alliance Behavioral Healthcare shall offer a comprehensive benefits plan for employees and their eligible dependents as outlined below.

A. Eligibility

1. All probationary, provisional, trainee and regular employees who work a minimum of 50% of a regular work schedule per week are eligible.

2. Employees may also cover a legally recognized spouse and/or children, including legally adopted children, step children, children placed for adoption, children for whom legal guardianship has been awarded to the employee, and children whose coverage is court-ordered.

   Employees may elect coverage of a same sex domestic partner and any eligible dependent children under Alliance Behavioral Healthcare’s insurance plans within the same terms and with the same privileges and restrictions that apply to other eligible dependents for these plans, to the extent that such eligibility is legal and practicable.

   An eligible domestic partner is an adult age 18 or older who:
   — is mentally competent;
   — shares a common residence with the employee for at least 6 months;
   — shares joint responsibility with the employee for one another’s common welfare and basic needs;
   — is not married to anyone else; and
   — is not related to the employee in any way that would preclude marriage for heterosexual couples.

B. Benefits

1. Health Insurance
2. Dental Insurance
3. Vision Insurance
4. Life Insurance and Accidental Death and Dismemberment
5. Short Term Disability
6. Long Term Disability
7. Voluntary Life Insurance
8. Voluntary Long Term Care
9. Voluntary Hospital Confinement
10. Voluntary Section 125-Flexible Spending Account
11. Voluntary NC 529 College Savings Plan
12. Local Government Employee Retirement System participation
13. NC 401K Plan
14. NC 457 Plan-Voluntary
15. Employee Assistance Program (EAP)

C. Availability of Funding

Benefit offerings are subject to change based on funding availability and Alliance Behavioral Healthcare directives.

D. COBRA Rights

Employees who separate from Alliance Behavioral Healthcare for reasons other than gross misconduct may elect to continue their health, dental and vision benefits under COBRA (Consolidated Omnibus Budget Reconciliation Act). **COBRA continuation coverage will not be extended to a domestic partner or their dependents.**

III. PROCEDURES

The Area Director shall develop procedures to implement this policy. Annually, the Board shall review the employee benefits plan.
I. PURPOSE

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

II. POLICY STATEMENT

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

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

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

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

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

III. PROCEDURES

The Area Director will develop procedures to implement this policy.
I. PURPOSE

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

DEFINITION

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

II. POLICY STATEMENT

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

III. PROCEDURES

The Area Director shall develop procedures to implement this policy.

A. Eligibility

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

B. Types of Leaves

1. Administrative Leave

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

For example, Administrative Leave may be used for:

a. Work hours missed due to the closure or the delayed opening of an Alliance administrative office by the building manager/owner;
b. Civil leave when subpoenaed as a witness on behalf of Alliance Behavioral Healthcare or other governmental jurisdiction;
c. Jury duty;
d. Donation of blood;
e. Injury or illness associated with the first 7 days of Worker’s Compensation (per fiscal year);
f. Investigatory suspension or Fitness for Duty; and
2. Annual Leave

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

<table>
<thead>
<tr>
<th>Years</th>
<th>Hrs/pay period</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 years</td>
<td>3.69</td>
</tr>
<tr>
<td>2-5 years</td>
<td>4.30</td>
</tr>
<tr>
<td>5-10 years</td>
<td>5.23</td>
</tr>
<tr>
<td>10-15 years</td>
<td>6.15</td>
</tr>
<tr>
<td>15-20 years</td>
<td>7.07</td>
</tr>
<tr>
<td>Over 20 years</td>
<td>8.00</td>
</tr>
</tbody>
</table>

Maximum Carry Over 240 hours (30 days)

At the end of the first full pay period of each fiscal year, any accrued vacation leave in excess of 30 days will be converted to sick leave.

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

3. Funeral Leave

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

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

4. Holiday Leave

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

Designated holidays are:

a. New Years Day
b. Dr. Martin Luther King, Jr.'s Birthday
c. Veterans Day
d. Good Friday
e. Memorial Day
f. Independence Day
g. Labor Day
h. Thanksgiving Day and the day after
i. Christmas and 1-2 additional days. If Christmas falls on:
   i. Monday: Monday and Tuesday off
   ii. Tuesday: Monday, Tuesday, and Wednesday off
   iii. Wednesday: Tuesday, Wednesday, and Thursday off
iv. Thursday: Wednesday, Thursday, and Friday off
v. Friday: Thursday, and Friday off
vi. Saturday: Friday and Monday off
vii. Sunday: Friday and Monday off

5. Management Leave
Alliance Behavioral Healthcare may grant Management Leave to those employees who are exempt from the Fair Labor Standards Act. The Area Director shall establish procedures to implement Management leave.

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

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

8. Voluntary Shared Leave
There are occurrences brought about by prolonged medical conditions that cause employees to exhaust all available leave and, therefore, be placed on leave without pay. It is recognized that such employees required to go on leave without pay could create a financially challenge/hardship at a most critical point in their work life. Fellow employees may wish to voluntarily donate some of their annual and/or sick leave so as to provide assistance to a fellow employee in need of such support. The agency shall have a procedure that provides an opportunity for employees to assist another affected by a medical condition that requires absence from duty for a prolonged period of time.

For the purpose of this policy, medical condition means medical condition of an employee or their spouse, parent, children or other dependents (including step and in-law relationships, domestic partnerships) that is likely to require an employee’s absence from duty for a prolonged period of time. For further information refer to the Voluntary Shared Leave Procedure.
I. PURPOSE

The purpose of this policy is to ensure that Alliance Behavioral Healthcare develops a clear and consistent process for equitable disciplinary actions.

DEFINITIONS

Disciplinary Action—A written warning, disciplinary suspension without pay, demotion, or dismissal, per 25 NCAC 01I .2301(a), except that a dismissal which is not imposed for disciplinary reasons (i.e. Reduction in Force, unavailability of employee) shall not be considered a disciplinary action.

Grossly Inefficient Job Performance—Failure to satisfactorily perform job requirements as set out in the job description, work plan, or as directed by the supervisor or Alliance management; and the unsatisfactory job performance causes or results in: (a) death or serious injury to an employee(s), or to members of the public, or to a person(s) over whom the employee has responsibility; or (b) the loss or damage to Alliance property, contracts or funds that results in a serious adverse impact on Alliance; or (c) failure to obtain or maintain legally required certification, licensure or other credentials.

Unacceptable Personal Conduct—Means as defined in 25 NCAC 01I .2304(b), including (1) conduct for which no reasonable person should expect to receive prior warning; or (2) job related conduct which constitutes violation of state or federal law; or (3) conviction of a felony or an offense involving moral turpitude that is detrimental to Alliance or impacts the employee’s service to Alliance; or (4) the willful violation of known or written work rules, policies or procedures; or (5) conduct unbecoming an employee that is detrimental to Alliance; or (6) the abuse of client(s), patient(s), student(s) or a person(s) or animal over whom the employee has charge or to whom the employee has a responsibility; or (7) falsification of an employment application or other employment documentation; or (8) insubordination which is the willful failure or refusal to carry out a reasonable order from an authorized supervisor; or (9) absence from work after all authorized leave credits and benefits have been exhausted.

Unsatisfactory Job Performance—Failure to satisfactorily perform job requirements as set out in the job description, work plan, or as directed by the supervisor or Alliance management.

II. POLICY STATEMENT

It is the Policy of Alliance to provide employees and supervisors a clear and consistent process for implementing and evaluating the fair and just delivery of appropriate disciplinary actions, promote efficient and equitable treatment for all employees. Alliance shall ensure that disciplinary actions, including dismissal, are administered in as near a uniform manner as possible, allow for the prompt, orderly and efficient resolution of problems and
differences arising between the supervisor and employee, ensure compliance with applicable federal and state laws, rules and regulations. It is the intent of Alliance to provide regular full time employees, supervisors and management with a fair, clear and useful tool for correcting and improving performance issues, as well as to provide a process to assist management in addressing instances of unacceptable personal conduct.

It is the policy of Alliance Behavioral Healthcare to provide an opportunity for a permanent employee to correct identified performance problems or unacceptable personal conduct. Approval for all disciplinary actions except a written warning shall be obtained from the Area Director/CEO or designee before action is taken.

There are two grounds for disciplinary action: Unsatisfactory Job Performance, including Grossly Inefficient Job Performance, and Unacceptable Personal Conduct.

If an employee’s behavior creates grounds for disciplinary action then the employee may be warned, demoted, suspended or dismissed by Alliance. The degree and type of disciplinary action taken is based on the judgment of the supervisor in consultation with Human Resources and the Area Director/CEO or designee. Depending on the disciplinary action taken, the employee may have the right to grieve or appeal the action.

At no time shall an employee be demoted, dismissed, or suspended as discipline without the final approval of the Area Director/CEO or designee. As requested by the Area Director/CEO, consultation with the Human Resources Director, and/or Alliance Legal Counsel may occur before a dismissal. An employee shall be provided written documentation and explanation of the disciplinary action taken. A copy of Alliance Behavioral Healthcare’s Grievance policy shall be disseminated to all employees and a Grievance form and instructions will be included for disciplinary action taken against employees with the right to appeal.

The Area Director/CEO shall establish procedures to implement this policy in accordance with guidance issued by the State Personnel Commission and applicable state laws, rules and policies governing area authority personnel actions.

### III. APPEAL RIGHTS

Adverse actions (disciplinary demotions, suspensions, dismissals, reduction in pay, and reduction-in-force) can be appealed by a permanent employee. Non-regular (probationary) employees do not have appeal rights and cannot appeal adverse actions, except on the basis of illegal discrimination.

**PROCEDURES**

The Area Director shall develop procedures to implement this Policy.
I. PURPOSE

The purpose of this policy is to provide guidelines for separation of employment with Alliance Behavioral Healthcare.

DEFINITIONS

**Voluntary Termination:** Separation is initiated by the employee. Examples include; resignation, retirement, and voluntary resignation.

**Involuntary Termination:** Separation occurs when the separation is not initiated by the employee. Examples include; appointment ended, dismissal, probationary dismissal, reduction-in-force, and unavailability of leave.

II. POLICY STATEMENT

Separation from employment may result from either voluntary or involuntary termination. For the purpose of this policy, voluntary termination means separation is initiated by the employee (examples: resignation or retirement). Involuntary termination means separation occurs when the separation is not initiated by the employee (examples: appointment ended, dismissal, probationary dismissal, reduction-in-force, and unavailability of leave).

An employee is considered to have resigned in "good standing" if he/she provides written notice within at least fourteen calendar days of his/her separation date. Failure to give fourteen calendar days’ written notice may be cause for denial of consideration for reemployment, and the employee may be deemed to have resigned ‘not in good standing’. Unauthorized absences from work for a period of three or more days may be considered a voluntary resignation. The Area Director has the *prerogative authority* to fix the time and conditions of employment separation.

Regular employees who separate from Alliance and return within 30 calendar days will be reinstated with no break in service.

III. PROCEDURES

The Area Director shall develop procedures to implement this policy.

A. Requirements

The employee must return any Alliance Behavioral Healthcare property to his/her immediate supervisor. The employee’s effective date of separation from employment shall be the last day he/she will be actively at work while in attendance at his/her workstation. This date may not be extended to include accrued leaves. Failure to
return Alliance Behavioral Healthcare property and follow separation procedures will result in an employee’s record reflecting that they did not leave in good standing.

Prior to separation from Alliance Behavioral Healthcare, the employee will be requested to complete an exit interview form and exit interview with the Area Director or designee.
B. Separation Pay

1. Final Payment
   Upon separation, employees will receive a final paycheck issued on the regularly scheduled pay day for the pay period when the last work day occurs.


## I. PURPOSE

The purpose of this policy is to provide a grievance process for certain employees of Alliance Behavioral Healthcare contesting a disciplinary action, Reduction in Force, alleged illegal discrimination or harassment based on race, religion, color, national origin, sex (including pregnancy, childbirth, and related medical conditions), age, disability (physical or mental including AIDS/HIV status), genetic information (i.e. Sickle cell or hemoglobin C trait), citizenship status, military status or service, or political affiliation, or other issue grievable under state law. This policy applies to Alliance career status and permanent employees. Career status employees are eligible for appeal rights through the internal Alliance grievance process and the State Personnel Human Resources Commission and Office of Administrative Hearings. Permanent employees who have not yet attained career status have appeal rights through the Alliance grievance process, but not outside Alliance unless they allege the employment action is being imposed on the basis of illegal discrimination. This policy does not apply to probationary, intern, temporary or trainee employees, except for grievances on the basis of alleged illegal discrimination or harassment or as otherwise provided under state law. It is the intent of this policy to encourage employees to resolve their grievance at the lowest level possible.

## II. DEFINITION

**Career status employee** – A permanent employee who has been continuously (without break) employed in a position subject to the State Personnel Act for the immediate preceding 24 months. This includes employees who came to Alliance directly from The Durham Center, Wake County Local Management Entity (but not Wake County Human Services), Cumberland Area Authority, or State government.

**Permanent employee** – An employee who has been appointed to a permanently established position following the satisfactory completion of a probationary period in accordance with 25 NCAC 01I .2002(c).

**Probationary employee** – An employee serving a probationary appointment of not less than 3 months but not more than 9 months in accordance with 25 NCAC 01I .2002(a).

**Reduction in Force (RIF)** – Separation of employment with Alliance based on reductions in the workforce due to shortages of funds or work and/or changes in organizational objectives and policies which cause the consolidation, reorganization, or elimination of programs, functions, positions, or organizational work units.

## III. POLICY STATEMENT

Alliance Behavioral Healthcare is committed to a consistent, equitable, and legally defensible process for the resolution of employee grievances regarding hiring, separation, disciplinary, reduction-in-force, or alleged
discriminatory actions that are grievable under state law. Employees shall follow the grievance process as outlined in this policy and procedures developed by the CEO/Area Director.

Permanent employees have the right to grieve when they disagree with certain disciplinary actions (suspension, demotion, or dismissal) taken against them. All employees also have the right to grieve if they believe they have been subject to illegal discrimination or harassment. Permanent employees subject to a reduction-in-force may also grieve as permitted under state law. Written warnings, placement on investigatory status with pay, and extensions of disciplinary actions are not grievable and are not appealable to the State Office of Administrative Hearings (OAH). Employees may file a complaint for all employment issues not covered by this policy.

No action involving demotion, suspension, or dismissal is to be taken against an employee for disciplinary reasons until such action has been approved by the CEO/Area Director or designee except when, in the judgment of the manager the immediate suspension is necessary to protect the safety of persons or property. In no case, however, shall an employee be dismissed without the written approval of the Area Director/CEO or designee.

Employees seeking redress under the grievance policy shall not suffer retaliation for filing a grievance.

IV. PROCEDURES

The Area Director/CEO shall develop procedures to implement the provisions of this policy. The procedures shall comply with all relevant Federal, State and local requirements. If any provision of this policy conflicts with duly promulgated Federal or State laws, rules or regulations, the provision of the law, rule or regulation shall govern.
I. PURPOSE

The purpose of this policy is to provide a standard for the staff recruitment and selection process.

II. POLICY STATEMENT

Alliance Behavioral Healthcare is committed to systematic recruitment and selection programs that are designed to identify, attract, and select from the most qualified applicants for employment. The Board strives for diverse representation at all levels of the workforce while engaging in recruitment and selection practices that are in compliance with all applicable employment laws. It is the policy of Alliance Behavioral Healthcare to provide equal employment opportunities for employment to all applicants and employees.

III. PROCEDURES

The Area Director will develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to establish and maintain a classification and compensation plan in order to attract, motivate, and retain highly qualified employees. The plan shall provide a structure to administer salaries fairly and equitably.

All employees shall be covered under the classification and compensation plan, except for the Area Director whose compensation is set by the Board of Directors.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to ensure that its system of compensation is internally equitable, market competitive and administered without regard to age, sex, race, color, creed, religion, national origin, physical or mental condition, sexual orientation, non-job related disability, political affiliation, marital status, or other non-merit factors.

III. A. PROCEDURES

A. Classification

The Classification and Compensation Plan shall consist of a system for identifying all types and levels of positions together with standards and procedures for maintaining the plan. Each position in Alliance Behavioral Healthcare is grouped with similar positions. This grouping is called a “Classification.” Job classifications shall be established to reflect the type of work performed, level of difficulty, and responsibilities associated with a position. Annually, the Board shall review and approve the Classification and Compensation plan.

The Classification and Compensation Plan shall provide a salary rate structure that may be revised in response to labor market trends. Each classification shall be assigned to a grade level with a designated salary range. No beginning pay rate will be below the federal or state minimum wage.

B. Minimum Qualification Standards

It shall be the policy of Alliance Behavioral Healthcare to establish job related minimum qualification standards wherever practical for each class of work in the classification and compensation plan. The standards shall be based on the required skills, knowledge, and abilities common to each
classification. The qualification standards and job related skills, knowledge and abilities shall serve as guides for the selection and placement of individuals.

III. PROCEDURES

The Area Director shall develop procedures to implement this policy.

The education and experience statements shall serve as indicators of the possession of identified skills, knowledge, and abilities and as guides to primary sources of recruitment, reasonable substitutions of formal education and job related experience, one for the other, may be made. Alliance Behavioral Healthcare recognizes that a specific quantity of formal education or number of years experience does not always guarantee possession of the identified skills, knowledge, and abilities for every position in a class. Qualifications necessary to perform the job successfully may be attained in a variety of combinations. The Area Director shall develop procedures for implementing the various components of the Classification and Compensation policy.

1. Allocation of Positions to the Classification Plan

Every position shall be allocated to an appropriate class in the Classification and Compensation Plan. The allocation of a position is its assignment to a class containing all positions which are sufficiently similar in duty assignments to justify common treatment in selection, compensation, and other employment processes. A class may consist of a single unique position or of many like positions.

2. Temporary Classifications

The Area Director is authorized to establish temporary classification with tentative pay grades or flat rate salaries when sufficient information is not available to make permanent classification and pay recommendations. When sufficient information is available, the Area Director will make a recommendation to the Area Board, which will incorporate the temporary classification and pay into the established classification and compensation plan.

B. Compensation

The Classification and Compensation Plan shall provide a salary rate structure that may be revised in response to labor market trends. Each classification shall be assigned to a grade level with a designated salary range. No beginning pay rate will be below the federal or state minimum wage.

1. Adjustments to Pay Plan

Each fiscal year the Area Authority Board may award employee pay increases based on the availability of funds. This increase can take the form of a base pay salary adjustment or a non-salary based payment.

a. Across the Board Increases

i. Any across the board increase must be approved by the Area Board and all salaries will be equally increased by the designated percentage on the effective date authorized by the Board.

b. Market Adjustments

i. The Area director is authorized to conduct market salary surveys consistent with Federal and State statutes. Surveys of comparable positions in surrounding private and public sector organizations may be conducted annually in order to determine the market job rate. If the salary range falls below the market job rate, a salary range change may occur if grade adjustments do not conflict with internal equity structure.
ii. Monetary increases may be awarded when an employee’s salary falls below the new minimum rate for the adjusted range or to maintain internal equity.

2. Pay Rates

a. Hiring Rates
Salaries are based on qualifications, internal equity, recruitment difficulties, budget constraints and special skills. The Area Director may authorize a minimum hiring rate for certain classifications when market or industry standards warrant. No employee will be hired below the minimum salary of the salary grade, except when hired as a trainee, or above the maximum salary for the grade for the classification.

b. Interim Appointment Rates
An interim appointment occurs when an employee temporarily assumes duties and responsibilities of a vacant management or supervisory level position with the expectation that the person will hold the position for at least 60 calendar days. The employee’s salary shall be increased to the minimum salary rate of the new position grade level or 10%, whichever is greater.

Interim appointments must be approved by the Area Director or designee.

At the completion of an interim appointment, the employee will return to his or her previous position at the previous salary level. Any increases or reclassifications to the previous position that occurred while the employee was in the interim appointment will be reflected at the time of reinstatement.

If an employee holding an interim appointment is selected for the position, any salary adjustments will follow the policy guidelines for promotions based on the employee’s position and salary held prior to the interim appointment.

c. Trainee Rates
Employees who are in classifications with established trainee grades must be paid below the minimum salary rate for full class status until fully qualified. When a trainee becomes qualified for full status, his or her salary will increase to at least the minimum level of the respective classification.

d. Work against Rates
Employees who do not meet the minimum requirements for a position but qualify for a lower level classification in a specific occupational series may work against the higher level position until fully qualified. The employee will be paid within the range of the lower level classification, based on individual qualifications, providing this action does not create internal equity issues.

Upon completion of education and experience requirements, employees whose salaries fall below the minimum rate for full class status will receive an increase to at least the minimum level of the respective classification.

3. Pay Changes

a. Demotion
A demotion is a change from one classification to another classification at a lower salary grade, normally with a change in duties and a decrease in the level of responsibilities.
For voluntary demotions at the employee’s request and involuntary demotions due to disciplinary action, the employee will receive a decrease in salary of at least 5% and will at no time be paid more than the maximum of the new salary range.

For involuntary demotions due to reorganization or reclassification, the employee’s salary will not change provided that it does not exceed the maximum salary of the new classification range.

b. Lateral Transfer
Employees transferring laterally will not receive salary increases or reductions.

c. Performance-Based Pay
To be eligible for a performance-based pay increase, an employee must be performing at or above a “Meets Expectations” level and will receive the approved pay increase up to the maximum rate for the classification. In the event of a delay in the completion and submission of a performance appraisal, the recommended increase will be retroactive to the first pay period after the employee’s anniversary date.

i. Employees who are in the disciplinary process at the time of their annual appraisal are not eligible for increases. Employees removed from the disciplinary process within the 12-month evaluation period are eligible to receive an increase effective the pay period following the employee’s removal from the process.

d. Probationary Increases
A new employee may be eligible for an approved pay increase upon successful completion of the probationary period, effective on the established anniversary date.

e. Promotion
When an employee is promoted, the salary shall be increased to no less than the minimum of the higher grade level. Increases of more than 10% above the minimum of the higher grade level must be approved by the Area Director or his/her designee.

f. Reclassification
When a position is reclassified to a classification in:

- a higher grade level than the present grade, the employee’s salary will be increased at least to the minimum of the higher grade level.
- a lower grade level than the present grade, the employee’s salary will remain the same provided the salary falls within the new classification range.
- the same grade, the employee’s salary will remain the same.

Salary increases for reclassifications must be approved by the Area Director.

4. Other Pay
a. Career Enhancement/Development

An employee may be awarded a one-time 2.5% increase for the attainment of a degree, professional certification or other special skill related to the current job duties. This does not apply toward the education, skills or certifications required for the current job duties.
AREA BOARD
POLICIES AND PROCEDURES

I. PURPOSE

The purpose of this policy is to affirm the Area Board’s prohibition against the use, distribution, dispensation and possession of controlled substances and the use of alcohol and abuse of prescription drugs by employees and contractors at the workplace. This policy is also meant to comply with the requirements of the Drug Free Workplace Act of 1988 and Attachment H of the NC Department of Health and Human Services, Division of Medical Assistance 1915(b)/(c) waiver.

II. POLICY STATEMENT

It shall be the policy of Alliance Behavioral Healthcare to maintain an alcohol and drug free workplace. The unlawful manufacture, distribution, dispensation, possession or use of nonprescription controlled substance or alcohol in the workplace by Alliance Behavioral Healthcare employees or contractors is prohibited. Employees and contractors may not report to work under the influence of a nonprescription controlled substance or alcohol and may not use any such substance during work hours. Also prohibited is the misuse of prescription or nonprescription medication which results in impaired behavior on the job. Violation of this policy shall constitute inappropriate personal conduct which will subject the employee or contractor to disciplinary action up to and including dismissal.

| An employee or contractor shall not report for duty or remain on duty under the influence of alcohol or when his/her breath alcohol concentration reading is .02 or greater. An employee found to be under the influence of alcohol shall be removed from the workplace and shall be subject to disciplinary action up to and including dismissal. [MP1] |
| An employee or contractor shall not report for duty or remain on duty if under the influence of a nonprescription controlled substance or found to be misusing a prescription medication. An employee or contractor found to be under the influence of a nonprescription controlled substance or misusing prescription medication shall be removed from the workplace and shall be subject to disciplinary action up to and including dismissal. If deemed necessary, a physician’s statement may be required to assure safe use of prescription medication on the job. |
| An employee or contractor who is convicted of any state or federal misdemeanor or felony drug offense involving alcohol or controlled substance must notify the Area Director or designee on the next working day after the conviction. Regulations that require specific employment action or additional notifications as a result of a felony offense shall be followed. |
| Within thirty (30) days of receiving notice under paragraph D, with respect to any employee or contractor who is so convicted, the Area Director may take appropriate personnel action against such an employee, up to |
and including termination, and/or require such employee to participate satisfactorily in an alcohol or drug abuse assistance or rehabilitation program approved for such purposes.

