
GUEST(S) PRESENT: Yvonne French, DMA; David Curro, Alliance CFAC representative

ALLIANCE STAFF PRESENT: Hank Debnam, Amanda Graham, Carol Hammett, Veronica Ingram, Carlyle Johnson, Geyer Longenecker, Ken Marsh, Janis Nutt, Ann Oshel, Sara Pacholke, Monica Portugal, Al Ragland and Sean Schreiber

1. CALL TO ORDER: Chairman William Stanford called the meeting to order at 4:01 p.m.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
</tr>
</thead>
</table>
| 2. Announcements | A. BOARD APPLICANT INTERVIEWS  
Chairman Stanford informed the Board that the Executive Committee will interview applicants for the vacant Wake seat during the next Executive Committee meeting on September 16, 2014. The meeting starts at 4:00 p.m. and the interviews start at 5:00 p.m. He invited all Board members to participate in the meeting and/or the interview.  

B. ALL STAFF TRAINING EVENT ON SEPTEMBER 19, 2014  
Rob Robinson, CEO, advised the Board of the All Staff Training Event; the event will include training, team building activities and the initial presentation of Alliance’s Anti-Stigma Campaign which will include feature two Board members. Mr. Robinson invited all Board members to participate.  

C. STATEWIDE BECOMING CONFERENCE ON SEPTEMBER 10-12, 2014  
Ann Oshel, Chief Community Relations Officer, informed the Board of next week’s conference, The Triumphs and Challenges of NC’s Emerging Adults. She specifically invited Board members to be part of a luncheon on Thursday, September 11 with keynote speaker, Sandra Spencer, Executive Director of the National Federation of Families of Children’s Mental Health. Those interested in attending were instructed to contact Ms. Oshel.  

D. INTRODUCTION OF NEW STAFF  
Mr. Robinson introduced Ken Marsh, Medicaid Contract Manager. |
<p>| 3. Agenda Adjustments | There were no adjustments to the agenda. |</p>
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Public Comment</td>
<td>David Curro, Alliance CFAC representative, reminded Board members of the 2014 CFAC report which was included in the Board packet.</td>
</tr>
</tbody>
</table>
| 5. Committee Reports | **A. FINANCE COMMITTEE REPORT**  
The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board. The Finance Committee meets monthly at 3:00 p.m. prior to the regular Board Meeting. The Finance Committee did not meet in August; this month’s report includes the budget to actual report and ratios for the period ending May 31, 2014.  

Finance Committee Chairman, James Edgerton, provided a report for the Board including revenue and expenditures for May and stated that June’s report is forthcoming as providers have sixty days to submit claims. He complimented staff regarding ratios which are well above state requirements.

Sara Pacholke, Finance Director, stated that June report should be finalized by the end of next week and auditors will on site starting September 22, 2014. Once the audit is complete an initial report including net assets over fund balance will be presented to the Finance Committee and the Area Board. Once the audit is finalized the auditors will present their findings to the Area Board at a future Board meeting.

Additionally, Mr. Robinson provided an update on the CFO search. There were no additional comments or discussion about the Finance Committee report. |

**BOARD ACTION**  
A Motion was made by Mr. James Edgerton to accept the Finance Committee report; seconded by Mr. Scott Taylor. Motion passed unanimously.  

**B. QUALITY MANAGEMENT COMMITTEE REPORT**  
The Quality Management (QM) 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. This month’s report included minutes from the June 5, 2014, meeting, performance improvement projects and the recommendations made after reviewing the Board surveys.

QM Chairman, Dr. George Corvin, reminded Board members that the report was included in the Board packet. He applauded QM staff, specifically, Geyer Longenecker, Quality Management Director, and Tina Howard, Quality Review Manager. Mr.
AGENDA ITEMS: | DISCUSSION:
--- | ---
Longenecker provided a brief overview of the results of the Board survey and the recommendations from the QM Committee to address areas for improvement. There were no additional comments or discussion.

**BOARD ACTION**
A Motion was made by Dr. George Corvin to accept the QM Committee report; seconded by Commissioner Caroline Sullivan. Motion passed unanimously.

**C. POLICY COMMITTEE REPORT**
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 the minutes from the Policy Committee’s May meeting and the Governance and General Administrative policies.

Chairman Stanford reminded the Board that the report and policies were included as part of the Board packet. Monica Portugal, Corporate Compliance Officer, stated that the following Governance Policies were reviewed and the Policy Committee recommends approval of the following policies without revisions: Area Board Conflict of Interest, Area Board Processes, Development of Policies and Procedures, Area Director Compensation, Evaluation of Area Director, Area Board Media Policy, Area Board Code of Ethics, Consumer, Family Advisory Committee, Guidelines for Public Comment at Area Board Meetings, Area Authority Relations with Catchment Area County Boards of Commissioners, and Dispute Resolution.

Additionally, the following General Administrative Policies were reviewed and recommended for approval without revisions: Management of Service Delivery, Strategic Planning, Health and Safety, Emergency Management Plan, Internal Control, and Business Continuity Plan

Ms. Portugal stated that the following policies were recommended for approval with revisions: Delegation of Authority to the Area Director; Area Board Member Meeting Attendance Compensation; Reporting of Abuse, Neglect, Dependency and Exploitation. She provided details regarding the recommended revisions for each policy. Chairman Stanford reminded Board members that the Policies were included in the packet.

Board members discussed the topic and clarified the recommended revisions for the Authority to the Area Director Policy; additionally the Board discussed and recommended changing the language in the Area Board Member Meeting Attendance Compensation Policy to include compensation for Board members whose attendance was requested at Committee meetings to which they are not appointed.
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BOARD ACTION</strong></td>
<td><strong>DISCUSSION:</strong></td>
</tr>
<tr>
<td>A Motion was made by Mr. Curtis Massey to approve the revised Area Board Member Meeting Attendance Policy with the addition that Board members whose attendance was requested at Committee meetings to which they are not appointed be compensated; seconded by Ms. Cynthia Binanay. Motion passed unanimously.</td>
<td></td>
</tr>
<tr>
<td>A Motion was made by Ms. Cynthia Binanay to approve the revised Delegation of Authority to the Area Director Policy; seconded by Mr. Christopher Bostock. Motion passed unanimously.</td>
<td></td>
</tr>
<tr>
<td>A Motion was made by Ms. Cynthia Binanay to approve the revised Reporting of Abuse, Neglect, Dependency and Exploitation Policy; seconded by Mr. Scott Taylor. Motion passed unanimously.</td>
<td></td>
</tr>
<tr>
<td>A Motion was made by Mr. Phillip Golden to approve the Governance and General Administrative Policies that were recommended for approval without revision; seconded by Dr. George Corvin. Motion passed unanimously.</td>
<td></td>
</tr>
</tbody>
</table>

6. Consent Agenda

A. Draft Minutes from the August 7, 2014, Board Meeting
B. County Commissioner Advisory Committee Report
C. Consumer and Family Advisory Committee Report
D. Executive Committee Report

Chairman Stanford reminded Board members that the consent agenda was included in the Board packet. There were no comments or discussion about the consent agenda.

**BOARD ACTION**

A Motion was made by Mr. Lascel Webley, Jr. to approve the consent agenda; seconded by Ms. Vicki Shore. Motion passed unanimously.

7. Board Training

**COMPLIANCE TRAINING AND ANNUAL REPORT**

Alliance is required to have a compliance program per Federal Regulations and contractual agreement with the Division of Medical Assistance. The US Sentencing Commission has released guidelines for organizations which state that an organization must have an effective compliance program with reasonable oversight by the governing board; understanding of the scope and operations of the compliance program. The Area Board approved Corporate Compliance Plan states that a report of compliance efforts will be submitted and presented annually to the Alliance Behavioral Healthcare Area Board.
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monica Portugal, Corporate Compliance Officer, presented an overview of Alliance’s Corporate Compliance Plan, Compliance Department, Corporate Compliance Committee and reviewed aspects of FY 2014 compliance program. Additionally, Ms. Portugal mentioned plans for the upcoming year including adding staff and utilizing software for annual staff compliance training. Board members discussed the topic specifically information regarding recoupment sanctions issued to providers, provider dispute of compliance related sanctions and the Compliance Department staff.</td>
<td></td>
</tr>
<tr>
<td><strong>BOARD ACTION</strong></td>
<td>The Board received the training; no further action required.</td>
</tr>
<tr>
<td>8. Updates</td>
<td>LEGISLATIVE UPDATE</td>
</tr>
<tr>
<td>Rob Robinson, CEO, provided an update regarding current Medicaid reform at the NC Legislature. Initially there was a plan to call a special session to address Coal Ash and Medicaid Reform. It is unclear if that special session will occur. Board members discussed the topic and recommended additional means to educate the community including working with County governments to promote informative events.</td>
<td></td>
</tr>
<tr>
<td><strong>BOARD ACTION</strong></td>
<td>The Board received the update; no further action required.</td>
</tr>
<tr>
<td>9. Chairman’s Report</td>
<td>Chairman Stanford reminded Board members that the next Board meeting will be at Alliance’s Cumberland location on October 2, 2014. Additionally, he mentioned that the Board committees that meet the same day as the monthly Board meeting may communicate with Cumberland Site Director, Hank Debnam, if their committee would like to meet at the Cumberland site. Board members discussed the topic and noted recommended alternate routes due to construction.</td>
</tr>
<tr>
<td>10. Adjournment</td>
<td>A Motion was made by Mr. Christopher Bostock to adjourn; seconded by Dr. George Corvin. Motion passed unanimously. With all business being completed the meeting adjourned at 5:41 p.m.</td>
</tr>
</tbody>
</table>

**Next Board Meeting**

**Thursday, October 02, 2014**

**4:00 – 6:00**

Robert Robinson, Chief Executive Officer

Date Approved

10/2/2014
ITEM: Finance Committee Report

DATE OF BOARD MEETING: September 4, 2014

BACKGROUND:
The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board. The Finance Committee meets monthly at 3:00 p.m. prior to the regular Area Board Meeting. The Finance Committee did not meet in August; this month’s report includes the budget to actual report and ratios for the period ending May 31, 2014.

REQUEST FOR AREA BOARD ACTION:
Accept the report.

CEO RECOMMENDATION:
Accept the report.

RESOURCE PERSON(S):
Robert Robinson, CEO; Jennifer Ternay, Interim CFO; Sara Pacholke, Finance Director
### Alliance Behavioral Healthcare

Statement of Revenue Expenses - Actual Budget
For the Eleven Months Ending May 31, 2014

<table>
<thead>
<tr>
<th></th>
<th>Original Budget</th>
<th>Q2 Budget Amendment</th>
<th>Current Period</th>
<th>Year to Date</th>
<th>Balance</th>
<th>% Received/Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Service</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County</td>
<td>$35,860,112.00</td>
<td>$35,854,086.00</td>
<td>($14,013.27)</td>
<td>$35,487,877.02</td>
<td>$366,208.98</td>
<td>98.98%</td>
</tr>
<tr>
<td>State</td>
<td>37,673,396.00</td>
<td>39,357,964.00</td>
<td>3,168,682.67</td>
<td>35,730,862.45</td>
<td>3,627,101.55</td>
<td>90.78%</td>
</tr>
<tr>
<td>Federal</td>
<td>7,640,334.00</td>
<td>7,170,988.00</td>
<td>662,381.23</td>
<td>5,452,897.07</td>
<td>1,718,090.93</td>
<td>76.04%</td>
</tr>
<tr>
<td>Medicaid Waiver</td>
<td>308,126,720.00</td>
<td>312,525,545.00</td>
<td>26,953,135.77</td>
<td>294,357,186.27</td>
<td>18,168,358.73</td>
<td>94.19%</td>
</tr>
<tr>
<td>Miscellaneous Revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Service Revenue</td>
<td>389,300,562.00</td>
<td>394,908,583.00</td>
<td>30,770,186.40</td>
<td>371,028,912.31</td>
<td>23,879,670.69</td>
<td>93.95%</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County</td>
<td>1,017,828.00</td>
<td>1,815,854.00</td>
<td>14,013.27</td>
<td>1,176,122.98</td>
<td>639,731.02</td>
<td>64.77%</td>
</tr>
<tr>
<td>State</td>
<td>4,538,540.00</td>
<td>4,588,482.00</td>
<td>409,877.78</td>
<td>4,620,985.65</td>
<td>(32,503.65)</td>
<td>100.71%</td>
</tr>
<tr>
<td>Medicaid Waiver</td>
<td>31,356,480.00</td>
<td>31,747,176.00</td>
<td>2,764,833.92</td>
<td>30,240,710.99</td>
<td>1,506,465.01</td>
<td>95.25%</td>
</tr>
<tr>
<td>In Kind Revenue</td>
<td>1,130,287.00</td>
<td>1,130,287.00</td>
<td>267,251.25</td>
<td>863,035.75</td>
<td>23.64%</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous Revenue</td>
<td>25,000.00</td>
<td>98,900.00</td>
<td>7,917.82</td>
<td>86,635.05</td>
<td>62.32%</td>
<td></td>
</tr>
<tr>
<td>Total Administrative Revenue</td>
<td>38,068,135.00</td>
<td>39,380,699.00</td>
<td>3,196,642.79</td>
<td>36,366,705.92</td>
<td>3,013,993.08</td>
<td>92.35%</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>427,368,697.00</td>
<td>434,289,282.00</td>
<td>33,966,829.19</td>
<td>407,395,618.23</td>
<td>26,893,663.77</td>
<td>93.81%</td>
</tr>
</tbody>
</table>

| **EXPENDITURES**       |                 |                     |                |              |         |                     |
| **Service**            |                 |                     |                |              |         |                     |
| County                 | 36,047,755.00   | 36,047,755.00       | 1,752,883.00   | 30,343,126.56 | 5,704,628.44 | 84.17%             |
| State                  | 37,673,396.00   | 39,357,964.00       | 4,526,995.76   | 36,528,149.48 | 2,829,814.52 | 92.81%             |
| Federal                | 7,640,334.00    | 7,170,988.00        | 319,630.21     | 3,728,322.08  | 3,442,665.92 | 51.99%             |
| Medicaid Waiver        | 308,126,720.00  | 312,525,543.00      | 25,735,926.31  | 282,676,218.65 | 29,849,324.35 | 90.45%             |
| Total Service Expenditures | 389,488,205.00 | 395,102,250.00     | 32,335,435.28  | 353,275,816.77 | 41,826,433.23 | 89.41%             |
| **Administrative**     |                 |                     |                |              |         |                     |
| Operational            | 5,814,903.05    | 6,963,066.00        | 450,611.76     | 3,170,455.99  | 3,792,610.01 | 45.53%             |
| Salaries, Benefits, and Fringe | 25,945,140.63 | 26,033,266.00 | 2,064,938.52 | 21,584,545.43 | 4,448,720.57 | 82.91%             |
| Professional Services  | 4,990,161.32    | 5,060,413.00        | 391,424.08     | 3,341,227.25  | 1,719,185.75 | 66.03%             |
| In Kind Expenses       | 1,130,287.00    | 1,130,287.00        | 267,251.25     | 863,035.75    | 23.64%    |
| Total Administrative Expenditures | 37,880,492.00 | 39,187,032.00     | 2,906,974.36   | 28,363,479.92 | 10,823,552.08 | 72.38%             |
| **Total Expenditures** | 427,368,697.00  | 434,289,282.00      | 35,242,409.64  | 381,639,296.69 | 52,649,985.31 | 87.88%             |

| **REVENUES OVER EXPENDITURES** | (1,275,580.45) | 25,756,321.54 | (25,756,321.54) | 0.00% |
ITEM: Quality Management Committee Report

DATE OF BOARD MEETING: September 4, 2014

BACKGROUND:
Global Quality Management Committee FINAL June 2014 Minutes
The Global QMC is the standing committee that is granted authority for Quality Management by the MCO. The Global QMC reports to the MCO Board of Directors which derives from General Statute 122C-117. The Quality Management Committee serves as the Board’s Monitoring and Evaluation Committee charged with the review of statistical data and provider monitoring reports. The goal of the committee is to ensure quality and effectiveness of services and to identify and address opportunities to improve LME/MCO operations and local service system with input from consumers, providers, family members, and other stakeholders.

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

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

The Global QMC meets at least quarterly each fiscal year and provides ongoing reporting to the Alliance Board. The Global QMC approves the MCO’s annual Quality Improvement Projects, monitors progress in meeting Quality Improvement goals, and provides guidance to staff on QM priorities and projects. Further, the Committee evaluates the effectiveness of the QM Program and reviews and updates the QM Plan annually.
The final minutes and materials from the June meeting are attached. The committee did not meet in July 2014.

Quality Management and Provider Networks is preparing for an onsite visit from our accreditation body, URAC, on August 6 to review our compliance with Credentialing standards. We submitted the application in early May.

Quality Management presented six proposals for FY 15 Quality Improvement Projects, which must be approved by this committee per URAC. All six have been approved by the Quality Management Committee.

The Director of Quality Management presented outlines for two reports due to the state: an evaluation of the QM Department and a Quality Management Plan. Committee members were asked to vote on both via email. They were approved by June 30.

Alliance staff presented final results from FY 13-14 QIPs. Four (Reduce ED Visits, Mystery Caller, Inter-Rater Reliability, and First Responder) of the five projects have been recommended for continuation because goals were not met. Details are provided in minutes. Committee members received a revised version of results in August (see attached).

2014 Area Board Survey Results
The Area Board survey is an opportunity for Board members to assess the functioning of the Board and its committees. Quality Management used the same tool as last year in order to compare results. The response rate was 68%, with 13 of the 19 Board members responding between 5/28/14 and 6/19/14. Similarly, the response rate of the 2013 Board survey was 69%.

Overall, Board members appear more aware of and involved in Board functions that in 2013, with 33 of the 46 items showing a reduction in the percentage that were unable to provide a rating, and only seven showing an increase. This finding occurred despite adding six new members to the Board since the last survey. There were no items with which any Board member strongly disagreed.

The Global Quality Management Committee made several recommendations to address those areas with most disagreement.

REQUEST FOR AREA BOARD ACTION:
Accept the report and discuss recommendations from the Board survey.

CEO RECOMMENDATION:
Accept the report and discuss recommendations from the Board survey.

RESOURCE PERSON(S):
Dr. George Corvin, Quality Management Committee Chair; Geyer Longenecker, JD, Quality Management Director
MEMBERS PRESENT: George Corvin, MD, Chair; Joe Kilsheimer, CFAC, MBA; Amy Neufeld, MSW, provider representative; Bill Stanford, JD, Area Board Chair Elect
STAFF PRESENT: Tina Howard, MA, Quality Review Manager; Geyer Longenecker, JD, Quality Management Director; Khalil Tanas, MD, Medical Director; Sandra Ellis, Administrative Assistant; Doug Wright, Director of Consumer Affairs

GUEST(S) PRESENT: None
SCRIBE: Sandra Ellis

WELCOME AND INTRODUCTIONS – George Corvin, Committee Chair

REVIEW OF THE MINUTES – May 1, 2014 Minutes were approved.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
</table>
| **NEW BUSINESS:** (Geyer) | **Update on URAC - Credentialing:**  
- Completed and submitted documentation last month for URAC Credentialing application.  
- June 23 teleconference is scheduled with URAC to discuss their desktop review of materials submitted and feedback.  
- URAC will visit Alliance August 6  
- A workgroup including Credentialing Manager, Chief of Network Development & Evaluation, and QM staff are meeting on regular basis to prepare for onsite. |  
- Geyer will present draft evaluation and QM plan to the committee in next two weeks.  
- QM Committee will document vote of approval/rejection by e-mail from committee members by 6/30/14.  
- DMA Evaluation and plan must be approved by 6/30/2014.  
- DMH evaluation must be approved by 7/31/2014. | Plan & Evaluation must be approved by 6/30/14 |
| **QM Reports** |  
- Geyer reviewed two upcoming reports: an evaluation of the QM Department over the past year, and a forward-looking QM Plan.  
- DMA requires a program evaluation of calendar year 2013, while DMH requires an evaluation of FY 2014 (6/30/13 - 7/1/14). Both DMA and DMH require a QM Plan for FY 2015 (7/1/2014 – 6/30/2015). The deadline for all DMA, DMH reports is 7/31/2014. | | |
### AGENDA ITEMS:

<table>
<thead>
<tr>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>URAC requires an annual evaluation and report; the last report and evaluation were completed in June 2013. The next report and evaluation are therefore due 6/30/2014.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2014 QM Evaluation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geyer asked that the committee determine the scope of the QM evaluation, and presented (1) the evaluation criteria in the DMA contract; and (2) a list of ongoing QM reporting activities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The committee agreed that the evaluation will focus on the DMA criteria and incorporate the QM reporting activities as needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The committee agreed that DMA calendar year 2013 evaluation will be approved by June 30, and the DMH FY 2014 evaluation will be approved by July 31.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tina noted that the last QM evaluation and plan were reviewed and approved by URAC. She added that URAC recommended reporting on performance on goals in next Evaluation report.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FY 15 QM Plan</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The committee reviewed a draft outline for the FY 2015 Quality Management Program Description.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The committee accepted the outline with the addition of a report on QM training activities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The committee agreed that QM Plan will be approved by June 30.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DATA REVIEW:</strong> (QM Team)</td>
<td>Final reports for FY 13/14 QIPs:</td>
<td></td>
</tr>
<tr>
<td>Final reports for FY 13/14 QIPs:</td>
<td>Tina will e-mail the final results presentation to Committee for feedback and any other ideas.</td>
<td></td>
</tr>
<tr>
<td>Draft results were presented to Alliance’s internal CQI Committee and feedback has been received. Additional input is expected after CQI receives final written reports.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The final report is due to DMA by July 31, 2014.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**AGENDA ITEMS:**

- A presentation was shared which highlighted the draft reports from each of the five active QIPs. QM is also closing out two QIPs transitioned from The Durham Center, per URAC requirements. The data from those QIPs will be shared in a subsequent meeting.
- The QIPs and comments from the committee are as follows:
  - Reduce ED Visits – the presentation showed interventions per county in trying to reduce visits to the emergency departments. Data indicated that goals were met in Durham and Johnston Counties. Cumberland and Wake counties did not meet the goal of reducing admissions, thus, justifying recommendation to continue QIP in these counties.
  - Intensive In-Home – project was delayed due to RFP. Results from baseline study of providers’ use of evidence-based practices and sample of outcomes from youth authorized to receive services. Follow up data will be collected in Fall of 2014.
  - Inter-rater Reliability – Studies of inter-rater consistency among UM Care Management staff and staff at the Call Center. UM did not meet the benchmark set, whereas, the Call Center did.
  - Mystery Shopper – Consisted of a review of calls to the Call Center, notes from calls taken by Call Center overflow contractor, and person-centered I/DD and MH/SA plans. Goals met for Call Center, except for 90% of staff remind callers that call may be recorded for QA purposes. The goals for the overflow contractor were met. Some goals were met for the plans (% of Innovations measures above 95%), whereas, others were not met, such as % of MH/SA plans with health/safety elements.

<table>
<thead>
<tr>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final report will be sent to Committee around middle of July for review prior to submitting it to the state.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IIH QIP:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Surveys will be sent to Providers who were awarded the RFPs to determine how best practices are implemented.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Committee is interested in seeing which services are received by the consumers and outcomes of consumers receiving services post-RFP (using NCTOPPs).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Amy suggested that QM incorporate provider’s outcome data into report. She is glad that NC TOPPS data is being used.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Page 3 of 4
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Responder – Test of providers’ crisis and after-hours lines. Only one goal of 6 met—mobile crisis teams can be onsite within 2 hours.</td>
<td>Question was brought before the Committee if the GQMC meetings should be held quarterly rather than monthly. It was thought that perhaps this would be more valuable and perhaps stimulate higher attendance.  Dr. Tanas questioned if the Committee needs another Provider. Providers are non-voting members.</td>
<td>Committee to provide feedback on changing frequency of meetings and addition of another provider to George for discussion at the August meeting.</td>
<td></td>
</tr>
<tr>
<td>DISCUSSION:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UPCOMING MEETINGS:</td>
<td>July meeting – cancelled for Summer Break  The next meeting is scheduled from 2 – 3:30 on Thursday, August 7, 2014.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UPcomings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADJOURNMENT</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
FY 13-14
Quality Improvement Projects

Final Results (Rev)
June 2014

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

Reduce Visits to Emergency Departments (EDs)

Goal: Reduce # of behavioral health admissions to EDs by 10% in Cumberland & 5% for other counties

Interventions:

- Strategies across counties:
  - Expand use of CIT & Mobile Crisis
  - Standardize use of Care Coordination
  - Imbed liaisons in Emergency Departments
Quality Improvement Projects

Reduce Visits to Emergency Departments

Interventions:

- Strategies specific to each county:
  - Durham – Top 25 pilot - Includes intensive care coordination & access to primary care
  - Cumberland – Create walk-in assessment center & expand capacity at Roxie
  - Johnston – Expand inpatient services
  - Wake – Transition crisis & assessment services to UNC and Wake Behavioral services to private providers, create additional inpatient beds, increase utilization of FBC & Recovery Center
Quality Improvement Projects

Reduce Visits to Emergency Departments

**Results:**

**Admissions to EDs**
- Decreases (met): 14% in Durham, 9% in Johnston
- Increases (not met): 5% in Cumberland, 1% in Wake

**Readmissions of consumers receiving Care Coordination**
- Update data not yet available in Cumberland, Wake, and Johnston
- Durham Top 25 data (final N=22): Within 6 months, 81% of consumers reduced admits; total = 95% reduced admits. Reduction is statistically significant.

Imbed liaisons in Emergency Departments
- Liaisons in every county
Quality Improvement Projects

Reduce Visits to Emergency Departments

Results:

CIT

- Diversions from ED: Data not available

Utilization of Mobile Crisis Management

- Data available for Durham and Wake/Johnston Teams, Cumberland County data for both teams not available
- Durham (met): 119% increase in events
- Wake/Johnston (not met): 3% decrease in events

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

Reduce Visits to Emergency Departments

Results:

Utilization or expansion of local crisis facilities


- **Durham** – 14% increase in admits to 23-hour chairs, 23% increase in admits to FBC.

- **Johnston** – Received funding for 3-way inpatient beds, 1,041 behavioral health admissions to ED from June - December 2013, about 520/quarter (an increase compared to NCDETECT data)
Quality Improvement Projects

Reduce Visits to Emergency Departments

Results:
Utilization or expansion of local crisis facilities

- **Wake** – CAS transitioned, 10% decrease in # of people served, avg 10 diversions/month. FBC – unable to determine difference due to missing data. Additional inpatient beds opened in Sept. 2013.
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, 75% of staff follow protocol, 85% of calls are positive, 85% of staff are calm, polite, & friendly

**Interventions:**
- Immediate follow up with Director of Call Center, recommendations made
- Staff training and coaching
- Action plan created and tracked
Quality Improvement Projects

**Mystery Shopper** - *Review of recorded calls to Access & Information*

**Results:**

- (Baseline) 20 randomly selected calls reviewed – 95% of staff calm, polite & friendly; 95% of calls are positive; 85% staff remind caller of QA monitoring; 33% of staff follow protocol

- (Post-Intervention) 20 calls selected – 100% of staff are calm, polite & friendly; 100% of calls are positive; 88% staff remind caller of QA monitoring; 100% of staff follow protocol

- All outcomes met benchmark, *except QA monitoring*
Mystery Shopper – Review of Call Center Delegated Contractor

Goal: 75% of calls follow Alliance procedures (safety questions asked)

Interventions:

- Immediate follow up with Director of Call Center, recommendations given to Contractor
- Action plan created and tracked
Mystery Shopper – Review of Call Center Delegated Contractor

Results:

- (Baseline) 8 call notes from 2 dates randomly selected = 67% of calls followed procedures
- (Post-Intervention) 11 call notes randomly selected = 75% of calls followed procedures
- Benchmark met
Quality Improvement Projects

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

**Goals:** For MH/SA PCPs, at least 55% of health and safety quality elements and 75% of all quality elements met or partially met; I/DD ISPs: 95% of I/DD performance measures met, 10% reduction in the number of plans forwarded to IDD Management for Clinical Consultation

**Interventions:**

- Feedback letters sent to providers, authors of MH/SA PCPs
- I/DD – Remediation plan for performance measures not met, training for Care Coordinators, tracking follow up after Clinical Consultations
Quality Improvement Projects

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

Results:

**MH/SA Plans** –

- (Baseline, N=122) 83% of quality elements met or partially met, 31% of health/safety elements met or partially met
- (Post-Intervention, N=122) 82% of quality elements met or partially met, 53% of health/safety elements met or partially met

- Total quality elements met/partially = No Change, Health/Safety elements = Benchmark Not Met
Quality Improvement Projects

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

**Results:**

**I/DD Plans – Performance Measures**
- (Baseline: Jan-June 2013, 9 measures) – 96% met
- (Post-Intervention: July – Dec 2013, 9 measures) – 98% met

**I/DD Plans – Reduction in Clinical Consultations (CC)**
- (Baseline: April – May 2013) 12% of plans reviewed referred for CC
- (Post-Intervention: Oct – Nov 2013) 13% of plans reviewed referred for CC
Quality Improvement Projects

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

**Results:**

**I/DD Plans**

- *Benchmarks Met*: Innovations Performance Measures
- *Benchmarks Not Met*: Reduction in clinical consultations

**Recommendation**: Continue tracking clinical consultations, implement new interventions (will be moved to Care Coordination QIP)
Quality Improvement Projects

**First Responder** – test crisis lines of providers

Goals: 100% of calls answered within 30 seconds, 95% of providers return calls in 2 (baseline) or 1 (follow up) hour, 100% of staff answering calls are QPs, MCM onsite in 1 (85%) or 2 hours (100%)

Interventions:

- Outreach to providers prior to calls
- Feedback to providers after calls
- Changes to Provider Operations Manual
- Training between tests
- Compliance actions, Issue RFP

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

### First Responder

#### Results:

<table>
<thead>
<tr>
<th>Year 1 Goals</th>
<th>August</th>
<th>January</th>
<th>Benchmark</th>
<th>Met?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calls answered within 30 seconds</td>
<td>101</td>
<td>75</td>
<td>100%</td>
<td>No</td>
</tr>
<tr>
<td>Respond to voicemail within 2 hours</td>
<td>13</td>
<td>11</td>
<td>95%</td>
<td>No</td>
</tr>
<tr>
<td>Respond to voicemail within 1 hour</td>
<td>8</td>
<td>9</td>
<td>95%</td>
<td>No</td>
</tr>
<tr>
<td>Staff identify as QPs</td>
<td>65</td>
<td>58</td>
<td>100%</td>
<td>No</td>
</tr>
<tr>
<td>Mobile Crisis can be onsite in 1 hour</td>
<td>1</td>
<td>2</td>
<td>85%</td>
<td>No</td>
</tr>
<tr>
<td>Mobile Crisis can be onsite in 2 hours</td>
<td>1</td>
<td>4</td>
<td>100%</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Quality Improvement Projects

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

Goals: 80% agreement (UM Care Managers), 60% agreement (Call Center)

Interventions: Training on procedures, group & individual supervision, written procedure on QOC concerns, reviewing tool prior to administering tests, beta-testing tool, changing how test is administered.

Results:

MH/SA UM – Aug. 2012: 69% (moderate agreement); Spring 2013: 67% (moderate agreement); Aug 2013: 55% (changes: testing vignettes prior to study, administer at staff meeting); Dec 2013: 76% agreement (substantial agreement)
Inter-Rater Reliability – test consistency between UM Care Managers & among Call Center staff

Results:

*Call Center* – Oct. 2012: 86% (substantial agreement); Spring 2013: 75% (substantial agreement); Aug 2013: 84% (substantial agreement); Jan 2014: 82% (substantial agreement)

UM: Did not meet benchmark

Call Center: Did meet benchmark
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 suspensions/expulsions and mental health symptoms.

**Interventions:**

- Provider meeting to gather feedback on barriers to offering EBPs
- RFP for high quality services
Quality Improvement Projects

Intensive In-Home

Results

- (Baseline) Provider Surveys (N=53): 85% reported using EBP, primarily CBT (72%)

- (Baseline) Sample of consumers (N=209)*: Avg age=12
  - 4% inpatient admits before, during, and after services
  - Suspensions: 24% before, 20% after
  - Juvenile Justice involvement: 9% (10) before, 8% (9) after including 4 consumers with new petition during services
  - MH symptoms: 44% report no change after receiving services

*NC TOPPs initial & comparable episode completion data submitted for only 55% (107) of consumers receiving services.
Quality Improvement Projects

Intensive In-Home

- Project delayed due to RFP, continuing project in FY 15
- Re-Evaluation: Pull the same data for another sample of youth receiving services after new contracts implemented (Fall 2014), monitor fidelity of models used by providers
Alliance Quality Management
Quality Initiative:
Area Board Surveys
Area Board Survey Results

Survey – Area Board Assessment of Functioning

Methodology: Disseminate surveys, adapted from 2013, to all Area Board members

- Board members received an email with information & link to online survey
- Board members received reminder from QMC Chair
- 13 of 19 members responded (68% response rate, similar to 2013)
Area Board Survey Results

Results:

• Board members felt more aware of Board functions, compared to 2013
• No Board member strongly disagreed with statements
• 80% agreed that Board processes were well-organized, have clear goals, and added value
Area Board Survey Results

Results:

• 5 statements rated as disagree by respondents:
  • Board has process for improving organizational leadership, structures, or programs (under Strategic Goals and Organizational Stability)
  • Community member participation in providing feedback
  • Reviews reports on unmet needs and provider capacity
  • Has long-term financial plan
Area Board Survey Results

Recommendations:

• Consider giving a “snapshot”/dashboard report to Board on regular basis with MCO operations, provider capacity, and unmet needs

• Report on specific improvements in provider quality of care and Alliance operations to inform Strategic Goal making

• CFAC & Alliance staff to provide a monthly update/dashboard to the Board

• Consider involving the Board earlier in formation of possible solutions
Area Board Survey Results

Recommendations:

• To increase response rate, consider distributing hard copies of surveys to Board members at a meeting

• Forward suggestions/concerns from the different community collaboratives (SOC Collaboratives, crisis collaboratives, etc) to Board

• Distribute a survey to members of Board committees who are not Board members
Alliance Area Board Survey Report
June 2014

PURPOSE
This survey provided an opportunity for Board members to assess the functioning of the Board and its committees.

PROJECT MANAGER
Wes Knepper, LPC, Quality Review Coordinator, wknepper@alliancebhc.org

METHODOLOGY:
Survey questions were adapted from the 2013 Board Survey and assessed the same eight domains: Board Support, Strategic Goals, Provider Monitoring, Financial Accountability, Quality and Availability of Services, Partnerships with Community and Stakeholders, Organizational Stability, and Board Committee Processes. Board members were asked to identify which committees they served on in order to provide committee specific feedback.

Links to the electronic survey were emailed to Board members along with an instruction letter explaining the purpose and anonymity of responses. A comment box at the end of the survey allowed members a chance to offer suggestions or provide clarification. The response rate was 68%, with 13 of the 19 Board members responding between 5/28/14 and 6/19/14. Similarly, the response rate of the 2013 Board survey was 69%.

RESULTS
A broad overview of the results from the survey are presented below by topic. Items for which more than three Board members (23% of respondents) disagreed are listed following the analysis by topic. Detailed graphs are reported in the attached appendix that compare result from this survey with results from 2013.

Board Support:
All respondents “agreed” or “strongly agreed” that the Board receives adequate support of the Board on all five items. A reduction in the number of “unable to rate” responses occurred from the 2013 survey of items in this section. There were no responses that indicated any level of disagreement with the support the Board receives.

Strategic Goals:
The number of respondents disagreeing that Alliance “regularly monitoring progress towards strategic goals” and “having a defined process to identify and make organizations changes” increased from 2013 to 2014. However, Board sentiments improved regarding Alliance’s alignment between its strategic goals and values.

Provider Monitoring:
Three respondents (23%) felt that the Board does not receive feedback from a wide range of community members, and that the Board does not review reports of local service needs. The percentage that felt “unable” to provide a rating did decrease in 2014, and the number of Board members that agreed with the statements increased.

Financial Accountability:
The survey found three Board members now disagree with the statement that Alliance has a long-term financial plan. In addition, 15% of Board members feel that they did not have the information and support needed to provide fiscal oversight, an increase over 2013.

Quality and Availability of Services:
At least one Board member disagreed with five of the six statements regarding the Board’s ability to assess the quality and availability of provider services. Two members disagreed with each of two statements, review of local performance and review of customer service.
Partnerships with Community and Stakeholders:
Every item in this section was rated as “agree” or “strongly agree” by over 77% of respondents. The item with the most disagreement showed that 15% of respondents felt that the Board did not seek input from leaders of similar organizations.

Organizational Stability:
The Board overwhelmingly agreed with four of the five questions indicating that the Board members felt that they take responsibility for issues, act proactively, adapt to changing environments, and fairly evaluate the Area Director. However, 23% of Board members did not believe that the Board had a clear process to identify major changes that were needed to improve the organization.

Board Committee Processes:
Over 80% of respondents agreed that Board committee processes were well-organized, have clear goals, and add value to the organization by working to achieve agency-wide goals. It should be noted that this survey asked respondents to identify the committees on which they served. This may have biased results as identifying a committee assignment greatly reduces the anonymity of the survey.

Elements creating the most disagreement:
The follow five elements were marked “disagree” by three of the 13 (23%) respondents. No element received more than three ratings of “disagree”; the rating of “strongly disagree” was not used at all in this year’s survey. The section of the survey in which the element was present is noted in parenthesis.

- The Board has a defined process to identify major changes needed to improve organizational leadership, structures, programs or resources. (Strategic Goals)
- A wide range of community members participate in providing feedback and evaluating the performance of Alliance’s Board, organization and providers. (Provider Monitoring)
- The Board reviews reports on unmet local service needs and provider capacity. (Provider Monitoring)
- Our Board has a long-term financial plan. (Financial Accountability)
- Our Board has a clearly defined process to identify major changes needed to improve organizational leadership, structures, programs or resources. (Organizational Stability)

General Results:
Overall, Board members appear more aware of and involved in Board functions that in 2013, with 33 of the 46 items showing a reduction in the percentage that were unable to provide a rating, and only seven showing an increase. This finding occurred despite adding six new members to the Board since the last survey. There were no items with which any Board member strongly disagreed.

In the open-text box, Board members left positive comments stating that they “enjoy serving on the Board,” “feel that we have well-qualified Board members,” and feel “a spirit of cooperation and mutual respect.” Suggestions from the Board included the Board focusing more on the “day-to-day operations of Alliance,” having Board officers nominated “by secret ballot,” and revising the Board survey to include an option between “agree” and “disagree.”

RECOMMENDATIONS
- The next survey will be conducted using a Likert scale from 1 to 5 with an option between agree and disagree to increase specificity in ratings.
- Determine which aspects of Alliance’s daily operations the Board feels uninformed about and ensure that information about those areas are communicated to the Board.
- Review the five most frequently disagreed with elements with Board members to develop a plan to improve

NEXT STEPS
The Alliance Chief Executive Director will receive a copy of this report to review and determine appropriate steps for addressing issues and concerns and mechanisms for tracking the action steps. It is recommended that the survey be repeated in 12 months with adaptations from the Recommendations section.
1. The Board's roles are clearly defined.
2. I understand my roles and responsibilities as an Alliance Board member.
3. Alliance staff provide sufficient training to ensure the Board members perform their roles and responsibilities.
4. Alliance staff provide sufficient information and support to the Board to adequately perform roles and responsibilities.
5. Board members develop, review and adopt a Business/Strategic Plan every three years.
1. The Board and Alliance staff have a clear process for setting strategic goals and objectives.

2. The Board regularly monitors and evaluates progress toward strategic goals and objectives outlined in the Strategic Plan.

3. The Board has a defined process to identify major changes needed to improve organizational leadership, structures, programs or resources.

4. I feel that Alliance's strategic goals and objectives reflect our mission, vision, and values.
1. Board members use the organization’s vision, mission and values to monitor provider services.

2. A wide range of community members participate in providing feedback and evaluating the performance of Alliance’s Board, organization and providers.

3. Our Board regularly seeks feedback from our citizens on the quality and effectiveness of the services they receive.

4. The Board reviews reports on unmet local service needs and provider capacity.
1. The Board uses standard benchmarks to assess financial performance and acts if performance standards are not met.

2. Board members review reports on Alliance's finances.

3. Our Board makes the hard choices and politically unpopular decisions when required or necessary.

4. Our Board ensures finances are closely related to performance expectations and the organization's mission.

5. Our Board makes sure adequate financial tools and resources are in place for the organization to accomplish strategic objectives.

6. Our Board has a long term financial plan.

7. I feel that I have the information and support from Alliance staff to provide fiscal oversight of the organization.
1. The Board oversees the quality and effectiveness of Alliance's provider network.

2. Board members regularly review reports that provide performance data on our provider services, using comparable performance data where available.

3. The Board regularly monitors and evaluates progress toward strategic and program performance goals outlined in Alliance's Strategic Plan.

4. The Board reviews reports on local performance.

5. The Board reviews trends in service utilization.

6. The Board reviews reports on customer service.

Quality and Availability of Services

<table>
<thead>
<tr>
<th>Year</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Unable to Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>31%</td>
<td>22%</td>
<td>17%</td>
<td>22%</td>
<td>11%</td>
</tr>
<tr>
<td>2013</td>
<td>62%</td>
<td>44%</td>
<td>8%</td>
<td>11%</td>
<td>15%</td>
</tr>
<tr>
<td>2014</td>
<td>8%</td>
<td>33%</td>
<td>33%</td>
<td>17%</td>
<td>11%</td>
</tr>
<tr>
<td>2013</td>
<td>17%</td>
<td>33%</td>
<td>8%</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>2014</td>
<td>25%</td>
<td>75%</td>
<td>38%</td>
<td>8%</td>
<td>11%</td>
</tr>
<tr>
<td>2013</td>
<td>11%</td>
<td>11%</td>
<td>8%</td>
<td>11%</td>
<td>22%</td>
</tr>
</tbody>
</table>

Legend:
- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Unable to Rate
1. Our Board members represent the community's interests.

2. Our Board stays informed about important trends in the larger environment that are likely to affect our communities and local governments.

3. The Board listens to people with diverse views, opinions and experiences.

4. Before reaching an important decision this board seeks input from people likely to be affected by the decision.

5. The Board seeks and acquires knowledge that can be used to satisfy the needs of our citizens and communities.
6. If our Board thinks a key constituency or stakeholder group may disagree with an issue we are considering, we will make an effort to hear from them directly before taking action.

7. Our Board seeks information and advice from leaders of similar and related organizations.

8. Relationships among Board members and the public are characterized by openness, trust and mutual respect.

9. Our Board communicates effectively with the county, other community organizations, and local businesses.
1. Our Board takes responsibility for issues facing the organization.
2. Our Board is proactive and addresses issues before they become urgent or critical.
3. Our Board has a clearly defined process to identify major changes needed to improve organizational leadership, structures, programs or resources.
4. The organization is able to respond and adapt to new opportunities and challenges.
5. I feel that our process for evaluating the Area Director is clear, fair, and adequately measures expected performance.
1. The committee(s) I serve on have clear goals and objectives.
2. The committee(s) I serve on are organized well.
3. The committee(s) I serve on achieve goals promoted by the agency.
4. I feel the committee(s) I serve on adds value to the agency and community.
5. I am well informed of committee meetings ahead of time.
6. I receive information regarding committee topics assists me with make decisions.
ITEM: May Policy Committee Meeting Minutes and Annual Review of Board Policies

DATE OF BOARD MEETING: September 4, 2014

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. Below is a list of policies reviewed, divided into two categories – policies reviewed which require no revisions and policies reviewed which require minor revisions of the policies.

Policies reviewed at the August Policy Committee meeting and ready for Board approval without revisions:

Governance:
Area Board Conflict of Interest
Area Board Processes
Development of Policies and Procedures
Area Director Compensation
Evaluation of Area Director
Area Board Media Policy
Area Board Code of Ethics
Consumer, Family Advisory Committee
Guidelines for Public Comment at Area Board Meetings
Area Authority Relations with Catchment Area County Boards of Commissioners
Dispute Resolution

General Administrative:
Management of Service Delivery
Strategic Planning
Health and Safety
Emergency Management Plan
Internal Control
Business Continuity Plan

Policies reviewed with revisions:
Delegation of Authority to the Area Director
Area Board Member Meeting Attendance Compensation
Reporting of Abuse, Neglect, Dependency and Exploitation
REQUEST FOR AREA BOARD ACTION:
Approve Board Policy Committee minutes as submitted. As part of the Annual Review process, approve the above listed policies for continued use.

CEO RECOMMENDATION:
Approve the reviewed and revised policies for continued use and the meeting minutes as submitted.

RESOURCE PERSON(S):
Cynthia Binanay, Chair, Policy Committee; Monica Portugal, Corporate Compliance Officer
**1. WELCOME AND INTRODUCTIONS**

**2. REVIEW OF THE MINUTES:** Motion was made by Ms. Binanay and seconded by Mr. Edgerton to approve the minutes of the 2/19/2014 meeting. *Motion carried.*

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Announcements:</td>
<td>None</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Documents Provided:</td>
<td>Minutes: 2/19/2014, HR Policies</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
| Annual Review of Policies: Human Resources | The Committee reviewed all Human Resources Policies. Ms. Hammett clarified that Alliance is subject to the State Personnel Act and applicable policies are written to comply. Questions were asked and answered/clarified in different areas:  
  - Military couples working for Alliance and their right to use FMLA; policy is written in compliance with the law.  
  - Equal employment opportunities policy emphasizing women when the majority of Alliance employees are women; the policy is written in compliance with regulations and statutes.  
  - Usefulness of six month probation time; policy originated with Durham County Government and is considered a useful tool by management in evaluating new employees’ fit to positions.  
  - Recruitment and Selection Policy says “As a condition of employment, male applicants between the ages of 18 and 26 must certify that they have registered for military service”; Ms. Hammett clarified that regulations references ages 18 and 25. The Committee made revisions to the Policy for Board approval. | Policies and Agenda Action Form will be submitted to Board Clerk for inclusion in the June 5, 2014 Board Packet. | May 28, 2014 |
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policies reviewed and ready for Board approval without revisions:</td>
<td>Policies reviewed and ready for Board approval without revisions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol and Drug Free Workplace</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classification and Compensation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Staff Credentialing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conditions of Employment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disciplinary Action</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Appointment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Complaint</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Grievance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Time and Attendance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equal Employment Opportunity Affirmative Action</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family and Medical Leave Act</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performance Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduction in Force</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Harassment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policies reviewed with revisions:</td>
<td>Policies reviewed with revisions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruitment and Selection</td>
<td>Recruitment and Selection</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Committee reviewed revision to Leave Policy as put forth by HR Director per request from multiple employees. Policy revision has been reviewed by General Counsel, Corporate Compliance Officer, and CEO. Policy Committee reviewed the suggested language which will allow the CEO to develop procedures to instruct how employees may voluntarily donate annual leave to employees affected by a medical condition that requires absence from duty for a prolonged period of time.

Ms. Binanay made a motion to approve revisions and submit to the full Board for approval. Motion was seconded by Mr. Edgerton. **Motion carried.**

Policy and Agenda Action Form will be submitted to Board Clerk for inclusion in the June 5, 2014 Board Packet.

May 28, 2014

Proposed Policies: | Proposed Policies: |  |  |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>There were no proposed policies presented to the Committee.</td>
<td>There were no proposed policies presented to the Committee.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Ms. Portugal reviewed the requirement for an annual update of the Corporate Compliance Plan. Alliance is required to have a compliance program per Federal Regulations and contractual agreement with the Division of Medical Assistance. Per the Area Board Corporate Compliance Plan Policy the Board shall approve the Plan annually. The Alliance Behavioral Healthcare Area Board adopted the Corporate Compliance Plan in 2012 and approved it with minor revisions in June 2013 for continued use. There are no recommended revisions to the Plan this year.

Ms. Portugal emphasized the importance of the Board’s role; a compliance program designed to assure compliance with applicable legal requirements has been recognized by the federal government as meeting duty of care.

After a brief discussion, it was decided that the Corporate Compliance Plan will be presented to the Policy Committee before presented to the Board, beginning FY15.

Ms. Portugal will send the Corporate Compliance Plan for annual approval by the Board for the June Board meeting.

May 28, 2014

3. ADJOURNMENT: Next meeting will be August 14, 2014 from 4:00 p.m. to 5:30 p.m. in room 237.
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

Certain activities are prohibited as 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 III-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.

D. Having a financial investment, an ownership interest (whether by stock ownership, partnership, or otherwise), board membership, or employment with any provider agencies with which the Area Board 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 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.

E. Having a family member (who has a financial investment, an ownership interest whether by stock ownership, partnership, or otherwise), 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.

F. 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.

G. Serving on the Consumer and Family Advisory Committee, unless as a designated liaison and reflected in the bylaws.

H. 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.
I. 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 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.

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.

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 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.

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.
AREA BOARD
POLICIES AND PROCEDURES

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.
AREA BOARD
POLICIES AND PROCEDURES

SUBJECT: Development of Policies and Procedures
LINES OF BUSINESS: Policy and Procedures Maintenance, Review and Approval

RESPONSIBILITY:
Area Board
Area Director

NUMBER: G-4
URAC: Core v.3, ST 3
REFERENCE: G.S. 122C Part 2

APPROVAL DATE: 5/3/2012
LATEST REVISION DATE: 9/5/2013
LATEST REVIEW DATE: 9/5/2013

APPROVAL AUTHORITY:
Chair person, Area Board

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 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

<table>
<thead>
<tr>
<th>SUBJECT:</th>
<th>Area Board Processes</th>
</tr>
</thead>
<tbody>
<tr>
<td>LINES OF BUSINESS:</td>
<td>Area Board</td>
</tr>
</tbody>
</table>

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

### DEFINITIONS

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

### 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.

### 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:
i. Area Board Executive Committee meeting
ii. Area Board Finance Committee meeting
iii. Quality Management Committee
iv. Human Rights Committee
v. Policy Committee
vi. 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 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

Certain activities are prohibited as 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 III-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.

D. Having a financial investment, an ownership interest (whether by stock ownership, partnership, or otherwise), board membership, or employment with any provider agencies with which the Area Board 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 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.

E. Having a family member (who has a financial investment, an ownership interest whether by stock ownership, partnership, or otherwise), 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.

F. 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.

G. Serving on the Consumer and Family Advisory Committee, unless as a designated liaison and reflected in the bylaws.

H. 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.
I. 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 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.

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.

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 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.

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. 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 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

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. 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 they represent. Board members serve in an important advocacy capacity in meeting the needs of their citizens 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 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.

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

5. 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. 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.

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.

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 Board’s Executive Committee for further investigation and inform the Area Director of the alleged violation.

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. 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.

____________________________
Chairperson, Area Board

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 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 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 procedure 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.
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.
AREA BOARD
POLICIES AND PROCEDURES

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 Durham and Wake counties.

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 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.
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 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.
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 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 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 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.
10.11. 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

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 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.
ITEM: Draft Minutes from the August 7, 2014, Board Meeting

DATE OF BOARD MEETING: September 4, 2014

REQUEST FOR BOARD ACTION:
Approve the draft minutes from the August 7, 2014, Board meeting.

CEO RECOMMENDATION:
Approve the minutes.

RESOURCE PERSON(S):
Rob Robinson, CEO; Veronica Ingram, Executive Assistant
1. **Call to Order**
   Chairman William Stanford called the meeting to order at 4:03 p.m.

2. **Announcements**
   A. **Scheduling Photographs of Board Members on September 4, 2014, from 2:30-4:00 pm**
      Doug Fuller, Director of Communications, organized the schedule for Board members’ photographs.

   B. **ZixOne Update**
      Lloyd Merithew, Chief Information Officer, presented an update to the Board. ZixOne is software that allows secure access to Alliance emails on personal devices.

   C. **URAC Review**
      Beth Melcher, Chief of Program Development and Evaluation, provided an update on yesterday’s URAC review for Credentialing module. She mentioned the positive feedback at the conclusion of the review. Also, Dr. Melcher, Mr. Robinson and Chairman Stanford commended staff for their hard work.
3. **Oath of Office**
Veronica Ingram, Executive Assistant, administered the oath of office to new Board member Curtis Massey.

4. **Agenda Adjustments**
There were no adjustments to the agenda.

5. **Public Comment**
Marc Jacques, Chair of Alliance’s Consumer and Family Advisory Committee (CFAC), provided a brief overview describing CFAC’s purpose and invited Board members to attend a CFAC meeting. He offered suggestions and stated CFAC’s desire to continue working with and advising the Board to best meet the needs of consumers.

6. **Finance Committee Report**
The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board. The Finance Committee meets monthly at 3:00 p.m. prior to the regular Board Meeting. This month’s report includes the budget to actual report and ratios for the period ending May 31, 2014, and the draft minutes of the June Finance Committee meeting.

   Alliance Interim CFO, Jennifer Ternay, provided an update regarding a recent financial audit and stated that this information would be included at the September Board packet. Chairman Stanford noted that the Finance Committee report was part of the Board packet and that this agenda item is an opportunity for Board members to ask questions. There were no additional comments or discussion.

7. **Committee Reports**
   A. Quality Management Committee Report
   B. Human Rights Committee Report
   C. Consumer and Family Advisory Committee Report
   D. Executive Committee Report

   Commissioner Kenneth Edge commended staff for a thorough and professional presentation at Tuesday’s County Commissioner Advisory Committee meeting where County Commissioners and County Managers from Cumberland, Durham, Johnston and Wake counties attended. He provided an overview of this meeting and offered recommendations to share this information with community stakeholders. The full report will be submitted as part of the September Board packet. There were no additional comments or discussion about the Committee reports.

**BOARD ACTION**
A Motion was made by Mr. Scott Taylor to accept the Committee reports. Seconded by Dr. George Corvin. Motion passed unanimously.

8. **Consent Agenda**
Draft Board Minutes from the June 5, 2014, Board Meeting
Chairman Stanford reminded Board members that the consent agenda was included in the Board packet. There were no additional comments or discussion about the consent agenda.
BOARD ACTION
A Motion was made by Mr. Lascel Webley to approve the minutes from the June 5, 2014, Board meeting. Seconded by Mr. James Edgerton. Motion passed unanimously.

9. HR Report: Classification and Grade Schedule
Al Ragland, Chief HR Officer, presented an update of Alliance’s Classification and Grade Schedule. Mr. Ragland stated that this information was included in the packet; it includes recent changes to twelve positions. There were no additional comments or discussion.

BOARD ACTION
A Motion was made by Commissioner Kenneth Edge to accept the classification and grade schedule. Seconded by Mr. Phillip Golden. Motion passed unanimously.

10. Proposal to Change the Location of October 2, 2014, Board Meeting
As stated in the by-laws and in accordance with provisions set forth in the Open Meetings Act, the Board holds regularly scheduled meetings on the first Thursday of each month at Alliance’s corporate site. Alliance CEO, Rob Robinson, presented the proposal to change the location of the October 2, 2014, meeting. There were no additional comments or discussion.

BOARD ACTION
A Motion was made by Mr. Christopher Bostock to have the October 2, 2014, Board meeting at Alliance’s Cumberland location. Seconded by Mr. James Edgerton. Motion passed unanimously.

11. FY 15 Board Training Schedule
As stated in NCGS 122C-119.1 all Board members of the Area Authority are required to receive training on Board members’ responsibilities, fiscal management, budget development and fiscal accountability. This information was included in the Board packet. Rob Robinson, CEO, presented the recommended training schedule for FY 2015. He requested input from Board members regarding additional training topics that will be presented at future Board meetings through June 2015. There were no additional discussion or comments.

BOARD ACTION
The Board accepted the presentation. No further action required.

12. Proposed Leases for Alliance’s Durham and Cumberland Sites
A. Lease Amendment for Space at 414 E. Main Street, Durham
B. Lease for Space at 711 Executive Place, Fayetteville

Carol Hammett, General Counsel, presented the proposed leases. The Board discussed the leases, space options for future growth, previous lease rates and ownership of equipment at each site.

BOARD ACTION
A Motion was made by Mr. Phillip Golden to approve the lease amendment for the space at 414 E. Main Street, Durham. Seconded by Mr. Christopher Bostock. Motion passed unanimously.

A Motion was made by Mr. Scott Taylor to approve the lease for 711 Executive Place, Fayetteville. Seconded by Dr. John Griffin. Motion passed unanimously.
13. Board Training: NC General Statue 122C, Board By-laws and Board Media Policy
Carol Hammett, General Counsel, introduced Erica Bing, Assistant General Counsel. She stated that Board members had a hardcopy of the by-laws and part two of NCGS 122C before them. She presented a detailed overview of the Board by-laws, the Board Media Policy and part two of NCGS 122C noting sections applicable to Area Board members: Ms. Hammett stated general provisions of LME-MCOs, the definition of the Area Authority and Area Authority Board, and the powers and duties of the Area Board. She reviewed the Board By-laws and Media Policy. The Board discussed the training, specifically funding aspects, and needed revisions.

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

14. Update: Follow Up to the Article on Wake Forensic Evaluations
Dr. Carlyle Johnson, Program Director of Provider Network Strategic Initiatives, provided an update to an article on the timeliness of court ordered forensic evaluations. He also provided an update regarding the status of plans to improve evaluation timeliness: including technical aspects and the plan to train additional staff to complete forensic evaluations; this training is offered by the State twice a year.

Diana Wydo, Fellowship Health Resources, noted her agency’s response to the article and stated that she sees this as an opportunity to improve gaps in the system and quality of care issues. Board members discussed the topic and requested an update within six months depicting how corrective actions have been implemented.

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

15. Chairman’s Report
Chairman Stanford addressed the Board regarding Board committees and appointments for fiscal year 2015. He stated that an updated list of committee assignments is forthcoming.

16. Adjournment
With all business being completed the meeting adjourned at 5:45 p.m.

**Next Board Meeting**
**Thursday, September 4, 2014**
**4:00 – 6:00**

Respectfully submitted:

Robert Robinson, Chief Executive Officer
ITEM: County Commissioner Advisory Committee Report

DATE OF BOARD MEETING: September 4, 2014

BACKGROUND:
As stated in Alliance’s by-laws and NCGS 122c-118.2 the County Commissioner Advisory Committee duties 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. The minutes and presentation from the August 5, 2014, meeting are attached.

REQUEST FOR AREA BOARD ACTION:
Accept the report.

CEO RECOMMENDATION:
Accept the report.

RESOURCE PERSON(S):
Robert Robinson, CEO
MEMBERS PRESENT: ☑Kenneth Edge, Cumberland BOCC Vice-Chair; ☑Michael Page, Durham BOCC Chair; ☑Caroline Sullivan, Wake BOCC

STAFF PRESENT: Doug Fuller, Amanda Graham, Carol Hammett, Veronica Ingram, Beth Melcher, Lloyd Merithew, Ann Oshel, Monica Portugal, Al Ragland, Rob Robinson, Sean Schreiber, Dr. Khalil Tanas, Jennifer Ternay

ALLIANCE BOARD MEMBERS PRESENT: Ann Akland, Cynthia Binanay, