MEMBERS PRESENT: ☒ Ann Akland, ☒ Cynthia Binanay, Vice-Chairwoman (via phone), ☒ Christopher Bostock, Chairman, ☒ George Corvin, MD, ☒ Kenneth Edge, ☒ James Edgerton (joined meeting via phone at 4:13 pm), ☒ Lodies Gloston, ☒ Phillip Golden, ☒ John Griffin, Ed.D (exited at 4:30 pm), ☒ Curtis Massey, ☒ Rev. Michael Page (arrived at 4:40 pm), ☒ George Quick, ☒ Vicki Shore, ☒ William Stanford, Jr., ☒ Caroline Sullivan, ☒ Scott Taylor, ☒ Amelia Thorpe, ☒ Lascel Webley, Jr., and ☒ McKinley Wooten, Jr.

GUEST(S) PRESENT: Carolyn Ambrose, Alliance CFAC Chair; Denise Foreman, Wake County; Tony Braswell, Johnston Board of County Commissioners Chairman

ALLIANCE STAFF PRESENT: Joey Dorsett, Chief Information Officer; Doug Fuller, Director of Communications; Kelly Goodfellow, CFO; Amanda Graham, Chief of Staff; Carol Hammett, General Counsel; Veronica Ingram, Executive Assistant; Jessica King, MH/SA Care Coordination Supervisor; Carlyle Johnson, Director of Network Strategic Initiatives; 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; Monica Portugal, Chief Compliance Officer; Al Ragland, Chief HR Officer; Rob Robinson, CEO; Sean Schreiber, Chief Clinical Officer; Dr. Khalil Tanas, Medical Director; and Doug Wright, Director of Consumer Affairs

1. CALL TO ORDER: Chairman Christopher Bostock called the meeting to order at 4:03 p.m.

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<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
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| 2. Announcements | A. Board Meeting at Cumberland Site  
Mr. Robinson noted that the Board holds some of its monthly meetings at its community locations; the Board will hold meet at the Cumberland site in November 2015.  
B. The NC Council Conference in Pinehurst  
Mr. Robinson reminded Board members of this conference scheduled for December 2-4, 2015, and that Alliance will register participants. Please contact Veronica if you’re interested in attending.  
C. Recovery and Self Determination Training:  
Doug Wright noted the beginning of this training/workshop, there are multiple sessions and each is open to staff, providers, community stake holders and Board members.  
D. IT Update:  
Mr. Robinson noted that staff are pursuing alternative solutions for the Board members’ equipment. An update will be provided at the next meeting. |
| 3. Agenda Adjustments | There were no adjustments to the agenda. |
| 4. Public Comment | There were no public comments. |
### AGENDA ITEMS:

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<thead>
<tr>
<th>5. Committee Reports</th>
<th>DISCUSSION:</th>
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<tbody>
<tr>
<td>A. Consumer and Family Advisory Committee (5 minutes) – page 6</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 includes draft minutes from the Alliance CFAC’s June meeting, a recap of Snap Shot surveys, a copy of Alcohol Awareness training, and the CFAC monthly board report summary. Carolyn Ambrose presented the CFAC report, new CFAC officers and an update from a recent CFAC meeting. This report was also sent as part of the Board packet and is attached to these minutes.</td>
</tr>
<tr>
<td>B. Finance Committee (10 minutes) – page 11</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 June meeting, the Statement of Revenues and Expenditures and ratios for the period ending May 31, 2015. George Quick presented the Finance Committee report on behalf of Committee Chair, Jim Edgerton, who participated remotely. He noted that per IRS guidelines the Board compensation will need to be taxed and Board members will receive a w-2 form at the end of the calendar year as the compensation is considered a wage. Board members will need to complete additional forms for this process which will be effective January 1, 2016.</td>
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</table>

### BOARD ACTION

A Motion was made by Mr. George Quick to increase the compensation paid to Board members to $75.00 per meeting; seconded by Mr. McKinley Wooten. Mr. Curtis Massey made a point of order as the amount of compensation is dictated by statute.

A Motion was made by Mr. George Quick to table this motion until General Counsel can provide input regarding statute requirements; seconded by Mr. Curtis Massey. Motion passed.

Ms. Hammett, General Counsel, noted that per NCGS 122C-120 Board member compensation may not exceed $50.00 per meeting per day. Commissioner Kenneth Edge requested that we revise the verbiage on the policy to reflect the similar terminology in the statute: use compensation instead of stipend.

Mr. Quick requested to withdraw this motion.
### AGENDA ITEMS:

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<th>DISCUSSION:</th>
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| C. Policy Committee – page 14  
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 includes draft minutes from the August meeting, policies recommended for continued use and policies with recommended changes. 

Committee Chair, Curtis Massey, presented the Policy Committee report and reviewed the policies submitted for review without review and those submitted with revisions. He noted that per URAC guidelines policies must be reviewed annually. He noted that some of these policies may come before the Board at a later for further revision. He noted that the by-law were submitted for review only as change to the by-laws require thirty days’ notice. |

### BOARD ACTION

A Motion was made by Mr. Curtis Massey that the following policies be approved without revision: Area Board Member Compensation; Development of Policies and Procedures; Delegation of Authority to the Area Director; Guidelines for Public Comment at Area Board Meetings; Reporting of Abuse, Neglect, Dependency and Exploitation; Area Authority Relations with Catchment Area County Boards of Commissioners; Area Director Compensation; Evaluation of Area Director; Strategic Planning; Health and Safety; Internal Control; Business Continuity Plan; and Area Board by-laws seconded by Mr. Lascel Webley. Motion passed unanimously. 

A Motion was made by Mr. Curtis Massey that the following revised policies be approved: Area Board Conflict of Interest; Area Board Code of Ethics; Area Board Media Policy; Consumer/Family Advisory Committee; Management of Service Delivery; Fund Balance; Area Board Processes; Dispute Resolution; and Emergency Management Plan; seconded by Ms. Lodies Gloston. Motion passed unanimously. 

A Motion was made by Mr. Curtis Massey that the new policy: Investments be approved; seconded by Mr. William Stanford. Motion passed unanimously.

Mr. Massey made a point of order regarding moving the Board meeting in Cumberland County originally scheduled for October 2015. He requested a vote by the Board to move the meeting to November.

A Motion was made by Mr. Scott Taylor to move the October Board meeting in Cumberland County to November 2015; seconded by Ms. Lodies Gloston. Motion passed unanimously.
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<th>AGENDA ITEMS:</th>
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<tr>
<td>6. Consent Agenda</td>
<td>A. Draft Minutes from August 6, 2015, Board Meeting – page 66</td>
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<td></td>
<td>B. Executive Committee Report – page 71</td>
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<td>C. Quality Management Committee Report – page 74</td>
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<td></td>
<td>Chairman Bostock mentioned that the consent agenda was sent as part of the Board packet; Board members noted the QM report on ER admissions and that an update will be provided to the Board at a later date. There were no other questions or discussion about the consent agenda.</td>
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<tr>
<td><strong>BOARD ACTION</strong></td>
<td>A Motion was made by Mr. George Quick to approve the consent agenda; seconded by Mr. McKinley Wooten. Motion passed unanimously.</td>
</tr>
<tr>
<td>7. Area Board Conflict of Interest Disclosures – page 136</td>
<td>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. The Area Board shall make the final decision regarding the disposition of all conflict of interest issues.</td>
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<td>Monica Portugal, Chief Compliance Officer, presented an overview of the conflict of interest policy. Board members discussed revising how disclosures are presented and reviewed and that the Executive Committee present recommendations on disclosures.</td>
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<td><strong>BOARD ACTION</strong></td>
<td>The Board did not take action on this item at this time.</td>
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<tr>
<td>8. Annual Compliance Training and Review of Compliance Program FY15 – page 137</td>
<td>Alliance is required to have a compliance program per Federal Regulations and contractual agreement with the Division of Medical Assistance. The Area Board approved Corporate Compliance Plan states that a report of compliance efforts will be presented annually to the Alliance Behavioral Healthcare Area Board. Monica Portugal, Chief Compliance Officer, will present the compliance report.</td>
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<td></td>
<td>Monica Portugal, Chief Compliance Officer, presented a detailed presentation and the compliance report for the previous fiscal year. She noted training provided to staff and to Board members both at orientation and then, annually. Ms. Portugal noted the legal and contractual requirements and how this is implemented in the compliance plan. She noted that the Board Audit and Compliance Committee will receive more detailed information and quarterly reports.</td>
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<tr>
<td><strong>BOARD ACTION</strong></td>
<td>The Board received the report; no further action required.</td>
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### AGENDA ITEMS:

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<th>DISCUSSION</th>
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<tr>
<td>9. Training: DOJ/Transitions to Community Living – page 138</td>
<td>Jessica King, MHSA Care Coordination Supervisor, presented an overview of the Alliance Transition to Community Living (TCL) Initiative Program. She included background and purpose of this program as well as current data, barriers, strategies and interventions. Board members discussed the age range that this applicable and the number of consumers at varying stages of securing housing and how the need varies throughout Alliance’s catchment area. Board members discussed disparities in available housing throughout Alliance’s catchment area and how to incentivize landlords to increase housing opportunities for consumers. The Transitions to Community Living presentation is attached to and made part of these minutes.</td>
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<tr>
<td>10. Updates</td>
<td>Legislation: Mr. Robinson noted that at 11:00 am on September 4, 2015, the new secretary of DHHS will visit Alliance. Mr. Robinson invited Board members to attend this meeting. Also, he noted the current progress within the NC Legislature; he noted that a decision regarding Medicaid reform and single stream funding has not been made.</td>
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<tr>
<td>11. Chairman’s Report</td>
<td>None.</td>
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<tr>
<td>12. Adjournment</td>
<td>With all business being completed the meeting adjourned at 5:32 p.m.</td>
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</table>

### BOARD ACTION

The Board received the training; no further action required.

### Next Board Meeting

**Thursday, October 01, 2015**  
4:00 – 6:00
ITEM: Consumer and Family Advisory Committee (CFAC) Report

DATE OF BOARD MEETING: September 3, 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.

REQUEST FOR AREA BOARD ACTION:
Receive draft minutes from the full Alliance CFAC meeting held on August 3rd at the corporate office.

CEO RECOMMENDATION:
Accept the report.

RESOURCE PERSON(S):
Carolyn Ambrose, CFAC Chair; Doug Wright, Director of Consumer Affairs
MEMBERS PRESENT: Lavern Oxendine, Lotta Fisher, Dr. Michael McGuire, Dorothy Johnson, Kiamesha White, Carolyn Ambrose, Kurtis Taylor, Dave Curro, Joe Kilsheimer, Colleen Kilsheimer, Amelia Thorpe, Denise Wood, Israel Pattison, Dan Shaw, Tammy Harrington, Allison Stutts, Brynda Sanders, Nathania Headley, Maribel Rivera Elias, Jean Royster-Hills, Laura Pollock via Phone: Crystal Foreman, Cynthia Daniels Hall, Glenda Stokes, Terri Kachur, Yancee Perez, Doug Wright, Debra Duncan

GUEST(S) PRESENT:

Dial +1 (646) 749-3131
Access Code: 337-415-888

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – approved with discussed corrections.

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<tr>
<th>AGENDA ITEMS:</th>
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<tr>
<td>Public Comment</td>
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<td>Secretary Election</td>
<td>Dr. Michael McGuire was nominated and elected as the new CFAC secretary as Johnetta Alston resigned and left the community.</td>
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<td>Committee Reports</td>
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<tr>
<td>Data Com - DC</td>
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<td>Quality Management - QM</td>
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<td>Area Board - AB</td>
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<td>Human Rights - HR</td>
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<td>County Subcommittee Updates</td>
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<tr>
<td>DC (Israel Pattison)</td>
<td>Minutes from meeting distributed. Committee discussed role and purpose. This committee will develop newsletter from articles submitted. It was discussed that each Newsletter would consist of three articles and will share someone’s story. This committee will also review and discuss data to determine its relevancy and how it is to be shared.</td>
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<td>QM (Joe Kilsheimer)</td>
<td>Joe was unable to attend the meeting. Minutes were share with group.</td>
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<td>AB (Amelia Thorpe)</td>
<td>– nothing to report</td>
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<td>HR (Dan Shaw)</td>
<td>There was no meeting this month. New chairs to be approved.</td>
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### AGENDA ITEMS:

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<th>Durham- Wellness City issues discussed. Doug provided an Alcohol Awareness training. The Durham Chair- Johnetta Alston resigned. Steve Hill was nominated as the new Durham chair. Yancee Perez is the new Durham Community Affairs Specialist. <strong>Cumberland-</strong> There was not a quorum at the July meeting therefore there was no report shared. <strong>Wake-</strong> There are Thank You letters being sent out to folks who provided assistance at the Wake Resource Fair. Doug provided the Alcohol Awareness training.</th>
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<tr>
<td>Executive Leadership Retreat – report out</td>
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| DISCUSSION: |
| Kurtis Taylor provided a report from the Executive Leadership Retreat: |
| · Carrie provided an ice breaker- *2 truths and a lie* |
| · CFAC Bylaws were discussed and a subcommittee will be formed to discuss any suggestions and changes. |
| · CFAC procedures, stipends, elections and members were reviewed. |
| · The purpose, procedures and work of all subcommittees were discussed. Each subcommittee will be reviewed and possibly revised. |
| · The CFAC “Face/Voice” was discussed. Who is CFAC, who is the leadership committee; how and where are they seen in the community? What does the future hold for CFAC? What is required and what do CFAC members want to see themselves do as a committee? |
| · The CFAC charter (under new leadership) must be developed. The Community Affairs Department will assist with this process. |
| · New subcommittees are being formed. Each CFAC member is asked to join one or more committees. A signup sheet was passed around the room. Each committee will meet as needed, beginning with once every month for approximately one to one and ½ hours and then move to a possible quarterly meeting. |

| NEXT STEPS: |

<p>| TIME FRAME: |</p>
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<th>AGENDA ITEMS:</th>
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<td>Each county’s subcommittee member was named.</td>
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<td>Services (data from DataCom): Dave C., Kurtis T., Dan S., Brynda S.</td>
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<td>Communications (previously DataCom): Denise W., Allison S.</td>
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<td>Rules (Bylaws): Lotta F., Crystal F., Israel P., Mike M.</td>
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<td>Quality Management: Joe K., Amelia T.</td>
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<td>Copies of Bylaws will be shared with CFAC committee.</td>
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<td>This will be facilitated by the Community Affairs Department.</td>
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<td>Carrie will compile new subcommittee members and share with group.</td>
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State Updates

Glenda shared Consumer Empowerment update. Kerry Lynn Fraser shared this electronically.
Discussion on Services and how they are delivered was held. Terri Kachur will resend the document outlining services and how they are delivered to consumers. All comments and suggested changes to Innovations Waiver are due by August 7. The state is still working to hire a new Consumer Empowerment Liaison for the area, until the position is filled Glenda will represent the State at the CFAC meetings.

MCO Updates

Recovery and Self Determination Training will be offered several times in Durham and Wake during the next few months. There will be separate trainings for Cumberland and Johnston Counties. This is open to the community and Alliance staff. CFAC members were asked to assist with this training. Please let Doug know if you are able to assist with this.
The August Alliance Behavioral Healthcare Board meeting will be held at the Durham Main Street site. The CFAC annual report is now due to Alliance Behavioral Healthcare.
Sand Hills is talking to East Point about a merger. DHHS is not supporting this.
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<td>New Members</td>
<td>Latasha Jordan and Jean Royster Hills from Durham were nominated and approved as new members to CFAC.</td>
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5. ADJOURNMENT
ITEM: Finance Committee Report

DATE OF BOARD MEETING: September 3, 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. This month’s report includes draft minutes from the August Committee meeting.

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
**Thursday, August 06, 2015**   
**BOARD FINANCE COMMITTEE**

**APPOINTED MEMBERS PRESENT:** ☐ James Edgerton, Chair; ☑ George Quick, MBA, ☐ John Griffin; ☐ Vicki Shore ☐ Bill Stanford  
**BOARD MEMBERS PRESENT:** Chris Bostock, Amelia Thorpe, Cynthia Binanay  
**STAFF PRESENT:** Rob Robinson, CEO; Kelly Goodfellow, CFO;  
**GUEST(S) PRESENT:** N/A

1. **WELCOME AND INTRODUCTIONS**

2. **REVIEW OF THE MINUTES** – The minutes from the 6/4/2015 meeting were not reviewed due to a quorum not being met.

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| 3. Monthly Financial Reports     | The monthly financial reports were discussed which includes the Statement of Revenue and Expenses – Actual to Budget and Benchmark Ratios  
  b) Alliance is currently meeting and exceeding all required Senate Bill 208 ratios. |                                                                             |                  |
| 4.                               | The restriction of the fund balance by the full board was discussed. There is $38M+ in five separate categories that were previously restricted by the Executive Committee. As a member of the Finance Committee, George Quick will make a recommendation to the full board to restrict the $38,241,980.92 in the five separate categories. Any future inflow into those categories will be restricted. | A recommendation to the full board was made on 8/6/2015. |                  |
| 5.                               | Kelly Goodfellow gave an update on our space challenges. Alliance is in need of adding 20+ positions at the Corporate site but there is no space. Alternate locations for specific departments are being explored. Additional URAC Accreditation costs will be considered as most departments are impacted by URAC rules and guidelines. |                                                                             |                  |
| 6.                               | Kelly Goodfellow spoke of a recent compliance check by the IRS related to our payroll records. It was reported that board members should be issued forms W-2 and payroll tax should be withheld. The Committee discussed alternatives such as not receiving a stipend or submitting mileage reimbursement requests. A proposal presenting multiple options will be reviewed at the next Finance Committee meeting. | A proposed change to stipends will be reviewed at the next Finance Committee meeting. | 9/3/15 Finance Committee meeting |

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>reviewed at the next Committee meeting. The change is targeted for the first quarter reimbursement.</td>
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4. ADJOURNMENT

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

DATE OF BOARD MEETING: September 3, 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 August 4, 2015, and August 12, 2015, Policy Committee meetings and ready for Board approval without revisions:
Area Board Member Meeting Compensation
Development of Policies and Procedures
Delegation of Authority the Area Director
Guidelines for Public Comment at Area Board Meetings
Reporting of Abuse, Neglect, Dependency and Exploitation
Area Authority Relations with Catchment Area County Boards of Commissioners

Area Director Compensation
Evaluation of Area Director
Strategic Planning
Health and Safety
Internal Control
Business Continuity Plan

Policies reviewed with revisions:
Area Board Conflict of Interest
Area Board Code of Ethics
Area Board Media
Consumer/Family Advisory Committee
Management of Service Delivery
Fund Balance

Area Board Processes
Dispute Resolution
Area Board By-Laws
Emergency Management Plan

Proposed new Policy: Investments

REQUEST FOR AREA BOARD ACTION:
Accept the report. Accept Board Policy Committee minutes from the August meetings 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. Approve the proposed new policy.

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

RESOURCE PERSON(S):
Curtis Massey, Committee Chair; Monica Portugal, Chief Compliance Officer

(Back to agenda)
1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES: Motion was made by Lodies Gloston and seconded by Chris Bostock to approve the minutes of the 5/5/2015 meeting. Motion carried.

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<th>DISCUSSION:</th>
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<tr>
<td>Announcements:</td>
<td>None</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Documents Provided:</td>
<td>Minutes: 5/5/15 Governance and General Administration Policies</td>
<td>N/A</td>
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</table>

Policies reviewed and considered for continued use without revisions:
- Governance
- Area Board Member Meeting Compensation Policy
- Motion was made by Mr. Bostock and motion seconded by Ms. Gloston. Motion carried.

- Development of Policies and Procedures
- Motion was made by Ms. Gloston and motion seconded by Mr. Bostock. Motion carried.

- Area Director Compensation Evaluation of Area Director
- Motion was made by Mr. Bostock and motion was seconded by Ms. Gloston. Motion carried.

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>Committee suggested referring Area Director Compensation and Evaluation of Area Director policies to Executive Committee to establish timeline when evaluation and compensation will be done.</td>
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<td>The Committee reviewed proposed revisions to the following policies and made additional changes.</td>
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<td></td>
<td><strong>Policies reviewed with suggested revisions:</strong></td>
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<tr>
<td></td>
<td>Governance</td>
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<td></td>
<td>Area Board Conflict of Interest</td>
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<td>Motion was made by Mr. Bostock and motion was seconded by Ms. Gloston. Motion carried.</td>
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<td>Area Board Processes</td>
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<td>Motion to approve was made by Ms. Gloston and motion was seconded by Mr. Bostock. Motion carried.</td>
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<tr>
<td>Other:</td>
<td>Mr. Bostock asked how new contracts with Alliance are disclosed to board members for potential conflict. Ms. Hammett suggested calling Alliance for this information.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Committee decided to hold another Policy Committee meeting on August 12, 2015 at 1:00 pm to review outstanding agenda items.</td>
<td></td>
<td>August 12, 2015</td>
</tr>
</tbody>
</table>

3. **ADJOURNMENT:** Next meeting will be August 12, 2015 from 4:00 p.m. to 5:30 p.m. in room 237.

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES:

<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: None Governance and General Administration Policies, Fund Balance Policy, Investment Policy</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Policies reviewed and considered for continued use without revisions:</td>
<td>Governance Delegation of Authority the Area Director Motion was made by Mr. Bostock and motion was seconded by Ms. Shore. Motion carried. Guidelines for Public Comment at Area Board Meetings Motion was made by Mr. Bostock and motion was seconded by Ms. Gloston. Motion carried. General Administration Strategic Planning</td>
<td>Policies will be submitted to Board Clerk for inclusion in the September 3, 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.
**AGENDA ITEMS:** Motion was made by Mr. Bostock and motion was seconded by Ms. Gloston. Motion carried.

**DISCUSSION:** Reporting of Abuse, Neglect, Dependency and Exploitation Motion was made by Ms. Gloston and motion was seconded by Ms. Shore. Motion carried.

Health and Safety Motion was made by Mr. Bostock and motion was seconded by Ms. Gloston. Motion carried.

Internal Control Motion was made by Mr. Bostock and motion was seconded by Ms. Gloston. Motion carried.

Business Continuity Plan Motion was made by Ms. Gloston and motion was seconded by Mr. Bostock. Motion carried.

The Committee reviewed proposed revisions to the following policies and made additional changes.

**Policies reviewed with suggested revisions:**

<table>
<thead>
<tr>
<th>Governance</th>
<th>Area Board Code of Ethics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motion was made</td>
<td>Ms. Gloston</td>
</tr>
<tr>
<td>and motion was</td>
<td>seconded by Ms. Shore.</td>
</tr>
<tr>
<td>carried.</td>
<td></td>
</tr>
</tbody>
</table>

Consumer/Family Advisory Committee

| Motion was made  | Ms. Gloston               |
| and motion was   | seconded by Mr. Bostock.  |
| carried.         |                           |

Area Board Media Policy

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></td>
<td>Motion was made by Mr. Bostock and motion was seconded by Ms. Gloston. Motion carried.</td>
<td>Policies will be submitted to Board Clerk for inclusion in the September 3, 2015 Board Packet.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dispute Resolution Motion was made by Mr. Bostock and motion was seconded by Ms. Gloston. Motion carried.</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Area Board By-Laws Committee reviewed proposed revisions to Area Board By-Laws. Motion was made by Ms. Gloston and motion was seconded by Ms. Shore. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>General Administration Management of Service Delivery Motion was made by Ms. Gloston and motion was seconded by Mr. Bostock. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency Management Plan Motion was made by Ms. Shore and motion was seconded by Ms. Gloston. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policies to Repeal</td>
<td>The Committee reviewed a request to repeal Area Authority Relations with Catchment Area County Boards of Commissioners Policy. Committee objected to repealing policy and suggested continued use without revisions. Motion was made by Ms. Gloston and motion was seconded by Ms. Shore. Motion carried.</td>
<td></td>
<td>Policies will be submitted to Board Clerk for inclusion in the September 3, 2015 Board Packet.</td>
</tr>
<tr>
<td>Other Policies for Review and Revision</td>
<td>The Committee reviewed proposed revisions from the Finance Committee to the following policy.</td>
<td>Policy will be submitted to Board Clerk for inclusion in the September 3, 2015 Board Packet.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fund Balance Policy Motion was made by Mr. Bostock and motion was seconded by Ms. Gloston. Motion carried.</td>
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</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>Proposed New Policy</td>
<td>The Committee reviewed proposed new policy submitted by the Finance Committee.</td>
<td>Policy will be submitted to Board Clerk for inclusion in the September 3, 2015 Board Packet.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Investment Policy</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Motion was made by Mr. Bostock and motion was seconded by Ms. Shore.</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td>Committee suggested referring GA-3, Reporting of Abuse, Neglect, Dependency and Exploitation Policy to Human Rights Committee for review annually prior to Board Policy Committee review.</td>
<td>Mr. Massey will send schedule proposal via email to Committee.</td>
<td>Not specified</td>
</tr>
<tr>
<td></td>
<td>Committee also suggested referring policies that touch upon particular committees, to review prior to Board Policy Committee review.</td>
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<tr>
<td></td>
<td>Mr. Massey discussed the need for longer meeting or more frequent meetings.</td>
<td></td>
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<tr>
<td></td>
<td>Policies Template. Committee reviewed new template. All policies will be transferred to new template.</td>
<td></td>
<td></td>
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</tbody>
</table>

3. ADJOURNMENT: next meeting will be November 12, 2015, from 4:00 p.m. to 6:00 p.m.

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
# AREA BOARD
## POLICIES AND PROCEDURES

<table>
<thead>
<tr>
<th>SUBJECT:</th>
<th>Area Board Member Meeting Compensation Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lines of Business:</td>
<td>Area Board</td>
</tr>
<tr>
<td>Responsibility:</td>
<td>Area Board</td>
</tr>
<tr>
<td></td>
<td>Area Director</td>
</tr>
</tbody>
</table>

| Number: | G-2 |
| Urac: | |
| Reference: | G.S. 122C-120 |

| Approval Date: | 5/3/2012 |
| Latest Revision Date: | 9/4/2014 |
| Latest Review Date: | 9/4/2014 |
| Approval Authority: | Chairperson, Area Board |

## I. PURPOSE

To provide formal guidelines for compensation that Area Board Members are entitled to receive under G.S. 122C-120.

## II. POLICY STATEMENT

All members of the Area Board are entitled to receive a payment of $50.00 per meeting for attendance at the following meeting(s):

- Regular Monthly Area Board Meetings
- Committee Meetings for appointed Committee members, or Board Members requested to attend, that occur on a day besides an Area Board Meeting

Each member has the right to decline this compensation by giving written notice to the Area Director.

Members shall be entitled to reimbursement for travel to official meetings and functions of the Area Board or Committees in excess of 40 miles round trip, at the rate established by the current IRS regulations.

## III. PROCEDURES

Compensation shall be made consistent with the fiscal procedures of the Area Authority.
I. PURPOSE

To provide a process for the Alliance Behavioral Healthcare Board of Directors (Area Board) to develop, revise, review, approve and monitor policies and procedures that govern the core business of the Area Authority.

II. DEFINITIONS

Approval authority: the party or parties authorized to approve Area Board and Area Authority policies and procedures. The Area Board approves Area Board policies and procedures and the Area Director approves Area Authority operational procedures.

Approval date: the date on which the policy or procedures has been approved by all applicable parties and becomes effective for use. This approval date shall appear on all policies and procedures accompanied by the signature of the approval authority.

Policy: Documents developed and approved by the Area Board that provide direction to guide the Area Authority’s decision making including the development of operating procedures.

Procedures: Documents developed and approved by the Area Director that provides steps for employees to follow when performing a particular function.

Review date: the date the policy or procedures were reviewed and approved for continued use. Policies and procedures shall be reviewed at least annually and revised as necessary.

Revision date: the date on which the policy or procedures were revised to reflect required changes in the organization’s decision making process. Revisions may be effected at any time and it is not necessary to await the scheduled review date.

III. POLICY STATEMENT

The Area Board shall be responsible for the development, revision, approval, and monitoring of Area Authority policies that govern the operation of the Area Authority’s programs and services. Among other things, these policies may relate to Federal or State statutes, NC DHHS rules or other regulatory or accreditation requirements affecting the provision of mental health, intellectual/developmental disabilities and substance abuse services.

Policies for inclusion in the policy manual require Area Board action. Annually, the Area Board shall review its policies. These reviews may occur more often if required by rules, statutes, or outside accrediting bodies.

The Area Director (or designee) is responsible for developing a process for revising, approving and monitoring all procedures associated with the implementation of Board policies.
I. PURPOSE

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

II. DEFINITIONS

Area Director: The Area Director is the Area Authority’s chief executive officer. The Area Director is hired and evaluated by the Area Board and is responsible for leading and managing the Area Authority’s business and affairs.

III. POLICY STATEMENT

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

IV. PROCEDURES

A. Delegation of Authority and Responsibility to the Area Director

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

1. Hire, suspend and dismiss employees as necessary.
2. Provide the Area Board with required reports, data and information regarding programs, services, finances and any other business areas as identified by the Area Board.
3. Assume overall responsibility for implementing programs and services, including the execution of contracts pursuant thereto.
4. Develop procedures to implement the policies of the Area Board.
5. Administer and monitor the Area Authority budget and recommend changes.
6. Define duties and establish the compensation of the Area Authority employees.
7. Evaluate the Area Authority employees.
8. Serve as the primary liaison between the Area Board and the N C Department of Health and Human Services.
9. Assist the Area Board in understanding their legal responsibilities in performance of their assigned duties.
10. Meet with the Area Board or specific Area Board members, during regularly established, or impromptu, meetings as required.
11. Negotiate, approve and execute settlement agreements of provider and consumer appeals deemed necessary and in consultation with General Counsel.

B. Area Board Access to Area Authority Management and Employees

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

The purpose of this policy is to provide a framework to carry out the intent and desire of the Area Board to receive public comment at Board meetings.

II. POLICY STATEMENT

The Area Board considers public comment, within specific guidelines, an important and integral component of fulfilling its planning and decision-making responsibilities.

III. PROCEDURES

A. Persons must sign up for agenda items and identify any non-agenda items about they wish to speak as they sign up.

B. Persons may sign up prior to the meeting and during the meeting up to the point that the Board recognizes opportunity for public comment to occur.

C. Guidelines shall be posted outside the Board Room and shall be made available to persons signing up for public comment.

D. The public comment period shall be slotted into the early part of the Board’s agenda.

E. Area Board members may ask clarifying questions at any time during the public comment period and staff may be asked by the Board Chair to provide clarification.

F. No individual staff shall be named during public comment.

G. The discussion of all items is to occur only among Board members.

H. If an organization or group wishes to be heard, one person shall serve as their spokesperson.

I. Two (2) minutes per speaker is the established time limit (apart from any comment that is made in response to an Area Board member’s request for clarifying information). (Note: Any individuals/groups seeking formal inclusion on an Area Board agenda will be considered by the Executive Committee when it sets the agenda at its monthly meeting).

J. Yielding time to others is not permitted.
K. The Chairperson shall have the discretion to conduct the public comment session in a manner that maintains good order and decorum.

L. Board will acknowledge the comment but further discussion will be at the discretion of the Chair.
I. PURPOSE

The purpose of this policy is to ensure that all instances of alleged or suspected abuse, neglect, dependency, or exploitation of children or disabled adults, insofar as they come to the attention of the staff of Alliance Behavioral Healthcare, are reported to the County Department of Social Services in the county where the person is receiving services.

II. POLICY STATEMENT

Every employee shall immediately report to their immediate supervisor, any form of alleged or suspected abuse, neglect, dependency, or exploitation of a child or disabled adult that comes to their attention. In addition to the requirement to report to the immediate supervisor the employee shall make a report to the County Department of Social Services in the county where the child or disabled adult is receiving services.

Any employee who fails to report known or suspected abuse, neglect, dependency, or exploitation as required in this policy shall receive disciplinary action in accordance with Alliance Behavioral Healthcare policies for administering disciplinary action.

Pursuant to G.S. 7B-301 and G.S. 108A-102 the definition of duty to report and immunity shall prevail.

 Aggregate data of abuse, neglect and/or exploitation reports to the Department of Social Services will be presented to the Area Board Human Rights Committee on a regular basis.

III. PROCEDURES

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

The Alliance Behavioral Healthcare multi-county Area Authority LME/MCO is a political subdivision of the State of North Carolina and organized under North Carolina General Statute §122C-115, to administer all publicly-funded mental health, intellectual/developmental disability, and substance abuse (“MH/I-DD/SA”) services for the residents of Durham, Wake and Cumberland Counties. Alliance is also responsible for managing federal and state-funded MH/I-DD/SA services in Johnston County through an Inter-local Agreement. The purpose of this policy and accompanying procedures is to define the relationship between the Area Authority and the participating County Boards of Commissioners.

II. DEFINITIONS

Area Authority: the area mental health, developmental disabilities and substance abuse authority
Catchment Area: the geographic part of the state served by the area authority.
Boards of County Commissioners: the participating boards of county commissioners for multicounty area authorities.

III. POLICY STATEMENT

In accordance with the “Purpose” as outlined above, the Area Authority shall develop and manage local mental health, intellectual/developmental disabilities, and substance abuse services in the multi-county area per contracts with the Department of Health and Human Services (DHHS), Inter-local Agreements and the powers and duties outlined in N.C.G.S. §122C-117. The Area Authority shall collaborate with all relevant local governmental agencies in the catchment area to coordinate and advance the development of mental health, intellectual/developmental disabilities and substance abuse services. The Area Authority shall also operate in accordance with all applicable federal and state laws, rules, regulations, executed contracts, agreements, and resolutions as promulgated by the Alliance Behavioral Healthcare Board of Directors.

IV. PROCEDURES

A. Alliance Behavioral Healthcare shall create and manage the provision of high quality cost-effective mental health, intellectual/developmental disabilities, and substance abuse services to residents of the catchment area.

B. Alliance Behavioral Healthcare shall adhere to the requirements of applicable Federal and State laws, rules and regulations including but not limited to Chapters 108A 108D and 122C of the North Carolina General Statutes, the NC State Plan for Medical Assistance, the 1915 b/c Medicaid Waivers, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services’ (DMH/DD/SAS) State Plan, Clinical...
Coverage Policies, State Service Definitions, executed contracts with the NC Department of Health and Human Services, agreements with catchment area counties or other funding sources, all as may be amended, updated or supplemented from time to time.

C. Annually, the Area Director/CEO shall negotiate and sign a Funding Agreement with the Board of Commissioners of each county in the catchment area. County funding allocated for local services annually shall be conveyed through this Agreement between the funding County and the Area Authority. The terms of the Agreement shall be mutually developed and in compliance with applicable County, State and Federal requirements.

D. The Area Director/CEO or designee may attend catchment area County Department Head meetings and provide information and reports as specified in the Agreement between the Area Authority and the respective county government.

E. Alliance Behavioral Healthcare shall provide a status report on operations and service delivery to the catchment area County Boards of Commissioners at least annually, or more often if specified in the County Agreement or if circumstances dictate. The report shall be presented in a format as agreed upon by each County and the Area Authority and shall include, but not be limited to the following:
   1. Financial report
   2. Risk-management report
   3. Service planning and delivery activities
   4. Quality improvement activities including program audits, surveys, and reports
   5. Provider network management activities
   6. Consumer activities including complaints and grievances
   7. Other reports as identified
I. PURPOSE

The purpose of this policy is to establish a process for determining compensation for the area director.

II. DEFINITIONS

Area Director: Chief Executive Officer who is hired and evaluated by the Area Board and is responsible for leading and conducting the Area Authority’s business and affairs.

III. POLICY STATEMENT

The operational effectiveness of Alliance Behavioral Healthcare is dependent, in large part, on the leadership of its chief executive. As such, it is incumbent upon the Area Board to develop a compensation plan and process that (1) attracts and retains the best executive talent, (2) ensures compensation that is comparable to that of similar organizations and (3) is based on the area director’s performance. The Board’s compensation plan shall comply with all relevant Federal, State and local requirements.

IV. PROCEDURES

A. Total Compensation Mix

Total executive compensation shall include the following items:

1. Base pay – formal position salary structure plus any restructuring based on position reviews.
2. Benefits plan – health and medical insurance benefits, liability coverage and other benefits as approved by the board.
3. Incentives based on personal and professional performance.

B. Total Compensation References

The Area Board shall use comparability data in determining and approving an equitable compensation arrangement including:

1. Market comparator data – a review of compensation paid by other agencies of similar size and services.
2. Functionally comparable positions – a review of compensation paid to other executives of similar functions and responsibilities.
C. Documented Process

The Area Board shall document the process used to determine the area director’s compensation. Documentation may include:

1. Terms of compensation arrangements – description of amount and stipulations of compensation.
2. Approval date – date compensation recommendations were completed and approved by the full Area Board.
3. Data used in the compensation decision – documentation of all materials, surveys, reports, research, etc. used in completing the final recommendations.
4. Disclosures of conflict of interest, if any – identification of any conflicting elements.
5. Annual performance review of area director.
6. Authority of Area Board to set area director compensation – reference to Area Board By-laws or policies, etc.

D. Compensation Review Process

The board chair may appoint an ad hoc evaluation/compensation committee to conduct the area director’s annual performance evaluation and compensation review. The ad hoc committee must submit its recommendation to the full Area Board for final action.
AREA BOARD
POLICIES AND PROCEDURES

SUBJECT: Evaluation of Area Director
LINES OF BUSINESS: Area Board Operations
RESPONSIBILITY: Area Board

NUMBER: G-7
URAC: 10A NCAC 27G .0507
REFERENCE: 10A NCAC 27G .0507

APPROVAL DATE: 6/26/2012
LATEST REVISION DATE:
LATEST REVIEW DATE: 9/4/2014

APPROVAL AUTHORITY:
Chairperson, Area Board

I. PURPOSE

The purpose of this policy is to set forth the requirement that the Area Board conduct an annual performance evaluation of the Area Director.

II. POLICY STATEMENT

The Area Board shall complete a formal review (at least annually or more often if necessary) of the Area Director using a method that encompasses areas of operation that are important to the Area Board and required by the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (State). This method shall be used at the Board’s discretion and shall minimally include: the major categories described in the State rules for evaluating the Area Director and additional priorities as mutually agreed to by the Area Board and the Area Director. Among other things, the board shall use the performance evaluation to (1) assure that the Area Director meets performance expectations as established by the board and (2) to identify or verify information that may be used to determine or justify a change in the Area Director’s compensation package.

III. PROCEDURES

The Board Chair may appoint an ad hoc committee to conduct the annual performance evaluation. The committee shall bring its recommendation to the full board for final action.
I. PURPOSE

The purpose of this policy is to enunciate the critical role the strategic planning process plays in guiding the Area Board as it carries out its mission of providing mental health, intellectual/developmental disabilities and substance abuse services to the residents in the Alliance multi-county area. Strategic planning is the foundation of organizational achievement and success.

II. POLICY STATEMENT

The Board shall develop a strategic plan to cover a period of no more than five years. The Board shall conduct a comprehensive review of its strategic plan every three years or more often as necessary. Annually, the board shall review the plan’s goals and objectives to adjust the plan for changes in the operational environment.

Given the importance of the strategic planning process and its outcomes, the area authority shall involve the broader catchment area community in the development of the plan. Participants shall include, but are not limited to: Area Authority staff, Area Board members, consumers, community members, advocacy groups, and funding agencies. Special effort shall be made to ensure representation from various age groups, disabilities, and cultural backgrounds representative of the catchment area demographics.

All participants in the strategic planning process shall receive an orientation to strategic planning focused on its significance to Alliance Behavioral Healthcare’s operations, and training in the specific planning process that will be utilized.

III. PROCEDURES

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

The Area Board strives to provide a healthy and safe environment for consumers, customers, staff personnel and other stakeholders who work in or visit Alliance Behavioral Healthcare facilities.

**II. POLICY STATEMENT**

It is the policy of the Area Board to provide services and programs in physical environments that are safe and free of health hazards. Alliance Behavioral Healthcare will comply with all Federal, state and local environmental/health and safety laws, regulations, and ordinances.
I. PURPOSE

The purpose of this policy is to establish proper internal control procedures.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to establish internal control procedures to provide reasonable assurance regarding the achievement of objectives in the following categories:

1. Effectiveness and efficiency of operations
2. Reliability of financial reporting
3. Compliance with applicable laws and regulations

III. PROCEDURES

The Area Director shall be responsible for developing internal control procedures to ensure that internal controls are established, properly documented, maintained and adhered to in each department within Alliance Behavioral Healthcare.
AREA BOARD
POLICIES AND PROCEDURES

I. PURPOSE

The purpose of this policy is to ensure that Alliance Behavioral Healthcare continue to operate during any natural and/or man-made disasters or other disruptions. The plan shall ensure minimal interruption of services to the citizens in the catchment area.

II. POLICY STATEMENT

Alliance Behavioral Healthcare shall develop a Business Continuity Plan, which shall include information and procedures for preparedness and response to natural and man-made disasters or disruptions to the daily operations. The plan shall include a Disaster Recovery Plan, to ensure timely and reliable access to critical computer systems, network services and phone system needed to support business operations. The Business Continuity Plan will be reviewed at least annually and updated as needed.

III. PROCEDURES

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

The purpose of this policy is to establish standards and guidelines to prevent conflict of interest on the part of members of the Alliance Behavioral Healthcare (“Alliance”) Area Board of Directors (hereinafter “Board” or “Area Board”). The policy is intended to supplement, but not replace any applicable federal or state laws, rules and regulations governing conflict of interest. This policy is also intended to meet the requirements of the Division of Medical Assistance regarding conflict of interest under the Medicaid 1915 (b)/(c) waiver.

II. POLICY STATEMENT

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.

Each Area Board member shall fulfill his or her responsibilities consistent with all Federal and State laws and regulations, Area Board and Area Authority policies, and Area Board By-Laws regarding avoidance of conflict of interest. This includes the avoidance of the perception of conflict of interest which might undermine the efforts of the Area Board to maintain public confidence and trust in the Area Authority.

III. DEFINITIONS

Provider agency: Agency, organization or individual that is contracted with Alliance to deliver publicly-funded mental health, intellectual/developmental disability, substance abuse or other treatment, habilitation, rehabilitation, educational, training and/or recovery related services to consumers.

Vendor: Company or other entity that provides goods and services needed to develop, maintain or operate the corporation.

IV. RESTRICTIONS and REPORTING
To ensure accurate disclosure and consideration of potential conflicts of interest, Certain the following activities relationship of Board members are defined as a Conflict of Interest and must be reported. Conflicts Of Interest, specifically Area Board members are prohibited from the following:

A. Receiving reimbursement as consultant or employee from Alliance or being employed by Alliance during the time they serve as board member.

B. No member of the Area Board may be a ‘family member’, as defined in Section VII-E of this policy, of any employee of Alliance Behavioral Healthcare.

C. Representing him or herself to be an independent agent of the Area Board representing any potential Area Board action or position. Further, pursuant to NCGS 122C -118.1, no person registered as a lobbyist under Chapter 120C of the General Statutes shall be appointed to or serve on the Area Board.

C-D. Having a financial investment, an ownership interest (whether by stock ownership, partnership, or otherwise), any arrangement for the payment of any commissions, rewards, or any other financial or tangible consideration or benefit, board membership, or employment with any provider agencies with which Alliance has a current contractual or referral relationship, except that a member a Board of County Commissioners who is also a member of the Board of Directors of any nonprofit hospital due to his/her status as a County Commissioner shall not be prohibited from serving on the Alliance Area Board even if the nonprofit hospital is contracted with Alliance. Any such member must recuse themselves from any Area Board votes that may impact the nonprofit hospital, and must likewise recuse themselves from any hospital Board votes that may impact Alliance.

1. A list of the provider agencies with which Alliance has contractual or referral relationships shall be available upon request and shall be provided to Board members annually when Board members complete updated disclosure statements.

D-E. Having a family member who has a financial investment, an ownership interest (whether by stock ownership, partnership, or otherwise), any arrangement for the payment of any commissions, rewards, or any other financial or tangible consideration or benefit, board membership, or employment with any provider agencies with which Alliance has a contractual or referral relationship.

For purposes of this policy, “family members” include:

1. The Board member’s spouse;
2. The Board member’s parents, children, and siblings;
3. The Board member’s stepparents, stepchildren, stepbrothers, and stepsisters;
4. The Board member’s father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, and sister-in-law;
5. The Board member’s grandparents and grandchildren;
6. A spouse of any of the Board member’s grandparents or grandchildren.

Personally having, or having a family member who has, any arrangement for the payment of any commissions, rewards, or any other financial or tangible consideration or benefit from any provider agencies with which Alliance has a current contractual or referral relationship.
E. Serving on the Consumer and Family Advisory Committee, unless as a designated liaison and reflected in the bylaws.

E-F. Having any interest in an Alliance vendor as follows:
   1. The Board member is a director, officer, partner, or direct or indirect owner of the beneficial interest in more than 5% of the equity in the vendor.
   2. The Board member has a family member who is a director, officer, partner, or direct or indirect owner of the beneficial interest in more than 5% of the equity in the vendor.

E-G. Personally having, or having a family member who has, any interest in any mortgage, deed of trust, note, or other financial interest in a vendor where the value of such interest equals more than 5% of the value of the assets of the vendor.

V. REQUIREMENTS

Certain actions are required on the part of Board members for effective implementation of this policy:

A. Board members must observe the highest moral and ethical standards in any dealings in which they represent the Area Board.

B. Board members must disclose on an ongoing basis any 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.

C. All Board members are required to update the information on the disclosure form when (1) a Board member or family member invests in or becomes employed by a provider agency with whom Alliance has a contractual or referral relationship or (2) the Area Board begins a contractual or referral relationship with new provider(s) with whom the Board member may have a conflict of interest ever a potential conflict arises.

D. Board members who are aware of any violations by any board members of this policy are required to report them to the Area Board Chair. The Board Chair shall notify the Area Director of the reported violation.

VI. CONFLICT OF INTEREST DISCLOSURE

The following actions may be required as a result of a disclosure:

A. If a Board member has an interest that violates Part IV D of this policy, the Board member may be required to resign from the Board.

B. If a Board member (or Board member’s Family Member) has an interest or conflict that is reportable under Part IV H of this policy, the Board will review the situation and determine what steps, if any, need to be taken to avoid conflict of interest. Such steps may include, for example, prohibiting the board member from participating in any decisions regarding the use of, or negotiations with, the relevant Vendor or Provider Agency.
C. Board members who do not fully comply with the provisions in this policy may be subject to removal from the Board.

D. While conflict of interest issues are being reviewed, the Board member and subject of the potential conflict may be prohibited from serving or restricted from voting.

E. The Area Board shall make the final decision regarding the disposition of all conflict of interest issues.
I. DEFINITIONS

As used in this article, the following terms shall have the meaning indicated:

**Business Entity:** Any business, proprietorship, firm, partnership, person in representative or fiduciary capacity, association, venture, trust or corporation which is organized for financial gain or profit.

**Area Authority Official:** A member of the area board.

**Immediate Family:** The area board member, his/her spouse, and minor children (including stepchildren and foster children).

**Interest:** Direct or indirect pecuniary or material benefit, as a result of an official act, a contract, or transaction with Alliance Behavioral Healthcare, accruing to:

i. A board member;

ii. Any person in his/her Immediate Family;

iii. Any business entity in which the board member, member of his/her immediate family, or is about to be, an officer or director; or

iv. Any business entity in which an excess of five (05) percent of the stock, or legal or beneficial ownership of, is controlled or owned directly or indirectly by the board member, or his/her immediate family member.

For the purposes of the above paragraphs, ii, iii, and iv, a board member is presumed to have knowledge of the financial affairs of his/her immediate family members. For the purpose of this policy, the board member only has an Interest in the affairs of other immediate family members if the board member has knowledge of or should have known of the Interest of the family member.

**Official Act or Action:** Any administrative, appointive, or discretionary act of any board member.

**Confidential Information:** Any information or knowledge which has not been made public through a governmental agency or official. Information that has become public knowledge, whether or not through a governmental agency or official, is not considered confidential information.

II. POLICY STATEMENT

The Proper Operation of a public authority requires that board members of the authority and its employees be independent, impartial, and responsible to the people; that decisions and policy be made publicly; that public offices not be used for personal gain; and that the public maintain confidence in the integrity of the authority.

In recognition of these goals, a code of ethics for the Board of Directors of Alliance Behavioral Healthcare is hereby adopted. The purpose of this policy statement is to set forth guidelines for ethical standards of conduct for all such officials by setting forth acts or actions that are incompatible with the best interests of the Area Authority.
III. STANDARDS OF CONDUCT

The stability and proper operation of Alliance Behavioral Healthcare depends upon the continuing public confidence in the integrity of the Area Authority and upon responsible exercise of the trust conferred by the people. Board decisions and policy must be made and implemented through proper channels and processes of the board’s structure. The purpose of this section is to establish additional guidelines for ethical standards of conduct for board members. It should not be considered a substitute for the law or a board member’s best judgment.

Area board members must be able to act in a manner to maintain their integrity and independence, yet must be responsible to the interests and needs of those served by Alliance Behavioral Healthcare. Board members serve in an important advocacy capacity in meeting the needs of the served communities in the Alliance Catchment Area and should recognize the legitimacy of this role as well as the importance of this function to the proper functioning of the Area Authority. At the same time, the Board must, at times, act in an adjudicatory or administrative capacity and must, when doing so, act in a fair and impartial manner. Area board members must know how to distinguish these roles and when each role is appropriate, and they must act accordingly. Board members must be aware of their obligation to conform their behavior to standards of ethical conduct that warrant the trust of their constituents.

A. An Area Board Member Shall Obey the Law. Board members shall support the Constitution of the United States, the Constitution of North Carolina and the laws enacted by the Congress of the United States and the General Assembly pursuant thereto.

B. An Area Board Member Shall Uphold the Integrity of His or Her Office. Board members shall demonstrate the highest standards of personal integrity, truthfulness, honesty, and fortitude in all their public activities in order to inspire public confidence and trust in Alliance Behavioral Healthcare. Board members shall participate in establishing, maintaining, and enforcing, and shall themselves observe, high standards of conduct so that the integrity of their office may be preserved. The provisions of this Code should be construed and applied to further these objectives.

C. An Area Board Member Shall Avoid Impropriety and the Appearance of Impropriety in All of His or Her Activities.

1. It is essential that Alliance Behavioral Healthcare attract those citizens best qualified and willing to serve. Area Board members have legitimate interests - economic, professional and vocational - of a private nature. Board members shall not be denied, and shall not deny to other members or citizens, the opportunity to acquire, retain and pursue private interests, economic or otherwise, except when conflicts with their responsibility to the public cannot be avoided. Area board members must exercise their best judgment to determine when this is the case and comply with the Area Board Conflict of Interest Policy.

2. Area Board members shall not allow family, social, or other relationships to unduly influence their conduct or judgment and shall not lend the prestige of the office to advance the private interests of others; nor shall they convey or permit others to convey the impression that they are in a special position to influence them.

D. An Area Board Member Shall Perform the Duties of the Office Diligently. Board members shall perform the duties of the office as prescribed by law. In the performance of these duties, the following standards shall apply:
1. Board members may actively pursue policy goals they believe to be in the best interests of their constituents within the parameters of orderly decision making, rules of the board and open government.

2-1. Board members shall respect the legitimacy of the goals and interests of other members and shall respect the rights of others to pursue goals and policies different from their own.

3-2. Board members shall respect, support and abide by the decisions made by the board even in those instances when the member(s) is not on the prevailing side of an issue.

4-3. Board members shall demand and contribute to the maintenance of order and decorum in proceedings before the board.

5-4. Board members shall be honest, patient, dignified and courteous to those with whom they deal in their official capacity, and shall require similar conduct of the Area Authority’s staff.

6-5. Board members shall accord to every person who is legally interested in a proceeding before the board full right to be heard according to law.

E. A Board Member Shall Conduct the Affairs of the Board in an Open and Public Manner. Board members must be aware of the letter and intent of the State’s Open Meetings Law and conduct the affairs of the board consistent with the letter and spirit of that law and consistent with the need to inspire and maintain public confidence in the integrity and fairness of the Area Authority.

IV. ADDITIONAL STANDARDS OF CONDUCT

Board members shall be subject to and abide by the following standards of conduct.

A. Conflict of Interest. Board members shall comply with all provisions in the board’s policy on Conflict of Interest.

B. Use of official position. No board member shall use his/her official position or the Area Authority’s facilities for his/her private gain, or for the benefit of any individual, which benefit would not be available to any other member of the public in the same or similar circumstance.

C. Disclosure of information. No board member shall use or disclose confidential information gained in the course of or by reason of his/her official position on the board for purposes of advancing:

1. His/her financial or personal interest;

2. The interest of a business entity of which the member, an immediate family member, has an Interest;

3. The financial or personal interest of a member of his/her immediate family; or

4. The financial or personal interest of any citizen beyond that which is available to every other citizen.

D. Incompatible service. No board member shall engage in, or accept private employment or render service for private interest, when such employment or service for private interest is incompatible with the proper discharge of his/her official duties with the Area Authority or would tend to impair his/her independent judgment or action in the performance of his/her official duties, unless otherwise permitted by law.
E. **Gifts.** No board member shall directly or indirectly solicit any gift, or accept or receive any gift, whether in the form of money, services, loan, travel, entertainment, hospitality, thing or promise, or any other form from any Alliance contractor, subcontractor, provider or supplier.

Exempted from the prohibition are reasonable honorariums for participating in meetings, advertising items or souvenirs of nominal value or meals furnished at banquets. Also exempted are customary gifts or favors between board members or officers and their friends or relatives. Board members must report in writing to the Area Director all honorariums and gifts and favors from friends and relatives if made by a covered contractor, subcontractor, or supplier.

It shall not be a violation of this policy for any board member to solicit donations, contributions or support for any charitable activity which does not result in direct pecuniary benefit to the member, a member of his immediate family, or business entity with which he is associated.

F. **Area Director to Secure Advice.** In any case where the value of a gift is in question, or when the circumstances make it unclear as to whether a thing constitutes a “gift” within the meaning of this provision, any board member may consult with the Area Director who will secure an advisory opinion from General Counsel.

V. **VIOLATIONS OF THE CODE OF ETHICS; SCHEDULING OF HEARING BEFORE THE AREA BOARD; RIGHTS OF ACCUSED AT HEARINGS; SANCTIONS**

A. The Area Board Chairperson, after receiving an allegation of a violation of the Code of Ethics, shall refer the matter to the Area Director for investigation and inform the Board’s Executive Committee of the alleged violation and the findings of the investigation.

B. If the Executive Committee finds sufficient evidence to believe a violation may have occurred, they shall report the matter to the full board which may schedule a hearing on the issue. The board member who is charged with the violation shall have the right to present evidence, including the testimony of witnesses, and to question witnesses, including the complainant or complainants, at the hearing.

C. The hearing shall be conducted by the Area Board in open session. Any determination resulting from said hearing shall be made in open session of the Board. The Clerk to the Board shall be authorized to swear witnesses before the presentation of their testimony.

D. If the Area Board by majority vote of the remaining members finds that a violation has occurred, they may adopt a resolution of censure which shall be placed as a matter of record in the official minutes of the Board meeting or, if warranted, refer the matter to the appointing authority.

VI. **ADVISORY OPINIONS**

When any board member has a doubt as to the applicability of any provision of this policy to a particular situation involving that board member or as to the definition of terms used in this policy, he/she may apply to the Area Director who shall obtain an advisory opinion from General Counsel. The board member shall have the opportunity to present his/her interpretation of the facts at issue and of the applicability of provisions of this policy before such advisory opinion is made.
ATTESTED:

____________________________
Clerk to the Board

CODE OF ETHICS FOR ALLIANCE BEHAVIORAL HEALTHCARE BOARD OF DIRECTORS

I, a member of the Alliance Behavioral Healthcare Board of Directors acknowledge that I have received and reviewed a copy of the Code of Ethics for the Area Board.

_________________________       ____________
Signature                      Date

___________________________
Printed Name
I. PURPOSE

The purpose of this policy is to guide board members in their relations with the news media in such a way as to ensure the effective operation of the Alliance Behavioral Healthcare Board of Directors. This policy does not seek to be comprehensive but sets out to provide guidance on how to handle issues that may arise when dealing with news media organizations.

II. DEFINITION

Media: Generally accepted organizations that publish or broadcast information aimed at informing the public.

III. POLICY STATEMENT

The Area Board is accountable to the citizens in the Alliance multi-county area. The board is committed to providing timely and accurate information to the public through all available means, including the news media. Each board member serves as an ambassador for the Area Authority and as such may be called upon by various media outlets to field questions or provide information regarding Alliance Behavioral Healthcare. Each board member shall adhere to this policy as he or she interacts with the news media regarding the affairs of the area board.

IV. PROCEDURES

A. Procedures for Dealing with the Media:

1. Board members should advise the Area Authority’s Corporate Communications Office of any planned or unplanned activities involving the news media.

2. The board shall allow all reasonable access to news media organizations and shall make every effort to respond without delay to requests for information. The board shall attend to media requests promptly and with courtesy, honesty and respect.

3. The Board shall treat all media outlets equally and shall avoid giving one outlet preferential treatment. Media releases shall be distributed to all media outlets at the same time.
4. Board members shall not disclose information that is of a confidential nature. This includes consumer information as well as information that has been discussed as confidential items on the board’s agenda.

5. The Area Board Chairperson shall serve as the official spokesperson on all matters related to the Alliance Behavioral Healthcare Board of Directors.

6. In their role as appointed representative, each board member is free to talk with the media at any time. Board members may use these opportunities to enhance the community’s understanding of the work of the Area Authority. However, if the board has not taken a position on a particular issue, the board member must make it clear that they are speaking for themselves and not for the board.

7. In responding to media inquiries, board members have an obligation to respect board policy once a decision is made. While it may be legitimate for a board member to make clear that he or she disagreed with a policy and voted against it, if the vote took place in an open session, he or she shall not seek to undermine a board decision through the news media.

8. From time to time board members may be requested to contribute material for newspaper articles or participate in a broadcast interview. The Area Authority’s Corporate Communications Office shall be available, upon request, to provide assistance.

9. From time to time it may be necessary for a Letter to the Editor or other position statement to be written as an official board communication to inform the community about a particular matter. Such letters or statements shall be issued under the signature of the Board Chairperson.

10. Board members are encouraged to cooperate at all times with media outlets subject to the guidelines provided in this policy.
I. PURPOSE

The purpose of this policy is to ensure the ongoing and meaningful involvement of consumers and family members, through the Consumer and Family Advisory Committee (CFAC), in the planning, management and oversight of the Area Authority.

II. POLICY

It is the policy of Alliance Behavioral Healthcare that a Consumer and Family Advisory Committee (CFAC) shall be established and operational. The CFAC shall be a self-governing and self-directed organization that advises the Area Board on the planning and management of the local public mental health, intellectual/developmental disabilities and substance abuse system. The CFAC shall be actively involved in all aspects of planning, development, implementation and evaluation of the Area Authority and its providers of services.

III. PROCEDURES

A. The initial Consumer and Family Advisory Committee shall be approved by the Area Board and serve in an advisory capacity to the board.

B. The committee, upon creation, shall develop bylaws for the purpose of self-governance.

C. The membership of the committee will be 100 percent consumers and family members.

D. The Area Director, in consultation with the Board Chairperson, shall develop procedures for providing support and assistance to the CFAC to ensure compliance with NCGS 122C - 170.
I. PURPOSE

To set forth policy that guides and directs the management and provision of public mental health, intellectual and developmental disabilities and substance abuse services in Alliance Behavioral Healthcare’s catchment area.

II. POLICY STATEMENT

Alliance Behavioral Healthcare (Alliance) is charged with management and oversight responsibility for the public mental health, intellectual and developmental disabilities and substance abuse service system in a multi-county area. It is the intent of the Board of Alliance Behavioral Healthcare that the service delivery system will be managed in a manner that is consistent and accountable to the citizens of the catchment area.

This policy will guide the Board as it carries out its responsibilities outlined in North Carolina General Statutes 122C-115.4 which assigns the following functions to the LME:

1. Access to services 24/7/365 basis;
2. Provider endorsement, monitoring, technical assistance, capacity development and quality control;
3. Authorization of services, utilization review and management;
4. Authorization of the utilization of state psychiatric hospitals, three-party contracted local hospitals and other state facilities;
5. Care coordination and quality management;
6. Community collaboration and consumer affairs;
7. Financial management and accountability; and
8. Management of waiting lists for consumers with intellectual and developmental disabilities.

III. PROCEDURES

Annually, the Board will review and approve the plan for managing and delivering services in the catchment area. The plan shall be presented to the Board as part of the budget development process and shall outline the process for assuring a consistent clinical model and best practices across the catchment area.
I. PURPOSE

The purpose of this policy is to ensure Alliance Behavioral Healthcare has a fund balance that contributes to the Organization’s fiscal health and is adequate to meet Alliance Behavioral Healthcare’s operational and service needs and challenges.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to have the Finance Committee of the Area Board review the fund balance on a quarterly basis while in the first year of operations and annually thereafter. Fund balance designations shall be appropriated at year end while adhering to G.S. 159-8 (a).

The Local Government Commission recommends that the fund balance available (unrestricted fund balance) be an amount not less than eight percent (8%) of expenditures as presented in the most recent audited financial statements which should approximate expenditures for one month.

Due to Alliance Behavioral Healthcare’s specific circumstances the target level of fund balance available (unrestricted fund balance) that the Organization strives to maintain is an amount not less than 1% of expenditures as presented in the most recent audited financial statements while working towards a target goal of 8%. The minimum level will be re-evaluated annually until 8% has been met.

III. PROCEDURES

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

To identify activities necessary for the orderly planning and implementation of Area Board processes.

II. DEFINITIONS

Processes: activities associated with Area Board meetings including agenda planning, developing and distributing meeting materials, overseeing committee work, compiling meeting minutes, etc.

III. POLICY STATEMENT

The Area Board shall utilize processes required for effective and efficient meetings, to execute Board business and to carry out Area Authority responsibilities for service delivery and operations.

IV. PROCEDURES

A. Agenda Planning

Each Area Board meeting shall utilize an agenda developed by the Area Board Executive Committee with assistance from the Area Director. Meeting agendas shall conform to the following principles:

1. The agenda shall have continuity from the previous meeting.
2. Agenda items may sometimes include special issues such as election of new members, attention to crisis situations, goal setting, etc.
3. The agenda shall indicate the beginning and ending times for each Board meeting.
4. The agenda shall be sent to Area Board members at least five (5) working days prior to each meeting.

B. Developing and Distributing Meeting Materials

The Area Director is responsible for the following:

1. Sending notices to Area Board members regarding meetings
2. Preparing “Board Packets” to be available to Board members five (5) working days prior to each regularly scheduled board meeting. The packets shall include:
   a. The meeting agenda
b. Agenda Action Form

c. Minutes from the previous Area Board meeting
d. Minutes from committee meetings, as applicable, to include:
   e. Area Board Executive Committee meeting
   f. Area Board Finance Committee meeting
   g. Quality Management Committee
   h. Human Rights Committee
   i. Policy Committee
   j.d. Consumer and Family Advisory Committee

3. Post agenda on website

C. Role of Committees

The Area Board may utilize committees chaired by an Area Board member and supported by Area Authority employees to accomplish its work. These committees may include standing as well as ad hoc committees. These committees shall function in accordance with the Area Board’s by-laws.
### I. PURPOSE

The purpose of this policy is to provide guidance to the Board and consumers, enrollees, providers, vendors, stakeholders, or other persons or entities that have a contractual or business relationship with Alliance Behavioral Healthcare (“Alliance”), as to how to resolve disputes concerning Alliance contract actions, service authorization decisions or other matters, including applicable appeal rights.

### II. DEFINITIONS

**Consumer:** Means any consumer of mental health, intellectual/developmental disability, and/or substance abuse (“MH/I-DD/SA”) services who is enrolled with Alliance, regardless of funding source.

**Enrollee:** Means any Medicaid-eligible beneficiary whose Medicaid eligibility is based in any of the counties included within the Alliance catchment area and who is enrolled in the Alliance Medicaid Prepaid Inpatient Health Plan.

**Network Provider:** Means as defined in N.C.G.S. §108D-1(13), i.e. an appropriately credentialed provider of MH/I-DD/SA services that has entered into a contract for participation in the Alliance Closed Network.

**Out of Network provider:** Means any provider who has entered into an Out of Network Single Case Agreement in order to provide services to an Alliance Enrollee.

**Provider:** Means any provider who has a contract or agreement with Alliance for the delivery or reimbursement of publicly-funded MH/I-DD/SA services, regardless of funding source or type, and includes all Network Providers, Out of Network providers, and providers of emergency services.

**Provider of emergency services:** Means as defined in N.C.G.S. §108D-1(18), i.e. A provider that is qualified to furnish emergency services to evaluate or stabilize an enrollee’s emergency medical condition, and has submitted claims to or been reimbursed by Alliance for such services.

**Vendor:** Means any individual or entity contracted with Alliance to furnish goods or services to the organization, but does not include Providers.

### III. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to resolve disputes that arise over decisions made by the Area Board at the lowest level and in accordance with all applicable Federal and State laws, rules and regulations and accreditation requirements, including but not limited to Chapter 108D of the North Carolina General Statutes (for Medicaid enrollee appeals) and 10A NCAC Subchapter 27G (for State-funded service appeals). Alliance will attempt to informally resolve any and all disputes with consumers, enrollees, providers or vendors and will establish—a Dispute Resolution procedures—for Network Providers that offers the opportunity for...
reconsideration before a panel that includes a peer provider representative. The process shall be informal and provide an opportunity for those who dispute the decision to present their position. It is the position of Alliance that the NC Office of Administrative Hearings lacks jurisdiction over Alliance (a local unit of government) except for timely petitions contesting service authorization decisions filed by Medicaid enrollees or duly authorized representatives, as set forth in N.C.G.S. §150B-23(a3). Any formal action alleging breach of contract by Alliance should be filed in accordance with the terms and conditions of the provider’s or vendor’s contract and all applicable laws, rules and regulations, including but not limited to N.C.G.S. §1-52.

IV. PROCEDURES

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

SUBJECT: By-Laws
LINES OF BUSINESS: Governance

NUMBER: BL
URAC: NC G.S. 122C; NC G.S. 143 Article 33C

AREA BOARD BY-LAWS

ARTICLE I
PURPOSE

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

MISSION STATEMENT

The mission of the Area Board is to support and enhance the quality of life of those citizens affected by mental illness, intellectual/developmental disabilities and substance abuse. To improve the health and well-being of the people we serve by ensuring highly effective, community-based support and care.

VISION STATEMENT

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

To be a leader in transforming the delivery of whole person care in the public sector.

VALUES STATEMENT

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

1. Discovering ways to nurture community strengths in order to accomplish what none of us can do alone.
2. Involving stakeholders for the advancement of all citizens in our diverse community.
3. Partnerships with community agencies that assure that best practices are applied through person-centered planning.

APPROVAL DATE: 5/3/2012
LATEST REVISION DATE: 3/6/2014
LATEST REVIEW DATE: 3/6/2014

RESPONSIBILITY: Area Board
APPROVAL AUTHORITY: Chairperson, Area Board
4. Community resources that offer enduring ways to support people with disabilities.
5. Community partnerships that leverage resources to respond to the mental health, intellectual/developmental disabilities and substance abuse services (MH/IDD/SA) needs of all citizens.
6. Advocacy efforts that challenge the MH/IDD/SA delivery system to improve continuously.
7. Accountability of all parties in the system.
8. Exemplary practices that lead to meaningful outcomes and are cost effective.
9. High level of satisfaction among consumers, families, and funders.
10. Collaboration with our community partners and stakeholders.
11. Building community capacity that includes the identification of existing community resources and gaps.
12. Services and supports that are consumer and family friendly, age appropriate and culturally competent.
13. The flexibility of the MH/IDD/SA system to provide programs and supports when needed, at the level needed, and in the amount necessary. This is important so that people may enter and exit components of the system as their needs change and without fear of re-entry complications.
14. Ongoing community education that assists in the elimination of stigma and discrimination.

Accountability and Integrity: We keep the commitments we make to our stakeholders and to each other. We ensure high-quality services at a sustainable cost.

Collaboration: We actively seek meaningful and diverse partnerships to improve services and systems for the people we serve. We value communication and cooperation between team members and departments to ensure that people receive needed services and supports.

Compassion: Our work is driven by dedication to the people we serve and an understanding of the importance of community in each of our lives.

Dignity and Respect: We value differences and seek diverse input. We strive to be inclusive and honor the culture and history of our communities and the people we serve.

Innovation: We challenge the way it’s always been done. We learn from experience to shape a better future.

ARTICLE II

STRUCTURE

A. AUTHORITY

1. The Area Board is accountable to the citizens of Durham, Wake and Cumberland Counties.
2. The authority for the Area Board derives from General Statute 122C-117.
3. General duties of the Area Board include:
   a. Defining services to meet the needs of citizens (within the parameters of the law) through an annual needs assessment.
   b. Adoption of operational policies to meet all requirements.
   c. Evaluation of quality and availability of services in meeting the needs of the population.
   d. Fiscal oversight.
   e. Hearing complaints and appeals from consumers, providers and the general public.
   f. Community education and advocacy.
   g. Appointing an area director in accordance with General Statute 122C-121 (d). The Area Director is an employee of the Area Board and shall serve at the pleasure of the Area Board.
h. Evaluate annually the area director for performance based on criteria established by the Secretary of NCDHHS and the area board.

i. Delegating responsibility to the Area Director who shall be responsible for the appointment of employees, the implementation of the policies and programs of the Area Board, for compliance with the rules of the North Carolina Commission for Mental Health, Developmental Disabilities and Substance Abuse Services, and NCDHHS, supervision of all employees and management of all contract providers.

j. Empower the Area Director to sign official contracts and agreements, where appropriate.

k. Developing plans and budgets for the area authority subject to the approval of the Secretary of NCDHHS. The area authority shall submit the approved budget to the boards of county commissioners and the county managers.

l. Providing quarterly and annual reports to the Wake, Durham and Cumberland County Commissioners.

m. Maintaining open communication with the Consumer and Family Advisory Committee (CFAC).

B. COMPOSITION

1. The Area Board shall consist of nineteen (19) members.

2. The Area Board shall work in conjunction with the Durham, Wake and Cumberland County Commissioners.

3. The Durham and Wake County Commissioners shall appoint seven members respectively and the Cumberland County Board of Commissioners will appoint four (4) members. During the effective period of the Interlocal Agreement between the Area Board and the Johnston County Area Authority, the Alliance Area Board will appoint one member from Johnston County. All seats will be appointed at large.

4. The appointment process shall be consistent with the process outlined in the Joint Resolution between Cumberland, Durham and Wake Counties effective July 8, 2013. The Area Authority will advertise, accept applications, interview and recommend appointments to the respective boards of commissioners, to include individuals with business expertise, financial expertise, clinical expertise, child/adolescent expertise, and/or who represent the interest of consumers/family members.

5. Area Board membership may consist of the following:
   a. Consumer or family member representing the interest of individuals with mental illness, intellectual or other developmental disabilities or substance abuse.
   b. CFAC member
   c. An individual with health care expertise and experience in the fields of mental health, intellectual or other developmental disabilities or substance abuse services.
   d. Individual with financial expertise
   e. Individual with provider experience in a managed care environment.

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

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

C. TERMS AND CONDITIONS OF OFFICE

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

2. Members other than County Commissioners shall not be appointed for more than three consecutive terms.
3. Members of the Area Board may be removed with or without cause by the appointing authority.
4. Area Board members may resign at any time, upon written notification to the Chairperson or the Executive Secretary of the Area Board.
5. Vacancies on the Area Board shall be filled by the County Commissioners before the end of the term of the vacated seat or within 90 days of the vacancy, whichever comes first. Appointments shall be for the remainder of the unexpired term.
6. Area Board members are responsible for disclosing and may not vote on any issue in which they have a direct or indirect financial interest or personal gain. All Board members are expected to exhibit high standards of ethical conduct, avoiding both actual conflict of interest and the appearance of a conflict of interest.
7. Neither Area Board members nor members of their families will receive preferential treatment through the Area Authority’s services or operations.
8. Area Board members must be current with all property taxes in their respective counties.
9. Membership is based on the rules and regulations of the Area Board policies and all applicable North Carolina General Statutes.
10. Area Board members are required to comply with the Area Board Code of Ethics, policies and all applicable North Carolina General Statutes.

D. OFFICERS

1. The officers of the Area Board shall be chosen for a one-year term at the final meeting of the fiscal year in which the Area Board is serving, and shall be as follows:
   a. Chairperson, and
   b. Vice-Chairperson.
2. With the exception of the position of Executive Secretary (which shall be filled by the Area Director/CEO), no officer shall serve in a particular office for more than two consecutive terms.
3. Each Area Board members shall be eligible to serve as an officer.
4. Duties of officers shall be as follows:
   a. Chairperson – this officer shall preside at all meetings and generally perform the duties of a presiding officer. The Chairperson shall appoint all Area Board committees.
   b. Vice Chairperson – this officer shall be familiar with the duties of the Chairperson and be prepared to serve or preside at any meeting on any occasion where the Chairperson is unable to perform his/her duties.
   c. Executive Secretary – The Area Director/CEO (or his/her designee) shall serve as the Executive Secretary. The Area Director/CEO shall not be an official member of the Area Board nor have a vote. As Executive Secretary, the Area Director/CEO shall:
      i. Send Area Board packets of information.
      ii. Maintain a true and accurate account of all proceedings at Area Board meetings.
      iii. Maintain custody of Area Board minutes and other records.
      iv. Notify the County Commissioners of any vacancies on the Area Board or attendance compliance issues.

E. COMMITTEES

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

a. **Finance Committee (NCGS 122C-119 (d))**
   
i. The area board shall establish a finance committee that shall meet at least six times per year to review the financial strength of the area program. The finance committee shall have a minimum of three members, two of whom have expertise in budgeting and fiscal control. Any member of the area board who is a county finance officer or individual with financial expertise may be appointed to serve on the Committee. All other finance officers of participating counties in a multicounty area authority may serve as ex officio members upon appointment by the Chairperson.

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

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

b. **Human Rights Committee (Contract with DMH/DD/SAS)**
   
i. The Human Rights Committee shall consist of up to 12 members with a majority being non-area board members. The non-area board members may include and include at least 3 board members. Other members include consumers and family members representing mental health, developmental disabilities and substance abuse.

   ii. The Human Rights Committee functions include:
       1) Reviewing and evaluating the Area Authority’s Client Rights policies at least annually and recommending needed revisions to the Area Board.
       2) Overseeing the protection of client rights and identifying and reporting to the Area Board issues which negatively impact the rights of persons served.
       3) Reporting to the full Area Board at least quarterly.
       4) Submitting an annual report to the Area Board which includes, among other things, a review of the Area Authority’s compliance with NCGS 122C, Article 3, DMHDDSAS Client Rights Rules (APSM 95-2) and Confidentiality Rules (APSM 45-1).

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

c. **Quality Management Committee (Contract with DMHDDSAS)**
   
i. The Quality Management Committee shall consist of 7 members to include 3 board members, two (2) members from CFAC and 2 non-voting provider representatives. The Board QM Committee will meet at least 6 times a year.

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

   iii. The Quality Management Committee 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.
d. **Executive Committee** - The Area Board shall have an Executive Committee. All actions taken by the Executive Committee will be reported to the full Area Board at the next scheduled meeting.
   
i. The Executive Committee shall be composed of the officers of the Area Board, Chairpersons of standing committees (who are Area Board members), the past Board chairperson or at-large member.
   
ii. The Area Board Chairperson shall serve as the Chairperson of the Executive Committee.
   
iii. The Chairperson shall call the meetings of the Executive Committee. Any member of the Area Board may request that the Chairperson call an Executive Committee meeting.
   
iv. The Executive Committee shall be responsible for the following:
   1) Function as the grievance committee to hear complaints regarding board member conduct and make recommendations to the full Area Board.
   2) Establish agendas for full Area Board meetings.
   3) Act on matters that are time-sensitive between regularly scheduled board meetings
   4) Provide feedback to the Area Director/CEO concerning current issues related to services, providers, staff, etc.
   5) Fulfill other duties as directed by the full Area Board.
   6) Notice of the time and place of every Executive Committee meeting shall be given to the members of the Executive Committee in the same manner that notice is given of Area Board meetings.
   

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

f. **County Commissioner Advisory Board**

Consistent with NCGS 122c.118.2, the Area Authority shall have a county commissioner advisory board consisting of one commissioner from Cumberland, Durham and Wake Counties. The Commissioner appointed to the Alliance Area Authority will serve on the County Commissioner Advisory Board (CCAB). The duties of the CCAB include serving as the chief advisory board to the area authority and to the director of the area authority on matters pertaining to the delivery of services for individuals with mental illness, intellectual or other developmental disabilities and substance abuse disorders in the catchment area. Meetings will be scheduled quarterly.

2. **AD HOC COMMITTEES**

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

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

ARTICLE III

MEETINGS

A. REGULAR MEETINGS

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

Public notice of Area Board meetings shall be given in accordance with requirements set forth in the Open Meetings Act. The Area Board is scheduled to meet on the first Thursday of each month at the Alliance Corporate Headquarters. Notice of the date, time and place shall be sent to each board member in the form of an Area Board agenda and will be posted on the Alliance website.

B. SPECIAL MEETINGS

Special meetings may be called by the Area Board Chair or by three or more members of the Area Board after notifying the Area Board Chair in writing. Notice of special meetings shall be provided in a manner consistent with those utilized to notify Area Board members (and others) of regularly scheduled meetings and public notice shall be made no less than 48 hours of the meeting.

C. EMERGENCY MEETINGS

Emergency meetings may be called by the Area Board Chair or by three or more members of the Area Board after notifying the Area Board Chair in writing for unexpected circumstances that require immediate consideration by the Area Board. Due to the urgent need to assemble a meeting as soon as possible, any requirements regarding advanced notice for regularly scheduled meetings may be waived and emergency meetings shall be held as soon as a quorum of the Area Board can be convened. Notice of emergency meetings shall be provided in a manner consistent with those utilized to notify Area Board members (and others) of regularly scheduled meetings and public notice shall be made immediately after notice has been given to Area Board members.

D. NOTICE OF MEETINGS

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

E.D. CONDUCT OF MEETINGS

Area Board meetings shall be conducted under parliamentary procedures.

Significant actions by the Area Board require fifteen (15) affirmative votes, or a 75% majority in the event the number of board members changes or there are vacant seats on the Board. Significant actions shall include: (1) policy decisions which affect consumer benefit plans, admit or exclude providers, or set provider rates, (2) any action or decisions concerning the annual budget and amendments according to the Local Government Budget and Fiscal Control Act (NCGS 159), (3) personnel policies, (4) employee benefit plans, (5) the selection and dismissal of the Chief Executive Officer, (6) changes to the Area Board structure, (7) execution of contracts or leases for real or personal property including accepting any assignment thereof, (8) acceptance of grants, (9) settlement of liability claims against the Area Authority or its officers or employees, (10) approval or amendment of the Area Authority’s by-laws, and, (11) any other matter so designated by the Area Authority Board. Participation in Area Board meetings via electronic means, e.g. telephone, video conferencing, is permissible to the extent allowed by law. Such participation includes the right to vote on issues that arise during the course of the meeting.

E. ELECTRONIC PARTICIPATION

Participation in Area Board meetings via electronic means, e.g. telephone, video conferencing, is permissible to the extent allowed by law. Such participation includes the right to vote on issues that arise during the course of the meeting.

F. QUORUM

A majority of the actual membership of the Area Board, excluding vacant seats, shall constitute a quorum and shall be required for the transaction of business at all regular, special and emergency meetings. An Area Board member can be considered present for purposes of quorum if he or she participates remotely by phone, video, or other method. A majority is more than half.

G. ABSENCES

3-1. Absence from three (3) consecutive meetings of the Area Board, without notification to the Executive Secretary, unless the absences are excused by the Executive Committee, shall constitute resignation from the Area Board.

4-2. Absence from more than twenty-five percent (25%) of the meetings (Area Board and assigned committee) during a 12 month period, may also, unless the absences are excused by the Executive Committee, shall constitute resignation from the Area Board.

3. In computing absences of the 25% standard, absence from two an Area Board committee meetings may constitute one absence from a regular Area Board meeting shall count as one-half of an absence.

5-4. The member shall notify the Chairperson of the Area Board of the reason for their absence within 7 days after the scheduled meeting.
ARTICLE IV

GENERAL PROVISIONS

A. AMENDMENTS

1. These By-Laws may be amended or repealed as necessary.
2. New or amended By-Laws may be adopted by the affirmative vote of a 75% majority of existing board members, fifteen (15) Board members, or a corresponding majority of Board members in the event the number of Board members changes or there are vacant seats on the Board, during any regular (or other) meeting of the Area Board.
3. Notice of proposed changes must be given to the Area Board members at least thirty (30) days prior to the change.

B. SUSPENSION OF BY-LAWS

The Area Board has the authority to suspend the By-Laws by an affirmative vote of a 75% majority of existing board members, fifteen (15) Board members, or a corresponding majority of Board members in the event the number of Board members changes or there are vacant seats on the Board.

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

These By-Laws and all Area Board governance policies shall be reviewed at least annually.

Approved by: Alliance Behavioral Healthcare Area Board, March 6, 2013
# AREA BOARD
## POLICIES AND PROCEDURES

<table>
<thead>
<tr>
<th>SUBJECT:</th>
<th>Emergency Management Plan</th>
</tr>
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<tbody>
<tr>
<td>Lines of Business:</td>
<td>Business Operations</td>
</tr>
<tr>
<td>Responsibility:</td>
<td>Area Board</td>
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<tr>
<td></td>
<td>Area Director</td>
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<tr>
<td>Number:</td>
<td>GA-5</td>
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<tr>
<td>Urac:</td>
<td>CORE, v. 3.0, Standards 14 &amp; 27</td>
</tr>
<tr>
<td>Reference:</td>
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<tr>
<td>Approval Date:</td>
<td>8/2/2012</td>
</tr>
<tr>
<td>Latest Revision Date:</td>
<td>9/4/2014</td>
</tr>
<tr>
<td>Latest Review Date:</td>
<td>9/4/2014</td>
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<tr>
<td>Approval Authority:</td>
<td>Chairperson, Area Board</td>
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## I. PURPOSE

The purpose of this policy is to set forth the requirement for the Area Authority to develop an emergency management plan to be followed in the event of an emergency, including but not limited to fire, medical, natural disaster, violent/threatening person, utility failure or bomb threat.

## II. POLICY STATEMENT

It is the policy of the Area Board to have an emergency management plan to be followed by staff, consumers and visitors. Alliance Behavioral Healthcare will take every possible action to comply with all emergency regulations and protect employees, visitors and property in emergency situations.

## III. PROCEDURES

The Area Director shall develop a comprehensive emergency management plan and shall conduct periodic emergency drills or simulations. The Area Director shall report to the Area Board on the results of those drills or simulations.
I. PURPOSE

The purpose of this policy is to develop and implement procedures for the legal and proper investment of Alliance Behavioral Healthcare idle funds.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to invest idle public funds in a manner which will provide the highest investment return with the maximum security while meeting the daily cash flow requirements of the Organization and conforming to all State statutes governing the investment of idle funds, specifically G.S. 159-30.

III. PROCEDURES

The CEO-Area Director shall develop procedures to implement this policy.
ITEM: Draft Minutes from the August 6, 2015, Board Meeting

DATE OF BOARD MEETING: September 3, 2015

REQUEST FOR BOARD ACTION: Approve the draft minutes from the August 6, 2015, Board meeting.

CEO RECOMMENDATION: Approve the minutes.

RESOURCE PERSON(S): Robert Robinson, CEO; Veronica Ingram, Executive Assistant
Thursday, August 06, 2015

AREA BOARD REGULAR MEETING
414 E. Main Street, Durham, NC 27701
4:00-6:00 p.m.


GUEST(S) PRESENT: Carolyn Ambrose, CFAC Chair; Janis Nutt, Johnston Site Director; Fred Foster, Durham County Commissioner; Brenda Howerton, Durham County Commissioner Vice-Chair; Wendy Jacobs, Durham County Commissioner

ALLIANCE STAFF PRESENT: Damali Alston, Quality Review Coordinator; Margaret Brunson, Hospital Relations Director; Michael Bollini, Chief Strategy Officer; Debra Duncan, Community Support Liaison; Joey Dorsett, Chief Information Officer; Doug Fuller, Director of Communications; Kelly Goodfellow, Chief Financial Officer; Amanda Graham, Chief of Staff; Carol Hammett, General Counsel; Veronica Ingram, Executive Assistant; Susan Knox, Senior HR Analyst; Geyer Longenecker, Director of Quality Management; Ken Marsh, Medicaid Program Director; Kate Peterson, Healthcare Network Project Manager; Rob Robinson, CEO

1. CALL TO ORDER: Chairman Christopher Bostock 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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</table>
| 2. Announcements | A. FY16 Board Committees  
Chairman Bostock noted that with the creation of two new Board committees, he is asking all Board members to serve on at least two committees.  
Mr. Robinson noted that the Board has chosen to hold some of its monthly Board meetings at Alliance’s community locations. He recognized the following Durham County officials who were in attendance: Commissioner Fred Foster, Commissioner Brenda Howerton, and Commissioner Wendy Jacobs. |
|              | B. BECOMING Award  
Ms. Oshel congratulated Brandon Alexander and Alliance BECOMING staff for their GOLD Excellence in Communication and Community Outreach award from SAMHSA; this award was for our evaluation report. BECOMING also received a very coveted People’s Choice award/trophy. |
<p>| 3. Agenda Adjustments | Chairman Bostock stated that the closed session had been pulled from today’s agenda; the topic will be addressed during open session. There were no other agenda adjustments. |</p>
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<tr>
<th>AGENDA ITEMS:</th>
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<tr>
<td>4. Public Comment</td>
<td>Tim Brooks, Owner and CEO of Carolina Outreach, mentioned the beneficial partnership between Alliance and his organization. He commended Alliance for the quality of care and innovative programs, notably, integrated care.</td>
</tr>
<tr>
<td>5. Committee Reports</td>
<td><strong>A. CONSUMER AND FAMILY ADVISORY COMMITTEE (5 minutes) – page 4</strong>&lt;br&gt;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 Alliance CFAC’s June meeting, a recap of snapshot surveys, a copy of alcohol awareness training, and the CFAC monthly board report summary. Carolyn Ambrose, CFAC President, presented the CFAC report. She noted recent CFAC officer elections and that this information was included as part of the packet. Additionally she noted progress on the development of the CFAC annual report. There were no questions or discussion about the CFAC report.</td>
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<td><strong>B. EXECUTIVE COMMITTEE (10 minutes) – page 32</strong>&lt;br&gt;The Executive Committee sets the agenda for Area Board meetings and acts in lieu of the Area Board between meetings. This month’s report included draft minutes from the July 21, 2015, meeting and the final minutes from the May 19, 2015, and June 16, 2015, meetings. Chairman Bostock announced that the Executive Committee is recommending that the Board consider creating a Board Network Development and Services Committee. This Committee will provide guidance and input on Alliance’s Network Development plan which included current service gaps and needs as well as recommendations to address the gaps and needs. Ann Akland has agreed to chair this Committee and Beth Melcher, Chief of Network Development and Evaluation, will serve as staff liaison. There were no questions or discussion about the recommendation or Executive Committee report.</td>
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<td><strong>BOARD ACTION</strong>&lt;br&gt;A Motion was made by Commissioner Kenneth Edge to create a Board Network Development and Services Committee; seconded by Commissioner Caroline Sullivan. Motion passed unanimously.</td>
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<td><strong>C. FINANCE COMMITTEE (10 minutes) – page 44</strong>&lt;br&gt;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 June meeting, the Statement of Revenues and Expenditures, and ratios for the period ending May 31, 2015.</td>
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**AGENDA ITEMS:**

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<th>DISCUSSION:</th>
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<tr>
<td>George Quick presented the Finance Committee report on behalf of Finance Committee Chair, Jim Edgerton. He noted that the Committee met but did not have quorum. He noted that revenues exceeded expenses and made a recommendation to restrict funds. Mr. Quick noted that annually the Board reviews the fund balance and considers restricting funds. Board members discussed the fund balance.</td>
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**BOARD ACTION**

A Motion was made by Mr. George Quick to restrict $38,241,980.92 as of May 31, 2015, and amounts that will be updated in the same categories as of June 30, 2015; seconded by Mr. Lascel Webley. Motion passed unanimously.

<table>
<thead>
<tr>
<th>6. Consent Agenda</th>
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<tbody>
<tr>
<td>A. Draft Minutes from June 4, 2015, Regular Board Meeting – page 49</td>
</tr>
<tr>
<td>B. Draft Minutes from June 26, 2015, Special Board Meeting – page 58</td>
</tr>
<tr>
<td>C. Human Rights Committee Report – page 63</td>
</tr>
<tr>
<td>D. Quality Management Committee Report – page 78</td>
</tr>
</tbody>
</table>

Chairman Bostock noted that the consent agenda was sent as part of the Board packet. There were no questions or discussion about the consent agenda. The consent agenda is attached to and made part of these minutes.

**BOARD ACTION**

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

<table>
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<tr>
<th>7. HR Report: FY16 Salary Plan (10 minutes) – page 140</th>
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<td>Chairman Bostock noted that Board members received the HR report as part of the Board packet. The State requires that Alliance submit a compensation plan annually. The fiscal year 2016 plan included changes derived from a recent classification and compensation study which was conducted by a consultant. The changes were made to reflect the current market value for the responsibilities of each position. There were no questions or discussion about the FY16 salary plan. The salary plan is attached to and made part of these minutes.</td>
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**BOARD ACTION**

A Motion was made by Mr. George Quick to approve the FY16 salary plan; seconded by Mr. Phillip Golden. Motion passed unanimously.

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<tr>
<th>8. FY16 Service Plan</th>
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<tr>
<td>Michael Bollini, Chief Strategy Officer; Kelly Goodfellow, CFO; and Beth Melcher, Chief of Network Development and Evaluation, presented information regarding Alliance’s fiscal year 2016 service plan. The presentation demonstrated how FY15 positive financial results yielding fund balance aligns with strategic goals and how Alliance is implementing initiatives to improve services for consumers across the catchment area.</td>
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**AGENDA ITEMS:**

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<tr>
<td>Dr. Bollini noted that this plan, its purpose and goals correlate to Alliance’s strategic plan. Ms. Goodfellow described how this service plan would be funded. Dr. Melcher shared how the plan could positively impact the community. Board members discussed the topic in detail. The presentation of the FY16 service plan is attached to and made part of these minutes.</td>
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<td><strong>BOARD ACTION</strong></td>
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<td>The Board received the report; no further action required.</td>
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<td>9. Updates</td>
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<tr>
<td>A. NC LEGISLATION</td>
<td>Ms. Hammett noted that Medicaid reform was removed from the budget bill. She noted that the current budget bill still includes language that potentially impacts MCO fund balances. She noted that she will continue to provide written updates and reports at upcoming Board meetings. The Board discussed recent activities at the General Assembly which have a bearing on Alliance. In particular, Medicaid reform (differences between House and Senate proposals) and LME/MCO mergers. No action was taken. Mr. Robinson indicated that these topics will be further discussed at the staff future development committee meetings.</td>
</tr>
<tr>
<td>B. BRANDING CAMPAIGN IMPACT</td>
<td>Mr. Fuller provided an update on Alliance’s branding campaign. He stated that the website traffic increased about 20% in the first month of the campaign. A third of web survey respondents report having seen some of our media (commercials).</td>
</tr>
<tr>
<td>10. Chairman’s Report</td>
<td>Chairman Bostock noted an unexpected proposed merger between two LME/MCOs, current and proposed NC legislation, and potential areas/paths Alliance could pursue. Board members discussed the topic in detail and provided initial input for future plans of the organization. Chairman Bostock invited Board members to participate in the staff workgroup to plan for future development.</td>
</tr>
<tr>
<td>11. Adjournment</td>
<td>With all business being completed the meeting adjourned at 6:03 p.m.</td>
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</table>

**Next Board Meeting**

**Thursday, September 03, 2015**

**4:00 – 6:00**

Robert Robinson, Chief Executive Officer

Date Approved
ITEM: Executive Committee Report

DATE OF BOARD MEETING: September 3, 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. Attached are the draft minutes from the August 18, 2015, meeting.

REQUEST FOR AREA BOARD ACTION:
Accept the report.

CEO RECOMMENDATION:
Accept the report.

RESOURCE PERSON(S):
Christopher Bostock, Area Board Chair; Robert Robinson, CEO
AGENDA ITEMS: | DISCUSSION: | NEXT STEPS: | TIME FRAME: |
--- | --- | --- | --- |
3. Updates | a) Next Future Development/Staff Workgroup Meeting: Mr. Robinson noted that Board members are welcome to attend this meeting on September 1, 2015, at 4:00 p.m.  
  b) October Board Meeting at Cumberland Site: Mr. Robinson noted that last year’s meeting included a reception. Committee members were receptive to including a reception and inviting County Commissioners, County Managers and Cumberland staff.  
  c) IT Support for Non-Alliance Equipment: Mr. Dorsett reminded Board members of the security and compliance benefits of the ZixOne application. He reminded Board members that files could also be accessed via the Board drive which is mapped on each Alliance issued iPad to Board members. Board members shared access concerns and discussed considering utilizing different devices (i.e. laptops). | a) Committee members will RSVP with Ms. Ingram.  
  b) Ms. Ingram will schedule a 3:30-4:00 reception and coordinate space for committees meeting the same day.  
  c) Mr. Dorsett will research potential solutions and provide an update.  
  d) Mr. Robinson will forward email regarding California carve-out to Committee members. Discussion | a) None specified.  
  b) September 2015  
  c) None specified.  
  d) None specified; 9/1/2015.  
  e) N/A  
  f) None specified. |
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<tr>
<th>AGENDA ITEMS:</th>
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<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
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<tbody>
<tr>
<td>4. September 3, 2015, Area Board Draft Agenda</td>
<td>Committee reviewed the draft agenda and provided feedback.</td>
<td>Ms. Ingram will forward the updated agenda to staff.</td>
<td>8/19/2015</td>
</tr>
</tbody>
</table>

5. **ADJOURNMENT:** the next Committee meeting will be September 15, 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: September 3, 2015

BACKGROUND:
The Global QMC 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 final minutes for the February, March, and May minutes are attached (the committee did not meet in April). The draft minutes for August are attached (the committee did not meet in July). At the July meeting, the committee reviewed the results from the surveys distributed to the Area Board. The Committee requested that data be re-analyzed with the “Neutral” option removed and reported at the next meeting. The Committee also received updates on the results from the Quality Improvement Projects. Committee discussed the Quality Improvement Plan for Alliance and Evaluation of the Quality Management Department. Geyer will email the final version to the Committee for review.
REQUEST FOR AREA BOARD ACTION:
Accept the report.

CEO RECOMMENDATION:
Accept the report.

RESOURCE PERSON(S):
George Corvin, Committee Chair; Geyer Longenecker, JD, Director of Quality Management and Analytics
WELCOME AND INTRODUCTIONS

Chair George Corvin convened the committee meeting at 1:35 p.m. He determined that a quorum of committee members was present.

REVIEW OF THE MINUTES: June 4, 2015 minutes 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>OLD BUSINESS: Area Board Survey Results (Damali)</td>
<td>Damali Alston reviewed the area board finding distributed to committee members. She reported that 100% of board members participated in the survey. She noted that the results showed the highest amount of board member disagreement in three areas related to monitoring providers and one area related to financial accountability. George Corvin noted that the use of the “neutral” answer option may have been problematic. The committee agreed that the meaning of the answer needed to be clarifies, and that the committee should discuss its future use. George Corvin asked whether non-Board members would be surveyed. Damali noted that a survey was under development for the nine non-voting members of board committees.</td>
<td>Damali will recalculate the survey results without the “neutral” answers. The committee will reconsider the inclusion of the “neutral” option in future surveys.</td>
<td>Damali will present recalculated results at the next committee meeting.</td>
</tr>
<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>
<tr>
<td>NEW BUSINESS:</td>
<td>Dates and Locations for Upcoming Meetings</td>
<td>The committee agreed to meet on the same days as the area board.</td>
<td>September 2015 meeting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The committee agreed to meet next on September 3, 2016 at 2 p.m. at Alliance’s Corporate headquarters.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FY15 QIP Results (Damali)</td>
<td>Due to time limitations, the results of all of the QIPs were not reviewed. The rest will be reviewed at the next meeting.</td>
<td>September 2015 meeting</td>
</tr>
<tr>
<td></td>
<td>Damali reviewed the FY15 QIP results. Ann Ackland asked why staff compliance with the URAC-required greeting in the Mystery Shopper QIP was low. Damali explained that staff turnover required repeated trainings, and that many instances of non-compliance were attributable to just a few staff members.</td>
<td>Geyer will redistribute the FY15 QM Evaluation to committee members via BCC email. Committee members will submit comments only to Geyer in order to meet NC Open Meeting laws.</td>
<td>Comments due prior to end of August (Geyer will specify deadline in email)</td>
</tr>
<tr>
<td></td>
<td>FY15 Quality Management Evaluation (Geyer)</td>
<td>Geyer reviewed the draft version of the FY15 QM Evaluation distributed to committee members.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Geyer reviewed the draft version of the FY15 QM Evaluation distributed to committee members.</td>
<td>Ann Akland asked about Alliance’s efforts to create outcomes measures in areas such as ACTT and Inpatient care. Geyer responded that Alliance is evaluating outcomes in three pilot programs providing expanded IIH care to at-risk children. In addition, Alliance will evaluate other outcomes measures as part of its FY16 Network Development Plan.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Joe Kilsheimer asked about efforts to increase services in public schools. Doug Wright explained that Alliance has established liaisons in Wake County schools, but has found it difficult to do the same in other counties.</td>
<td>Geyer will redistribute the FY16 QM Plan/Description to committee members via BCC email. Committee members will submit comments only to Geyer in order to meet NC Open Meeting laws.</td>
<td>Comments due prior to end of August (Geyer will specify deadline in email)</td>
</tr>
<tr>
<td></td>
<td>FY16 Quality Management Plan/Description (Geyer)</td>
<td>Geyer reviewed the draft version of the FY16 QM Plan/Description distributed to committee members.</td>
<td></td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>to Geyer in order to meet NC Open Meeting laws.</td>
<td>deadline in email</td>
</tr>
<tr>
<td><strong>UPCOMING MEETINGS:</strong></td>
<td>September 2015</td>
<td>The committee agreed to meet next on September 3, 2016 at 2 p.m. at Alliance’s Corporate headquarters.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>October 2015</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>November 2015</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>December 2015</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>January 2016 (cancel)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>February 2016</td>
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<tr>
<td></td>
<td>March 2016</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>April 2016 (cancel)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>May 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>June 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ADJOURNMENT:</strong></td>
<td>The committee adjourned at 3:05 p.m.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

**Goals**
(Per ED Red. QIP)

**Back Door:**
Goal 21%
(FY15 Results: 44%)

**Front Door:**
Goal 13%
(FY15 Results: 24%)
FY 15 Quality Improvement Projects

Reduce Admissions to Emergency Departments (EDs)

Results (NCDETECT)*:

<table>
<thead>
<tr>
<th>County</th>
<th>Recalibrated Baseline**</th>
<th>New Goal</th>
<th>FY 14, Q4</th>
<th>FY 15, Q1</th>
<th>FY 15, Q2</th>
<th>FY 15, Q3</th>
<th>FY 15, Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumberland</td>
<td>46.73</td>
<td>44.39</td>
<td>45.92</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Wake</td>
<td>19.74</td>
<td>18.75</td>
<td>21.96</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</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). Data for FY 15 not yet available.

**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)

Results:
- Goals for reduction of CAS closures = Not Met
- Goals for reduction in ED admissions = Not Met

Recommendation:
- Continue project in Wake and Cumberland Counties, rename project
- Consider other interventions to reduce CAS closures – Expand availability of Open Access during 2\textsuperscript{nd} Shift (see data on next slides)
- Consider other options for youth in crisis in Cumberland County – Measure impact of EBP pilots (FTC & Enhanced TFC) for high risk youth
WakeBrook CAS has averaged 5 Back Door closure times per 1\textsuperscript{st} and 3\textsuperscript{rd} shift; and 12 closure times per 2\textsuperscript{nd} shift per month for quarters 3 and 4 of FY15 (January through April). Overall, there is a slight trend of a higher number of back door closure times during 2nd shift since February 2015*. However, the trend alone does not fully explain the increase in closure hours for the back door (IVC).
WakeBrook CAS has averaged 2 Front Door closure times per 1st shift; 11 closure times per 2nd shift; and 5 closure times per 3rd shift per month for quarters 3 and 4 of FY15 (January through April). Overall, there is a trend of a higher number of front door closure times during 2nd shift since March 2015. However, the trend alone does not fully explain the increase in closure hours for the front door.
FY 16 QIP Proposal – Crisis Services Project

Closure vs Total # Presenting by shift

<table>
<thead>
<tr>
<th>Month</th>
<th>1st 700-1459</th>
<th>2nd 1500-2259</th>
<th>3rd 2300-659</th>
<th>Back Door (IVC)</th>
<th>Front Door (Vol)</th>
<th>TOTAL # PRESENTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>180</td>
<td>211</td>
<td>42</td>
<td>180</td>
<td>211</td>
<td>433</td>
</tr>
<tr>
<td>February</td>
<td>132</td>
<td>39</td>
<td>42</td>
<td>132</td>
<td>39</td>
<td>301</td>
</tr>
<tr>
<td>March</td>
<td>161</td>
<td>174</td>
<td>42</td>
<td>161</td>
<td>174</td>
<td>377</td>
</tr>
<tr>
<td>April</td>
<td>158</td>
<td>160</td>
<td>28</td>
<td>158</td>
<td>160</td>
<td>346</td>
</tr>
</tbody>
</table>

Totals Presenting: 433, 301, 377, 346
Analysis: Cumberland has the highest percent of youth admitted to local Emergency Departments, compared to the other three counties. The percent increased in Cumberland County in the first two quarters of FY 15 to 14.2%, along with the average number of admissions for primary MH/SA (from an average of 1,484 admits/quarter in FY 14 to 1,512 admits/quarter in FY 15 Q1-2).

*Source: Special Data Release created for Alliance Behavioral Healthcare by NC DHHS/DPH NC DETECT data systems (April 2015). Data for time period of July 2013 – December 2014. The NC DETECT Data Oversight Committees do not take responsibility for the scientific validity or accuracy of methodology, statistical analyses, results, or conclusions presented.
NC DETECT DATA

“The North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT) is an advanced, statewide public health surveillance system. NC DETECT is funded with federal funds by North Carolina Division of Public Health (NC DPH), Public Health Emergency Preparedness Grant (PHEP), and managed through a collaboration between NC DPH and the University of North Carolina at Chapel Hill Department of Emergency Medicine’s Carolina Center for Health Informatics (UNC CCHI). The NC DETECT Data Oversight Committee does not take responsibility for the scientific validity or accuracy of methodology, results, statistical analyses, or conclusions presented. The NC DETECT Data Oversight Committee (DOC) includes representatives from the NC DPH, UNC NC DETECT Team and NC Hospital Association.”
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

**Results (Feb 2015):**

- 100% of staff let caller know that call may be monitored for QA
- 100% of staff fully assess callers seeking services
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

Results

<table>
<thead>
<tr>
<th>Care Mgt Team</th>
<th>Data Measure</th>
<th>N</th>
<th># Met</th>
<th>% Met</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>I/DD</td>
<td>Baseline</td>
<td>82</td>
<td>11</td>
<td>13%</td>
<td>85%</td>
</tr>
<tr>
<td>I/DD</td>
<td>Post-Intervention</td>
<td>87</td>
<td>38</td>
<td>44%</td>
<td>85%</td>
</tr>
<tr>
<td>MH/SA</td>
<td>Baseline</td>
<td>291</td>
<td>41</td>
<td>14%</td>
<td>85%</td>
</tr>
<tr>
<td>MH/SA</td>
<td>Post-Intervention</td>
<td>306</td>
<td>252</td>
<td>82%</td>
<td>85%</td>
</tr>
</tbody>
</table>

- Goals **Not Met** for both teams

Recommendations:

- Ask Care Managers for suggestions, implement suggestions
- Take another measure in Fall
FY 15 Quality Improvement Projects

Mystery Shopper* – *Individuated 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:

- Close Access Center QA & Assessment question initiative
- Continue PCP training, internal PCP work group to continue to identify additional interventions, and PCP reviews – initiative will become a separate QIP
- Continue UM call monitoring with new interventions
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”, issue POC if poor performance continues

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

### Results:

<table>
<thead>
<tr>
<th>Year 2 Goals</th>
<th>Total (All Quarters)</th>
<th>Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Met Goal</td>
<td>% Met</td>
</tr>
<tr>
<td>Calls answered within 30 seconds</td>
<td>125</td>
<td>91%</td>
</tr>
<tr>
<td>Respond to voicemail within 1 hour</td>
<td>17</td>
<td>30%</td>
</tr>
<tr>
<td>Staff identify as QPs or have access to QPs (Live answers)</td>
<td>64</td>
<td>100%</td>
</tr>
<tr>
<td>Respondent has access to crisis plans</td>
<td>61</td>
<td>95%</td>
</tr>
</tbody>
</table>
FY 15 Quality Improvement Projects

First Responder – test crisis lines of providers

Recommendations:

- Continue project into FY 16 & intervention of testing providers using “tiered system”

- PAT agreed to additional interventions:
  - Remove goal of “Respondent is QP” since it was met
  - Continue to refer to Compliance, issue/monitor POCs as approved by Compliance Committee
  - Compare test results with actual data of consumers, open to enhanced services, using crisis services
**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 (allowing Care Managers to complete study in “natural environment” without distractions.

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

Inter-Rater Reliability – MH/SA

Results:

UM MH/SA Inter-Rater Reliability - 2012 - 2015

<table>
<thead>
<tr>
<th>Month</th>
<th>Avg %: # of Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug. 2012</td>
<td>63% 15</td>
</tr>
<tr>
<td>Mar. 2013</td>
<td>67% 15</td>
</tr>
<tr>
<td>Aug. 2013</td>
<td>55% 15</td>
</tr>
<tr>
<td>Dec. 2013</td>
<td>75% 10</td>
</tr>
<tr>
<td>July 2014</td>
<td>89% 30</td>
</tr>
<tr>
<td>Dec. 2014</td>
<td>86% 30</td>
</tr>
<tr>
<td>June 2015</td>
<td>89% 30</td>
</tr>
</tbody>
</table>

- % Reliability % low
- % Reliability % high
FY 15 Quality Improvement Projects

Inter-Rater Reliability - IDD

Results:

Conduct another test in August
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: delayed, starting in Aug.
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 in May 2015
  - Post-Intervention Analysis: Analyze results during time period of July – September 2015
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>Revised Baseline (FY15Q3)</th>
<th>1st Measure (FY15Q4)</th>
<th>Alliance New Goal</th>
<th>State Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergent (within 2.25 hours)</td>
<td>**</td>
<td>71%</td>
<td>97%</td>
<td>97%</td>
</tr>
<tr>
<td>Urgent (within 48 hours)</td>
<td>52%</td>
<td>49%</td>
<td>62%</td>
<td>82%</td>
</tr>
<tr>
<td>Routine (within 14 days)</td>
<td>53%</td>
<td>47%</td>
<td>63%</td>
<td>75%</td>
</tr>
</tbody>
</table>

*Alliance’s goals revised based on feedback from EQR.

**Recalculating due to a recently discovered error in report.
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, which led to re-baselined data
- Break data down by provider, in Sept start text reminders to routine consumers, and identify gaps in services
Summary of Recommendations

Continue in FY 16

- Access to Care
- First Responder

Continue in FY 16, with revised goals/interventions

- Care Coordination – MH/SA initiative
- Intensive In-Home
- Reduce ED Admissions (Wake and Cumberland)-renamed Crisis Services Project
- Mystery Shopper – PCP reviews (separate QIP)
- Mystery Shopper – UM call monitoring

New for FY 16 (Approved by GQMC)

- Reduce Grievance Error Rate
Summary of Recommendations

Request closure

• Inter-Rater Reliability – MH/SA, I/DD (if 85% agreement met)
• Mystery Shopper - Access Center QA & Assessment question initiative
• Care Coordination – I/DD initiatives, if goals met

Closure approved by GQMC:
• SA Engagement (from The Durham Center)
• DCA Discharges for Youth & Adults (from The Durham Center)

QIP in Follow Up Status:
• IRR-Call Center – no need to re-open QIP since improvement has been sustained (Dec. 2014 study-87% agreement)
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Purpose

Types of Evaluation

QM Evaluation – State Requirements

- Requirement 1: Meet or exceed CMS, DMA and Alliance defined minimum standard performance levels on standardized quality measures annually.
- Requirement 2: Develop and implement performance improvement projects using data from multiple sources that focus on clinical and non-clinical areas.
- Requirement 3: Have an effective mechanism to detect both over and under-utilization of services.
- Requirement 4: Have and effective mechanism to assess the quality and appropriateness of care furnished to enrollees with behavioral health care needs.
- Requirement 5: Include all demographic groups, care settings and types of services over multiple review periods.
- Requirement 6: Measure the performance of the Network Providers and conduct peer review activities such as: identification of practices that do not meet Plan standards; recommendation of appropriate action to correct deficiencies; and monitoring of corrective action by Providers.
- Requirement 7: Measure provider performance through medical record audits.
- Requirement 8: Provide performance feedback to providers, including detailed discussion of clinical standards and the expectations of Alliance Behavioral Healthcare.
- Requirement 9: Develop and adopt clinically appropriate practice parameters and protocols/guidelines and provide Alliance’s providers enough information about the protocols/guidelines to enable them to meet the established standards.
- Requirement 10: Evaluate access to care for Enrollees, and implement a process for ensuring that Network Providers achieve and maintain contract standards.

Other Evaluations of Alliance QM Activities

FY 2015 Goals Review

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Appendices

- A – LME-MCO Monthly Reports Performance Measures
- B – Performance Submission Reports
- C – Access to Care Report
- D – Innovations Program Reports
- E – NC-TOPPS Submissions
- F – QIP Requirements
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- H – EQRO Recommendations Work Plan
PURPOSE

The purpose of this Quality Management Evaluation Report is to review Alliance Behavioral Healthcare’s progress at implementing quality management activities required under its contract with the North Carolina Department of Health and Human Services (DHHS) contract requirement. This report also will help Alliance identify areas needing improvement and establish future quality management goals.

TYPES OF EVALUATION

Alliance’s QM activities are evaluated in a variety of ways:

1. Contract-required performance measures
2. Internal reports and dashboards
3. Mercer reviews
4. EQR reviews
5. URAC accreditation
6. Strategic plan development

QM EVALUATION – STATE REQUIREMENTS

Alliance’s contract with the NC Department of Health and Human Services specifies certain elements in the annual QM program evaluation:

Requirement 1: Meet or exceed CMS, DMA and Alliance defined minimum standard performance levels on standardized quality measures annually.

During FY 2015, Alliance routinely submitted various monthly, quarterly and semi-annual performance measures to the state as required under contract. These performance reports are reviewed by Alliance’s CQI Committee. When a performance measure is not met, the committee approved a quality initiative designed to address the issue. These included ad hoc quality initiatives, formal Corrective Action Plans and, in one case, a formal Quality Improvement Plan.

Monthly LME-MCO Report

Requirements: Alliance reports each month whether it met the following performance measures set under its state contracts:

- Medicaid/State – less than 5% of calls abandoned
- Medicaid/State – 90% of calls answered within 30 seconds
- Medicaid - 85% of readmits assigned to Care Coordination
- Medicaid - 90% of standard authorizations processed in 14 days
- Medicaid - 90% of expedited authorizations processed in 3 days
- Medicaid - Total of 90% processed in required timeframes
- Medicaid - 90% of claims processed within 30 days
- Medicaid - 90% of complaints resolved in 30 days
- State - 90% of standard authorizations processed in 14 days
- State - 90% of expedited authorizations processed in 3 days
- State - Total of 90% processed in required timeframes
- State - 90% of claims processed within 30 days
- State - 90% of complaints resolved in 30 days

**Results:** During FY 2015, Alliance met 155 of 156 (99.4%) performance measures (see Appendix A, p. ???).

Alliance’s only subpar performance was “Medicaid - 90% of Readmits Assigned to Care Coordination” for May 2015, when 84.6% of readmits were assigned. A review determined that one consumer was not assigned to care coordination because he indicated he intended to leave the state. A Corrective Action Plan was completed under which care coordination staff were instructed to assign consumers to care coordination regardless of the consumer’s intentions.

**Submission Performance Report**

**Requirements:** Alliance is required to submit the following reports in a timely and accurate fashion:

- Monthly Financial Reports
- Substance Abuse/Juvenile Justice Initiative Quarterly Report
- Work First Initiative Quarterly Reports
- Traumatic Brain Injury (TBI) Services Quarterly Report
- Quarterly Complaints Report
- System of Care Report
- SAPTBG Compliance Report
- National Core Indicators (NCI) Consents, Pre-Surveys, and Mail Surveys
- Client Data Warehouse (CDW) - Screening Records
- Client Data Warehouse (CDW) - ICD-9 Diagnosis
- Client Data Warehouse (CDW) - Unknown Data (Admissions)
- Client Data Warehouse (CDW) - Unknown Data (Discharges)
- Client Data Warehouse (CDW) - Identifying and Demographic Records
- Client Data Warehouse (CDW) - Drug of Choice
- Client Data Warehouse (CDW) - Episode Completion Record (SA Clients)
- NC Treatment Outcomes and Program Performance System (NC-TOPPS)
- NC Support Needs Assessment Profile (NC-SNAP)

**Results:** During FY 2015, the state provided Alliance with one quarterly Submission Performance Report for Q1 FY 2015. Alliance met eight of 14 (57.1%) performance measures reported by the state (see Appendix B, p. ???).

Alliance subsequently determined that it was in compliance with two requirements:

1. Monthly Financial Reports
2. Quarterly Complaints Report

Alliance implemented successful Corrective Action Plans that resulted in compliance with the following requirements:

1. Traumatic Brain Injury (TBI) Services Quarterly Report
2. NC Support Needs Assessment Profile (NC-SNAP)

Alliance remains out of compliance with the following requirements:

1. Client Data Warehouse (CDW) - Screening Record
2. Client Data Warehouse (CDW) - Episode Completion Record (SA Clients)

Alliance implemented a Corrective Action Plan including IT systems improvements, new staff hiring, and coordinating efforts with the state to improve CDW file accuracy.

**Access to Care Report**

**Requirements:** Alliance is required to provide services to a consumer according to the following standards:

- Emergent – Medicaid - 97% within 2 hours
- Emergent - Non-Medicaid - 97% within 2 hours
- Emergent – Combined - 97% within 2 hours
- Urgent – Medicaid - 82% within 48 hours
- Urgent - Non-Medicaid - 82% within 48 hours
- Urgent – Combined - 82% within 48 hours
- Routine – Medicaid - 75% within 14 days
- Routine - Non-Medicaid - 75% within 14 days
- Routine – Combined - 75% within 14 days

**Results:** During FY 2015, Alliance met three of 36 (8.3%) of performance measures.

The state has noted that the current standards are based on the historic performance of the pre-merger LMEs. The state has announced that it will be resetting the standards for FY 2016.

During FY 2015, Alliance launched a formal QIP aimed at improving its Access to Care performance.

**Innovations Program report**

**Requirements:** Alliance is required to meet the following quarterly performance measures:

- Proportion of new waiver participants who are receiving services according to their ISP within 45 days of ISP approval - 85%
- Percent of Actions Taken to Protect the Consumer- 85%
- Proportion of Level 2/3 incidents reported within required timeframes - 85%
- Percentage of deaths where required LME/PIHP follow-up interventions were completed as required - 85%
- Percentage of Level 2 or 3 incidents where required LME/MCO follow-up interventions were completed as required - 85%

Alliance is required to meet the following semi-annual performance measures:

- Proportion of Level of Care evaluations completed at least annually for enrolled participants - 85%
- Proportion of Level of Care evaluations completed using approved processes and instrument- 85%
- Proportion of New Level of Care evaluations completed using approved processes and instrument - 85%
- Proportion of Individual Support Plans that address identified health and safety risk factors - 85%
• Proportion of PCPs that are completed in accordance with DMA requirements - 85%

Results: During FY 2015, Alliance met 26 of 30 (86.6%) performance measures (see Appendix C, p. ???). Following its Q2 FY 2015 report, Alliance initiated a Corrective Action Plan to address non-compliance with three semi-annual performance measures. Alliance returned to compliance with its Q4 report. Alliance currently is conducting a quality review of one non-compliant performance measure in its Q4 report.

NC-TOPPS submissions

Requirements: Alliance is required to meet the following quarterly performance measures:

Percent Received - 90%
Percent Received On-Time - 90%

Results: During FY 2015, Alliance met four of eight (50%) of performance measures (see Appendix D, p. ???). In Q1 FY 2015, Alliance implemented a compliance action plan requiring providers to meet the state’s NC-TOPPS performance standards. Alliance staff subsequently imposed a Plan of Correction on those providers that did not meet the performance measures. With the plan, Alliance was in compliance with the Percent Received standard during FY 2015, and continues to work to meet the Percent Received On-Time standard.

Requirement 2: Develop and implement performance improvement projects using data from multiple sources that focus on clinical and non-clinical areas.

Alliance conducts a variety of quality activities. These range from ad hoc quality reviews, to short-term Performance Improvement Projects, to formal Quality Improvement Projects. Alliance is required under its state contracts and URAC accreditation status to conduct a number of QIPs. In addition, URAC requires a QIP to demonstrate one year of sustained improvement before the QIP is closed.

During FY 2015, Alliance continued four ongoing QIPs:

• Intensive In-Home
• Reduce ED Admissions
• Mystery Shopper
• First Responder

Alliance also continued two other QIPs that were started by The Durham Center prior to its merger into Alliance:

• SA Engagement
• DCA Discharges for Youth & Adults

In addition, Alliance initiated two new QIPs:

• Access to Care
• Care Coordination –MH/SA initiative

Results: During FY 2015, Alliance successfully closed all or part of three QIPs after demonstrating sustained improvement:
Inter-Rater Reliability –MH/SA and I/DD testing closed
Mystery Shopper -Access Center QA & Assessment question initiative closed
Care Coordination –I/DD initiatives

In addition, Alliance closed the two legacy QIPs from The Durham Center:

SA Engagement
DCA Discharges for Youth and Adults

Alliance did not meet its objectives in two QIPs, and will continue these QIPs unmodified in FY 16:

Access to Care
First Responder

Alliance will continue the following QIPs with modified goals and/or interventions:

Care Coordination –MH/SA initiative
Intensive In-Home
Reduce ED Admissions (Wake and Cumberland) - renamed Crisis Services Project
Mystery Shopper – PCP reviews placed in separate QIP
Mystery Shopper – UM call monitoring

Alliance launched one new QIP for FY 16:

Reduce Grievance Error Rate

Requirement 3: Have an effective mechanism to detect both over and under-utilization of services.

During FY 2015, Alliance developed important analytical tools to help it determine the over and under-utilization of services. This information was used to develop projects aimed at improving the level of services.

The new reports include:

UM Dashboard: Developed for the CQI’s UM Subcommittee, the UM Dashboard provides routine reporting on consumer counts, lengths of stay and admissions/readmissions for all services managed by Alliance.
Key Cost Indicator report: Developed for the CQI’s Budget and Finance Subcommittee, the report calculates the monthly PMPM expenditure for each service, allowing Alliance to determine whether spending on individual services is consistent with budget, and if overall spending is within budget.

During FY 2015, Alliance initiated a project to review the delivery of PRTF services, which historically have been overutilized. The PRTF project determined appropriate alternative services, and reduced PRTF census by 30%.

In Q2 FY 2015, Alliance initiated a project to review another overutilized service, IIH. The project’s goals are to determine the cost and effectiveness of care delivered by individual providers, inform the provider community of overall standards for services, and assist Alliance’s care reviews with better identifying inappropriate requests for IIH.
In Q4 2015, Alliance initiated three pilot projects aimed at improving services and reducing long-term overutilization by high-acuity ILH consumers. The care models launched by Kids Peace, Mentor and Youth Villages focus on extending services to improve community tenure and family placement, and reduce disruptions in care.

In Q4 2015, Alliance conducted a quality review of consumers with long lengths of stay in inpatient settings. The review is ongoing.

**Requirement 4:** Have and effective mechanism to assess the quality and appropriateness of care furnished to enrollees with behavioral health care needs.

**Requirement 5:** Include all demographic groups, care settings and types of services over multiple review periods.

Alliance has developed reports to assess consumer demographics within its catchment area. These reports are informing Alliance’s efforts to improve access for these consumers.

**Needs Assessment Report:**

As part of its March 2015 *Community Needs Assessment and Gaps Analysis*, Alliance analyzed access to care for various demographic groups. The report noted that the Alliance catchment area is experiencing higher than average population growth and is challenged to meet the needs of a diverse population with important needs such as those who do not speak English, homeless individuals with mental illness and substance use disorders, and members of the military, veterans and their families.

The report noted that Alliance exceeds the state average with respect to non-English languages, and stressed the importance of continuing to prioritize adequate access to Spanish language services throughout the catchment area. In particular, the report identified the need to expand services to the child and adult IDD populations.

Based on the findings of the *Community Needs Assessment* report, Alliance has initiated a provider network development plan that includes the specific goal of improving access to services for non-English speaking consumers. In particular, Alliance will:

- Conduct a survey of providers with identified services for non-English speaking consumers;
- Clarify service availability and the capacity for more robust bilingual/bicultural programs;
- Identify barriers for providers to offer bilingual/bicultural services and develop recommendations;
- Integrate network development initiatives with Alliance’s Cultural Competence Plan.

**Cultural Competency Plan:**

In FY 2015, Alliance reiterated as part of its strategic plan its commitment to cultural competency. In Q4, Alliance issued an updated Cultural Competency plan.

The purpose of the Alliance Cultural Competency Plan is two-fold: first, to foster cultural competency within the Alliance organization and second, to nurture and guide cultural competency in the Alliance provider network. The plan’s initial action is a three-year plan for promoting cultural linguistic competency by both Alliance internal staff and Alliance providers.

**Veterans Plan:**
In FY 2015, Alliance launched the development of a veterans plan with the goals of better identifying former members of the armed forces and their families, and extending the delivery of services.

During Q4 2015, Alliance’s QM Department completed an assessment of Alliance’s procedures for identifying veterans who contact our Call Center. The analysis recommended changes in the interview process and IT systems. The veterans plan currently is developing outreach programs for veterans and identifying needed services.

**Requirement 6: Measure the performance of the Network Providers and conduct peer review activities such as: identification of practices that do not meet Plan standards; recommendation of appropriate action to correct deficiencies; and monitoring of corrective action by Providers.**

**Provider Monitoring:** Alliance assesses the performance of its providers via the Routine Provider Monitoring process required by the state. Under state criteria, Alliance must monitor 480 of its providers. A monitoring must occur at least every two years.

Between April 2014 and March 2015, Alliance conducted 142 routine monitorings. These included 55 post-payment reviews. Alliance also initiated reviews of LIPs, conducting 17 reviews. Overall, 60% of reviews resulted in a plan of correction. More than 90% of LIP reviews resulted in a plan of correction.

During the same period, Alliance completed reviews of 126 unlicensed AFL and seven investigative reviews.

**IRIS:** During Q4 FY 2015, Alliance developed a new database for IRIS data. The new system allows Alliance to better track and trend provider incidents, and to place the incidents in the context of consumer diagnoses and services.

**NC-TOPPS:** During Q4 FY 2015, the state launched new analytic tools that allow Alliance to assess the performance of individual providers using NC-TOPPS data. An Alliance work group is assessing this data now to determine its usefulness for provider quality management.

**Requirement 7: Measure provider performance through medical record audits.**

**Requirement 8: Provide performance feedback to providers, including detailed discussion of clinical standards and the expectations of Alliance Behavioral Healthcare.**

**Requirement 9: Develop and adopt clinically appropriate practice parameters and protocols/guidelines and provide Alliance’s providers enough information about the protocols/guidelines to enable them to meet the established standards.**

**Requirement 10: Evaluate access to care for Enrollees, and implement a process for ensuring that Network Providers achieve and maintain contract standards.**

**OTHER EVALUATIONS OF ALLIANCE QM ACTIVITIES**

In addition the state, Alliance’s quality management program is assessed by other third parties. These organizations also provide Alliance with standards and recommendations for improve quality management.
Mercer: The state has contracted with Mercer to conduct annual reviews of Alliance’s performance. During FY 2015, Alliance implemented the findings of Mercer’s May 2014 site visit. During FY 2015, the QM Department completed the two recommendations arising from the May 2014 visit (see Appendix F, p. ???).

Mercer conducted its most recent site visit in May 2015. Alliance is awaiting the results of that evaluation.

EQR: During FY 2015, the state contracted with the Carolina Center for Medical Excellence to conduct external quality reviews required under federal law. CCME conducted its site visit of Alliance in December 2014. To date, Alliance has implemented three of the nine best practices recommendations made by CCME (see Appendix G, p. ???). The next EQR is scheduled for November 2015.

URAC: Alliance is accredited by URAC in the areas of Health Network, Utilization Management, Call Center and Credentialing. During FY 2015, the QM Department assisted the Compliance Department with the development of a semi-annual self-assessment process for assuring continued compliance with URAC standards. The first self-assessment was completed in Q4 FY 2015.

Strategic Planning: During FY 2015, Alliance initiated a strategic planning process under a contract with Zelios. The process has identified a number of initiatives to improve Alliance processes and systems. Zelios currently is developing with Alliance leadership a plan to improve Alliance’s Continuous Quality Improvement process by documenting process details such as committee structures and reporting requirements.

FY 2015 GOALS REVIEW

As part of its FY 2014 assessment, Alliance established seven goals for FY 2015 aimed at improving Alliance’s QM structure and activities. During FY 2015, Alliance met five of those goals:

- Establish QM reporting in 100% of Alliance committees: Alliance is committed to a QM program that is data-driven. The QM Department reviewed the activities and data requirements of the Global QM Committee, CQI Committee, and various Alliance subcommittee. The QM Department facilitated the development of relevant reporting, including the creation of "dashboards" to assess fundamental performance, and the development of reports required by contract or accreditation.

- Create a rapid QM response program and train 100% of department heads on its use: The QM Department identified the need for a quick and user-friendly way for Alliance departments to request QM assistance. QM staff developed a request form for QM assistance and associated training materials. QM staff informed 100% of department heads on how to submit a request for QM review.

- Review HEDIS standards and implement relevant performance measures: Developed by the NCQA, the HEDIS program is a set of performance measures that allow MCOs to better evaluate their performance against national standards. The QM Department conducted a review of the HEDIS measures, identified the measures that are relevant to Alliance’s behavioral health activities, and identified reports that use HEDIS measures.

- Develop provider QM education and inform 100% of providers: Continuous quality improvement is the responsibility of all stakeholders in Alliance, including providers. The QM Department created training materials to help providers create effective QM programs. The QM Department informed providers about the availability of these materials via the Alliance web site, and conducted a training at an All-Provider meeting.
• **Evaluate the establishment of provider outcomes:** The establishment of provider outcomes is the next great step in improving the effectiveness and efficiency of patient care. The QM Department developed a process for assessing outcomes, and provided guidance on outcomes in three new pilot projects and in provider contracts.

Alliance did not meet two goals:

• **Meet 100% of performance measures:** The QM Department is committed to ensuring that Alliance meets all performance measures established in Alliance's contracts with the DMA and DMH. These measures cover the range of Alliance's activities, including performance by Alliance's Clinical, Utilization Management, Call Center and QM Departments. During FY 2015, Alliance met 196 of 244 (80.3%) of performance measures.

• **Review 100% of Alliance committee reports to identify new QM risk factors:** The QM Department will review all reports created by the various Alliance committees, identify areas of risk or non-performance, and facilitate the mitigation of these issues. During FY 2015, the QM Department reviewed 50% of committee reports as the committees worked to develop and better distribute reports.

**PROPOSED FY 2016 GOALS**

• **Meet 100% of performance measures (continued from FY 2015):** The QM Department is committed to ensuring that Alliance meets all performance measures established in Alliance's contracts with the DMA and DMH. These measures cover the range of Alliance's activities, including performance by Alliance's Clinical, Utilization Management, Call Center and QM Departments.

• **Review 100% of Alliance committee reports to identify new QM risk factors (continued from FY 2015):** The QM Department will review all reports created by the various Alliance committees, identify areas of risk or non-performance, and facilitate the mitigation of these issues.

• **Implement 100% of Mercer and EQR Recommendations:** During FY 2015, Mercer and EQR evaluations resulted a total of 15 recommendations for the Alliance quality management program. As of July 31, Alliance had implemented four of the 15 recommendations. The QM Department will work to implement the remaining recommendations by the deadline of the next on-site visit.

• **Revise the charters and reporting requirements for 100% of CQI committees:** Alliance has developed its CQI committee structure to identify and correct quality issues. During FY 2015, Alliance initiated a strategic planning initiative facilitated by the consulting firm Zelios. One of the initiative’s goals is to review and revise the descriptions, functions and memberships of the CQI Committee and its subcommittees. A second goal was to establish formal reporting requirements for each committee in the form of Key Performance Indicators or performance standards.
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## APPENDIX B – Performance Submission Reports

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</tr>
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<tbody>
<tr>
<td>Monthly Financial Reports</td>
<td>Timely/Complete</td>
<td>Not Met</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>Substance Abuse/Juvenile Justice Initiative Quarterly Report</td>
<td>Timely/Complete</td>
<td>Met</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>Work First Initiative Quarterly Reports</td>
<td>Timely/Complete</td>
<td>Met</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>Traumatic Brain Injury (TBI) Services Quarterly Report</td>
<td>Timely/Complete</td>
<td>Not Met</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>Quarterly Complaints Report</td>
<td>Timely/Complete</td>
<td>Not Met</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>System of Care Report</td>
<td>Timely/Complete</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>SAPTBG Compliance Report</td>
<td>Timely/Complete</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>National Core Indicators (NCI) Consents, Pre-Surveys, and Mail Surveys</td>
<td>Timely/Complete</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>Client Data Warehouse (CDW) - Screening Record</td>
<td>Timely/Complete</td>
<td>Not Met</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>Client Data Warehouse (CDW) - ICD-9 Diagnosis</td>
<td>Timely/Complete</td>
<td>Met</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>Client Data Warehouse (CDW) - Unknown Data (Admissions)</td>
<td>Timely/Complete</td>
<td>Met</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>Client Data Warehouse (CDW) - Unknown Data (Discharges)</td>
<td>Timely/Complete</td>
<td>Met</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>Client Data Warehouse (CDW) - Identifying and Demographic Records</td>
<td>Timely/Complete</td>
<td>Met</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>Client Data Warehouse (CDW) - Drug of Choice</td>
<td>Timely/Complete</td>
<td>Met</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>Client Data Warehouse (CDW) - Episode Completion Record (SA Clients)</td>
<td>Timely/Complete</td>
<td>Not Met</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>NC Treatment Outcomes and Program Performance System (NC-TOPPS)</td>
<td>90% submitted</td>
<td>Met</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>NC Support Needs Assessment Profile (NC-SNAP)</td>
<td>90% updated</td>
<td>Not Met</td>
<td>NR</td>
<td>NR</td>
<td>Met</td>
</tr>
</tbody>
</table>
### APPENDIX C – Access to Care Report

<table>
<thead>
<tr>
<th></th>
<th>Standard</th>
<th>FY15 Q1</th>
<th>FY15 Q2</th>
<th>FY15 Q3</th>
<th>FY15 Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergent - Medicaid (2 hours)</td>
<td>97%</td>
<td>94%</td>
<td>77%</td>
<td>95%</td>
<td>78%</td>
</tr>
<tr>
<td>Emergent - Non-Medicaid</td>
<td>97%</td>
<td>94%</td>
<td>77%</td>
<td>100%</td>
<td>78%</td>
</tr>
<tr>
<td>Emergent - Combined</td>
<td>97%</td>
<td>94%</td>
<td>77%</td>
<td>98%</td>
<td>78%</td>
</tr>
<tr>
<td>Urgent - Medicaid (48 hours)</td>
<td>82%</td>
<td>67%</td>
<td>68%</td>
<td>55%</td>
<td>53%</td>
</tr>
<tr>
<td>Urgent - Non-Medicaid (48 hours)</td>
<td>82%</td>
<td>58%</td>
<td>63%</td>
<td>50%</td>
<td>46%</td>
</tr>
<tr>
<td>Urgent - Combined (48 hours)</td>
<td>82%</td>
<td>61%</td>
<td>64%</td>
<td>52%</td>
<td>49%</td>
</tr>
<tr>
<td>Routine - Medicaid (14 days)</td>
<td>75%</td>
<td>66%</td>
<td>79%</td>
<td>53%</td>
<td>52%</td>
</tr>
<tr>
<td>Routine - Non-Medicaid (14 days)</td>
<td>75%</td>
<td>54%</td>
<td>62%</td>
<td>53%</td>
<td>43%</td>
</tr>
<tr>
<td>Routine - Combined (14 days)</td>
<td>75%</td>
<td>58%</td>
<td>69%</td>
<td>53%</td>
<td>47%</td>
</tr>
</tbody>
</table>
## Quarterly Performance Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Standard</th>
<th>FY15 Q1</th>
<th>FY15 Q2</th>
<th>FY15 Q3</th>
<th>FY15 Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of new waiver participants who are receiving services according to their ISP within 45 days of ISP approval.</td>
<td>85%</td>
<td>85.2%</td>
<td>95.2%</td>
<td>95.2%</td>
<td>78.3%</td>
</tr>
<tr>
<td>Percent of Actions Taken to Protect the Consumer</td>
<td>85%</td>
<td>95.5%</td>
<td>96.5%</td>
<td>96.5%</td>
<td>98.1%</td>
</tr>
<tr>
<td>Proportion of Level 2/3 incidents reported within required timeframes.</td>
<td>85%</td>
<td>86.6%</td>
<td>89.5%</td>
<td>93.1%</td>
<td>87.7%</td>
</tr>
<tr>
<td>Percentage of deaths where required LME/PIHP follow-up interventions were completed as required</td>
<td>85%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Percentage of Level 2 or 3 incidents where required LME/MCO follow-up interventions were completed as required</td>
<td>85%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

## Semi-Annual Performance Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Standard</th>
<th>FY15 Q1-Q2</th>
<th>FY15 Q3-Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of Level of Care evaluations completed at least annually for enrolled participants</td>
<td>85%</td>
<td>96.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Proportion of Level of Care evaluations completed using approved processes and instrument</td>
<td>85%</td>
<td>96.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Proportion of New Level of Care evaluations completed using approved processes and instrument</td>
<td>85%</td>
<td>68.3%</td>
<td>95.2%</td>
</tr>
<tr>
<td>Proportion of Individual Support Plans that address identified health and safety risk factors</td>
<td>85%</td>
<td>67.1%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Proportion of PCPs that are completed in accordance with DMA requirements.</td>
<td>85%</td>
<td>67.1%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
## APPENDIX E – NC-TOPPS Submissions

<table>
<thead>
<tr>
<th></th>
<th>Standard</th>
<th>FY15 Q1</th>
<th>FY15 Q2</th>
<th>FY15 Q3</th>
<th>FY15 Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Received</td>
<td>90%</td>
<td>92.9%</td>
<td>95.3%</td>
<td>96.2%</td>
<td>93.4%</td>
</tr>
<tr>
<td>% Received On-Time</td>
<td>90%</td>
<td>85.5%</td>
<td>86.8%</td>
<td>89.8%</td>
<td>85.5%</td>
</tr>
</tbody>
</table>
## APPENDIX F – QIP Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Reduce ED Admits</th>
<th>Access to Care</th>
<th>1st Responder</th>
<th>Care Coordination</th>
<th>IIH</th>
<th>Mystery Shopper</th>
<th>Complaints and Grievances</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 QIPs</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Reduce need for inpatient at community hospitals for Medicaid recipients with medical/MHDDSA</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Reduce use of crisis &amp; ED services for hi-risk Medicaid recipients</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>At least 1 with Clinical focus</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>At least 1 with Non-Clinical focus</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2 QIPs per URAC program-UM</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 QIPs per URAC program-Call Center</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 QIPs per URAC program-Health Network</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At least 1 QIP addresses consumer safety</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>At least 2 QIP topics measured (1 clinical and 1 non-clinical) use one or more quality indicators--changes in health status, functional status, or satisfaction</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>At least 2 QIP topics measured (1 clinical and 1 non-clinical) use multiple data sources</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Topics identified through continuous data collection &amp; analysis</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>(Suggestion) At least 1 focuses on entire MCO catchment area</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>(Suggestion) At least 1 focuses on local communities</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Required in at least one of our contracts or by an auditor</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
### APPENDIX G – Mercer Recommendations Work Plan

<table>
<thead>
<tr>
<th>Mercer Review – May 2014; Report Issued – June 2014</th>
<th>Recommendation</th>
<th>Percentage Complete</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FINDING:</strong> The QM documentation audit tool did not include standards to assess if QOC concerns are being appropriately identified by the I/DD care coordinator team and referred for review.</td>
<td>QM’s desktop procedure instructs I/DD auditors on the standards for identifying QOC concerns. Any QOC concerns found during the audit are documented on a review form and a clinical consultation is initiated. The form is sent to I/DD Care Coordination management for review and response.</td>
<td>100%</td>
<td>Alliance notified the IMT of closing out this item out on 11/19/2014. No further discussion.</td>
</tr>
<tr>
<td><strong>BPR:</strong> Alliance should consider adding standards to the care coordination documentation audit tool that supports an assessment of the care coordinators’ ability to identify and address QOC concerns when present.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FINDING:</strong> There is no current process in place to validate the accuracy of the complaint data.</td>
<td>QM has completed a business process review of the complaint process and implemented improvements to procedures, staff training and IT systems aimed at improving the accuracy of complaint data. In addition, QM now produces a monthly report identifying the type and number of errors made by individual staff members in complaint submission. Staff are being trained on preventing the specific complaint data errors identified in the report.</td>
<td>100%</td>
<td>Alliance notified the IMT of closing out this item out on 11/19/2014. No further discussion.</td>
</tr>
</tbody>
</table>
APPENDIX H – EQRO Recommendations Work Plan

<table>
<thead>
<tr>
<th>Category</th>
<th>Status</th>
<th>Percentage Complete</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The PIHP formulates reasonable policies and procedures for registering and responding to enrollee grievances in a manner consistent with contract requirements, including, but not limited to:</td>
<td>Recommendation: Simplify your grievance procedures by clearly defining your timeline and methods for acknowledgement, resolution, and notification and where it is possible, use the same timeframe for all grievances. Updated 1/28/2013: QM's Data Management team has reviewed current grievance process and documentation; reviewed grievance requirements in federal/state law, contracts; and surveyed other LME-MCOs to learn about their processes. QM will design an improved grievance process, create necessary documentation, and develop staff training. QM will oversee implementation of the revised program and assess its effectiveness. 3/17/2015: QM, Legal and Compliance have agreed on new timeframes for grievance resolution, and submitted the proposed timeframes to the EQRO as part of the Corrective Action Plan (CAP) process. Any timeframes approved by the EQRO will be carried forward into the implementation of Best Practices. Updated 7/13/2015: New timeframes were accepted by the EQRO and implemented by Alliance staff. An internal work group has been created with representatives from QM, UM and Medical Affairs. The work group is reviewing all complaint and grievance processes, including Quality of Care issues, and developing proposed changes.</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>2. The scope of the QI program includes monitoring of provider compliance with PIHP practice guidelines. Recommendation: Results of the monitoring conducted to assess provider compliance with the guidelines should be reported to each provider. Include this process in the Quality Management Plan/Program Description.</td>
<td>Updated 1/28/2015: QM has discussed this recommendation with Provider Networks. QM will review practice guidelines, provider contract requirements, and current practice guidelines monitoring. QM will develop improve methods for assessing provider compliance with guidelines, and develop new methods for reporting compliance to providers. QM will include process in FY 2016 QM Program Description. Updated 7/13/2015: The Alliance Clinical Affairs Committee has completed its annual review of clinical practice guidelines. QM has reviewed research on assessing compliance with practice guidelines, and examined compliance plans implemented by other MCOs. QM has proposed that UM identify those practice guidelines that are most problematic with providers. QM will develop a compliance tool based on the elements of the clinical practice guidelines, and review a random selection of patient records to assess compliance. QM will then recommend interventions such as provider training based on the findings of the reviews.</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>3. The scope of the QI program includes investigation of trends noted through utilization data collection and analysis that demonstrate potential health care delivery problems. Recommendation: Monitoring of utilization data to detect over and under-utilization of services should be included in the Quality Management Program Description and Plan.</td>
<td>Updated 02/05/2014: UM Plan updated and now includes a section on Over and Under Utilization, includes mechanism for detection and responses. 100% Completed - Sean Updated 02/06/2014: QM has reviewed UM’s utilization data collection and analysis process. QM will include a description of this process in the FY2016 QM Program Description. 25% Completed - Geyer. Updated 07/13/2015: QM will include a description of this process in the FY2016 QM Program Description, which now must be submitted to the state by August 31, 2015.</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Recommendation</td>
<td>Details</td>
<td>Achieved</td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>---------</td>
<td>----------</td>
<td></td>
</tr>
<tr>
<td>1. Commitment and membership</td>
<td>Updated 02/28/2015:QM has reviewed existing work plans and identified additional documentation of quality activities for inclusion in a single master work plan. Updated 07/13/2015:QM will include the master work plan in its FY 2016 QM Plan, now due to the state by August 31, 2015.</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>2. The composition of the QI Committee reflects the membership required by the contract.</td>
<td>Updated 1/28/2015:QM staff have recruited two provider representatives for the Global QM Committee. At the committee's February 5, 2015 meeting, QM staff will review quorum requirements with committee members. Updated 03/17/2015: The Global QMC Committee has been expanded with the inclusion of two provider representatives. In accordance with board policy, the provider representatives are non-voting members. The committee also has reviewed attendance rules and quorum requirements. Updated 7/13/2015: A quorum was not present for the committee's March meeting, but was present for meetings in May and June. In July, Alliance staff attended Open Meetings training, where Alliance legal counsel informed them that teleconferencing committee members can be counted towards a quorum. Alliance staff will review this rule with the Global QMC at its August meeting and review teleconferencing procedures to increase attendance.</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>3. The QI Committee meets at regular intervals.</td>
<td>Updated: 1/28/2015:QM staff will review meeting frequency requirements and future meeting scheduling at the Global Quality Management Committee’s February 5, 2015 meeting. Updated 7/13/2015:QM staff has confirmed that the Global QM Committee is required to meet six times per fiscal year. During FY 2015, the committee met a total of six times (Aug. 7, Sep. 4, Oct. 1, Dec. 4, Feb. 5 and June 4), thereby meeting Alliance’s requirement.</td>
<td>100%</td>
<td>Alliance notified the IMT of closing out this item out on 7/29/2015. No further discussion.</td>
</tr>
</tbody>
</table>
2. The annual report of the QI program is submitted to the QI Committee and to the PIHP Board of Directors.

Recommendation: Include documentation in the annual Quality Management Evaluation of when the report was approved by the Quality Management Committee and the Board of Directors.

| QM staff will discuss the documentation requirement with the Global Quality Improvement Committee at its February 5, 2015 meeting. QM staff will then implement the committee's recommendations in the existing Quality Management Evaluation and present for committee approval at its March 5, 2015 meeting. QM staff will include the approval documentation in the FY 2015 QM Program Evaluation and FY 2016 QM Program Description. Updated 03/17/2015: At its March 5 meeting, the Global QM Committee agreed to include signature sheets on upcoming QM descriptions and plans. Updated 7/13/2015: The state has announced that the FY 2016 QM Plan must be submitted by August 31, 2015. The final version will include documentation of its approval. | 50% |
ITEM: Conflict of Interest

DATE OF BOARD MEETING: September 3, 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):
Christopher Bostock, Board Chair; Monica Portugal, Chief Compliance Officer; Carol Hammett, Legal Counsel
ITEM: Annual Compliance Training and Review of Compliance Program FY15

DATE OF BOARD MEETING: September 3, 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 Area Board approved Corporate Compliance Plan states that a report of compliance efforts will be presented annually to the Alliance Behavioral Healthcare Area Board.

REQUEST FOR AREA BOARD ACTION:
Accept the report.

CEO RECOMMENDATION:
Accept the report.

RESOURCE PERSON(S):
Monica Portugal, Chief Compliance Officer; Rob Robinson, Chief Executive Officer
ITEM: Transitions to Community Living Initiative

DATE OF BOARD MEETING: September 3, 2015

BACKGROUND:
The State of North Carolina entered into a settlement agreement with the United States Department of Justice (USDOJ) on August 23, 2012, to assure that persons with mental illness are allowed to reside in their communities in the least restrictive settings of their choice. This is called the Transition to Community Living Initiative. This presentation will provide an overview of the Alliance Transition to Community Living Initiative Program including current data, barriers and interventions.

REQUEST FOR AREA BOARD ACTION:
Accept the training.

CEO RECOMMENDATION:
Accept the training.

RESOURCE PERSON(S):
Jessica King, MHSA Care Coordination Supervisor; Michael Bollini, Chief Strategy Officer
Transition to Community Living (TCL)

September 3, 2015
Why?

State entered into a Settlement with the Department of Justice in 2012 to ensure that individuals are serviced through a Person Centered Philosophy in the least restrictive setting possible and to ensure community services are available for sustained community integration.
TCL Team

• Team Lead: Oversees the 9 staff to ensure all processes and procedures are followed
• Transition Coordinators: (4 filled and one vacant) Transitions Coordinators oversee the whole process of transitioning after a housing slot is approved by the state. They also follow 90 days after to ensure a successful transition.
• In Reach Specialists: (3) Peer Certified Specialists that connect with the individuals pre-housing slot and assist the client throughout the process
• Clinical Care Coordinators: (1) Works with the team to ensure clinical needs are met and assists in processing PASRRs
Eligible Populations

• Individuals living in Adult Care Homes (ACH) who have SMI/SPMI
• Individuals going through the Preadmission Screening Resident Review (PASRR) process to get into an ACH
• Individuals discharging from a State Psychiatric Facility who are homeless or at risk of homelessness.
Dignity of Risk

The concept means that all adults have the right to make their own choices about their health and care, even if healthcare professionals believe these choices endanger the person’s health or longevity.

This can stretch all of us to consider what the resident chooses even though we may have reservations/concerns about what could happen if things don’t go as the resident.
Dignity of Risk

Allowing individuals to take risks and step into the unknown is part and parcel with treating them as dignified adults. This is not equivalent to encouraging recklessness; allowing risk does not mean being unsafe or setting people up to fail.
TCLI Data

• In Reach and Community Options Counseling Currently
  • 468 individuals total
• In Process
  • 117
• Transitioning
  • 45
• Transitioned
  • 51 (7 this fiscal year)
• All individuals in the transition process and after transition receive Care Coordination. 90 days after transition they roll off the Transition Coordinators caseload.
  • 34 are being followed by CC only.
Barrier and Local Strategies

• Barrier
  o Lack of available, affordable, suitable housing particularly in Wake County

• Strategies
  o Hired one Transition Coordinator who will specialize in housing
  o Forums in each county with housing management staff and the State
  o Formulating a more defined housing plan.
TCL Key Take Aways

- Focus is on:
  - Community integration
  - Dignity of risk
  - Person Centered Philosophy

- This is done through:
  - Increasing Supported Employment with the Individual Placement and Support (IPS) Model
  - Ensuring ACT Teams meet the Fidelity to the Model
  - Connecting consumers to appropriate services
  - Providing Supported Housing

- To receive a supported housing slot the individual has to meet the eligibility population.