Employees in positions where drug testing is required as a condition of employment to satisfy work requirements shall submit to drug testing. Alliance may also require an employee to submit to drug testing where Alliance has reasonable suspicion that the employee has consumed or is under the influence of illegal drugs or alcohol while at work. If the employee does not satisfactorily complete the testing, the Area Director may take appropriate personnel action against such an employee, up to and including termination, and/or require such employee to participate satisfactorily in an alcohol or substance abuse assistance, treatment or rehabilitation program approved for such purposes. Applicants with a conditional job offer being hired into positions that require drug testing to satisfy work requirements, will be required to submit to drug testing. If the applicant refuses to take the test or does not satisfactorily complete the test, they will be denied employment.

The Area Authority shall publish and post conspicuously at each site and other areas in which employees or contractors gather the Authority’s policy on the prohibition of alcohol and drugs as stated in Paragraph A.

Each Alliance Behavioral Healthcare employee and contractor shall sign the Alcohol and Drug Free Affirmation Form.

III. PROCEDURES

The Area Director shall develop procedures to implement this policy.
I. PURPOSE

The Area Board believes that all employees are entitled to work in an environment that is free of sexual harassment. To this end, the Board shall establish a policy to govern the behavior of all its employees, consultants, contractors, vendors, and suppliers regarding the prohibition of sexual harassment.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to provide a work environment that is free of sexual harassment. For purposes of this policy, sexual harassment is defined as deliberate, unsolicited and unwelcomed verbal or physical conduct of a sexual nature or with sexual implications which:

i. Has or may have a direct bearing on a selection decision;
ii. creates an offensive, intimidating, or hostile work environment;
iii. interferes with a person’s job or job seeking performance.

Sexual harassment is herein deemed a form of sex discrimination prohibited by Title VII of the Civil Rights Act of 1964 and NC G.S. 126-16.

In furtherance of this policy, the Area Board prohibits retaliatory action of any kind taken by any employee of Alliance Behavioral Healthcare against any other employee, client, or applicant for employment because that person filed a complaint or charge; or assisted, testified, or participated in any manner in a hearing, proceeding, or investigation of a sexual harassment complaint charge.

III. PROCEDURES

All complaints of sexual harassment shall be promptly and thoroughly investigated. The Area Director shall develop procedures for handling sexual harassment complaints.
I. PURPOSE

The purpose of this policy is to set forth the conditions and process for implementing the provisions of the Family and Medical Leave Act of 1993, as amended in 2008.

II. POLICY STATEMENT

In compliance with the Family and Medical Leave Act (FMLA) of 1993, as amended in 2008, Alliance Behavioral Healthcare shall provide leave to employees who have worked for the Area Authority for at least 12 months in the last 7 years and at least 1,250 hours in the 12 calendar months immediately preceding the request for leave.

III. PROCEDURES

The Area Director will develop procedures to implement this policy.
AREA BOARD
POLICIES AND PROCEDURES

I. PURPOSE

The purpose of this policy is to establish a formal assessment program in which each staff member’s performance is evaluated on an annual basis.

II. POLICY STATEMENT

Alliance Behavioral Healthcare believes that employees need and deserve an opportunity to receive feedback from their supervisor relating to performance. In addition, a regular evaluation of employees’ performance supports the concept of ‘employee accountability’.

The performance appraisal:
   1. Provides employees direction in their jobs and an opportunity to discuss any job problems and interests with his or her supervisor;
   2. Enhances the likelihood of achieving both the organization’s and the department’s objectives by providing periodic feedback and coaching;
   3. Provides an objective, consistent, and uniform way to gauge and improve each employee’s on-the-job performance using objective criteria; and,
   4. Correlates the job-performance evaluation directly to the recommended merit increases.

A. Requirements

The appraisal policy requires managers and supervisors to develop a work plan with individual performance objectives with employees for the year within 30 days of hire. It also requires managers and supervisors to hold periodic review and coaching sessions with employees prior to completion of the probationary period or annual performance evaluation session.

Performance reviews are prepared annually and based on an individual’s established anniversary date. Probationary reviews are given to newly hired employees at the completion of the probationary period to determine performance level and grant determine regular status eligibility.

III. PROCEDURES

The Area Director shall develop procedures to implement this policy.
**AREA BOARD**
**POLICIES AND PROCEDURES**

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### I. PURPOSE

The purpose of this policy is to provide a mechanism for employees to address unfair and/or poor employment practices that are not covered by the grievance policy.

### II. DEFINITION

- **Complaint**: Any written employee concern or dissatisfaction for which redress is sought, that is not otherwise covered under the Grievance Policy ([see Policy HR-18](#)).
- **Employee**: Any permanent, temporary or contractual employee of Alliance Behavioral Healthcare.

### III. POLICY STATEMENT

Alliance Behavioral Healthcare is committed to a consistent, equitable, and legally defensible process for the resolution of employee complaints. **Employees shall follow the complaint process as outlined in this policy.** Employees shall have the right to file a complaint via the employee complaint procedure to address employment conditions other than disciplinary, reduction-in-force, or discriminatory actions.

An employee that files a complaint shall not be subject to retaliation for filing a complaint.

### IV. PROCEDURES

The Area Director shall develop procedures to implement the provisions of this policy.
I. PURPOSE

The purpose of this policy is to provide systematic guidelines and procedures for executing reductions in the workforce due to shortages of funds or work and/or changes in organizational objectives and policies which cause the consolidation, reorganization, or elimination of programs, functions, positions, or organizational work units.

II. POLICY STATEMENT

Alliance Behavioral Healthcare will make every effort to consider all feasible alternatives to involuntary separation of employees through reduction-in-force (RIF). Factors that will be considered in determining which employee(s) will be separated include: (1) applicable laws and regulations; (2) impact on overall program objectives; (3) departmental organization structure; (4) funding sources and budgetary guidelines; (5) possible re-distribution of staff and other resources; (6) appointment type (regular, provisional, probationary, temporary, emergency, seasonal); (7) seniority; and (8) employee job performance.

The Area Director will present the circumstances of an impending RIF to the Area Board for approval. This notification should be in the form of a proposed reduction plan, which will document the reason(s) for the reduction in the workforce; the effective date of the reduction; the proposed course of action and associated factors considered; the specific classifications of positions scheduled for reallocation, reassignment and/or abolishment, along with before and after RIF organization charts.

III. PROCEDURES

The Area Director shall develop procedures to implement this policy. This policy covers all regular, probationary and provisional employees. Employees occupying grant-funded (provisional) positions may have to follow additional separation procedural requirements or constraints which may not be consistent with this procedure.

A. Notice Requirements

The Area Director will present the circumstances of an impending RIF to the Area Board for approval. This notification should be in the form of a proposed reduction plan, which will document the reason(s) for the reduction in the workforce; the effective date of the reduction; the proposed course of action and associated factors considered; the specific classifications of positions scheduled for reallocation, reassignment and/or abolishment, along with before and after RIF organization charts.

When the reduction plan will result in the probable separation of employees, the layoff unit will be designated on a case-by-case basis. Generally, the layoff unit will be the smallest functional area in the organization.
possible, as long as the affected position classifications are contained within the designated unit. The Area Director and the Human Resources Director jointly will:

1. Designate the layoff unit and determine the affected employees.

2. Give written notice to all employees within the layoff unit at the earliest opportunity (at least 30 days prior to the effective date of the RIF). The notice will include the reason for the reduction, the projected effective date, and a copy of Alliance’s reduction-in-force administrative procedure. Employees will be required to acknowledge receipt of the notice in writing.

3. Concurrently or subsequently, the appropriate department management, with the Director of Human Resources, shall meet with the RIF employees to review the reduction plan and to discuss mutual rights and responsibilities under the RIF Administrative Procedure.

B. Reduction/Separation Plan

1. Employees’ appointment types may not be changed (i.e., probationary, provisional, temporary, etc., to regular) after written notification of the reduction-in-force is presented for approval.

2. A regular employee whose position is scheduled for elimination may be placed in an existing vacant position or position held by a non-regular employee within the layoff unit prior to the effective date of the reduction-in-force, provided the employee possesses the necessary qualifications. Emergency, temporary, trainee, work against, and probationary employees, in that order, would be displaced by regular employees in the same classification. After the employee receives formal, written notice of the scheduled separation and has submitted a completed employment application to the Human Resources Department, the employee will receive priority employment consideration.

The placement of regular RIF employees into available positions within the layoff unit is based on a systematic assessment involving:

(a) Length of service,
(b) Length of time in the position,
(c) The employees’ most recent performance appraisal on record, and
(d) Any formal disciplinary actions within the previous twelve months prior to the effective date of the reduction-in-force.

The salary of the employee, who is reassigned to a position as the result of a reduction-in-force, shall be as close as possible to the salary level previously attained by the employee. This will be subject to the availability of funds, but limited to the maximum of the salary range to which the employee is assigned.

3. RIF employees transferring into positions prior to the effective date of the reduction-in-force shall retain their old anniversary dates for purposes of performance evaluations.

4. Upon separation, RIF employees shall be paid for accrued vacation leave up to the maximum hours.

C. Re-employment Rights

Alliance Behavioral Healthcare will refer employment applications for all separated regular RIF employees to hiring supervisors for all job opportunities for which they are qualified. This is contingent upon the Human Resources Director receiving a completed application and notification, in writing, from the RIF employee, that placement assistance is desired.

Employees will be listed in priority order and will remain in priority status for one (1) year after their separation date or until the entire list is exhausted. Priority status shall apply as follows:
1. The department which contains the lay-off unit will give a first consideration to a priority status RIF employee any available position for which the employee qualifies. For those positions with trainee progressions, the employee who qualifies for a trainee appointment may be hired after it has been determined that no other priority status employee fully qualifies for the position. For those positions with a work against progression, the employee who meets the minimum position requirements for the lower level position in the occupational series may be hired after it has been determined that no other priority status employee fully qualifies for the available position.

2. If there is no available position in the department that contains the layoff unit, the employee will be given first consideration for vacancies in other departments. Hiring supervisors must document the disposition of each RIF employee’s employment application received before advertising for the vacancy.

3. All placement offers to RIF employees must be made in writing. The employee must accept or reject the offer, in writing, within three (3) working days.

4. If re-employment occurs within the one year priority placement period, all accrued sick leave, and vacation accrual rates and longevity rates in effect on the date of separation shall be restored. The employee may be re-employed in a regular appointment status.

5. After the one year priority placement period expires, RIF employees interested in employment with Alliance Behavioral Healthcare shall apply for consideration through the normal recruitment and selection process. Any RIF employee re-employed by Alliance after the one year priority placement period is over shall be considered to be a new hire and shall serve a probationary period without reinstatement of previously accrued benefits, except sick leave can be reinstated for up to three years after the date of separation.

6. If at any time during the one-year priority placement period an employee does not want placement assistance, the employee should notify the Human Resources Director, in writing, of that decision.

D. Appeal Rights

RIF employees may appeal their separation in accordance with Alliance’s Grievance Procedure. Such appeals must be filed within fifteen calendar days from the date of the employee’s separation. The issue in such an appeal is limited to the question of whether management applied systematic procedures in determining who would be separated and placed in available positions.
I. **PURPOSE**

The purpose of the Appointment Policy is to ensure that decisions relating to appointment of employees are fair and equitable.

II. **POLICY STATEMENT**

It is the policy of Alliance Behavioral Healthcare to support integrity and equity when appointing employees, based on the principles of Equal Employment Opportunity and non-discriminatory practices.

Appointments may be made by the Area Director who is the hiring authority, to current vacancies in authorized budgeted positions and may be either part-time or full-time.

III. **The following appointment types shall be used.**

A. **Emergency Appointment**

An emergency appointment, not to exceed 60 consecutive work days or 480 non-consecutive hours, may be made to a position for one of the following reasons:

1. where there is a possibility of funding loss if the position is not filled;
2. for the maintenance of client/staff ratios;
3. to prevent the lapse of services; and,
4. other situations which would warrant the short-term services of an employee before a qualified applicant is identified through the regular recruitment and selection process.

Minimum job qualifications can be waived for emergency appointments, except for licensure requirements.

B. **Interim Appointment**

An interim appointment is one in which an employee has been temporarily delegated the authority to make decisions which significantly impact services, programs, or staff of the organization. The appointing decision may be made by the Area Director, or his/her designee based on the level of the position to which the employee is assigned.

C. **Intern Appointment**

An intern appointment may be granted to a student currently enrolled in a college or university program who is appointed by Alliance Behavioral Healthcare for the purpose of receiving academic credit or work experience.
D. **Probationary Appointment**
A probationary appointment of not less than 6 months or more than 9 months is made for all new employees.

Failure to successfully complete the probationary period will result in the employee's separation from employment without appeal rights.

Employees must achieve “career status” before they are eligible for state appeal rights through the Office of Administrative Hearings (OAH). To achieve career status, an employee must have 24 continuous months of service in a position subject to the State Personnel Act.

E. **Provisional Appointment**
A provisional appointment may be made to a position created for a specified and definite period of time exceeding 12 months. Employees hired in this appointment type must satisfactorily complete a probationary period.

F. **Regular Appointment**
A regular appointment follows the satisfactory completion of a probationary or trainee appointment.

G. **Temporary Appointment**
A temporary appointment may be made to an existing position and will not exceed 12 months. Any person in a temporary appointment status must meet the education and experience requirements for the position.

For temporary appointments not exceeding 90 days, recruitment is waived.

Once the 12-month limit has been reached, at least 90 days must elapse before that same individual is eligible for another temporary appointment.

H. **Trainee Appointment**
A trainee appointment may only be made in the absence of fully qualified applicants. The job specification must include special provision for a trainee progression leading to a regular appointment.

Once the employee has met the education and experience requirements, the employee must be granted a regular or probationary appointment, as appropriate.

I. **Work Against Appointment**
A work against appointment should only be made when:

1. There is an absence of fully qualified or suitable applicants or where a need exists to make a hiring decision which reflects Alliance Behavioral Healthcare’s commitment to equal opportunity or internal advancement; and,

2. No provisions have been made in the classification specification for a trainee appointment.

3. An employee or applicant must be qualified for the lower level classification of the same occupational series as the recruited position and will remain in the lower classification until he or she has fulfilled the minimum requirements for the higher classification.

4. A work against appointment will not exceed 12 months and at the time the employee meets the education and experience requirements, the employee must be granted a regular or probationary appointment, as appropriate.
I. PURPOSE

Alliance Behavioral Healthcare believes that employees need and deserve an opportunity to receive feedback from their supervisor relating to job performance. In addition, a regular evaluation of employees’ performance supports the concept of employee accountability.

The performance appraisal:
1. Provides employees direction in their jobs and an opportunity to discuss any job problems and interests with his or her supervisor;
2. Enhances the likelihood of achieving both the organization’s and the employee’s objectives by providing periodic feedback and coaching;
3. Provides an objective, consistent, and uniform way to gauge and improve each employee’s on-the-job performance using objective criteria; and
4. Correlates the job-performance evaluation directly to the recommended merit increases.

II. POLICY STATEMENT

Alliance Behavioral Healthcare shall maintain a formal assessment program in which each employee’s performance is evaluated on an annual basis.

Requirements

Managers and supervisors shall develop an annual work plan at the beginning of each fiscal year with individual performance objectives for each current employee. A work plan shall be developed with new hires within 30 days of hire. That work plan shall be in effect until the end of the fiscal year at which time an annual work plan shall be developed.

Managers and supervisors shall hold monthly review and coaching sessions with employees prior to completion of the probationary period. Managers and supervisors shall conduct a semi-annual performance evaluation for each permanent employee.

Performance reviews are prepared annually based on an individual’s annual work plan. Probationary reviews are given to newly hired employees to determine performance level and grant regular status.
ITEM: Draft Minutes from the May 7, 2015, Board Meeting

DATE OF BOARD MEETING: June 4, 2015

REQUEST FOR BOARD ACTION:
Approve the draft minutes from the May 7, 2015, Board meeting.

CEO RECOMMENDATION:
Approve the minutes.

RESOURCE PERSON(S):
Robert Robinson, CEO; Veronica Ingram, Executive Assistant

GUEST(S) PRESENT: John Bigger, Southern Regional AHEC and Denise Foreman, Assistant to the Wake County Manager

ALLIANCE STAFF PRESENT: Michael Bollini, Director of MH/SA Care Coordination; Hank Debnam, Cumberland Site Director/Veterans Point of Contact; Joey Dorsett, Chief Information Officer; Doug Fuller, Director of Communications; Kelly Goodfellow, Chief Finance Officer; Amanda Graham, Chief of Staff; Carol Hammett, General Counsel; Veronica Ingram, Executive Assistant; Carlyle Johnson, Director of Network Strategic Initiatives; Christal Kelly, Director of Reimbursement and Analysis; Geyer Longenecker, Director of Quality Management; Ken Marsh, Medicaid Program Director; Janis Nutt, Johnston Site Director; Ann Oshel, Chief Community Relations Officer; Sara Pacholke, Controller; Kelly Phillips, Director of Budget and Analysis; Monica Portugal, Chief Compliance Officer; Al Ragland, Chief HR Officer; Sean Schreiber, Chief Clinical Officer; and Doug Wright, Director of Consumer Affairs.

1. CALL TO ORDER: Chairman William Stanford called the meeting to order at 4:02 p.m.

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<th>AGENDA ITEMS:</th>
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| 2. Announcements | A. Presentation of Advancing Evidence Based Practices Award  
John Bigger, Administrator of Mental Health Continuing Education, of Southern Regional AHEC (Area Health Education Center) presented an Evidenced Based Practice (EBP) award to Alliance. He noted the criteria for this annual award which include the following: staff trainings provided on the use of evidenced based models, models of evidenced based practices are identified in program information, adherence to the fidelity of the model is demonstrated and outcome indicators have improved as a result of the utilization of the evidenced based practices. He noted a key factor in Alliance’s selection was Alliance’s commitment to EBP’s and training for their staff and their providers. |
| | B. Board Survey  
Chairman Stanford reminded Board members of an email from Mr. Robinson regarding the annual Board survey. He noted the goal of 100% participation and reminded Board members that the surveys are due by May 18, 2015. |
### AGENDA ITEMS:

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| C. Compliance Forms  
Chairman Stanford reminded Board members that Monica Portugal, Chief Compliance Officer, sent an email with attachments for the annual update of compliance forms. Ms. Portugal stated that, if needed, she will have hard copy forms available immediately after the Board meeting and requested that Board members submit their annual forms within a week.  

D. Child Mental Health Month  
Mr. Robinson reminded Board Members that May is Mental Health month and noted the many events that Alliance’s Community Relations department are sponsoring this month. He commended staff for their hard work for leading or contributing to the development of these events. Ann Oshel noted that Alliance’s SAMSHA BECOMING team is a finalist in three categories of the national Marketing Disease Prevention in America Ad Awards. The winners will be announced on June 16, 2015. |

3. Agenda Adjustments  
There were no adjustments to the agenda. A Motion was made by Mr. Scott Taylor to adopt the agenda; seconded by Commissioner Caroline Sullivan. Motion passed unanimously.  

4. Public Comment  
There were no public comments.  

5. Committee Reports  
A. Consumer and Family Advisory Committee Report – page 7  
The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Durham, Wake, or Cumberland counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services. This month’s report included draft minutes from the April 6, 2015, full CFAC meeting.  

Doug Wright, Director of Consumer Affairs, presented the CFAC report. He noted recent experiences in the community recognizing that companies are making efforts to communicate with people with disabilities. Also, he noted that the CFAC report was submitted as part of the packet. There were no additional questions or discussion about the CFAC report.  

B. Finance Committee Report – page 12  
The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board. This month’s report included draft minutes from the April meeting, the Statement of Net Position, the Statement of Revenues and Expenditures, and ratios for the period ending March 31, 2015. |
**AGENDA ITEMS:**

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<td>Finance Committee Chairman, James Edgerton, presented the Finance Committee report. He stated that revenues exceeded expenditures. He noted a draft policy on investments per Division of Medical Assistance (DMA) requirements; this policy will be forwarded to the Board Policy Committee for review. Mr. Edgerton noted a plan to pay off the loans from Durham, Wake, and Cumberland Counties and the interest that would be saved by paying off the loans early. He commended Finance staff for the work they have done. There were no additional questions or discussion about the Finance Committee report.</td>
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**BOARD ACTION**
A Motion was made by Mr. James Edgerton to prepay loans to the Counties who made loans to start up the business known as Alliance; seconded by Mr. Christopher Bostock. Motion passed unanimously.

6. Consent Agenda
A. Draft Minutes from the February 5, 2015, Board Meeting – page 18
B. Executive Committee Report – page 24

Chairman Stanford noted that the consent agenda was part of the Board packet. There were no questions or discussion about the consent agenda.

**BOARD ACTION**
A Motion was made by Commissioner Caroline Sullivan to approve the consent agenda; seconded by Mr. Lascel Webley, Jr. Motion passed unanimously.

7. Overview of Alliance Network Development Plan – page 28

Alliance has completed its analysis of needs and gaps of services offered through the provider network. Dr. Beth Melcher, Chief of Network Development and Evaluation, presented a detailed overview of provider network development plan for FY15-16 to address identified service needs.

Board members discussed the network development plan and requested clarification regarding assistance with transportation; Dr. Melcher noted that barriers to transportation have been a long standing issue. She noted a willingness to provide a Network Plan update at a future Board meeting. Board members discussed recent events at a local hospital and if there are opportunities for Alliance to provide additional community education, specifically, with local hospitals. A PowerPoint document detailing the presentation of Alliance’s network development plan is attached to and made part of these minutes.

**BOARD ACTION**
The Board received the report; no further action required.
### AGENDA ITEMS:

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| 8. FY16 Recommended Budget – page 48 | Kelly Goodfellow, CFO, and Kelly Phillips, Finance Director of Budget and Analysis, presented the FY16 Recommended Budget. Chairman Stanford reminded the Board that a public hearing on the budget will occur at the June 4, 2015, Board meeting; the vote to approve the budget will be held after the public hearing.  
  
  Ms. Goodfellow noted background and statute requirements for developing the budget. She noted that this is Alliance’s fourth annual budget. Ms. Phillips presented the following key points that were part of the Board packet sent previously to Board members: Alliance’s population, Medicaid eligible population, Alliance’s nine internal departments, highlights from fiscal year 2015, goals for fiscal year 2016, and FY16 budgeted revenues and expenditures.  
  
  Ms. Goodfellow provided additional information regarding the FY16 budgeted expenditures and the Medicaid budget. She noted next steps which include a public hearing and possible changes due to additional analysis and feedback in the recommended budget which would be presented at the June 4, 2015, Board meeting.  
  
  Ms. Goodfellow noted a proposed change in employee benefits which does not impact employees and would provide a considerable savings to the agency: a self-funded plan versus being fully insured. Board members inquired if this option changes what employees currently contribute; staff reported “no, not at this time”. Additionally, Board members inquired if the budgeted amount includes employee performance increases; staff responded, “yes”. There were no additional questions or discussion about the recommended budget. A PowerPoint document detailing the FY16 Recommended Budget is attached to and made part of these minutes. |
| 9. FY16 Organizational Goals – page 124 | Rob Robinson, CEO, provided an overview of the organizational goals for FY16. He noted that highlights from Alliance’s first two years of operation were presented at the April Board meeting. Mr. Robinson noted that the goals are based on the Alliance Strategic Plan. Mr. Robinson highlighted initiatives under each goal; these initiatives will be a primary focus for the upcoming fiscal year. He noted desired outcome(s) for each initiative and the inclusion of a new goal which was an initial catalyst for developing the strategic plan.  
  
  Board members discussed the organizational goals and noted a request to have information regarding how to measure the effectiveness of the branding campaign. This will be a topic at a future Board meeting. |
**AGENDA ITEMS:**

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<td>Amanda Graham, Chief of Staff, reviewed the Strategic Plan structure. Ms. Graham noted that five initiatives were launched and many will be completed by the end of this fiscal year. She noted her role as liaison between the Board/CEO and Goal Organization (GO) Team. GO Team members were chosen by executive leadership staff. Additional staff are part of the initiative teams. Staff clarified that the current process increases staff efficiency, includes staff input and increases working relationships across departments. A PowerPoint document detailing FY16 organizational goals is attached to and made part of these minutes.</td>
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**BOARD ACTION**

The Board received the organizational goals; no further action required.

10. Board Officers – page 135

| As stated in the by-laws officers of the Area Board shall be chosen for a one-year term at the final meeting of the fiscal year. Chairman Stanford reminded the Board that the election of Board officers will occur at the June 4, 2015, Board meeting. Chairman Stanford announced that he will not be seeking a second term as Chair but will continue serving on the Board. |
| Chairman Stanford reviewed the process for selecting Board officers for the next fiscal year; prior to the meeting he asked the following Board members to assist with nominations: Phillip Golden, Ann Akland, John Griffin and Vicki Shore. Board members who are interested in serving as Chair or Vice-Chair or who have nomination suggestions were invited to speak with these individuals. Chairman Stanford also noted that nominations can be made by any Board member at the June Board meeting. |
| Board members discussed the process noting the following: per the by-laws a nomination committee would be an ad hoc committee subject to Open Meetings Law and how Board members were selected to serve in this capacity. |

**BOARD ACTION**

The Board accepted the report. No additional action required at this time.

11. Updates

| There were no updates. |

12. Chairman's Report

| Chairman Stanford noted use of remote participation at the current meeting and advised Board members to contact Executive Assistant, Veronica Ingram, to facilitate remote participation, if needed, for future meetings. |
**AREA BOARD REGULAR MEETING**  
4600 Emperor Boulevard, Room 208, Durham, NC, 27703  
4:00-6:00 p.m.

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<td>13. Closed Sessions</td>
<td>A. Consultation with Legal Counsel Regarding Litigation</td>
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<td>The Area Board held a closed session pursuant to NC General Statue 143-318.11(a) (3) to discuss current litigation in the following cases: Sunrise Clinical Associates, PLLC v. Alliance, Fidelity Community Support Group, Inc v. Alliance, and Carolina Community Support Services v. Alliance.</td>
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<td>B. Evaluation of Public Official</td>
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<td>The Area Board held a closed session in accordance with NC General Statue 143-318.11(a) (6) to discuss and evaluate the performance of a public official.</td>
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**BOARD ACTION**  
A Motion was made by Dr. George Corvin to enter closed session pursuant to NC General Statue 143-318.11(a) (3) to discuss current litigation in the following cases: Sunrise Clinical Associates, PLLC v. Alliance, Fidelity Community Support Group, Inc v. Alliance, and Carolina Community Support Services v. Alliance; seconded by Mr. Lascel Webley, Jr.. Motion passed unanimously.

A Motion was made by Mr. Lascel Webley, Jr. to enter closed session in accordance with NC General Statue 143-318.11(a) (6) to discuss and evaluate the performance of a public official; seconded by Dr. George Corvin. Motion passed unanimously.

The Board returned to open session. A Motion was made by Mr. Phillip Golden to approve a 12.3% increase to the CEO annual compensation to be retroactive to April 1, 2015; seconded by Ms. Cynthia Binanay. Motion passed unanimously.

| 14. Adjournment        | With all business being completed the meeting adjourned at 7:04 p.m.        |

**Next Board Meeting**  
**Thursday, June 04, 2015**  
4:00 – 6:00
ITEM: Executive Committee Report

DATE OF BOARD MEETING: June 4, 2015

BACKGROUND:
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 at the next scheduled meeting. The draft minutes from the May 19, 2015, meeting are attached.

REQUEST FOR AREA BOARD ACTION:
Accept the report.

CEO RECOMMENDATION:
Accept the report.

RESOURCE PERSON(S):
William Stanford, Area Board Chair; Robert Robinson, CEO
APPOINTED MEMBERS PRESENT: ☒Cynthia Binanay, ☒Christopher Bostock, ☒George Corvin, MD, ☒James Edgerton, ☒William Stanford, Chair, ☐Scott Taylor, and ☐Lascel Webley, Jr.
BOARD MEMBERS PRESENT: None
GUEST(S) PRESENT: None
STAFF PRESENT: Kelly Goodfellow, CFO; Amanda Graham, Chief of Staff; Carol Hammett, General Counsel; Veronica Ingram, Executive Assistant; Monica Portugal, Chief Compliance Officer; and Rob Robinson, CEO

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the April 21, 2015, Executive Committee meeting were reviewed; a motion was made by Mr. Bostock and seconded by Dr. Corvin to approve the minutes. Motion passed unanimously.

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<td>3. Updates</td>
<td>a) MERCER REVIEW: Mr. Robinson noted the recent Mercer review which concluded today. He noted an overall good review and that the final report will be submitted at a later date to DMA first and then to Alliance. Mr. Robinson and Ms. Graham commended staff for work well done.</td>
<td>a) None specified.</td>
<td>a) N/A</td>
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<td>b) PROPOSAL FOR BOARD/STAFF WORKGROUP: Given the discussion at the General Assembly and the changes nationally, the Committee discussed forming an ad hoc committee to discuss and take necessary action on the future of Alliance. Committee chose to form a staff workgroup. Ms. Goodfellow and Dr. Michael Bollini, Chief Strategy Officer, will chair this workgroup</td>
<td>b) Mr. Robinson will forward workgroup schedule to Chairman Stanford.</td>
<td>b) None specified.</td>
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<td></td>
<td>c) JOHNSTON COUNTY: Chairman Stanford mentioned that he, Cumberland Board of County Commissioner Chairman, Kenneth Edge; Johnston County Board of Commissioners Chairman, Tony Braswell; and Johnston County Manager, Rick Hester, met to discuss the future of Alliance and Johnston arrangement. Chairman Stanford noted the positive outcome of this meeting and that a follow-up meeting will be arranged with Mr. Robinson, Alliance staff, Chairman Stanford, Johnston County Manager, and Johnston County Mental Health and Public Health staff.</td>
<td>c) Mr. Robinson and staff will coordinate with Rick Hester to schedule a follow-up meeting.</td>
<td>c) None specified.</td>
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<td>d) FY16 RECOMMENDED BUDGET: Ms. Goodfellow noted that the budget will be presented for approval at the June 4, 2015, Board meeting. The presentation will include supplemental information: IPRS budget, local budgets (by Counties), and a summary of any changes from the May presentation.</td>
<td>d) Ms. Goodfellow will present the budget at the June Board meeting.</td>
<td>d) 6/4/2015</td>
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<td>e) Executive Committee’s recommendation will be presented at the June Board meeting. Chairman Stanford will contact Board members who disclosed conflicts and were not in</td>
<td>e) Executive Committee’s recommendation will be presented at the June Board meeting. Chairman Stanford will contact Board members who disclosed conflicts and were not in</td>
<td>e) 6/4/2015; none specified.</td>
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Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
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<td>e) CONFLICTS OF INTEREST:</td>
<td>Ms. Portugal provided background information regarding the creation of the Board Conflict of Interest Policy which is written in compliance with the law and high ethical standards. She noted that Board members submit an annual attestation. She and Ms. Hammett reviewed the forms and noted that the Area Board makes the final decision on any prohibited conflict.</td>
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<td>Ms. Hammett reviewed the definition of ethical and legal conflict of interest and noted that recusal from voting or resignation are legal options for dealing with conflicts of interest. Board members discussed the topic in detail and noted the need for ongoing training/education.</td>
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<td>Ms. Portugal reviewed the following disclosed conflicts of interest: a Board member who serves on governing boards for two providers, a Board member with family members who work for a provider, a Board member whose sister-in-law is the CEO/owner of a provider agency, a Board member whose spouse is the treasurer for a provider’s board, and another Board member whose son is employed by a contracted provider; the son works outside of Alliance’s catchment area.</td>
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<td>Committee discussed the need to meet with Board members who were not present to discuss their disclosed conflict of interest.</td>
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<td>COMMITTEE ACTION:</td>
<td>A motion was made by Mr. Bostock to recommend to the Area Board that Cynthia Binanay’s conflict disclosure be accepted and that she be allowed to continue serving and recuse herself from topics related to the specified conflict; seconded by Dr. Corvin. Ms. Binanay abstained from voting. Motion passed unanimously.</td>
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<td>A motion was made by Dr. Corvin to recommend to the Area Board that Christopher Bostock’s conflict disclosure be accepted and that he be allowed to continue serving and recuse himself from topics related to the specified conflict;</td>
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<td>attendance today; he will discuss potential next steps.</td>
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Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
seconds by Ms. Binanay. Mr. Bostock abstained from voting. Motion passed unanimously.

A motion was made by Dr. Corvin to recommend to the Area Board that James Edgerton’s conflict disclosure be accepted and that he be allowed to continue serving and recuse himself from topics related to the specified conflict; seconded by Mr. Bostock. Mr. Edgerton abstained from voting. Motion passed unanimously.

A motion was made by Dr. Corvin to table the disclosed conflicts of Board members who were not present at today’s meeting; seconded by Mr. Bostock. Motion passed unanimously.

Mr. Edgerton made a point of order noting the need to disclose that three attendees disclosed conflicts of interest and voted today. Also, he suggested that Board members with disclosed conflicts should refrain from directly discussing disclosed conflicts with Alliance staff. All members of the committee agreed.

4. Draft Agenda for the June 4, 2015, Board Meeting

Committee reviewed the draft agenda for the June Board meeting and made adjustments to the proposed agenda. Ms. Ingram will forward the finalized agenda to staff. 5/20/2015

5. ADJOURNMENT: Next Committee meeting will be June 16, 2015, at 4:00 p.m.

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

DATE OF BOARD MEETING: June 4, 2015

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

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

In FY 15, members of the committee are: George Corvin, MD, Committee Chair (Area Board Member); Lascel Webley, Jr. (Area Board Member); Joe Kilsheimer (CFAC-Durham member), Sharon O’Brien (CFAC member); Phil Golden (Area Board Member); and Ann Akland (Area Board Member). The positions of provider representatives (2) are filled by Tim Ferriera (representing I/DD services) and Nicole Novello Olsen (representing MH/SA services).

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

The draft minutes for the February and March meetings were sent to the Board previously. The final minutes had not been included because the committee did not vote on finalizing them due to lack of a quorum. The committee met in May, however, it did not have a quorum of voting members. The draft minutes for the May meeting are attached. At the meeting, the QM Team announced the dissemination of the annual Board surveys. Suggestions from last year’s surveys were incorporated, such as adding another rating scale and surveying non-Board members who...
serve on the Board committees. Surveys are due by June 18. Geyer updated committee on progress made on QM Training for providers and criteria for GGMC evaluation of the QM Department (as required by URAC). Tina provided an update on the QIPs and made recommendations for continuations into next fiscal year. The committee will be voting on QIPs for FY 16 at the next meeting.

**REQUEST FOR AREA BOARD ACTION:**
Accept the report.

**CEO RECOMMENDATION:**
Accept the report.

**RESOURCE PERSON(S):**
Dr. George Corvin, Committee Chair; Geyer Longenecker, Director of Analytics and Quality Management
VOTING MEMBERS PRESENT: ☒ Ann Akland, BS (Area Board); ☒ George Corvin, MD, Chair (Area Board); ☒ Phillip Golden, BA (Area Board); ☐ Joe Kilsheimer, MBA (CFAC); ☐ Sharon O’Brian (CFAC); ☒ Lascel Webley, Jr., MBA, MHA (Area Board)

NON-VOTING MEMBERS PRESENT: ☒ Tim Ferreira, BA (Provider Representative, I/DD); ☒ Nicole Novello Olsen, MSM (Provider Representative, MH/SA)

STAFF PRESENT: ☒ May Alexander, MS, LMFT, Quality Management Data Manager; ☒ Tina Howard, MA, Quality Review Manager; ☒ Geyer Longenecker, JD, Quality Management Director; ☐ Alison Rieber, LCSW, Network Evaluator Supervisor; ☒ Khalil Tanas, MD, Medical Director; ☒ Doug Wright, Director of Consumer Affairs; ☒ Sandra Ellis, Administrative Assistant/Scribe

GUEST(S) PRESENT: ☒ Bill Stanford, BA, JD (Area Board Chair)

WELCOME AND INTRODUCTIONS: George Corvin, MD, served as Chair.

REVIEW OF THE MINUTES: A quorum was not present, so minutes for the February and March meetings, nor any other documentation, were submitted for a vote. Tina will follow up with Monica and Carol to learn if minutes can be submitted for approval to the Board without a GQMC quorum available to approve them. She will then advise this committee.

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<tr>
<td>OLD BUSINESS:</td>
<td>Update on Area Board Surveys (Tina)</td>
<td>• The survey for non-Board members will be sent to the committee for a review.</td>
<td>Next committee meeting</td>
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<td>• Rob approved the annual survey which has been sent to the Board members. It is due on June 18th and we are hoping for a 100% response.</td>
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<td>• QM made changes to the survey tool from last year, including adding another rating scale and creating a similar survey for non-Board members who serve on Board committees.</td>
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<td>Review Criteria for GQMC Evaluation of QM Department (Geyer)</td>
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<td>• Each year, the Quality Management Committee, per URAC standards, must evaluate the performance of the Alliance Quality Management Department.</td>
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<td>• The criteria for the committee to evaluate the QM Department has included how we meet DMA contract requirements:</td>
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<td>o Meet or exceed CMS, DMA and Alliance-defined minimum performance levels or standardized quality measures annually.</td>
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<td>o How we will develop and implement performance improvement projects</td>
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<td>o How we will detect both over and under-utilization of services</td>
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<td>o Access the quality and appropriateness of care furnished to enrollees</td>
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<td>o Include all demographic groups, care settings, and types of services over multiple review periods</td>
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<td>o Measure the performance of network providers</td>
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<td>o Measure provider performance through medical record audits</td>
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<td>o Provide performance feedback to providers</td>
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<td>o Develop and adopt clinically appropriate practice parameters and protocol/guidelines, and inform providers</td>
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<td>o Evaluate access to care for enrollees, including an analysis of disabled access</td>
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<td>• The evaluation has also included:</td>
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<td>o QM Department internal performance</td>
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<td>o CQI Committee system performance</td>
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<td>o Internal Training</td>
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<td>o External Training</td>
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<td>o Resources such as Provider Networks Gaps Analysis Report, UM Work Plan and UM Program Description.</td>
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<td>• Annual reports included are Complaints and Grievances, Incidents, provider Monitoring, Surveys and Appeals</td>
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| **Update on QM Training (Geyer)** | • Idea is to provide an introduction to Quality Management by offering provider training this year. All providers will be alerted, it will be posted on the web and will be on All Provider Meeting Agenda.  
• Training slides have been drafted. |  |  |
| **DATA REVIEW:** | **FY15 Quality Improvement Projects (Tina)**  
**Reduce ED Admissions** – focus on Wake and Cumberland Counties  
• Two Goals: (1) Reduce rate of behavioral health admissions to EDs by 5% (source NCDETECT data) and (2) Significantly reduce percentage of time WakeBrook CAS in Wake County is on diversion (doors closed) to: Back Door=23%, Front Door/Full Diversion=15% (source: self-report).  
• Data on CAS diversions suggest that goal will not be met.  
• Recommendation: (1) Continue project in Wake and Cumberland Counties, (2) Consider other interventions to reduce CAS closures, (3) Roxie to open 24/7 in Cumberland County for all populations, (4) Consider other options for youth in crisis in Cumberland County  
**Mystery Shopper**: Involves reviews of internal processes (Access Center and UM calls) and PCPs.  
**Access Center**:  
• Goals: (1) 90% of staff let caller know that call may be monitored for QA (baseline=93%, increased from 88% last FY), (2) 85% of staff fully assess callers seeking services (baseline=27%). Expect to meet goals by June.  
**UM Calls to Providers**:  
• Goal: 85% of calls follow Alliance greeting protocol.  
• Baseline: 13%-14%. Expect to meet goals by June. | • Dr. Tanas will share an article with the GQMC. The article from ED Nevada is showing an increase of data to Medicaid and going to the ED is no longer effective. ED admissions were eliminated.  
• This is a URAC requirement to approve QIPs-will take a vote at next meeting. |  |
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
</table>
| Review of PCPs: | • Goals: 75% of quality elements met/partially met, 55% of health and safety quality elements met/partially met. Post-intervention results indicate goal for health/safety not met.  
• Recommendations: (1) Continue PCP training, internal PCP work group to continue to identify additional interventions, and PCP reviews, (2) Close Access Center QA & Assessment question initiative if results meet benchmark, (3) Close UM call monitoring if results meet benchmark  
First Responder - test crisis lines of providers; meeting/not meeting benchmarks. Call numbers are actually shown on plan.  
• Goals: 100% of calls answered within 30 seconds, 95% of providers return calls in one (follow-up) hour, 100% of staff answering calls are QPs or who have access to QP.  
• Recommendations: (1) Continue project into FY16, (2) Consider additional interventions  
Inter-Rater Reliability:  
• Goal: 80% agreement with goal of reaching 85%. Two studies indicated favorable results.  
• Recommendation: Close project if results indicate agreement of 85% or better  
Intensive In-home – Improve quality of IIH services:  
• Goals: (1) Increase number of providers offering EBPs, (2) reduce use of crisis services and law enforcement involvement, (3) reduce behavioral health interference with daily activities, (4) decrease severity of mental health symptoms. Results: Improvement in all measures but they were not statistically important  
• Recommendations: (1) consider project in FY16 with more targeted focus, (2) consider re-measurement as new baseline (due to increased sample size), (3) develop new interventions, (4) analyze performance by evidence-based model used by provider agency | | |
**AGENDA ITEMS:** | **DISCUSSION:** | **NEXT STEPS:** | **TIME FRAME:**
--- | --- | --- | ---
**Care Coordination** – Improve Care Coordination Services – 
Hoping to meet goals but feel there is so much more to do in 
MHA so probably will continue as something else. 
- Goals: (1) MH/SA: Increase adherence to procedures (CC 
contact within two business days), (2) I/DD: Significantly 
reduce number of authorization requests denied/reduced 
due to lack of justification, reduce number of clinical 
consultations due to health/safety questions. 
- Recommendations: (1) MH/SA Care Coordination – Change 
goal to test type of CC intervention if original goal of 
contacts within two business days are met, (2) I/DD Care 
Coordination – Close initiative if denial/reductions due to 
lack of justification is significantly reduced, - Close “Clinical 
Consultations” due to new grievance process. 
- Access to Care – Improve Initiation in Services based on 
need. The State intends to reinstate their benchmarks; FY16 
numbers will come down significantly. Hopefully close out if 
data indicates goals are met. Will take a vote at next 
month’s GQMC meeting. 

Summary of Recommendations: 
- Continue in FY16: 
  o Access to Care 
  o First Responder 
  o Reduce Ed Admissions (Wake and Cumberland) 
  o Mystery Shopper – PCP Reviews 
- Continue in FY16 with revised goals/interventions: 
  o Care Coordination – MH/SA initiative 
  o Intensive In-Home 
- Possible closure if data indicates goals met: 
  o Inter-Rater Reliability 
  o Mystery Shopper – Access Center QA & Assessment 
question initiative
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>o Mystery Shopper – UM call monitoring</strong>&lt;br&gt;<strong>o Care Coordination – I/DD initiatives</strong>&lt;br&gt;• Request closure:&lt;br&gt;<strong>o SA Engagement (from The Durham Center)</strong>&lt;br&gt;<strong>o DCA Discharges for Youth &amp; Adults (from the Durham Center)</strong></td>
<td><strong>Request Closure of Durham Center QIPs (Tina)</strong>&lt;br&gt;Formally requested GQMC to vote to concur closing Discharge Planning and Substance Abuse Engagement projects from Durham Center Access as goals for some were met, while others are no longer relevant due to substantial changes in the system. Members present agreed to close these two projects. It will be brought to a formal vote at next meeting when quorum is present.</td>
<td></td>
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<tr>
<td><strong>Operational Dashboard (Geyer)</strong>&lt;br&gt;• Shared examples of internal operational dashboards among various committees.&lt;br&gt;• Aggregated data on LMO/MCO report sent to the state are hitting benchmarks.&lt;br&gt;• The Performance Contract Report (State of submission report); Q1 did not meet the numbers but are working diligently to get them up. Will continue to follow the directive and corrective action plans.&lt;br&gt;• Example given of Provider Networks Committee dashboard; looking at consumer complaints, credentialing, monitoring, provider related percent and tracking numbers for results&lt;br&gt;• Human rights dashboards looking at nature of complaints will review and look at action taken&lt;br&gt;• Community Relations Dashboard – Aggregate into reports. Want to look at first measure of folks in jails and the prison</td>
<td></td>
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<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
</tr>
<tr>
<td>---</td>
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<tr>
<td>system. This will be primarily self-reported; trying to improve data and services.</td>
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<tr>
<td>• George Corvin, MD and Chair stated that at some time we need to look at GQMC dashboards (fiscal year) at what we are doing and where we are. As issues are identified, we should start a dashboard.</td>
<td></td>
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<tr>
<td>• First challenge lies in getting non-clinical data (Alpha system addresses this) moving forward and have new CIO to aid with this</td>
<td></td>
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<tr>
<td>• Perception is what you are doing when you went “live” understanding there are more processes now and the data is constantly being entered</td>
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</tbody>
</table>

| NEW BUSINESS: | QM Program Description Outline (Geyer) | | | |
| --- | --- | --- | --- |
| • Shared QM Program Description Outline (Geyer) | | • As a URAC requirement, the QM program description must be approved at the August meeting | |
| • Please look at FY15 description and provide feedback. | | | |

| UPCOMING MEETINGS: | | | | |
| --- | --- | --- | --- |
| • June 4 2015 Quality Management Plan & Program Description/Goals, Evaluation of Quality Management Department, final reports of FY15 QIPs, approval of FY16 QIPs (Location: Corporate) | | • Because there is not a voting quorum and the committee is two months behind in approving documents, Dr. Corvin will submit February and March draft minutes to the Board for approval. | |
| • July – Summer recess | | | |
| • August 6, 2015 - TBD | | | |

| ADJOURNMENT | 3:20p | | |
Alliance Behavioral Healthcare
Global Quality Management Committee
May 7, 2015

Re: FY 2015 Quality Management Program Evaluation

Deadline for submission to state: July 31, 2015

Alliance’s DMA contract requires that Alliance describe how we shall:

1. Meet or exceed CMS, DMA and Alliance-defined minimum performance levels or standardized quality measures annually;
   a. Determine performance standards
   b. Develop routine reporting at stakeholder level
   c. Develop committee dashboards
   d. Review reports at CQI and subcommittees
   e. Implement corrective actions plans, QI projects
   f. Reports:
      i. Monthly LME-MCO
      ii. Quarterly DMH
      iii. Annual DMA
      iv. Other periodic reports
      v. Quarterly submission report
      vi. Compliance tracked in Alliance’s state report compliance dashboard

2. Develop and implement performance improvement projects;
   a. Identify and research quality issues
   b. Draft QIP and present to committee, team
   c. CQI/Global QMC updates
   d. Report to state
   e. Determine closure of existing QIPs, need for new QIPs

3. Detect both over and under-utilization of services;
   a. Key Cost Indicators report
   b. UM dashboard

4. Assess the quality and appropriateness of care furnished to enrollees;
   a. Gaps analysis report

5. Include all demographic groups, care settings, and types of services over multiple review periods;
   a. Gaps analysis report

6. Measure the performance of network providers;
a. Contract-required performance measures reports  
b. Gaps analysis report  
c. Re-credentialing scorecard  
d. Complaints and grievances/incidents  
e. NC-TOPPs

7. Measure provider performance through medical record audits;  
   a. PCP/ISP reviews  
   b. Clinical Department audits

8. Provide performance feedback to providers;  
   a. Gaps analysis report  
   b. Provider monitoring

9. Develop and adopt clinically appropriate practice parameters and protocol/guidelines, and inform providers;  

10. Evaluate access to care for enrollees, including an analysis of disabled access;  
   a. Gaps Analysis

Also Include:

- QM Department performance  
- CQI Committee system performance  
- Internal training  
- External training

Resources:

- Provider Networks Gaps Analysis Report  
- UM Work Plan  
- UM Program Description

Annual Reports

- Complaints and grievances  
- Incidents  
- Provider Monitoring  
- Surveys  
- Appeals
Introduction to Quality Management

Serving Durham, Wake, Cumberland and Johnston Counties
Training Goals

By the end of this training, you will:

• Understand the components of Quality Management
• Know why Quality Management is important
• Be introduced to Quality Management Plans
• Have a basic understanding of Quality Assurance Activities and Quality Improvement Projects
• Be aware of what Alliance contractually requires of you in regards to Quality Management
Quality Assurance (QA)

QA involves ongoing activities that ensure compliance with rules, regulations, and requirements (internal audits or reviews, monitoring, consumer satisfaction surveys, etc.)
Quality Improvement (QI)

QI involves continuously monitoring, analyzing, and improving of the systems and procedures throughout the agency, i.e.,

“Continuous Quality Improvement (CQI)”
Quality Management: Why?

QM Focuses on Quality Care for Consumers

- Evaluates evidence based practice(s)
- Ensures equal/easy access to services
- Maintains Client Rights
- Obtains consumer feedback
- Aligns agency policies and procedures with State and Federal expectations
Quality Management: Why?

QM Focuses on Agency Viability

- Risk management
- Data provides outcomes measures to gauge success
- Constant data analysis results in Quality Improvement Projects, and therefore better quality services, making the agency more valuable in and to the market
- Allows for forward thinking and space to grow
Quality Management: Who?

Specific people will have defined roles in QM:

- Directors
- QM Committee
- HR
- QM Department
- Stakeholders
- Client Rights Committee

However...
Quality Management: Who?

Quality Management is the job of the entire agency.
Quality Management: How?

Identify and Utilize a Quality Model
Quality Management: How?

Identify and Utilize Quality Model

- **Plan:** how you plan to accomplish your goals
- **Do:** implement procedures for reaching goals
- **Study:** use data to determine if procedures are effective
- **Act:** modify procedures as needed to reach goals more effectively

*Repeat as needed*
Quality Management: How?

Role of Quality Management:

**Quality Review:** QM is not an audit. QM is a review process that is collaborative and seeks process improvement.

**Focus on System Issues:** QM does not assess the performance of individual staff. Reviews are conducted by unit or site. Samples are typically pulled randomly, which means there is no bias in the selection of the sample.
Develop a Quality Management Plan

1) Similar to a business plan
   i. Who you are
   ii. What you do and for whom
   iii. Where you are
   iv. Mission and goals
   v. Accreditation

2) Describe your QM organization and processes

3) Evaluate your performance and identify problems

4) List your Quality Management goals and projects
Quality Management: How?

Start Quality Assurance Activities

- Develop data and reports on performance
- Establish performance standards
- Regularly analyze procedures and services
- Identify “red flags” indicating problems
- Modify policies and procedures, train staff
- Keep analyzing procedures and services
Identify Quality Improvement Projects (QIPs)

- QIPs are research studies designed to address identified problems that impact performance.

- Projects are selected based on data indicating a performance problem:
  - NC-TOPPS
  - Record Reviews
  - Consumer feedback
  - Incidents
  - Complaints/Grievances
  - Claims reviews
  - Admission/retention rates
Quality Improvement Projects (QIPs)

A QIP involves:

- Gathering and analyzing data to establish a benchmark
- Developing a proposed solution - the intervention
- Analyzing the effectiveness of the intervention
- Modifying or adding interventions until the problem is solved
- Conducting analysis to assure that the problem remains solved
Quality Management: How?

QIPs Should Use the SMART Outline

- **Specific**: What are you doing and for whom?
- **Measurable**: How will you measure success?
- **Attainable**: Can you achieve your goal within the timeframe with your resources?
- **Relevant**: Will the goal lead to projected results?
- **Time**: How long will it take?
Quality Management: How?

What a QIP Is NOT:

Program Evaluation: A QIP is not an analysis of all aspects of a program. A QIP should be testing a limited number of interventions to improve performance.

Supervisor Replacement: Projects are not designed to duplicate work of supervisor. The focus is on system issues and overall trends.

Constant Change: QIPs do not constantly change goals, outcomes, variables. In order to determine the impact of a solution, the goals, outcomes, and most variables remain relatively constant.
Quality Management: How?

Examples of QIPs

- Improve the submission of state-required data, for example, NC-TOPPS, IRIS
- Improve Person-Centered Plans (PCPs)
- Reduce denials of authorization requests or claims
- Improve response time to consumer calls
Quality Management: How Often?

Quality Management Is “Continuous”

- Quality Management Plan: Updated annually
- Quality Assurance Activities: Done continuously
- Quality Improvement Projects: Yearly with routine evaluations
QM Items Alliance Requires of You

- **QM Plan:** Determine your QM process and goals
- **QIPs:** Conduct at least three per year
- **Quarterly Reports:** Routinely assess your QM activities
- **Annual Report:** Evaluate/update your program and plan
- **Incident Reporting:** Meet state-designated timeframes
- **NC-TOPPS:** Meet State-designated timeframes
- **Provider/Consumer Surveys:** Participate as required
Other QM Requirements

You may have other QM Requirements from:

- Accreditation programs – CARF, JCAHO
- Other payers
- Licensing Boards
Checklist

- Determine your QM requirements
- Evaluate your current QM Program
- Develop/update your QM Program
- Initiate Quality Assurance activities
- Identify Quality Improvement Projects

...and repeat!
FY 15
Quality Improvement Projects

Presentation to the Continuous Quality Improvement Committee (4/22/15) & Global Quality Management Committee (5/7/15)
FY 15 Quality Improvement Projects

Reduce Admissions to Emergency Departments (EDs) in Wake and Cumberland Counties*

Goals:

- Reduce rate of behavioral health admissions to EDs by 5% (source: NCDETECT data)
- Significantly reduce percentage of time that WakeBrook CAS in Wake County is on diversion (doors closed) to:
  - Back Door=23%, Front Door/Full Diversion=15%
  (source: self-report)

*Continuation from FY 13-14 QIP
FY 15 Quality Improvement Projects

Reduce Admissions to Emergency Departments (EDs)

Interventions

Cumberland:
- Expand hours of crisis facility to 24/7
- Add Transitional Living beds as step down to crisis

Wake:
- Add Alcohol, Detox unit at WakeBrook as another discharge option to reduce # staying longer at CAS
FY 15 Quality Improvement Projects

WakeBrook CAS Closures

WakeBrook CAS Closures

Hrs closed

% (of operating hrs) closed


Back Door (IVC) Closed-# of Hours
Front Door Closed-# of Hours
Back Door (IVC) Closed-% of total operating hours
Front Door Closed-% of total operating hours
## FY 15 Quality Improvement Projects

### Reduce Admissions to Emergency Departments (EDs)

#### Results (NCDETECT)*:

<table>
<thead>
<tr>
<th>County</th>
<th>Original Baseline (FY13, Q4)</th>
<th>1st Measure (FY 14, Q1)</th>
<th>2nd Measure (FY 14, Q2)</th>
<th>3rd Measure (FY 14, Q3)</th>
<th>Recalibrated Baseline**</th>
<th>New Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumberland</td>
<td>45.83</td>
<td>46.91</td>
<td>45.38</td>
<td>46.73</td>
<td>46.73</td>
<td>44.39</td>
</tr>
<tr>
<td>Wake</td>
<td>23.22</td>
<td>21.33</td>
<td>20.08</td>
<td>19.74</td>
<td>19.74</td>
<td>18.75</td>
</tr>
</tbody>
</table>

*Data calculated as rate per 10,000 population. For Cumberland, data was calculated as: (number of admissions/334,076)*10,000. For Wake, data was calculated as: (number of admissions/965,833)*10,000. Population data from July 2012 population estimates (NC Office of State Budget and Management (OSBM) website (http://www.osbm.state.nc.us/demog/countytotals_singleage_2012.html). Last updated: 5/8/12)

**Recalibrated data based on rate from FY 14, Q3 (January – March 2014), which was the quarter before the start of any of the interventions.
FY 15 Quality Improvement Projects

Reduce Admissions to Emergency Departments (EDs)

Recommendation:

- Continue project in Wake and Cumberland Counties
- Consider other interventions to reduce CAS closures
- Roxie to open 24/7 in Cumberland County for all populations
- Consider other options for youth in crisis in Cumberland County
FY 15 Quality Improvement Projects

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

*Review of recorded calls to Access & Information*

**Goals:**

- 90% of staff let caller know that call may be monitored for QA (baseline=93%, increased from 88% last FY)
- 85% of staff fully assess callers seeking services (baseline=27%)

*Continuation from FY 13-14 QIP*
FY 15 Quality Improvement Projects

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

*Review of recorded calls to Access & Information*

**Interventions:**

- Immediate follow up with Director of Call Center, recommendations made
- Staff training and coaching
- Action plan created and tracked

**Status:**

- Post-intervention calls were reviewed in March, data analysis presented to Director of Call Center
FY 15 Quality Improvement Projects

**Mystery Shopper** – *Review of UM (I/DD & MH/SA) calls*

**Goals:**
- 85% of calls follow Alliance greeting protocol

**Interventions:**
- Staff training and coaching (including re-training on Alliance’s procedures for greeting callers)
- Reminder cards created for each UM Staff person with greeting protocol
FY 15 Quality Improvement Projects

Mystery Shopper – Review of UM (I/DD & MH/SA) calls

Status

- Baseline data collected (N-I/DD=82, N-MH/SA=310), Results:
  - Vast majority of calls – UM staff person rated as polite/helpful (96%-I/DD, 99%-MH/SA)
  - 13% - 14% following greeting protocol based on Alliance procedures
  - 0% received or accepted rewards for approving services
  - 0% (0-I/DD, .3%-MH/SA) used discouraging words about requesting services
- Interventions implemented February-March, post intervention testing after March
FY 15 Quality Improvement Projects

Mystery Shopper* – *Individual Plan Review* (MH/SA plans)

**Goals:**
- 75% of quality elements are met or partially met
- at least 55% of health and safety quality elements are met or partially met

**Interventions:**
- Feedback letters sent to providers
- Training on person-centered elements of planning and crisis plan

**Post-Intervention Results:**
- 84% of quality elements met/partially met, 43% of health/safety elements met/partially met

*Continuation from FY 13-14 QIP*
FY 15 Quality Improvement Projects

Mystery Shopper

Recommendations:

- Continue PCP training, internal PCP work group to continue to identify additional interventions, and PCP reviews
- Close Access Center QA & Assessment question initiative if results meet benchmark
- Close UM call monitoring if results meet benchmark
FY 15 Quality Improvement Projects

First Responder* – test crisis lines of providers

Goals: 100% of calls answered within 30 seconds, 95% of providers return calls in 1 (follow up) hour, 100% of staff answering calls are QPs or who have access to QP

Interventions:

- Providers assigned to “Tiers” based on last FY’s performance (some called more frequently, others less)
- Written feedback to providers after calls
- Refer to Compliance for providers who continue to score “unsatisfactory”

*Continuation from FY 13-14 QIP
# First Responder Tests

## Results:

<table>
<thead>
<tr>
<th>Year 2 Goals</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calls answered within 30 seconds</td>
<td>Met Goal</td>
<td>Met Goal</td>
<td>Met Goal</td>
<td>Benchmark</td>
</tr>
<tr>
<td></td>
<td>37 (of 40)</td>
<td>31 (of 35)</td>
<td>33 (of 35)</td>
<td>100%</td>
</tr>
<tr>
<td>% of Total</td>
<td>93%</td>
<td>89%</td>
<td>94%</td>
<td>No</td>
</tr>
<tr>
<td>Respond to voicemail within 1 hour</td>
<td>4 (of 16)*</td>
<td>7 (of 14)</td>
<td>5 (of 15)</td>
<td>95%</td>
</tr>
<tr>
<td>% of Total</td>
<td>25%</td>
<td>50%</td>
<td>33%</td>
<td>No</td>
</tr>
<tr>
<td>Staff identify as QPs or have access to QPs (Live answers)</td>
<td>19 (of 19)*</td>
<td>16 (of 16)**</td>
<td>17 (of 17)</td>
<td>100%</td>
</tr>
<tr>
<td>% of Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>Yes</td>
</tr>
<tr>
<td>Respondent has access to crisis plans</td>
<td>19 (of 19)*</td>
<td>16 (of 16)**</td>
<td>16 (of 17)</td>
<td>94%</td>
</tr>
<tr>
<td>% of Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>No</td>
</tr>
</tbody>
</table>

*24 of 40 calls answered live, answered by answering service, or caller was unable to leave a voicemail; 19 answered live.

**Excludes one call accidentally made to a consumer.
FY 15 Quality Improvement Projects

First Responder – test crisis lines of providers

Recommendations:

- Continue project into FY 16
- Consider additional interventions
FY 15 Quality Improvement Projects

Inter-Rater Reliability – test consistency between UM Care Managers*

Goal: 80% agreement, with goal of reaching 85%

Interventions: Training on procedures, group & individual supervision, beta-testing an online tool, changing how test is administered.

Results:

- **MH/SA UM** – July 2014: 89% agreement (substantial agreement), Dec 2014: 87% agreement (substantial agreement)
- **I/DD UM** – September 2014: 89% agreement (almost perfect agreement), February 2015: 85% agreement (substantial agreement)
- Next study: April (for MH/SA and I/DD)

*Continuation from FY 13-14 QIP
FY 15 Quality Improvement Projects

Inter-Rater Reliability

Recommendations:

- Close project if results indicate agreement of 85% or better
FY 15 Quality Improvement Projects

**Intensive In-Home*** – Improve quality of IIH services

**Goals:** Increase # of providers offering EBPs, reduce use of crisis services & law enforcement involvement, reduce behavioral health interference with daily activities, and decrease severity of mental health symptoms.

**Interventions:**
- Provider meeting to gather feedback on barriers to offering EBPs
- RFP for high quality services

*Continuation from FY 13-14 QIP*
## FY 15 Quality Improvement Projects

### Intensive In-Home

#### Results

<table>
<thead>
<tr>
<th>Measures</th>
<th>Baseline Measure</th>
<th>Post-Intervention Measure</th>
<th>Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased # of youth with no claims for inpatient/crisis services*</td>
<td>188/195 (96.4%)</td>
<td>230/245 (93.9%)</td>
<td>Not Statistically significant improvement</td>
</tr>
<tr>
<td>Increased # of youth with decreased behavioral interference with daily activities**</td>
<td>43/107 (40%)</td>
<td>83/194 (43%)</td>
<td>Not Statistically significant improvement</td>
</tr>
<tr>
<td>Increased # of youth with decreased severity of mental health symptoms**</td>
<td>49/107 (46%)</td>
<td>107/194 (55%)</td>
<td>Not Statistically significant improvement</td>
</tr>
</tbody>
</table>

*Source: Approved, paid claims for crisis services (crisis assessments, crisis observations, mobile crisis, and inpatient) reimbursed in the Alpha system for 3 months before, during, and 3 months after receiving Intensive In-Home services.

**Source: Self-report data from NCTOPPs system. N is smaller than claims data due to fewer matched samples (intake vs. episode completion).
FY 15 Quality Improvement Projects

Intensive In-Home

Recommendations:

- Continue project in FY 16 with more targeted focus
- Consider re-measurement as new baseline (due to increased sample size)
- Develop new interventions
- Analyze performance by evidence-based model used by provider agency
FY 15 Quality Improvement Projects

Care Coordination – *Improve Care Coordination Services*

**Goals:**

- MH/SA: Increase adherence to procedures (CC contact within 2 business days)
- I/DD: Significantly reduce # of authorization requests denied/reduced due to lack of justification, reduce # of clinical consultations due to health/safety questions*

*Continuation from FY 13-14 QIP*
FY 15 Quality Improvement Projects

Care Coordination

Interventions:

- MH/SA: Training (in Feb) on Care Coordination expectations
- I/DD: Training/coaching of Care Coordination staff, UM training
  IDD Supervisors on Service Definitions, workgroup to improve ISPs

Status:

- MH/SA Care Coordination – Baseline analysis of individuals on
  Mid-Level Intensity: 56% of cases had contact in 2 business days,
  5.32 days – avg # of days from inpatient discharge/case
  assignment to first CC contact.
- Post-Intervention data collection: Monthly, starting in April.
FY 15 Quality Improvement Projects

Care Coordination

Status:

- I/DD Care Coordination – Baseline data:
  - Primary reasons for denials/reductions – 78%-Lack of justification (amount of service or types of services not justified)
  - Interventions implemented February/March
  - Post-Intervention Analysis: starting in April
FY 15 Quality Improvement Projects

Care Coordination

Recommendations:

MH/SA Care Coordination –

- Change goal to test type of CC intervention if original goal of contacts within 2 business days are met

I/DD Care Coordination –

- Close initiative if denial/reductions due to lack of justification is significantly reduced
- Close “Clinical Consultations” due to new grievance process
FY 15 Quality Improvement Projects

Access to Care – *Improve initiation in services*

**Goals & Results:**

- Increase consumer initiation in services based on need*:

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Baseline (FY14Q4)</th>
<th>1st Measure (FY15Q1)</th>
<th>2nd Measure (FY15Q2)</th>
<th>Alliance Goal</th>
<th>State Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergent (within 2.25 hours)</td>
<td>91%</td>
<td>94%</td>
<td>77%</td>
<td>97%</td>
<td>97%</td>
</tr>
<tr>
<td>Urgent (within 48 hours)</td>
<td>58%</td>
<td>61%</td>
<td>64%</td>
<td>68%</td>
<td>82%</td>
</tr>
<tr>
<td>Routine (within 14 days)</td>
<td>51%</td>
<td>58%</td>
<td>69%</td>
<td>61%</td>
<td>75%</td>
</tr>
</tbody>
</table>

*Alliance’s goals revised based on feedback from EQR.*
FY 15 Quality Improvement Projects

Access to Care

Interventions:

- Addressed technical issues of aggregating accurate data
- Identified more accurate methods of collecting valid data sources for Emergent & Urgent appointments
- Training of Call Center staff to address inconsistencies in data entry
- State changed parameters of data and reporting in January, re-baseline data, then analyze
- After new analysis completed, break data down by provider, make reminder calls to routine consumers, and identify gaps in services
FY 15 Quality Improvement Projects

Access to Care

Recommendations:

- Continue project in FY 16
- Baseline will be re-calibrated based on 3rd Quarter results due to substantial changes by the state regarding how the data is collected and reported
- Continue interventions of training/supervision for Call Center staff and reminder calls to consumers with routine appointments
Projects Closing Out

Discharge Planning at Durham Center Access – *Improve discharge planning*

**Status:** Documentation met goal, goals of attending follow up appointment & reduction in youth admits not met. Service being released for RFP, ask Global QMC to close.

**Completeness of Discharge Plans**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth</td>
<td>85%</td>
<td>47%</td>
<td>100%</td>
</tr>
<tr>
<td>Adults</td>
<td>72%</td>
<td>45%</td>
<td>96%</td>
</tr>
<tr>
<td>Completeness (%)</td>
<td>78%</td>
<td>46%</td>
<td>97%</td>
</tr>
</tbody>
</table>

**Outcome Goals**

- **YOUTH READMISSIONS**
  - Goal = 50% decrease, not met
  - Baseline (2011): 19%
  - 2nd Follow Up (2014): 16%

- **% Seen by Provider in 5 Days Post Discharge**
  - Goal = 43%, not met
  - Baseline (2011): 30%
  - 2nd Follow Up (2014): 29%

- **% With Provider**
  - Goal = 60%, Met
  - Baseline (2011): 62%
  - 2nd Follow Up (2014): 95%
Projects Closing Out

Substance Abuse Engagement (Durham) – *Improve engagement in SA services in Durham*

**Status:** Analyzed impact of RFP process on engagement in SAIOP services—no change. Engagement remained at very high level—95% - 100%. Substantial changes in system since start of project, ask Global QMC to close.

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**Engagement in Substance Abuse Services (Durham)**

<table>
<thead>
<tr>
<th>FY 11, 4Q</th>
<th>FY 12, 3Q</th>
<th>FY 12, 4Q</th>
<th>FY 13, 1Q</th>
<th>FY 13, 2Q</th>
<th>FY 13, 4Q* Pre-RFP</th>
<th>FY 14, 4Q* Post-RFP</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 visits in 14 days</td>
<td>4 visits in 45 days</td>
<td>Data on all substance abuse services</td>
<td><strong>SAIOP Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Baseline
Summary of Recommendations

Continue in FY 16

• Access to Care
• First Responder
• Reduce ED Admissions (Wake and Cumberland)
• Mystery Shopper – PCP reviews

Continue in FY 16, with revised goals/interventions

• Care Coordination – MH/SA initiative
• Intensive In-Home
Summary of Recommendations

Possible closure, if data indicates goals met

- Inter-Rater Reliability
- Mystery Shopper - Access Center QA & Assessment question initiative
- Mystery Shopper - UM call monitoring
- Care Coordination – I/DD initiatives

Request closure:
- SA Engagement (from The Durham Center)
- DCA Discharges for Youth & Adults (from The Durham Center)
Alliance Behavioral Healthcare
Global Quality Management Committee
May 7, 2015

Re: FY 2016 Quality Management Program Description

Deadline for submission to state:  July 31, 2015

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A. Introduction

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   2. Alliance Customers
   3. Alliance Staff
   4. Alliance Providers

C. The Alliance QM Program
   1. Purpose of the Quality Management Plan
   2. Goals and Objectives of the QM Program
   3. Principles and Strategies of the QM Program
   4. Continuous Quality Improvement
   5. Accreditation

D. Oversight of QM Program Activities
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   2. Global QM Committee
   3. Alliance Committees
   4. Continuous Quality Improvement Committee
   5. Subcommittees of the CQI Committee
   6. Inter-Departmental Activities
   7. External Reviews

E. QM Department Organization
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   2. Data Systems
   3. QM Program Relationships
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   5. Quality Improvement Projects
   6. FY 2016 QIPs
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   8. Quality Reviews

F. Studies

G. Ongoing Analysis of Data
H. Surveys
I. Grievances and Complaints
J. Incidents
K. Provider Monitoring
L. Training
M. QM Program Objectives – FY 2016
ITEM: Lease for 309 Crutchfield Street in Durham (DCA)

DATE OF BOARD MEETING: June 4, 2015

BACKGROUND:
Alliance and Durham County entered into a lease agreement on July 1, 2012, for the property located at 309 Crutchfield Street in Durham, owned by Durham County. The term of the lease was three years, which expires June 30, 2015. The leased property houses the Durham Crisis Access center (DCA), which is currently operated by Freedom House Recovery Center, Inc. The rental rate is based on the prior year’s annual operating expenses, which last fiscal year equaled $84,896.76. Additionally, we are responsible for the cost of utilities, which is approximately $55,000 annually.

Alliance has reviewed the current lease and has requested that the County reduce the lease rate to exclude a $19,000+ administration fee, which would reduce our annual lease rate to $66,820.46 annually for FY 16, plus utilities. The proposed lease for the Board’s consideration includes this reduction in rent, however, the lease is subject to County Commissioner approval, which consideration is expected at one of their regular meetings in June. In the event the County Commissioners substantially modify the lease terms, the Board is requested to delegate the authority to complete the lease negotiations and delegate to the CEO the authority to enter into the lease agreement.

The Board is requested to approve the attached proposed three year Lease for 309 Crutchfield Street, Durham upon the terms and conditions set forth therein, subject to changes approved by General Counsel and the CEO.

REQUEST FOR AREA BOARD ACTION:
Consider and approve the proposed three year Lease Agreement with Durham County for 309 Crutchfield Street, Durham.

CEO RECOMMENDATION:
The CEO recommends that the Board approve the proposed three year Lease Agreement with Durham County for 309 Crutchfield Street, Durham subject to changes approved by General Counsel and the CEO and delegate to the CEO the authority to execute the lease.

RESOURCE PERSON(S):
Robert Robinson, CEO; Carol Hammett, General Counsel.
This LEASE AGREEMENT is made and entered into this ____ day of ________________, 2015, by and between the COUNTY OF DURHAM, a political subdivision of the State of North Carolina hereinafter referred to as “Landlord,” and ALLIANCE BEHAVIORAL HEALTHCARE, a political subdivision of the State of North Carolina, hereinafter referred to as “Tenant.”

WITNESSETH:

WHEREAS, Landlord is the owner of a certain parcel of real property located at 309 Crutchfield Street, Durham, North Carolina; and

WHEREAS, Tenant desires to lease said property in order to provide mental health, intellectual/developmental disability or substance abuse services including a walk-in crisis center available 24 hours a day; and

WHEREAS, Landlord and Tenant desire to enter into this Lease Agreement in order to effectuate that purpose and to set forth their respective rights and liabilities in connection with said property;

NOW THEREFORE, in consideration of the mutual covenants contained herein, the parties agree as follows:

1. **Demise of Premises**: Landlord hereby leases to Tenant and Tenant hereby leases from Landlord the property located at 309 Crutchfield Street, Durham, North Carolina (hereinafter the “Premises”), being a lot approximately 4.099 acres with a 26,280 square foot building to be located thereupon, which may be referred to herein as the “Durham Center Access” or
“DCA”, and is further described as Lot 5 on that certain instrument recorded in Plat Book 189 page 204, Durham County Registry.

2. **Use of Premises:** Tenant shall use and occupy the Premises for the sole purpose of providing crisis and outpatient mental health, intellectual/developmental disability and substance abuse services including a walk-in crisis center available for emergency situations 24 hours a day.

3. **Term:** The term of this Lease shall commence on July 1, 2015 (the “Commencement Date”) and shall continue for three (3) years, ending at 11:59 pm on June 30, 2018, unless earlier terminated in accordance with this Lease (hereinafter the “Term”).

4. **Rental:** Beginning on January 1, 2015, Tenant shall pay to Landlord the rental amount of $5,568.37 Dollars per month (equaling $66,820.46 annually) through June 30, 2016, which amount equals the actual operating costs for the facility for the prior fiscal year. Each year thereafter, Landlord shall provide Tenant on or before April 1, the rental amount for the upcoming fiscal year, which amount shall be based on actual operating costs of the preceding year. Such monthly Rental payment shall be delivered to Landlord no later than the 5th of each month thereafter. For purposes of this Lease Agreement, Operating Costs shall include those maintenance and repair obligations of the Landlord set forth in Attachment B.

5. **Alterations and Additions:** Tenant shall not make any alterations or additions to the Premises nor make any contract therefore without obtaining prior written consent of Landlord. Tenant shall advise anyone contracted for any work relating to alterations, additions, maintenance or repairs affecting the Premises that Tenant is solely responsible for all costs of all work performed and materials provided and that the property is owned by Durham County and not subject to mechanic’s and materialman’s liens.

6. **Personal Property:**

   (a) Of the Tenant. All personal property belonging to Tenant in or near the Premises or parking lot, shall be at the Tenant’s sole risk, and the Landlord shall not be liable for any damage done to or loss of such personal property unless caused by Landlord’s negligence or willful act. Landlord shall not be liable for damage or loss suffered by the business or occupation of the Tenant arising from any act or omission of occupants of or visitors to the Premises. Upon the expiration of the Term of this Lease, or termination of this Lease for any reason whatsoever, Tenant shall, on or before said date, remove all such personal property from the Premises, and all property not so removed shall be deemed abandoned by the Tenant. In such event, Landlord may reenter the Premises and, after reasonable notice to Tenant, remove such property therefrom without formal process, Landlord being absolved of any liability or claim for damages in doing anything reasonable, necessary or appropriate in connection therewith. Without limiting any other rights which Landlord may exercise under the terms of this Lease or at law, Landlord may, at its option and after reasonable notice to Tenant, store such personal property at Tenant’s expense, or leave same in such place as is reasonably certain that said property will be removed by the local garbage pick-up service.

   (b) Of the Landlord. The Premises are conveyed to Tenant with the acknowledgment that certain personal property of the Landlord remains in and about the Premises, said property being described in Exhibit A (hereinafter "Landlord’s Personal Property”) which shall remain
the property of Landlord throughout the Term of this Lease and is not conveyed to the Tenant. Landlord’s Personal Property remaining in or about the Premises is solely for use by Tenant for services related to the Durham Center Access and no other use. In the event any of Landlord’s Personal Property is used for an alternative purpose, Landlord may remove said Personal Property from the Premises immediately. Tenant shall not be permitted to remove any of Landlord’s Personal Property without the prior written consent of Landlord. In the event any of Landlord’s Personal Property is damaged, through no fault of the Tenant, its agents, employees, invitees or licensees, Landlord may, in its sole discretion, remove the damaged Personal Property and/or repair said Property. In the event Landlord’s Personal Property is damaged and such damage is caused or results from the willful or negligent acts of Tenant, its employees, agents, invitees or licensees, Tenant shall be liable for replacing, repairing or reimbursing Landlord for the cost of the damaged property, its replacement or repair, in the Landlord’s sole discretion.

7. **Trade Fixtures:** Tenant shall be permitted to install trade fixtures in and about the Premises. In addition, Tenant shall be permitted to remove said trade fixtures from the Premises upon the termination of this Lease; provided that if Tenant does so remove such trade fixtures, Tenant shall return the Premises to the same condition as existed at the time of original entry, ordinary wear and tear excepted. This provision is not intended to allow Tenant to remove approved improvements made by Tenant from the Premises. All such improvements belong to Landlord at the termination hereof and shall not be removed nor damaged by Tenant's removal of trade fixtures. If Tenant does not remove the trade fixtures at termination, Landlord shall have the option either to declare such fixtures abandoned and Landlord the owner thereof or to demand Tenant remove same at Tenant's expense returning the Premises to the condition required herein.

8. **Title to Improvements:** Alterations and permanent improvements to the Premises shall immediately become and be the sole and absolute property of Landlord and shall remain on the Premises and shall not be removed unless otherwise determined by Landlord; and, at the expiration or sooner termination of this Lease, the same shall be surrendered to Landlord in good condition and repair, reasonable wear and tear excepted, unless otherwise determined by Landlord.

9. **Mechanic’s Liens:** Tenant shall not do or suffer anything to be done whereby the Premises may be encumbered by any mechanics or materialsman’s lien. Whenever and as often as any mechanic’s lien is filed against said Premises purporting to be for labor or material furnished or to be furnished to Tenant, Tenant shall discharge same of record within ten (10) days after the date of filing. Notice is hereby given that Landlord shall not be liable for any labor or materials furnished or to be furnished to Tenant upon credit, and that no mechanic’s or materialsman’s lien or other security interest of any kind whatsoever for any such labor or materials shall attach to or affect Landlord’s interest in and to the Premises.

10. **Repairs and Maintenance:**
   a.) Tenant agrees and hereby stipulates with Landlord that the Premises are in good and tenable condition on the Commencement Date of this Lease. Tenant accepts the Premises in “as is” condition.
b.) **Landlord’s Responsibilities.** During the Term of this Lease, Landlord shall, provide maintenance and repair services as further described in Attachment B, section 1. Landlord’s Responsibilities. Said services are provided in consideration of the Rental payment. Provided however, in no event shall the Landlord be liable or responsible for any Maintenance or Repairs caused by or deemed necessary as a result of the negligent, intentional or reckless acts of Tenant or Tenant’s employees, agents, subtenants, licensees or invitees.

c.) **Tenant’s Responsibilities.** Tenant, at Tenant’s own cost and expense, during the Term of this Lease, shall keep and maintain the Premises in good order and perform the services outlined in Attachment B, section 2, Tenants Responsibilities. Tenant may request that Landlord perform these services and shall be invoiced for these services according to the actual costs incurred by the Landlord. The Tenant may alternatively use outside contractors, subject to prior written approval from the Landlord or Landlord’s designee.

d.) **Right of Access.** Landlord may enter the Premises at any time during the Term to perform its obligations under this Lease.

e.) **Standard of Care.** Tenant shall perform its obligations hereunder relating to the maintenance and repair of the Premises in a first-class, efficient, and proper businesslike manner consistent with industry standards for the operation of comparable facilities.

f.) **Landlord’s Inspections.** Landlord may enter the Premises at any time during the Term to inspect the Premises for proper care and maintenance required by the Tenant under this Lease.

g.) **Request for Maintenance.** In the event either Landlord or Tenant determines that adequate maintenance is not being provided as required hereunder, Landlord or Tenant shall provide the other party with a report of findings including any maintenance that has been neglected or performed in a poor or improper manner and the requesting party’s request to correct the neglected, poor or improper maintenance. The responsible party shall perform or cause to be performed the maintenance requested in a timely manner, but in no event shall it take more than ten (10) calendar days to provide the maintenance. A shorter time may be necessary if the neglected poor or improper maintenance is a hazard to the occupants of the Premises.

In the event the responsible party fails or refuses to perform its maintenance obligations, the requesting party may perform said obligations and charge the responsible party the actual cost of the work performed.

11. **Damage or Destruction:**

a.) In the event the Premises is damaged or destroyed and such damage is not covered by insurance as provided in this Lease, the Landlord shall not be required to restore same; provided that if the damage or destruction is to an extent greater than twenty percent (20%) of the then replacement value of improvements on the Premises (exclusive of any Tenant trade fixtures and equipment) then Landlord may elect not to restore and to terminate this Lease, regardless of whether insurance benefits are available to restore the Premises.
b.) Landlord must provide Tenant written notice of its election not to restore within thirty (30) days from the date of damage and if not given, Landlord shall be deemed to have elected to restore and in such event shall repair any damage as soon as reasonably possible.

Landlord’s obligation to restore shall not include the restoration or replacement of any Tenant trade fixtures, equipment, merchandise or any improvements or alterations made by Tenant to the Premises.

12. **Utilities:** Landlord shall invoice Tenant the cost of electric, natural gas, water, sewage, stormwater utilities, and generator diesel fuel consumption rendered or supplied upon or in connection with the Premises. All utilities shall be subject to Maintenance and Operation guidelines and restrictions provided by the Landlord. The Landlord will invoice the Tenant for utilities, which shall be due to Landlord within 30 days from receipt.

13. **Telephone, Cable and Miscellaneous Expenses:** Tenant shall be responsible for the cost of the following and any other utilities not included under Section 12 above, rendered or supplied upon or in connection with the Premises:
   - Telephone
   - Cable television/computer networking
   - Computer support
   - Physical security
   - Insurance
   - Furnishings

14. **Taxes:**
   a.) All assessments levied against the Premises by any governmental entity, including any special assessments imposed on or against the Premises for the construction or improvement of public works in, on, or about the Premises, shall be paid before they become delinquent, by Tenant.

   b.) Tenant shall pay, prior to delinquency, all taxes assessed against and levied upon any trade fixtures, furnishings, equipment and all other personal property of Tenant contained in or on the Premises or elsewhere and shall pay all taxes attributable to any leasehold improvements which may be made to the Premises by Tenant. When possible, Tenant shall cause said trade fixtures, furnishings, equipment, personal property and leasehold improvements to be separately assessed. If, however, any or all of same shall be assessed and taxed with Landlord’s property, Tenant shall pay to Landlord such taxes as are attributable to Tenant’s trade fixtures, furnishings, equipment, personal property and leasehold improvements within fifteen (15) days after receipt of an invoice from Landlord advising Tenant of the taxes applicable to Tenant’s property.

15. **Insurance:**

   a.) Tenant shall maintain, at its expense, the following minimum insurance coverage throughout the Term of the Lease:
$1,000,000 per incident /$2,000,000 aggregate --- Bodily Injury Liability, and
$  100,000 --- Property Damage Liability, or
$1,000,000 per incident /$2,000,000 aggregate ---Combined Single Limit Bodily Injury and Property Damage

Tenant upon request by Landlord shall furnish a certificate of insurance from an insurance company, licensed to do business in the State of North Carolina and acceptable to Landlord verifying the existence of any insurance coverage required by Landlord. The certificate will provide for thirty-(30) days advance notice in the event of a decrease in coverage, termination or cancellation of coverage. The limits of coverage under each insurance policy maintained by the Tenant shall not be interpreted as limiting the Tenant’s liability and obligations under the Lease. Notwithstanding the foregoing, nothing contained in this section shall itself be deemed to constitute a waiver of the sovereign immunity of the Landlord or Tenant, which immunity is hereby reserved to the Landlord and Tenant.

b.) Landlord shall be free from all liability and claim for damages by reason of any injury to any person or persons, including Tenant or its agents, or property of any kind whatsoever and to whomsoever belonging, including Tenant, from any cause or causes whatsoever and to whomsoever while upon or in any connected with the Premises during the term of this Lease or any extension or renewal thereof.

16. Events of Default:
   a.) The occurrence of any of the following shall constitute an Event of Default and breach of this Lease:

   (i) Any failure by Tenant to pay the rent or to make any other payment required to be made by Tenant hereunder (where such failure continues for three (3) days after written notice thereof by Landlord to Tenant).

   (ii) Tenant abandons or vacates the Premises without written notification to the Landlord.

   (iii) Tenant utilizes the Premises in a manner not consistent with this Lease.

   (iv) Failure by either Party to observe and perform any other obligation of this Lease, other than the failure of Tenant to pay rent or make any other payment required to be made by Tenant hereunder, where such failure continues for thirty (30) days after written notice thereof by the non-breaching party to the breaching party; provided, however, that if the nature of such default is such that the same cannot reasonably be cured within such thirty (30) day period a party shall not be deemed to be in default if that party shall within such period commence such cure and thereafter diligently prosecute the same to completion.

b.) Landlord’s Remedies. The terms and conditions of this Lease shall be enforceable by actions for specific performance or injunction in addition to any other remedies available at law or in equity. If an Event of Default has occurred, Landlord may, without further notice or demand, terminate this Lease, and Tenant shall surrender the Premises to
Landlord immediately. If Tenant fails to do so, Landlord shall have the right, without waiving any other remedy for possession or arrears in payments, to enter upon and take control of the Premises and to expel or remove Tenant and any other person who may be occupying the Premises. Pursuit of any remedy under this Lease shall not preclude the pursuit of any other remedy provided for in this Lease or any other remedy provided in law or equity, nor shall pursuit of any remedy provided in this Lease constitute a forfeiture or waiver of any amounts due to Landlord under this Lease or of any damages accruing to Landlord by reason of the violation of any of the terms, provisions, and covenants contained in this Lease.

c.) **Tenant’s Remedies.** Upon the occurrence and during the continuance of any Event of Default by Landlord, Tenant shall have the right, in addition to all other rights and remedies available to Tenant at law or in equity, to terminate this Lease. No other property or assets of Landlord, disclosed or undisclosed, shall be subject to levy, execution, or the enforcement procedure for the satisfaction of Tenant’s remedies. No personal liability or personal responsibility is assumed by, nor shall at any time be asserted or enforceable against, Landlord or its officers, elected officials, or their respective heirs, legal representatives, successors, and assigns on account of this Lease or any covenant, undertaking, or agreement in this Lease.

17. **Termination:** In the event Tenant is unable to use the Premises for the purpose of providing the services set forth in section 2 above, before the expiration of this Lease, then this Lease shall be immediately terminated upon 10 days written notice from the Tenant to Landlord. On or before the termination date or date of expiration, Tenant shall vacate and surrender the Premises to Landlord. All keys to the Premises shall be delivered to the Landlord at that time.

18. **Condition of Premises upon Termination/Holding Over:** Upon the termination or expiration of this Lease, Tenant shall return the Premises to Landlord substantially in the same condition as received ordinary wear and tear and approved improvements excepted. If Tenant does not surrender possession of the Premises at the expiration or earlier termination of the Term, Landlord shall be entitled to recover compensation for such use and occupancy at the monthly rate equal to Fair Market Value (as hereinafter defined) for the property at the expiration or earlier termination of the Term, and Tenant shall be liable to Landlord for any loss or damage it may sustain by reason of Tenant’s failure to surrender possession of the Premises immediately upon the expiration or earlier termination of the Term. For the purposes of this Lease, “Fair Market Value” shall be the monthly rent that a willing user would pay and a willing owner would accept in an arm’s length, bona fide negotiation for a monthly lease of the Premises.

19. **Subordination:** This Lease, in the event Landlord so notifies Tenant in writing, shall be subordinate to any ground lease, deed of trust or other hypothecation for security now or hereafter placed upon the real property of which the Premises is a part and to any and all advances made on the security thereof and to all renewals, modifications, replacements and extension thereof. Tenant agrees to promptly execute any documents that may be required to effectuate such subordination. Notwithstanding such subordination, Tenant’s right to quiet possession of the Premises shall not be disturbed if Tenant is not in default and so long as Tenant shall observe and perform all of the provisions of this Lease.
20. Use of Parking Facilities: Tenant may use the parking facilities available on the Premises.

21. Condemnation: If the Premises or any portion thereof are taken under the power of eminent domain, or sold by Landlord under the threat of the exercise of said power (all of which is herein referred to as “condemnation”), this Lease shall terminate as to the part so taken as of the date the condemning authority takes title or possession, whichever occurs first or Landlord may terminate Lease in its entirety at Landlord’s option when the condemning authority takes title or possession. If this Lease is not terminated by either Landlord or Tenant, then it shall remain in full force and effect as to the portion of the Premises remaining, provided the rental shall be reduced in proportion to the floor area of the buildings taken within the Premises as bears to the total floor area of all buildings located on the Premises. In the event this Lease is not so terminated, Landlord agrees to at Landlord’s sole cost, as soon as reasonably possible, restore the Premises to a complete unit of like quality and character as existed prior to the condemnation. All awards for the taking of any part of the Premises or any payment made under the threat of the exercise of power of eminent domain shall be the property of Landlord, whether made as compensation for diminution of value of the Leasehold or for the taking of the fee or as severance damages; provided, however, that Tenant shall be entitled to any award for loss of or damage to Tenant’s trade fixtures and removable personal property.

22. Assignment and Sublease: Tenant shall not assign, mortgage or encumber this Lease, the Premises or any improvements on the Premises. The Tenant shall not sublet the Premises nor any part thereof, without the prior written consent of the Landlord, which consent shall not be unreasonably withheld. Any attempted subletting without the Landlord’s consent shall be null and void. Notwithstanding the foregoing, Landlord hereby consents to a sublease, which sublease shall be subject to the terms and conditions of this Lease, between Tenant and Freedom House Recovery Center, Inc., for the operation of the Durham Center Access.

23. Applicable Law: This Lease is entered into in North Carolina and shall be construed under the laws, statutes and ordinances of this State. All actions relating in any way to this Lease shall be brought in the General Court of Justice in the County of Durham and State of North Carolina.

24. Compliance with Laws: Tenant represents that it is in compliance with all Federal, State, and local laws, regulations or orders, as amended or supplemented.

25. Severability: The provisions of this Lease are independent covenants and should any provision or provisions contained in this Lease be declared by a court or other tribunal of competent jurisdiction to be void, unenforceable or illegal, then such provision or provisions shall be severable and the remaining provisions hereof shall remain in full force effect.

26. Notices: All notices and written consents required under this Lease shall be in writing and shall be sent to the Landlord at Attn: Open Space and Real Estate, 200 East Main Street, 4th Floor, Attn: Real Property Management, Durham, North Carolina 27701, and to the Tenant, Attn: General Counsel, 4600 Emperor Blvd. Suite 200, Durham, NC 27713.
27. **Waiver:** Failure or delay of either party to insist upon the strict performance of the covenants, agreements, or conditions of this Lease, or any of them, shall not be construed as a waiver or relinquishment of that party’s right to enforce such, but the same shall continue in full force and effect.

28. **Entire Agreement:** This Lease contains the entire and only agreement between the parties and no oral statements or representations or prior written matter not contained in this agreement shall have any force or effect. This Lease shall not be modified in any way except by writing executed by both parties.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK.
SIGNATURE PAGE TO FOLLOW.]
IN TESTIMONY WHEREOF, This Lease has been executed by the parties hereto, as of the date first above written.

Landlord: Tenant:
COUNTY OF DURHAM

BY: ______________________________ BY: ______________________________
Wendell Davis, County Manager Rob Robinson, Area Director/CEO

(SEAL)

ATTEST:
________________________________
Clerk to the Board

ACKNOWLEDGEMENT OF LANDLORD:

NORTH CAROLINA
DURHAM COUNTY

I, ______________________________, a Notary Public of the County and State aforesaid, certify that Michelle Parker-Evans, personally came before me this day and acknowledged that she is clerk to the Board of Commissioners of Durham County, a political subdivision of the State of North Carolina, and that by authority duly given and as the act of the County, the foregoing instrument was signed in its name by its Manager, sealed with the County seal, and attested by Michelle Parker-Evans, Clerk to the Board of Commissioners.

Witness my hand and official stamp or seal, this _______ day of _____________, 2015.

________________________________ (SEAL/STAMP)
Notary Public

My commission expires: _____________

ACKNOWLEDGEMENT OF TENANT:

STATE OF NORTH CAROLINA
COUNTY OF DURHAM

I, a Notary Public in and for the aforesaid County and State, do hereby certify that Rob Robinson personally appeared before me this day and acknowledged that he is Area Director and CEO of Alliance Behavioral Healthcare, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by him. Witness my hand and notarial seal this ________ day of ____________________, 2015.

____________________________________  (SEAL/STAMP)
Notary Public

My commission expires: __________
<table>
<thead>
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ATTACHMENT B
LANDLORD AND TENANT MAINTENANCE RESPONSIBILITIES

1. **Landlord's Responsibilities:** Landlord shall be responsible for the following maintenance and repairs in consideration of the rent paid by Tenant:
   - Roof annual inspection and necessary repairs and maintenance
   - Exterior walls, including pressure cleaning and painting on an as needed basis
   - Floor tile, ceiling tile and carpet cleaning and replacement as needed
   - Foundation, needed maintenance and repair as needed
   - Electrical and plumbing maintenance
   - HVAC service and maintenance
   - Backflow device maintenance, repairs and testing
   - UST inspection, repairs and maintenance
   - Electronic security card access system, Intrusion system and monitoring
   - Fire alarm and sprinkler testing, maintenance and monitoring
   - Concrete walkways and pavement repairs
   - Parking lot repairs, maintenance and restriping
   - Pest control - regular services
   - Emergency Generator testing and maintenance
   - Janitorial services
   - Trash pick-up, including dumpster rental
   - Landscaping weekly maintenance
   - Fence repairs
   - Sign changes required by code
   - Non-structural weather/storm issues including parking lot snow removal, ice treatment, limb cleanup, etc.
   - Interior Painting on an as needed on a scheduled, identified rotational basis

   Landlord shall provide monthly reports of work orders requested, services provided and associated costs as well as inspection, testing and repair invoices and any other documentation requested to prove expenses incurred.

2. **Tenant Responsibilities:** Tenant shall provide maintenance and repairs to the following
   - Non-structural weather/storm issues including snow removal on sidewalks and walkways, ice treatment on sidewalks and walkways, etc.
   - Miscellaneous repairs not part of Landlord’s responsibility
   - Landscaping enhancement
   - False intrusion or fire alarm fines (City does not charge for the first two of the calendar year)
   - Pest control corrective services arising outside of the pest control prevention services provided by Landlord
   - Additional locks, keys, cards or electronic security services
   - Discretionary painting over and above needed rotational painting
   - Signs, carpet or tile changes beyond needed replacement
   - Window damage - interior and exterior
   - Signage changes not required by code
   - Consumables (lamps, ballasts, fuses, gaskets)
   - Repairs required due to deliberate destruction or vandalism
   - Kitchen appliance maintenance and repair
   - Washer & dryer maintenance and repair
ITEM: Lease renewal for space at 711 Executive Place, Fayetteville

DATE OF BOARD MEETING: June 4, 2015

BACKGROUND:
Alliance and Cumberland County entered into a Lease agreement in June 2014 for certain office and storage space at 711 Executive Place in Fayetteville, owned by Cumberland County. The term of the lease was one year, which expires June 30, 2015. The leased space includes 18,713 sq. ft. of finished space and 323 sq. ft. of unfinished space for the storage of records. The rate is $12 for finished space and $4 for unfinished space, for an annual rental amount of $225,848, payable in equal monthly installments of $18,820.67. Additionally, we are responsible for our pro rata share of utilities and janitorial, which averages $4,914 per month.

Alliance is currently evaluating the need for space in Cumberland County and is contemplating relocating to a smaller space that will be more efficient. However, a new space has not been secured at this time. The Board is requested to approve a Lease Renewal for 711 Executive Place at the same rental rate for a term of 6 months, and month to month thereafter through June 30, 2016, allowing us to terminate the lease upon 30 days written notice after January 1, 2016. Attached is the proposed lease renewal. This proposed lease is subject to approval of the County Commissioners, and therefore the Board is requested to delegate the authority to complete the lease negotiations and delegate to the CEO the authority to execute the lease agreement.

REQUEST FOR AREA BOARD ACTION:
Consider and approve the proposed Lease Renewal for 711 Executive Place in Fayetteville.

CEO RECOMMENDATION:
The CEO recommends that the Board approve the proposed Lease Renewal for 711 Executive Place in Fayetteville subject to changes approved by General Counsel and the CEO and delegate to the CEO the authority to execute the lease.

RESOURCE PERSON(S):
Robert Robinson, CEO; Carol Hammett, General Counsel
LEASE RENEWAL

THIS LEASE RENEWAL is made and entered into this 1st day of July, 2015 by and between the COUNTY OF CUMBERLAND (hereinafter referred to as “Landlord”) and ALLIANCE BEHAVIORAL HEALTHCARE (hereinafter referred to as “Tenant”).

WITNESSETH:

THAT WHEREAS, the Landlord and Tenant entered into a Lease Agreement dated July 1, 2014, for the lease of space at 711 Executive Place, Fayetteville, North Carolina, (hereinafter the “Original Lease Agreement”); and

WHEREAS, the Landlord and Tenant desire to amend the Original Lease Agreement, while keeping in effect all terms and conditions of the Original Lease Agreement not inconsistent with the terms and conditions set forth below.

NOW THEREFORE, for and in consideration for the mutual covenants and agreements made herein, the parties agree to renew and amend the Original Lease Agreement as follows:

1. The Tenant and Landlord agree to extend the term of the Lease through December 31, 2015, and thereafter on a month to month basis through June 30, 2016. Alliance may terminate the lease upon 30 days written notice after January 1, 2016 (“Lease Renewal Term”).

2. The Lease Rate for the Lease Renewal Term shall remain at an amount equal to $12/ per sq.ft., and shall be paid by Tenant to Landlord monthly in the amount of $17,116.00 on or before the 5th day of each month beginning July 1, 2015, plus the pro rata cost of utilities invoiced by Landlord for the Leased Space.

3. Except for the changes made herein, the Original Lease Agreement shall remain in full force and effect to the extent not inconsistent with this Amendment. In the event that there is a conflict between the Original Lease Agreement and this Amendment, this Amendment shall control.

IN WITNESS WHEREOF, the parties have expressed their agreement to these terms by causing this Lease Renewal to be executed by their duly authorized office or agent. This Lease Renewal shall be effective as July 1, 2015.

LANDLORD: CUMBERLAND COUNTY

By:______________________________

Name/Title:______________________________

TENANT: ALLIANCE BEHAVIORAL HEALTHCARE

By: ________________________________

Rob Robinson, CEO

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.

____________________________________

Finance Officer

FY 2016
ITEM: Public Hearing on the FY 2015-2016 Recommended Budget

DATE OF BOARD MEETING: June 4, 2015

BACKGROUND:
Per G.S. 159-12 (b), the board shall hold a public hearing before adopting the budget ordinance for the fiscal year.

REQUEST FOR AREA BOARD ACTION:
Receive and consider input on the FY16 recommended budget.

CEO RECOMMENDATION:
Receive input on the FY16 recommended budget and consider the received comments prior to approving the budget.

RESOURCE PERSON(S):
Robert Robinson, CEO; Kelly Goodfellow, CFO
ITEM: FY16 Budget for Approval

DATE OF BOARD MEETING: June 4, 2015

BACKGROUND: The FY 2015-2016 budget is being presented to the Board for approval.

REQUEST FOR AREA BOARD ACTION: Approve the budget.

CEO RECOMMENDATION: Approve the budget.

RESOURCE PERSON(S): Robert Robinson, CEO; Kelly Goodfellow, CFO
Alliance Behavioral Healthcare
Annual Budget
FY2015 - 2016

Board of Directors

William Stanford, Jr., Chair

Christopher Bostock, Vice Chair

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<td>George Corvin, MD</td>
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<td>Curtis Massey</td>
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<td>William Stanford, Jr.</td>
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<td>George Quick</td>
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Rob Robinson, CEO
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Alliance Behavioral Healthcare
FY16 Approved Budget

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READER'S GUIDE

FY 2015 - 2016 is the fourth annual budget presented for Alliance Behavioral Healthcare. This section is provided to help the reader understand the budget by explaining how the document is organized. This document details the budget for fiscal year 2015 - 2016 for Alliance Behavioral Healthcare (Alliance) administrative and service operations covering Durham, Wake, Cumberland and Johnston counties. The budget year begins July 1, 2015 and ends June 30, 2016. The document will show how the funds are allocated and how they will be spent.

Alliance Behavioral Healthcare LME/MCO will have one fund called the General Fund. The General Fund will account for all administrative and service operations and will be divided into functional areas for Administration, Medicaid Services, State Services, Local Services, and Grant Funds, when applicable.

Revenues of the General Fund are categorized in the following manner:

LME Allocation
Funds related to the administration of Local Management Entity functions.

Medicaid Administration
Alliance Behavioral Healthcare began the management of Medicaid services under a waiver according to Session Law 2011-264 House Bill 916 on February 1, 2013. These funds refer to the administration dollars allocated under a contract with the NC Division of Medical Assistance. The funds are allocated based on a per member per month basis. The members per month budgeted is based on history thus far and projections.

Medicaid Services
Alliance Behavioral Healthcare began the management of Medicaid services under a waiver according to Session Law 2011-264 House Bill 916 on February 1, 2013. These funds refer to the dollars allocated under the contract with the NC Division of Medical Assistance to provide services to Medicaid enrollees of Durham, Wake, Cumberland, and Johnston counties.

Integrated Payment and Reporting System (IPRS)
These funds represent state allocated dollars for Durham, Wake, Cumberland, and Johnston communities to provide services for citizens with mental health, intellectual/developmental disabilities and substance abuse needs.

County funds
These funds represent the Cumberland, Durham, and Wake county allocations to Alliance to provide services for citizens with mental health, intellectual/developmental disabilities, and substance abuse needs in their respective counties.

Miscellaneous
This category is to account for any funds received during the fiscal year that do not fall into one of the above mentioned categories and are not significant enough to require their own category.

Expenditures of the General Fund are categorized in the following manner:

Administration
Personnel expenditures, such as salaries and benefits, and expenditures that relate to the daily operations such as supplies, telephone, travel, etc.
Services
This category refers to the funds allocated for services to Medicaid and non-Medicaid (IPRS/county eligible) citizens with mental health, intellectual/developmental disabilities, and substance abuse needs.

Grant Funded
Grant funds are those that are specified for a particular project or program and in the case of Alliance Behavioral Healthcare, were allocated by the Federal government.

Draft Budget Ordinance
A draft budget ordinance is being included for informational purposes.

Additional Information
The basis of accounting and budgeting for Alliance Behavioral Healthcare is modified accrual per G.S. 159-26. This means that revenues are recorded in the time period in which they are measurable and available. Revenues are recognized when they are received in cash. Expenditures are recognized in the period when the services are received or liabilities are incurred.

This document was prepared by Alliance Behavioral Healthcare Business Operations and is available online at www.alliancebhc.org. If further information is needed, please contact Kelly Phillips, Director of Budget & Financial Analysis, at 4600 Emperor Blvd, Durham, North Carolina 27703 or by email at kphillips@alliancebhc.org.
June 4, 2015

Alliance Board Members,

On behalf of the entire organization I thank each of you - long-time members as well as those of you who have joined us in recent months - for your expertise, guidance and support during the past year of organizational evolution and growth.

Since the recommended budget was presented to you on May 7, 2015, several changes have been made that you will see reflected in the page titled 'Summary of Changes'.

Alliance leadership views this budget as a continued investment in our ongoing effort to build North Carolina’s most fiscally-stable, clinically-sound behavioral health managed care organization. It allows us to maintain momentum in strengthening and enhancing the key resources and infrastructures that are placing Alliance in the strongest possible position as we look to the future of Medicaid reform in North Carolina. And as always, it is designed to provide the innovative, effective services and supports that help ensure effective pathways to recovery and self-determination for the individuals we serve.

This represents Alliance's first budget since the adoption of our new organizational values, and we feel that what you see here provides the critical resources that make it possible to reflect those values in every facet of our operations.

Thank you again for your participation in this year's budget process.

Best Regards,

Rob Robinson
Chief Executive Officer
SUMMARY OF CHANGES
This section is provided to help the reader understand the changes that occurred from the FY16 Recommended Budget presented on May 7, 2015 and the Approved Budget in this document.

The Approved Budget represents a $8,643,841 increase that is seen in Medicaid. The major changes can be attributed to the following:

- Revised Medicaid Reserves account for an increase of $7,623,161. The Reserves were not accounted for in the initial Medicaid calculations.

- Revised Medicaid administrative funds account for an increase of $876,664. This is based on calculating Administrative dollars from both Medicaid Services & Reserves.

- 1%, or $364,086, of County service dollars moved to Administrative

- Added the award of $144,016 in HUD Grant Funds
### Alliance Regional Population Data

<table>
<thead>
<tr>
<th>Region</th>
<th>Population*</th>
<th>Medicaid Eligibles</th>
<th>Medicaid Eligibles % of Population</th>
<th>Medicaid Served**</th>
<th>IPRS Served</th>
<th>Total Served</th>
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<tbody>
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<td>Cumberland</td>
<td>326,328</td>
<td>63,680</td>
<td>19.5%</td>
<td>7,720</td>
<td>2,048</td>
<td>9,768</td>
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<tr>
<td>Durham</td>
<td>294,460</td>
<td>47,803</td>
<td>16.2%</td>
<td>7,106</td>
<td>2,760</td>
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<td>Johnston</td>
<td>181,426</td>
<td>35,796</td>
<td>19.7%</td>
<td>3,039</td>
<td>1,224</td>
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<td>Wake</td>
<td>998,691</td>
<td>109,262</td>
<td>10.9%</td>
<td>11,997</td>
<td>6,483</td>
<td>18,480</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>1,800,905</strong></td>
<td><strong>256,541</strong></td>
<td><strong>14.2%</strong></td>
<td><strong>29,862</strong></td>
<td><strong>12,515</strong></td>
<td><strong>42,377</strong></td>
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* 2014 Statistics, US Census Bureau  
**Based on claims July through December 2014

### Persons Served by Age and Disability Based on Claims Paid by Medicaid and IPRS

#### Child/Youth (ages 0-17)

<table>
<thead>
<tr>
<th>Region</th>
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<th>I/DD</th>
<th>Total All</th>
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<td><strong>Total Child/Youth</strong></td>
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<td><strong>1990</strong></td>
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#### Adult (ages 18+)

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<td><strong>Total Adult</strong></td>
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<td><strong>4,802</strong></td>
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**Total Served**  
42,377  
**Based on claims July through December 2014**

### Providers: Credentialed

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Clinical Operations

Brief Description of Department and Units

The Clinical Operations Department is comprised of seven units and receives clinical oversight from the Alliance Medical Director.

- The Access and Information Center (the Alliance 24/7 call center) links consumers to a range of services in the community and ensures that callers in need of crisis services are provided with timely access and follow-up. In addition to screening and referral activities, the call center provides information general healthcare provider, the CCNCs and to crisis providers to help coordinate the care of consumers needing routine services or during an after-hours crisis. It handles general information requests for Alliance as well.

- MH/SA and IDD Utilization Management (UM) are responsible for authorizing services and monitoring and managing consumers during an episode of care. Activities include monitoring utilization of services authorized, reviewing effectiveness of treatment interventions and making recommendations to improve the effectiveness of consumer treatment plans.

- MH/SA and IDD Care Coordination are responsible for working with specific high-risk populations identified within the waiver contract and priority populations that have been identified by Alliance, including individuals with high ED utilization patterns. Care Coordination links consumers with both services and supports and helps eliminate barriers that allow consumers to live as successfully as possible within the community. MH/SA Care Coordination is extending their ability to better address the needs of individuals with serious and persistent mental illness with co-occurring physical health conditions.

- Eligibility and Enrollment staff process State-funded consumer enrollment requests and consumer demographic updates, assist the UM team with a number of administrative tasks and provide support to the MDs by scheduling URAC required post denial peer-to-peer conversations.

- UM Appeals manually processes all adverse decision letters and manages the entire UM appeals process.

Summary of Goals and Objectives for FY15

Primary goals and objectives:

- Continue to meet and exceed all waiver contract requirements.
- Increase utilization of MST and other evidenced based models of care
- Develop and implement service alternatives to intensive in-home, PRTF and Level III residential levels of care
- Decrease length of stay and overall utilization of intensive in-home services
- Begin the shift from authorizing days of service to episodes of care to reduce the number of authorization requests to process, reduce time spent reviewing SARS and increase time that licensed clinicians and MDs spend shaping practice and driving care standards within the network.
- Decrease ED readmissions by expanding ED liaisons to additional hospitals and increase the follow-up scope of positions.
• Increase use of data to inform care coordination referrals over the current protocol based referral practice.
• Decrease volume of units requested and authorized through Innovations through enhanced care coordination.
• Decrease PRTF ALOS.
• Expand upon integrated care activities with a focus on true integration.
• Expand Open Access in all communities
• Maintain low consumer appeals rate.

Accomplishments for FY15

• Clinical Operations met all waiver performance standards for the year.
• Innovations spending was within budget targets.
• Significant increase in utilization of MST and MST moved to a case rate model of reimbursement
• There has been a downward trend in Intensive In-Home utilization; however, the impact was less than anticipated and will remain an ongoing focus.
• There has been a significant decrease in Protocol utilization which is a cost savings for Alliance and a quality improvement area for our stakeholders.
• Significant decrease in number of youth receiving services in PRTFs. No children in true out of state facilities.
• ED liaisons had a reported significant impact on both reducing consumer time in the ED and deferring consumers from inpatient care, with inpatient readmission rates low throughout the year.
• Implemented Integrated Healthcare Teams in each county
• Decreased ALOS of children in state facilities
• Implemented three evidenced based outpatient models of care with enhanced rates

Departmental Impact of Budget Increases

As a result of increased departmental funding, UM was able to hire an RN to better monitor and manage consumer care within inpatient facilities. The call center was able to invest in more equipment which allowed for the increase use of tele-workers. The result was an even greater decrease in the use of Protocol, our back up call vendor. During office related weather closings, Alliance was able to maintain high levels of call center staffing and better customer services. Both MH/SA and IDD Care Coordination where able to add a significant number of new care coordinators. On the IDD side, this led to lower staff turnover and more timely access to services for consumers and the ability to complete case documentation within Alliance prescribed timeframes. On the MH/SA side we were able to expand the number of ED liaisons and care coordinators at the Wakebrook campus. This lead to improved discharge plans and increased inpatient diversions. Budget increases allowed staff working in the community to receive laptops and other technology that improved departmental efficiencies. Lastly, the clinical departments were able to add several Administrative Assistance who help with department organization and decreased the time that clinical staff spent on administrative non-consumer care related activities.
Summary of Goals and Objectives for FY16

- Continue to meet and exceed all waiver contract requirements.
- Expand the use of case rates and other risk sharing payment arrangements
- Decrease ED readmissions by expanding ED liaisons to additional hospitals and increase the follow-up scope of positions.
- Implement analytics system that allows for population health management strategies
- Decrease services that require prior authorization and manage based on data review, including outcome measures.
- Decrease number of consumers with stays beyond expected ranges for highly utilized services
- Develop and pilot Patient Centered Behavioral Health Homes in each County that are responsible for managing total health of patient population
- Maintain low consumer appeals rate.
- Increase number of consumers served through integrated healthcare teams
- Increase intensive in-home and residential services alternatives
- Expand use of general outpatient services
Business Operations

Brief Description of Department and Units

The Business Operations Unit is responsible for the oversight and management of Alliance’s financial accountability relating to budgeting, claims, auditing and financial analysis. It includes:

- Finance & Accounting - responsible for the agency's financial transactions, financial reporting, adherence to Generally Accepted Accounting Principles (GAAP), ensuring adequate and effective internal controls, etc.
- Claims Processing - responsible for the monitoring and review of all claims processing for all funding sources, analysis of paid and denied claims, special ED claim review, etc.
- Reimbursement & Analysis - responsible for the review and analysis of Medicaid dollars to include Per Member Per Month (PMPM) spending by category of service and aid, budget vs. actual, individual provider or service trends, etc.
- Budget & Financial Analysis - responsible for the development and monitoring of the Alliance budget and analyzing budget to actual at both the administrative and service level.
- Facility Management - responsible for the oversight of all Alliance leased locations in coordination with landlord and management of Alliance vehicles.

Summary of Goals and Objectives for FY15

FY15 was a year of improvement. In the third Alliance fiscal year, Business Operations had the opportunity to review current procedures and process flows, revisit staffing needs, and focus on the next level of effective financial operations. The year saw multiple audits and reviews by external parties, all of which were successfully passed. We developed more reliable ways of reviewing our claims data which allowed staff to change their focus on more pertinent claim data such as high dollar claims, frequent denials, or hospital claims. We increased staff which led to increase of knowledge, more separation of duties, and even more focused efforts on analysis of data.

Accomplishments for FY15

- The Finance staff completed a general ledger chart conversion which will allow us to improve the efficiency and effectiveness of internal and external reporting.
- A month end reporting package, to be presented to the CFO, was finalized that compares month to month financial detail and documents of trends and analysis of changes.
- Alliance claims staff continues to provide weekly claims training for providers to ensure updated knowledge of systems and claim information is shared will all providers. Provider survey satisfaction noted that Alliance claims rated as one of the best in claims training, accurate information given to provider, and claims processed in a timely and accurate manner.
- HMS audit scored 98.53% timeliness of provider payment, Claims processing accurately scored 99.08%, The Carolina Center for Medical Excellence survey completed by the Alliance MCO providers scored Alliance claims processing and training as one of the highest percentages in the state.
Departmental Impact of Budget Reductions

The Business Operations Department has had minimal impact by budget reductions. We have had some turnover in the Claims Department but we have been able to fill those vacancies. We added four staff in the area of Budget, Finance, Reimbursement and Analysis. In the upcoming year, we hope to add additional support in Claims to include support for electronic files that are submitted by providers. This will be of great assistance and will lead to greater accuracy and ease of processing claims. We have also added a Purchasing Manager position which will help improve our processes, ensure compliance to rules and regulations, and create an effective flow between departments.

Administrative Priorities for FY16

- Fund additional positions to help support claims such as a supervisor, an additional Claims Analyst, and an EDI Specialist.
- Provide administrative budget reports for Chiefs to allow for budget ownership and flexibility of spending.
- We will be implementing a web based employee expense reimbursement which will improve efficiency and accuracy and be a positive experience for the staff.
- Other priorities include building modifications, relocation of site staff, and review of all facility needs including Durham Center Access

Summary of Goals and Objectives for FY16

The goals of FY16 can be summarized as ones that focus on reporting, analysis, improving the efficiencies of our operations, and staff engagement. We will focus on our reporting and analysis of services especially in the area of Medicaid. We will be entering FY16 with the Medicaid budget set at a "category of service" level for the first time. This will enable us to more closely track expenses, monitor trends, and address concerns at a more micro level. We also will focus on ensuring that new staff are fully trained, have the tools they need to do their job, and are part of the Alliance culture. We will focus on building a unified team with the help of updated procedures and process flows, mutual understanding of work, cross departmental training and most importantly adhering to our mission and values.
Provider Network and Evaluation

Brief Description of Department and Units

The Provider Network and Evaluation Department is responsible for continuous review and evaluation of the provider network for quality of services, adherence to contract requirements, standards of care and performance, all while ensuring a full array of providers is available to meet the needs of the service recipients. It is also responsible for evaluating the quality of service provided by Alliance and for reviewing adherence to accreditation standards and best business practices.

The Department is comprised of four sections:

- **Provider Networks** is responsible for managing the communication and dissemination of information to the community of providers, identifying and recruiting new providers, and providing technical assistance for currently enrolled providers as well as potential provider entities. Assures continuous analysis of the network to ensure the quality and availability of service providers to meet consumers’ needs and ensure consumer choice.
- **Quality Management** is responsible for creating a culture of continuous quality improvement across the agency and assuring quality within the agency, and within the provider network and contracted vendors. The Department investigates and resolves grievances and incidents and conducts provider monitoring. The Department analyzes data and creates reports to meet contractual requirements as well as to inform the agency on outcomes and trends that impact its business.
- **Credentialing** assures appropriate and comprehensive credentialing of all providers in the Alliance network to meet agency, State, Federal and accreditation requirements. Assure that providers who do not meet requirements are excluded from the network and that credentialing information is reviewed and tracked to assure continuous and timely review.
- **Contracts** is responsible for the timely development and distribution of all contracts, amendments, and extensions. Ensure coordination of administrative activities including official correspondence with providers, provider education and liaison, and administration of provider contracts.

Summary of Goals and Objectives for FY15

- Continue to effectively implement a process for re-credentialing providers.
- Meet contractual requirements around reporting and data submission.
- Improve quality of provider network through promotion of evidence based practices
- Network analysis and prioritization of needs.

Accomplishments for FY15

- Establishment of provider collaborative
- Expansion of CQI processes across the agency
- Routine monitoring of agencies
- URAC accreditation of Credentialing
• Added positions to assist with management of hospitals and to manage provider procurement processes

Administrative Priorities for FY16

• Implementation of software to track contracts.
• Continue to work with alpha on developing credentialing software.
• Improve reporting capacity

Summary of Goals and Objectives for FY16

• Continue re-credentialing of providers.
• Fully implement routine monitoring of LIPs.
• Improve relationships with hospitals
• Improve capacity for risk and trend analysis.
• More fully address provider network needs and gaps as specified in network development plan.
• Enhance provider training opportunities and establish learning collaborative to improve service quality.
• Develop more robust provider profiling capacity.
• Enhance capacity to evaluate provider quality and outcomes.
• Streamline reports generation.
• Increase number of provider contracts for evidence based practices.
Information Technology

Brief Description of Department and Units

The IT department is comprised of three basic units: Business Intelligence Development, Business Systems Support and IT/Communication Networks.

- Business Intelligence Development (BI) is responsible for extracting, organizing, cataloging and defining all key data elements that support Alliance. BI also is responsible for report, database and application development to support the information needs of the company.
- Business Systems Support is responsible for provider and internal IT helpdesk functions which include provisioning and repairs of Alliance PCs, laptops, iPad and desktop phones. Another key role is the interface with AlphaCM for Alpha system trouble tickets, enhancement requests and supporting provider claim issues with EDI, 837, 835, RAs and other denial status research.
- IT/Communication Networks installs and supports all business data and voice/telephone networks between all physical office locations, our cloud hosting center and the internet. This includes maintaining network and data security, and maintaining HIPAA compliance and secure emails and data transmissions.

Departmental Impact of Budget Reductions

The biggest impact of budget reductions has been in being adequately staffed as well as recruiting and retaining staff. The current RTP job market has a high demand for key IT skills. We also were unable to have all the testing tools and spare PC stock required to quickly make repairs or equip new employees.

Accomplishments for FY15

- Began SharePoint Implementation in Several Corporate Departments
- Added Director of Reporting Position to Manage Corporate Reporting Needs
- Continued Microsoft BI Report Development and Enhanced Reporting Workflow Solution
- Added Director of Infrastructure and Security Position to Solidify Corporate Security Functions
- Completed Migration of Peak10 Leased Servers to Alliance Owned Hardware
- Implemented Solarwinds Network Monitoring and Security Solutions

Summary of Goals and Objectives for FY16

- Continue Support for SharePoint and Migration of Existing Shared Drives to New Storage Solution
- Development of Corporate Intranet to Provide Efficient Enterprise Communications
- Review and Enhance Security Offerings Throughout Organization
- Selection of Enterprise Business Intelligence Solution and Complete Integration into Business Units
- Evaluate Predictive Analytics and Population Management Tools to Enhance Patient Outcomes for Clinical Department
- Implement Enterprise Email Archiving Solution
• Implement New ICD-10 Codes in AlphaMCS, Back Office Systems and Providers Effective October 1, 2015
Consumer Affairs

Brief Description of Department and Units
The Office of Consumer Affairs exists because Alliance recognizes that consumer and family experience is critical in the planning and development of programs and services that allow people to have rich and fulfilling lives. Our purpose is to ensure that the voices of consumers and families are heard and integrated at all levels at Alliance. We want to empower our consumers and families through education and exposure to resources.

Summary of Goals and Objectives for FY15
- Collaborate with Community Relations to implement Community-Wide Training and Education Plan.
- Quality improvement in services and network maturation.
- Human rights are respected.
- The Consumer and Family Advisory Committee is valued, respected, and responsive.
- The voices of consumers and families are listened to and responded to in a timely manner.

Accomplishments for FY15
- Community-wide forums held or planned in each of our four counties.
- Participated in a statewide CFAC meeting.
- Supported CFAC and the Human Rights Committee to fulfill their statutory requirements.
- Participated in numerous community advocacy group events.
- Acted as the voice of the consumer and family member on many Alliance committees.
- Encouraged consumer and family participation on many other committees or ad-hoc opportunities.
- Responded to the concerns of consumers and family members in a timely manner.
- Collaborated with the state Consumer Empowerment Team (CET) to solve legislative concerns and/or complaints received by CET.

Departmental Impact of Budget Reductions
Currently none.

Administrative Priorities for FY16
Expand staffing to increase and enhance our input from consumer and families in Cumberland County, increase staffing in Wake.

Summary of Goals and Objectives for FY16
- Increased input from communities.
- Effective internal communication to committees and management.
- Responsiveness to consumer and family concerns.
- Influence the network to becoming a true recovery-oriented system of care.
- Training for employees and providers about recovery.
Community Relations

Brief Description of Department and Units
Community Relations is one of the most varied and diverse departments within Alliance. Recognizing that a local and visible presence is essential to building and sustaining partnerships critical to meeting organizational outcomes, the Community Relations teams take an innovative approach to improving the systems that support the effectiveness of services.

Teams are continually assessing system and service gaps from multiple vantage points including co-location within other systems, outreach activities to stakeholders and advocates, and hosting community collaborative and workgroups. Utilizing a System of Care framework, Community Relations focuses on the strengths and vulnerabilities of complex public systems, treatment of the “whole person,” and system transformation to improve policy, shared funding, collaboration and best practices.

Recognizing that social determinants of health (i.e. homelessness, poverty/inequality and lack of education/employment) are key drivers of health care costs, Community Relations often plays a tangential role to the MCO functions - improving the environments in which people live increases engagement and retention in services, overall health and wellness, and more meaningful and productive lives that promote recovery.

Summary of Goals and Objectives for FY15
- Increase outreach and education regarding access to services.
- Assist in the development of a robust crisis system to decrease unnecessary utilization of the ED.
- Assist in the development of a comprehensive continuum of criminal justice diversion strategies for juvenile justice and adult offenders.
- Assist in the development of holistic community-based services and supports to reduce out-of-home placement and higher levels of care.
- Expand short-term rental assistance allocation to all four communities and expand funding to include high-risk families and adults.
- Utilizing an integrated SOC approach identify service and system gaps and needs.

Accomplishments for FY15
- Implemented short-term rental assistance program (ILI) in each community.
- Developed a standardized Alliance overview presentation training over 500 community partners and stakeholders.
- Each community has highly successful CIT training programs with designated CIT Coordinators.
- Implemented Care Review in each community.
- Developed crisis reduction plans for each community.
- Won two national Excellence in Communication and Community Outreach Awards for BECOMING.
- Funding renewed for two HUD-funded supportive housing programs in Durham.
- Wake and Durham Community Collaborative completed strategic plans outlining SOC priorities.

**Departmental Impact of Budget Reductions**
- Reduced access to services impacts multiple systems.
- Lack of a comprehensive crisis system ripple effects to multiple systems.
- Fragmented systems lead to higher cost care and poorer outcomes

**Administrative Priorities for FY16**
- Hire an Administrative Assistant for the Department
- Study the need for additional personnel to target key areas across the 4 counties (i.e. System of Care Manager)

**Summary of Goals and Objectives for FY16**
- Promote cross-departmental collaboration to improve person and service outcomes.
- Assist in the development of models of care for special and high-risk populations.
- Assist in the development of comprehensive community supports to increase community tenure and quality of life for high-risk adolescents and adults.
- Expand Assertive Engagement to special populations across the four communities.
- Identify activities of Community Relations (i.e. housing, Care Review) and develop key performance indicators to show the impact and return on investment
- Develop pilot programs in partnership with other internal departments to study the quality and effectiveness of programs targeting high risk populations (i.e. IIH, ED diversion, etc…)
Corporate Compliance

Brief Description of Department and Units

The Alliance Corporate Compliance Department focuses on the prevention, detection and correction of identified violations of federal and state laws and regulations, and fraud control and unethical conduct, and encourages an environment where employees can report compliance concerns without fear of retaliation.

It includes thirteen employees and is responsible for internal and external compliance to include policies and procedures, accreditation compliance, compliance training, internal audits and monitoring, claims audits, hotline reporting, investigation and correction of non-compliance, remediation, HIPAA privacy and security, medical records, public records, Network fraud and abuse investigations, provider actions and sanctions, and provider dispute resolution.

Summary of Goals and Objectives for FY15

The FY15 Compliance Work Plan focuses on the highest compliance risk to the MCO, including but not limited to:

- Conduct fraud and abuse investigations to detect and deter fraud and abuse in the Network.
- Conduct audit and monitoring activities.
- Improve information sharing by purchasing and implementing a policy and procedure management software
- Implement new mobile device and encryption policies.
- Develop and implement URAC self-monitoring tools.
- Screen all employees for exclusions.
- Develop and implement a tool to audit a random 3% of adjudicated claims weekly.
- Contract with a Third Party Liability vendor to optimize coordination of benefit efforts and to meet contractual requirements.

Accomplishments for FY15

- Fraud and abuse investigations.
- Referred cases to DMA Program Integrity for credible allegation of fraud.
- Conducted audits and monitoring activities.
- Selected and contracted with a software vendor and begun the implementation process for policy and procedure management, third party risk management, contract management, incident management, and HIPAA breaches.
- Implemented new mobile device and encryption policies and applications.
- Developed and implemented URAC self-monitoring tools.
- Issued actions in response to Network compliance issues identified from monitoring, investigation and other compliance activities.
- Managed the reconsideration process.
- Developed and implemented a tool to audit a random 3% of adjudicated claims weekly.
• Developed and implemented focused claims audit tools.
• Conducted Compliance training to a variety of stakeholder groups including employees.

Departmental Impact of Budget Reductions

We currently have thirteen positions (12 filled) on the team, all highly specialized in different areas of investigations, claims audits, internal audits, HIPAA privacy, HIPAA security, and compliance. Multiple positions are either certified and licensed or working towards licensure or certification. Expertise and equipment to carry out our functions is essential to Alliance.

Administrative Priorities for FY16

Our goal is to embed compliance, fraud control, and business ethics into Alliance day-to-day business through the use of infrastructures and tools designed to help achieve compliance with Federal, State, and local laws and regulations, and accreditation standards. The infrastructure and tools of focus for FY16:

• Continue/finalize the implementation of Compliance 360 for the use of Policy and Procedure management system to increase efficiencies, improve employee training and track compliance.
• Contract with IBM Fraud and Abuse Management System for fraud detection data mining purposes to enhance our current methods and increase effectiveness of fraud detection efforts.
• Provide specialized training to department staff to promote professional growth and to achieve nationally recognized certifications in the areas of fraud examination and internal audits.
• New or updated IT.

Summary of Goals and Objectives for FY16

An annual work plan developed as a result of an annual risk assessment drives all compliance operations. Below are a few anticipated areas of focus:

• Finalize the implementation of Compliance 360 for all modules and roll out to the entire company.
• The use of the product will increase efficiencies among multiple departments and improve employee training and communication.
• Auditing and monitoring activities with timely resolution and implementation of risk mitigation plans.
• Implement a companywide security program.
• Increase efficiencies in SIU by implementing FAMS as a means to manage financial and legal risk in the PHIP.
• Provide additional compliance training and resources to providers.
• Develop and implement compliance self-monitoring tools.
• Expand focused and ad hoc claims audits to identify overpayments, underpayments and other irregularities or compliance issues.
Communications

Brief Description of Department and Units

The Alliance Communications Unit, which currently consists solely of the Director of Communications, has oversight of all internal and external organizational communications to multiple stakeholders within a four-county audience of nearly two million people. This broad scope of work includes all organizational advertising/marketing development and production, oversight of organizational branding efforts, content maintenance of a robust and complex website, and provision of communications support and technical assistance for the entire organization. The Director serves as Public Information Officer and in that capacity develops and nurtures critical media relationships, manages all organizational contact with media sources, and serves as Alliance spokesperson when appropriate. He serves as chief media and communications consultant and strategist to the Chief Executive Officer, the Board of Directors, and other key organizational leadership.

Summary of Key Goals and Objectives for FY15

- Execute media campaign on issues of stigma, recovery and self-determination to support organizational public awareness campaign.
- Secure funding support for and begin development of organizational branding campaign designed to expand and enhance brand recognition and perception of the organization.
- Develop and implement key website enhancements.
- Develop of new core organizational materials as needed, including Annual Report.

Key Accomplishments for FY15

- Created and implemented successful media component of organization's "It's Time to Re-Think" anti-stigma campaign utilizing multiple platforms including TV, theater pre-show, a variety of print materials and a robust online component.
- Secured funding for organizational branding media campaign and began development and vetting across multiple stakeholders with development and implementation anticipated in early FY16.
- Implemented Responsive Web Design to provide an optimal viewing experience across a wide range of devices from mobile phones and tablets to desktop computer monitors, and a new drag and drop layout editor to website content management system to allow greater in-house design capacity.
- Added new Care Review brochure to family of core organizational brochures; existing materials reprinted as necessary to ensure adequate supply; Annual Report nearing end of production stage.
- Significantly enhanced reader accessibility of Innovations Individual and Family Guide through creation of ADA Section 508 compliant PDF and Braille versions; same treatment planned for Consumer and Family Handbook when revisions made.
Departmental Impact of Budget Reductions

FY15 funding allowed a long overdue expansion of our inventory of core informational materials, key enhancements to our website (our most cost-efficient, versatile communications medium), the execution of a successful public awareness media campaign, and early-stage planning of an organizational branding media campaign. Continued funding in FY16 is critical to maintaining and building upon progress and momentum realized this year. Lack of past funding for expansion of Unit staffing despite the exponential growth and reach of the organization and the complexity of its operations has had an inevitable negative impact on the capacity of the Unit to meet increased demand while maintaining stringent quality standards, and made it difficult at times to devote sufficient attention to key communications priorities to optimize their impact.

Administrative Priorities for FY16

Funding and implementation of Communications Specialist position to support the work of the Unit, allow expansion and enhancement of Unit activities, and provide opportunity for a more strategic approach to key organizational communications priorities.

Summary of Goals and Objectives for FY16

- Develop and implement successful organizational branding media campaign to enhance brand recognition and the awareness of the organizational values that shape our work.
- Strategically implement measured social media presence (with scope influence by Unit staffing situation).
- Continue to enhance our array of core informational materials as appropriate and ensure adequate supplies of entire inventory.
- Respond strategically to additional communications opportunities as they present themselves.
Strategic Operations

Brief Description of Department and Units

The Strategic Operations Unit has been under development during FY15, as a newly formed unit led by the Chief of Staff, whose position was created in April 2014. It is housed under the Administration Department and is comprised of the Strategic Project Management team, the Medicaid Program Director, the Communications team, and the Johnston and Cumberland site directors. The work of this unit cuts across all departments and functional areas and serves as a connector to enhance the functioning of the organization, facilitating cross departmental and cross functional collaboration.

The Strategic Project Management team was formed as of April 2015, and is still early in its development. The team’s focus is on improving business processes and working collaboratively across the organization to implement major projects of high importance, including the Strategic Plan. The Alliance Communications Unit, which currently consists solely of the Director of Communications, has oversight of all internal and external organizational communications and organizational branding efforts, including maintenance of a complex website, and provision of communications support and technical assistance for the entire organization.

The Medicaid Program Director is responsible for ensuring compliance with the Medicaid Waivers contracts and is a liaison between Alliance and DHHS staff. The Cumberland site director oversees the administrative staff at the Cumberland site and is the Military Veterans Point of Contact (MVPOC) as established by statute. The Johnston site director is not directly supervised by the Chief of Staff but is part of the Alliance Senior Management Team. The Chief of Staff is the executive team point of contact for the Johnston site director.

Summary of Key Goals and Objectives for FY15

As noted above, FY15 has been a year of development:

- Establish a Strategic Operations Unit
- Create positions, hire and organize a Strategic Project Management team
- Develop a charter for the Strategic Project Management team
- Successfully complete our first External Quality Review audit (EQRO) and first annual Mercer/IMT onsite review
- Create and begin to implement a comprehensive Veterans’ Plan with strategies designed to meet and exceed the requirements of the state statute
- Execute media campaign on issues of stigma, recovery and self-determination to support organizational public awareness campaign.
- Secure funding support for and begin development of organizational branding campaign designed to expand and enhance brand recognition and perception of the organization.
- Develop and implement key website enhancements.
- Develop of new core organizational materials as needed, including Annual Report.
Key Accomplishments for FY15

The Strategic Operations Unit met all of its goals outlined above, with some highlights noted, below:

- Created and implemented successful media component of organization's "It's Time to Re-Think" anti-stigma campaign utilizing multiple platforms including TV, theater pre-show, a variety of print materials and a robust online component.
- Secured funding for organizational branding media campaign and began development and vetting across multiple stakeholders with development and implementation anticipated in early FY16.
- Implemented Responsive Web Design to provide an optimal viewing experience across a wide range of devices from mobile phones and tablets to desktop computer monitors, and a new drag and drop layout editor to website content management system to allow greater in-house design capacity.
- Added new Care Review brochure to family of core organizational brochures; existing materials reprinted as necessary to ensure adequate supply; Annual Report nearing end of production stage.
- Significantly enhanced reader accessibility of Innovations Individual and Family Guide through creation of ADA Section 508 compliant PDF and Braille versions; same treatment planned for Consumer and Family Handbook when revisions made.

Departmental Impact of Budget Reductions

FY15 funding allowed a long overdue expansion of our inventory of core informational materials, key enhancements to our website, the execution of a successful public awareness media campaign, and early-stage planning of an organizational branding media campaign. Continued funding in FY16 is critical to maintaining and building upon progress and momentum realized this year. The demands on the single staff Communications team are growing exponentially and additional staff is needed to maintain the momentum and build on the strong foundation to optimize impact.

The initiatives in Alliance’s Strategic Plan cut across the entire organization and are essential to the overall growth and health of the organization, however it falls under the Strategic Operations unit for oversight and implementation. Additional support, and consultation, through our Zelos partners, as well as external business process reengineering professionals, will be necessary to ensure success. In addition, since this unit is newly formed, training of staff is necessary to ensure healthy growth.

Administrative Priorities for FY16

- Funding and implementation of Communications Specialist position to support the work of the Unit, allow expansion and enhancement of Unit activities, and provide opportunity for a more strategic approach to key organizational communications priorities.
- Funding for training and certification preparation for Project Management team
- Funding for training for MVPOC in Mental Health First Aid for Veterans
- Funding for additional consultation and support from Zelos to ensure successful implementation of the Strategic Plan
• Funding for external assistance with the business process reengineering projects

Summary of Goals and Objectives for FY16

• Continue successful implementation of Alliance’s Strategic Plan
• Develop and implement successful organizational branding media campaign to enhance brand recognition and the awareness of the organizational values that shape our work.
• Strategically implement measured social media presence (with scope influenced by Unit staffing situation).
• Continue to enhance the core informational materials as appropriate and ensure adequate supplies of entire inventory.
• Train, coach, and mentor Alliance staff in Alliance’s project methodologies to ensure skill mastery and consistency in planning
• Assist in identifying and addressing Business Process Re-engineering opportunities, aligning with strategic goals, to provide maximum effectiveness and efficiency, potentially utilizing external resources/consultants
• Assist Executive Leadership Team with evaluation and research analysis for strategic opportunities
• Expand Alliance’s role as a leader in the state on Veteran’s issues by training the MVPOC in Mental Health First Aid for Veterans and implementation of 4 trainings for our communities
• Complete second annual Mercer audit with no corrective action items
• For the second EQRO review, exceed the 70.1% “met” score on reviewed items
### GENERAL FUND REVENUES
FY2015-2016 Approved Budget

**Total General Fund Revenues: $469,776,298**

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## GENERAL FUND EXPENDITURES

**FY2015-2016 Approved Budget**

**Total General Fund Expenditures:** $469,776,298

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General Fund Expenditures
FY 2015-2016 Approved Budget
Total General Fund Expenditures: $469,776,298
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Network Development and Evaluation

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Director of Quality Management
1 Geyer Longenecker

Quality Review Manager
1 Tina Howard

Quality Review Coordinators
4 Damali Alston Tara Heasley Tamara Smith recruiting

QM Data Manager
1 May Alexander

Quality Assurance Analyst
1 ShaValia Ingram Jessica Killette Hilda Smith Diane Sofia Jamie Rizza Walter Linney recruiting

Business Analyst
1 Rita Pompey

Research Assistant
1 Lucyna Kozek

PN Evaluator I
6 Tamara Baucom Rose Ann Bryda Migeya Ford Charisse Raeford Melissa Shaffer Meredith Therrien

PN Evaluator II
5 Amy Johndro Jeanne Kleinschmidt Kathan Moore Dena Watts Carly Lafore

QM & Monitoring

39
Clinical Operations

- Chief Clinical Officer
  - 1
  - Sean Schreiber

- Medical Director
  - 1
  - Khalil Tanas, MD

- Associate Medical Director
  - 1
  - Tedra Anderson-Brown, MD

- Senior Psychologist
  - 1
  - Moya Henry

- Elig. & Enroll. Team Lead
  - 1
  - Tasha Jennings

- Elig. & Enroll. Research Assistant
  - 3
  - Angela Gore-Jones
  - Ashley Lassiter
  - Cristina Windley

- Admin Assistant
  - 1
  - Shelly Harris
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| Community Relations | Family Partner Coordinator | 1.00 |
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| Community Relations | Geriatric Trainer | 1.00 |
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ANNUAL BUDGET ORDINANCE
ALLIANCE BEHAVIORAL HEALTHCARE
FY 2015 - 2016

WHEREAS, the proposed budget for FY 2015 - 2016 was submitted to the Alliance Behavioral Healthcare Area Board on May 7, 2015 by the Budget Officer;

WHEREAS, on June 4, 2015, the Alliance Behavioral Healthcare Area Board held a public hearing pursuant to NC G.S. 159-12;

WHEREAS, on June 30, 2015, the Alliance Behavioral Healthcare Area Board adopted a budget ordinance making appropriations in such sums that the Board considers sufficient and proper in accordance with G.S. 159-13;

BE IT ORDAINED by the Alliance Behavioral Healthcare Area Board that for the purpose of operations for the Cumberland, Durham, Johnston and Wake LME/MCO, for the fiscal year beginning July 1, 2015 and ending June 30, 2016, there are hereby appropriated by the following function:
Section 1: General Fund Appropriations
Administrative $44,078,956
Medicaid Services $342,221,605
State Services $47,037,712
Local Services $36,294,009
Grant Funded Services $144,016
TOTAL $469,776,298

Section 2: General Fund Revenue
LME Administration $44,078,956
Medicaid $342,221,605
State $47,037,712
Local $36,294,009
Grant Funds $144,016
TOTAL $469,776,298

Section 3: Authorities
A. The LME/MCO Board authorizes the Budget Officer to transfer within an appropriation up to 15% cumulatively without report to the Board.
B. The LME/MCO Board authorizes the Budget Officer to transfer up to $20,000 between appropriations with a report to the Board at the subsequent meeting.
C. The CEO may:
   1. Form and execute grant agreements within budgeted appropriations.
   2. Execute leases for normal and routine business within budgeted appropriations.
   3. Enter into consultant, professional, maintenance, or other service agreements within budgeted appropriations.
   4. Approve renewals for service and maintenance of contracts and leases.
Budget and Amendment Process

Overview
The purpose of the budget and amendment process is to ensure that public dollars are spent in the manner as intended and in an effort to meet the needs of the citizens in relation to mental health, intellectual/developmental disabilities, and substance abuse needs. Through the budget, Alliance Behavioral Healthcare aims to fulfill its mission as granted by NC G.S. 122-C.

Governing Statutes
Alliance Behavioral Healthcare abides by the North Carolina Local Government Budget and Fiscal Control Act. It is the legal framework in which all government agencies must conduct their budgetary processes. NC G.S. 159 provides the legislation which includes several key dates such as:
159-10 - By April 30, Departments must submit requests to the Budget Officer
159-11(b) - By June 1, the Recommended Budget must be submitted the Board
159-12(b) - A public hearing must be held
159-13(a) - From 10 days after submitting to the Board, but by July 1, a balanced budget must be adopted

Budget Process
FY 2015-2016 is the third recommended budget representing Alliance Behavioral Healthcare as a multi-county Area Authority. The budget represents services for Cumberland, Durham, Johnston and Wake counties.
The administrative budget for this fiscal year was driven by our Per Member Per Month (PMPM) rate, FY15 projected costs, FTE positions, Department of Health and Human Services contract requirements, and costs related to the operating the Medicaid waiver.

The Medicaid service budget was created based on actual lives thus far and projections into the next fiscal year. Alliance will review the need for a budget amendment in the first quarter of FY16 if the projection of lives has changed based on payments received.

The State and Local services budget was developed by gathering service information for each area based on the claims trends and information from staff. The FY15 allocations and benefit packages were reviewed and staff worked together to ensure all services were appropriately planned to be consistent with current services.

Amendment Process
The budget ordinance is approved at a function/appropriation level. The Budget Officer is authorized to transfer budget amounts within a function up to 15% cumulatively without reporting to the Board. The Budget Officer is authorized to transfer budget amounts between functions up to $20,000 with an official report of such transfer being noted at the next regular Board meeting.

Per G.S. 159-15, the governing board may amend the budget ordinance at any time after the ordinance's adoption in any manner, so long as the ordinance, as amended, continues to satisfy the requirements of G.S. 159-8 and 159-13.
**FY 2015 - 2016 Budget Calendar**

<table>
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<th>Date</th>
<th>Event</th>
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<tr>
<td>Thursday, May 7, 2015</td>
<td>FY 2015-2016 recommended budget presented at LME/MCO Board meeting</td>
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<tr>
<td>By Friday, May 15, 2015</td>
<td>Notice of June 4, 2015 Public Hearing published</td>
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<tr>
<td>Thursday, June 4, 2015</td>
<td>Public Hearing</td>
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<td>By Friday, June 26, 2015</td>
<td>LME/MCO Board adoption of FY 2015-2016 Budget Ordinance</td>
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<tr>
<td>Wednesday, July 1, 2015</td>
<td>Budget is available in the General Ledger system</td>
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IPRS Integrated Payment and Reporting System, the NC Division of MH/DD/SAS developed system to replace three former systems for claims processing. The IPRS was built on the existing Medicaid management information system (MMIS) which currently processes Medicaid claims. IPRS is often used as a term in describing the indigent funding and/or population.

LME Per G.S. 122C-3(20b), Local Management Entity or LME means an area authority, county program, or consolidated human services agency. It is a collective term that refers to functional responsibilities rather than governance structure.

MCO Managed Care Organization; LMEs that have adopted the financial risk and service review functions of the 1915(b) and 1915(c) waivers. LME-MCOs carry out the function of an LME and also act as health plans that provide health care in return for a predetermined monthly fee and coordinate care through a defined network of providers, physicians and hospitals.

Medicaid Waiver States can submit applications to the federal Centers for Medicare and Medicaid Services, asking to be exempt from certain requirements. If granted a “1915(b)” waiver, a state can limit the number of providers allowed to serve consumers, easing the state’s administrative burden and saving money. If granted a “1915(c)” waiver, a state can offer more services focused on helping an intellectually or developmentally disabled consumer continue living in his or her home, rather than a group home.
FY16 Approved Budget

June 4, 2015
Summary of Changes
Recommended to Approved

- Approved Budget represents $8.6m increase
  - Medicaid Reserve: $7.6m
  - HUD Grant: $144k
  - Administrative: $877k

- Shifted 1% or $364k of County Service dollars to Administrative

- Total Administrative dollars increased by $1.2m
## FY16 Budget Comparison

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ITEM: Approval of Corporate Compliance Plan

DATE OF BOARD MEETING: June 4, 2015

BACKGROUND:
Alliance is required to have a compliance program per Federal Regulations and contractual agreement with the Division of Medical Assistance. The US Sentencing Commission has released guidelines for organizations which state that an organization must have an effective compliance program with reasonable oversight by the governing board; understanding of the scope and operations of the compliance program. The Alliance Corporate Compliance Plan includes the following elements:
1) the designation of a compliance officer and a compliance committee that are accountable to senior management;
2) written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with all applicable Federal and State standards;
3) effective training and education for the compliance officer and the organization's employees;
4) effective lines of communication between the compliance officer and the organization's employees;
5) enforcement of standards through well-publicized disciplinary guidelines;
6) provision for internal monitoring and auditing;
7) provision for prompt response to detected offenses, and for development of corrective action initiatives relating to the MCO's or PIHP's contract.

The Alliance Behavioral Healthcare Area Board adopted the Corporate Compliance Plan in 2012 and approved it with minor revisions in June 2013 and 2014 for continued use.

REQUEST FOR AREA BOARD ACTION:
There are minor recommended revisions to the Plan. Per the Area Board Corporate Compliance Plan Policy and the Corporate Compliance Plan, the Board shall approve the Plan annually.

AREA DIRECTOR RECOMMENDATION:
Review and approve the plan.

RESOURCE PERSON(S):
Monica Portugal, Chief Compliance Officer

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CORPORATE COMPLIANCE PLAN

I. Introduction and Statement of Purpose

It is the policy of Alliance Behavioral Healthcare to follow ethical standards of business practice established by Alliance Behavioral Healthcare’s Area Board and Management Team, by oversight agencies, and state and federal law. Alliance Behavioral Healthcare has an ongoing commitment to ensure that its affairs are conducted in accordance with applicable law and sound ethical business practice. Alliance Area Board, employees, and provider network are fully informed of applicable laws and regulations to which Alliance Behavioral Healthcare is obligated so that they do not inadvertently engage in conduct that may raise compliance issues. Alliance Behavioral Healthcare recognizes that its business relationships with contracted providers and vendors, Medicaid enrollees, and recipients of behavioral healthcare services are subject to legal requirements and accountability standards.

To further its commitment to compliance and to protect its employees and contracted providers, Alliance Behavioral Healthcare places emphasis on its Compliance Plan to address regulatory issues likely to be of most consequences to Alliance operations. The Compliance Plan establishes the following framework for corporate compliance by Alliance Area Board, employees and providers:

A. Designation of a Chief Compliance Officer and Corporate Compliance Committee charged with directing the effort to enhance compliance and implement the Compliance Plan;

B. Incorporation of standards, policies, and administrative guidelines directing Alliance Behavioral Healthcare personnel and others involved with operational practices;

C. Prevention and identification of criminal and unethical conduct and legal issues that may apply to business relationships and methods of conducting business;

D. Effective education and training for the Chief Compliance Officer, Area Board, and employees addressing obligations for adherence to applicable compliance requirements;

E. Development and implementation of informational materials and training for employees, providers, and enrollees addressing obligations for adherence to applicable compliance requirements and information to prevent dishonest behavior which results in fraud, waste of public funding, and program abuse;

F. Implementation of mechanism for employees to raise questions and receive appropriate guidance concerning regulatory and operational compliance issues;
G. Development and implementation of an ongoing monitoring and auditing process identifying potential risk areas and operational issues requiring remediation;

H. Development and implementation of a process for employees, providers and recipients to report possible compliance issues, such as legal and ethical violations, or to report fraud, waste, and abuse, including a process for such reports to be fully and independently reviewed;

I. Enforcement of standards through documented disciplinary guidelines, policies and training addressing expectations and consequences;

J. Formulation of plans for corrective action or remediation plans to address identified areas of noncompliance;

K. Evaluation of the effectiveness of the overall compliance efforts of Alliance Behavioral Healthcare to ensure that operational practices reflect current compliance requirements and address strategic goals to improve Alliance Behavioral Healthcare operations.

This Compliance Plan is not intended to set forth all of the substantive programs and practices of Alliance Behavioral Healthcare that are designed to achieve compliance and integrity. In addition to this Plan, Alliance Behavioral Healthcare has developed and implemented a variety of monitoring processes for providers. The compliance practices included in those efforts will be coordinated with this Plan to direct Alliance’s overall compliance efforts.

It is intended that the scope of all compliance activities promotes integrity, ensures objectivity, fosters trust and supports the stated values of Alliance Behavioral Healthcare.
II. Compliance Infrastructure

![Organizational Chart]

Figure 1: Compliance Administrative Responsibility Organizational Chart

A. **Chief Compliance Officer (CCO)**

The **Chief Compliance Officer** has been delegated day-to-day operational responsibility for the Alliance Behavioral Healthcare compliance program. The CCO will report compliance efforts and identified issues directly to the **Chief Executive Officer (CEO)** who has overall responsibility to ensure that Alliance has an effective compliance program. The CCO will report directly as necessary and required to the Area Board. The Alliance Area Board is accountable for governing Alliance Behavioral Healthcare as a knowledgeable body regarding the scope and operations of the compliance program, including expectations, practices, identified risk issues and compliance remediation.

The **Chief Compliance Officer** is responsible for the following activities:

1. Formulate, review, and revise policies and procedures to guide all activities and functions of Alliance Behavioral Healthcare that involve issues of compliance, with assistance from the Compliance Committee;

2. Ensure processes for compliance integrate with and support Alliance Behavioral Healthcare quality management and provider network monitoring processes;

3. Develop, in conjunction with the Compliance Committee and other relevant parties, the Code of Ethics and Conduct for Alliance employees and providers;

4. Develop, in conjunction with the Compliance Committee and other relevant parties, methods to ensure that employees and providers are aware of Alliance Behavioral Healthcare’s Code of Ethics and Conduct and understand the importance of compliance;
5. Develop and deliver, in conjunction with the Compliance Committee educational and training programs;

6. Receive, review, and investigate instances of suspected internal and external compliance issues, communicate findings and develop action plans with the program suspected of noncompliance and as appropriate with the assistance of the Compliance Committee;

7. Supervise a Special Investigations Unit to conduct fraud and abuse detection activities including data mining, pre-investigations, and full investigations to detect and resolve instances of provider and enrollee fraud and abuse;

8. Refer to Division of Medical Assistance (DMA) Program Integrity Behavioral Health Section suspected cases of fraud for determination of credible allegation;

9. Prepare annual compliance summary for evaluation by the Compliance Committee, as set forth in this Plan;

10. Conduct an annual risk assessment, as set forth in this Plan, with the Compliance Committee and other relevant parties;

11. Prepare the annual compliance work plan, as set forth in this Plan, with the Compliance Committee;

12. Prepare revisions to Alliance Behavioral Healthcare Compliance Plan together with the Compliance Committee, as set forth in this plan; and

13. Provide other assistance with initiatives regarding compliance as directed by the CEO.

B. Corporate Compliance Committee (CCC)

To assist the Chief Compliance Officer (CCO) with the development and implementation of compliance efforts, a Corporate Compliance Committee has been formed representative of the clinical and administrative services of Alliance Behavioral Healthcare. The CCO will serve as the chair of the Committee and does not vote on any matters, unless the vote is required to break a tie. Committee members will serve one-year terms with no limitations on the number of terms to serve. The make-up of the committee will be re-evaluated at the end of each fiscal year. For the sake of maintaining the integrity of the Committee no more than 50% of committee members may resign from the Committee in the same year. New members will be nominated by their Department Head and will be selected by majority vote by the current Committee. The CCO must be consulted on the selection of membership.
The role of the CCC is to advise the CCO, to assist in the implementation of the compliance program, and to evaluate the effectiveness of Compliance efforts. The Committee’s responsibilities include:

1. Analyzing the organization’s regulatory obligations;

2. Working with employees and providers to develop standards of conduct and policies and procedures that promote compliance;

3. Developing and monitoring internal systems and controls to carry out Alliance Behavioral Healthcare standards, policies and procedures as part of Alliance Behavioral Healthcare’s daily operations;

4. Determining the appropriate strategy and approach to promote compliance and detection of potential risk areas through various reporting mechanisms;

5. Determining methodology to conduct the annual risk assessment, overseeing the process and determining the levels of risk as part of formulating the annual Compliance Work Plan;

6. Overseeing the implementation of the annual Compliance Work Plan in order to evaluate the effectiveness of compliance efforts;

7. Assisting, as appropriate, with the development of preventive and remediation plans;

8. Review Provider compliance violations and oversee enforcement of disciplinary guidelines, including making determinations regarding the approval of corrective actions and other sanctions as appropriate and per Alliance policies and procedures;

9. Developing a system to solicit, evaluate and respond to compliance issues, grievances, and other problems;

10. Monitoring findings of internal and external reviews for the purpose of identifying risk areas or deficiencies requiring further monitoring or preventive and corrective action; and

11. Reviewing and analyzing trends such as results from exclusions checks, internal and external monitoring and auditing efforts, fraud, waste and abuse investigations, billing audits, enforcement actions, and final disposition.

III. Policy Guidelines and Standards of Conduct
Alliance Behavioral Healthcare has adopted policies and procedures specific to Alliance Behavioral Healthcare’s operational practices. These policies and procedures are reviewed at least annually and revisions are made, as necessary. The policies and procedures specific to Alliance Behavioral Healthcare’s compliance efforts are intended to support and further define the operational practices and responsibilities and, when possible, are integrated within existing policies and procedures.

Alliance Behavioral Healthcare has also adopted an Employee Code of Ethics and Conduct to guide all business activity. This code reflects a common sense approach to ensuring legal and ethical behavior. All new employees receive training and provide acknowledgement of receipt of the Alliance Code of Ethics and Conduct. As a condition of employment the Code of Ethics and Conduct is reviewed and acknowledged annually thereafter.

It is the intent of Alliance Behavioral Healthcare to adopt and implement a Code of Ethics specific to the Alliance Provider Network. The Network Provider Code of Ethics will guide business activities of Providers who contract with Alliance.

### IV. Effective Education and Training

It is essential to the Alliance Compliance Program to ensure that the Chief Compliance Officer receives effective training and education on an ongoing basis. The CCO shall seek out opportunities to receive Continuous Education Credits in order to maintain Compliance Certification and to enhance job related skills.

The CCO and CCC are responsible for ensuring Alliance Behavioral Healthcare policies regarding compliance are disseminated and understood by employees. To accomplish this objective, the CCO will assist with the development of a systematic and ongoing training program that enhances and maintains awareness of Alliance Behavioral Healthcare policies. Training materials directed to clinical, administrative or other regulatory compliance issues will be submitted to the CCO for review with the CCC.

Upon hire and annually thereafter, all Alliance employees will participate in compliance training whereby a system is in place to document that such training has occurred. Employees will be required to take a post-test in order to measure the effectiveness of training efforts. Training materials will identify Alliance Behavioral Healthcare’s CCO as available to respond to questions specific to compliance training or regulatory issues. Employees are made aware of their compliance obligations as a condition of employment.

Adherence to policies will be addressed within the New Employee Orientation and ongoing training programs, and employee job descriptions. Employees will be expected to demonstrate a sufficient level of understanding as a result of compliance training. If a particular compliance or risk issue develops, the CCO and/or CCC may recommend that identified persons attend training addressing the risk issue.
The CCO and CCC will develop compliance training opportunities for Providers in the Alliance Network. Such training may include an overview of Alliance policies and procedures, Provider Network Code of Ethics and Conduct, Compliance Program requirements, and healthcare fraud, waste, and abuse.

To ensure compliance throughout the Alliance Network, the CCO and CCC will develop and offer training to Enrollees. Such training may include Client Rights and healthcare fraud, waste, and abuse.

V. Effective Lines of Communication

A. Reporting Compliance Issues

In keeping with Alliance policies, all employees are required to report promptly all known or suspected violations of an applicable law or regulation, the Code of Ethics and Conduct, breach of privacy or security or any Alliance policies to their supervisor, the Chief Compliance Officer (CCO), or the confidential Compliance Line. As a general practice, employees are directed to address questions about operational issues to persons having supervisory responsibility of that function. Supervisors are responsible for ensuring that issues or violations of which they are aware are immediately reported to the CCO.

As another reporting option, training materials will inform employees that they may report directly to the Alliance CCO or to a confidential third party 24 hour Hotline, Compliance Line. The training materials will provide a contact method(s) to address compliance issues to the CCO and to the Compliance Line. The CCO will use various communication methods, including electronic, web based and telephonic communication methods, to ensure timely communication of the elements of this compliance program. The various communication methods will be available 24 hours a day. The intent of publicizing various methods of communication is to ensure both convenience and confidentiality for employees and enable immediate response to submitted issues. All reports will be investigated unless the information provided contains insufficient information to permit a meaningful investigation.

Failing to report violations may result in disciplinary action. Employees reporting in good faith possible compliance issues will not be subjected to retaliation or harassment as a result of the report. Concerns about possible retaliation or harassment should be reported to the CCO or the CEO.

The Compliance Program will also include a confidential third party 24 hour Fraud and Abuse Line, as a means to offer providers, enrollees, or other persons in the community an opportunity to report suspected fraud, waste of program funding, or abuse of services anonymously. The Fraud and Abuse Line will be advertised on the Alliance website, in Consumer Handbooks, Provider Manual, and other informational and training materials. The Alliance Access and Information line is another option for placing reports of this nature.
Reported compliance concerns related to Providers will be logged in the Alliance Behavioral Healthcare grievance database. Concerns regarding fraud, waste, and abuse will be tracked in a separate compliance software by the CCO and/or Special Investigations Unit. Compliance concerns related to Alliance employees will be treated as a confidential document whereby access will be limited to the CCO and designated Compliance employee/s as requested by the reporter and as allowed by law. Internal compliance matters will be tracked using a confidential compliance software available to the CCO and designated Compliance employee/s.

B. Investigating Compliance Issues

When conduct is reported that is determined to be inconsistent with regulations, rules or laws or Alliance Behavioral Healthcare policy, the CCO will determine the level of potential risk and respond accordingly. If this preliminary review indicates that a problem may exist, the CCO will promptly report the risk issue to the CEO and inquiry into the matter will be undertaken. This inquiry may include appropriate assistance from Legal Counsel. Alliance employees and providers will be expected to cooperate fully with any inquires undertaken. The CCO shall report any compliance issues that may result in negative publicity and risk to Alliance Behavioral Healthcare to the Area Board.

Responsibility for conducting the investigation will be decided on a case-by-case basis by the CCO. The CCO will delegate investigations of suspected provider or recipient abuse or fraud to the Special Investigations Unit. As appropriate, persons responsible for the investigation will use audit tools approved by the CCC. The findings will be reviewed by the CCO to ensure consistency in the investigative process. All investigations will be documented in a confidential compliance software. Suspected cases of provider or enrollee fraud will be referred to DMA Program Integrity Behavioral Health Section for determination of credible allegation of fraud. Alliance will cooperate with DMA and/or the Department of Justice Medicaid Investigations Department on all fraud investigations.

When the compliance issue concerns an Alliance employee, the investigative process will adhere to Alliance policies and procedures regarding internal investigations and applicable Human Resources policies. To the extent practical and appropriate, efforts will be made to maintain the confidentiality of such inquires and the information gathered. Consequences for conduct inconsistent with Alliance Behavioral Healthcare’s policy will be addressed according to the provisions identified in the applicable policies.

VI. Enforcement of Standards and Disciplinary Guidelines
Compliance standards will be consistently enforced through appropriate disciplinary actions, up to and including termination of employment. For providers in the Alliance Network compliance with standards will be enforced through sanctions up to and including termination of contract.

The following guidelines will be used. Discipline must be:
1. documented and well-publicized;
2. consistent;
3. dependent on the severity of the violation;
4. enforced for those who commit a violation; and
5. enforced for those who fail to report a known violation

The CCO and CCC, in collaboration with Human Resources, will develop policies and procedures to guide disciplinary actions. CCC will ensure that such policies and procedures are made available to employees and providers through electronic means as well as incorporated into manuals and training materials. Disciplinary procedures will be approved by the CEO. The CCO will monitor to ensure consistent implementation of disciplinary guidelines.

VII. Internal Auditing and Monitoring

Audits and monitoring are preventative and detective compliance measures which assist Alliance Behavioral Healthcare in identifying and acting on real or potential issues before they become larger compliance risks. Audits are objective and independent planned activities determined by the annual risk assessment and included in the annual compliance work plan. Monitoring is a subjective, detective control done as a self-review within a Department or by the Compliance Department. Monitoring may be planned and part of the annual compliance work plan or may be conducted as a reaction to concerning trends identified as part of the Continuous Quality Improvement process, or based on concerns from within a Department, etc.

Internal audits and monitoring will be completed using tools as appropriate and will be documented in the Compliance Audit or Monitoring Report. At a minimum, the following components will be included in all audits and monitoring:
1. Sample selection
2. Data review and collection
3. Data analysis; and
4. Reporting

Techniques may vary depending on the nature of the area reviewed and may be a combination of two or more of the following:
1. On-site visits;
2. Unannounced mock audits;
3. Interviews;
4. Questionnaires;
5. Trend analysis;
6. Review and tracking of work flow and processes;

7. Reviews of written materials and documentation prepared by the different departments; and
8. Other

The CEO delegates authority to the CCO to seek consultation with legal counsel when expert review is necessary to analyze the risk issue. If a review identifies risk issues for Alliance Behavioral Healthcare, the CCO will report the facts to the CEO. In consultation with legal counsel, as appropriate, the CCO will review the situation to determine whether there appears to have been activity inconsistent with federal and state rules and regulations, Alliance policies, procedures or the Code of Ethics and Conduct.

In addition to internal audits and monitoring, the Network Operations Department will conduct ongoing provider monitoring and billing audits according to Alliance Behavioral Healthcare’s policies and procedures on provider monitoring. Results of these reviews will be communicated to the CCC by the Provider Network Evaluators and/or Quality Management Department.

All audit and monitoring activities will be reviewed by the CCC and CEO; and summarized for Alliance Behavioral Healthcare Area Board, including sufficient information to evaluate the appropriateness of responses to identified violations of Alliance’s policies and Federal or State laws.

VIII. Response and Remediation

When a compliance issue has been identified through an audit or monitoring activity, the CCO will ensure the issue is reported to the CEO and will facilitate the process to develop corrective action initiatives or to enforce standards through disciplinary actions promptly as required by policies and law.

As appropriate, the CCO will develop a remediation plan in collaboration with the CCC. Plans may include:
1. additional or modified training and education;
2. corrective action;
3. development of new policies and procedures;
4. revision to existing policies and procedures;
5. revision to the Compliance Plan;
6. additional monitoring and auditing; or
7. reporting to outside agencies.

The CCO must be involved in the development of all remediation plans that:
1. result from a significant compliance violation;
2. affect multiple departments; or
3. involve revisions or additions to the Compliance Plan or policies and procedures.
Reporting a compliance violation to an outside agency must be coordinated through the CCO prior to reporting. The Corporate Compliance Department monitors settlement of issues reported to outside authorities.

Remediation plans, including any reporting to an external agency, should be attached to the investigative documentation in the confidential compliance software, or to the Compliance Audit/Monitoring Report. Remediation plans that require further monitoring are considered “open” and are not resolved and closed until the monitoring period is successfully completed.

In accordance with Alliance’s policies and procedures, providers who have engaged in legal or ethical misconduct will be subject to consideration of penalties, sanctions, termination of contract for services and/or excluded from providing local, state, grant, and/or Medicaid funded services in the Alliance Provider Network, and/or other sanctions and penalties as required by law or state policy.

All providers’ corrective action plans will be maintained electronically and will be used as historical reference tools whereby identified issues may be included in Alliance Behavioral Healthcare’s provider profiling and review processes.

IX. Effectiveness of the Compliance Program

A. Annual Compliance Report

The Chief Compliance Officer (CCO) will ensure a review of Alliance Behavioral Healthcare’s status with current compliance and regulatory operations. The purpose of the review is to ascertain whether the compliance operations of Alliance Behavioral Healthcare are of sufficient scope and within substantial compliance with Alliance’s policy and regulatory requirements. The results of the self-assessment process along with a report of compliance efforts during the preceding year will be prepared by the CCO. With review and comments provided by the Corporate Compliance Committee (CCC), the Annual Report will be submitted and presented to the Alliance Behavioral Healthcare Area Board.

B. Annual Risk Assessment and Compliance Work Plan

Annually, the CCO and CCC will conduct a compliance risk assessment using an approved Risk Assessment tool. Risk will be identified through interviews with department heads, document reviews with input from management, results from previous audits and investigations, and review of the annual Office of Inspector General work plan, Fraud Alerts, Special Advisory Bulletins, and advice and guidance by Division of Medical Assistance. The level of risk will be assessed based on legal and financial risk to Alliance. Based on the assessment, CCC will prioritize the highest scored risk areas and will include the top 5 to 10 areas that relate to Compliance in the annual compliance work plan.

C. Revisions to the Compliance Plan
This Compliance Plan is intended to be flexible and readily adaptable to changes in regulatory requirements and in the health care system as a whole. The plan will be regularly reviewed by the CCO and the CCC to assess the viability of the Plan and the inclusion of all appropriate Alliance policies and regulatory requirements. The Plan will be revised as experience demonstrates that a certain approach is not effective or suggests a better alternative. The Area Board will review and approve the Compliance Plan annually.
APENDIX A
Federal Criminal and Civil Statutes Related to Fraud and Abuse in the Context of Health Care

Criminal Statutes
This section contains references to criminal statutes related to fraud and abuse in the context of health care. It is not intended to be a compilation of all federal statutes related to health care fraud and abuse. It is merely a summary of some of the more frequently cited federal statutes.

- **Health Care Fraud** (18 U.S.C. 1347)
- **Theft of Embezzlement in Connection with Health Care** (18 U.S.C. 669)
- **False Statements Relating to Health Care Matters** (18 U.S.C. 1035)
- **Obstruction of Criminal Investigations of Health Care Offenses** (18 U.S.C. 1518)
- **Mail and Wire Fraud** (18 U.S.C. 1341 and 1343)
- **Anti-Kickback law/Criminal Penalties for Acts Involving Federal Health Care Programs** (Section 1128B of the Social Security Act/42 U.S.C. 1320a 7b)

Civil and Administrative Statutes
This section contains a description of civil and administrative statutes related to fraud and abuse in the context of health care. It is not intended to be a compilation of all federal statutes related to health care fraud and abuse. It is merely a summary of some of the more frequently cited federal statutes.

- **The False Claims Act** (31 U.S.C. 3829-3733)
- **Civil Monetary Penalties Law** (Section 1128A of the Social Security Act/42 U.S.C. 1320a-7aa)
- **Stark/Self-Referral Law/Limitations on Certain Physician Referrals** (Section 1877 of the Social Security Act/42 U.S.C. 1395nn)
- **Exclusion From Federal Health Care Programs** (Section 1128(a), (b) and (c) of the Social Security Act/42 U.S.C. 1320a-7a)

REFERENCES


42 CFR § 438.608 Program Integrity Requirements.

ITEM: Area Board Conflict of Interest

DATE OF BOARD MEETING: June 4, 2015

BACKGROUND:
It is the policy of Alliance to ensure that none of its Board members have conflicts of interest with any of the provider agencies with which Alliance has a contractual or a consumer referral relationship. Certain activities are prohibited as conflicts of interest. Board Members must disclose a conflict or the appearance of a conflict of interest and depending on the circumstances, may be prohibited from serving or restricted in voting based on the disclosure. The Area Board shall make the final decision regarding the disposition of all conflict of interest issues.

REQUEST FOR AREA BOARD ACTION:
Review and discuss the report. Make a decision regarding the disposition of disclosed conflict of interest issues.

CEO RECOMMENDATION:
Review and discuss the report. Make a decision regarding the disposition of disclosed conflict of interest issues.

RESOURCE PERSON(S):
Bill Stanford, Board Chair; Monica Portugal, Chief Compliance Officer; Carol Hammett, General Counsel
ITEM: Proposal to Cancel the July 2, 2015, Board Meeting

DATE OF BOARD MEETING: June 4, 2015

BACKGROUND:
As stated in Article III Sections A and D of the Board By-laws, regular meetings of the Area Board shall be held at least six times each year at a location and time designated by the Area Board. All meetings of the Area Board shall be conducted in accordance with provisions set forth in the Open Meetings Act. The Board currently holds its regularly scheduled meetings on the first Thursday of each month.

The matter is placed before the Board for a vote on whether the Board would like to cancel the July 2015 regularly scheduled meeting. If canceled, the proper notice shall be published by the Executive Secretary of the Board.

REQUEST FOR BOARD ACTION:
Vote to cancel the July 2, 2015, Board meeting.

CEO RECOMMENDATION:
Support the recommendation of the Executive Committee for a vote to cancel the July 2, 2015, Board meeting.

RESOURCE PERSON(S):
Robert Robinson, CEO
ITEM: Branding Media Campaign

DATE OF BOARD MEETING: June 4, 2015

BACKGROUND:
Alliance is planning a media campaign designed to raise public awareness of its name/brand and the values that shape its work, and to shape its position as a leader in the delivery of whole person care. This update will share some of the messaging, the media mix to be utilized, and the strategies planned to measure the reach of the campaign.

REQUEST FOR AREA BOARD ACTION:
Accept the update.

CEO RECOMMENDATION:
Accept the update.

RESOURCE PERSON(S):
Doug Fuller, Director of Communications
Branding Campaign
Update to the Alliance Board
June 4, 2015
Background

• Intended to increase name/brand recognition and broad perception of brand values
  o Broad community awareness
  o Private sector and governmental leaders

• For the most part not access focused like most previous messaging

• Messaging to vary somewhat by media

• Six-month (24 week) campaign
Television

• TWC to ensure targeted reach to 575,000 metro households

• Estimated 5/views/person/month

• Five commercials utilizing select staff focusing on organizational values
Internet

• Local users of a variety of popular national websites managed by TWC

• Same commercials

• 180,000 exposures
Radio

- NPR (WUNC-FM) “sponsorships”
- Live announcer reads
- 17 reads/week (8 drive-time)
- 312,000+ unduplicated listeners
Outdoor (Out-of-Home) Advertising

• Variety of sizes and rotating locations in Durham, Raleigh, Fayetteville and Smithfield
Measuring Impact

- Pre- and post-polling of brand awareness and perception
- Web survey to assess saturation of media campaign
- Web and Call Center traffic
- Stakeholder surveys
- Anecdotal evidence
ITEM: Update: Wake Hospital Beds

DATE OF BOARD MEETING: June 4, 2015

BACKGROUND:
Late last year the CEOs of the hospitals in Wake County and Alliance CEO, Robert Robinson, met to discuss a recent spike of individuals with behavioral health crisis in the emergency departments, in particular Wake Med. A workgroup was formed to review data and to make recommendations. These recommendations have been presented to the CEOs and to leaders of NC DHHS. This is an update on those recommendations and response to them.

REQUEST FOR AREA BOARD ACTION:
Accept the update.

CEO RECOMMENDATION:
Accept the update.

RESOURCE PERSON(S):
Robert Robinson, CEO; Beth Melcher, Chief Network Development and Evaluation
The Wake Behavioral Health Workgroup
4/14/15

The workgroup met over several months to review data and experience related to use of emergency departments by individuals with behavioral healthcare needs.

Recommend state and county support to:

Develop Additional Crisis and Assessment (CAS) capacity including

- Crisis Diversion Option for Youth
- Support needs of geriatric population

Develop additional inpatient community hospital beds in or near Wake County that are able to accept adult Medicaid patients

Support Increased Capacity for Transitional and Supported Housing Options (Long-term strategy)

Hospital Partners will:

Develop Telepsychiatry capacity within the EDs
Increase Access to Psychiatric Consultation
Increase Transport Options to Hospitals
Support Community Awareness Campaign to increase awareness in the community for alternative crisis response options to the ED, i.e. Wakebrook, Alliance Access line, walk-in clinics, etc.

Alliance will:

Increase capacity and use of mobile crisis teams to divert individuals from use of crisis facilities
Expand access to and capacity of walk-in crisis centers, including evening hours
Provide education to primary care practices

UNC Wakebrook will:

Explore transport options and send proposal to Alliance.
ITEM: Mercer Review

DATE OF BOARD MEETING: June 4, 2015

BACKGROUND:
As part of Alliance’s contract with the Division of Medical Assistance (DMA) to manage the Medicaid Waivers, Alliance is required to participate in an annual onsite review of our Clinical and Business Operations. On May 18 & 19, 2015, Mercer Government Human Services Consulting (Mercer) and our partners from the Department of Health and Human Services (DHHS) were onsite for the second annual review. Ms. Graham will report on a few highlights of the visit.

REQUEST FOR AREA BOARD ACTION:
Accept the update.

CEO RECOMMENDATION:
Accept the update.

RESOURCE PERSON(S):
Amanda Graham, MS, LPC, Chief of Staff
ITEM: Legislative Update

DATE OF BOARD MEETING: June 4, 2015

BACKGROUND:
The Board is requested to receive a legislative update from General Counsel.

REQUEST FOR AREA BOARD ACTION:
Receive a legislative update from General Counsel.

CEO RECOMMENDATION:
Receive a legislative update from General Counsel.

RESOURCE PERSON(S):
Carol Hammett, General Counsel.
ITEM: Election of Board Officers: Chairperson and Vice-Chairperson

DATE OF BOARD MEETING: June 4, 2015

BACKGROUND:
As stated in the by-laws officers of the Area Board shall be chosen for a one-year term at the final meeting of the fiscal year in which the Area Board is serving, and shall be as follows: Chairperson and Vice-Chairperson.

- With the exception of the position of Executive Secretary (which shall be filled by the Area Director/CEO), no officer shall serve in a particular office for more than two consecutive terms.
- Officers are elected by the members of the Board
- Duties of officers shall be as follows:
  - Chairperson – this officer shall preside at all meetings and generally perform the duties of a presiding officer. The Chairperson shall appoint and be an ex-officio member of all Area Board committees.
  - Vice Chairperson – this officer shall be familiar with the duties of the Chairperson and be prepared to serve or preside at any meeting on any occasion where the Chairperson is unable to perform his/her duties.
  - Executive Secretary – The Area Director/CEO (or his/her designee) shall serve as the Executive Secretary. The Area Director/CEO shall not be an official member of the Area Board nor have a vote. As Executive Secretary, the Area Director/CEO shall:
    - Send Area Board packets of information.
    - Maintain a true and accurate account of all proceedings at Area Board meetings.
    - Maintain custody of Area Board minutes and other records.
    - Notify the County Commissioners of any vacancies on the Area Board or attendance compliance issues.
- The annual meeting for the election of officers shall be the final meeting of each fiscal year.

Nominations will be presented and Board members will elect officers at the June 4, 2015, Board meeting.

REQUEST FOR AREA BOARD ACTION:
Vote for Chair and Vice-Chair officers.

CEO RECOMMENDATION:
Vote for Chair and Vice-Chair officers.

RESOURCE PERSON(S):
Robert Robinson, CEO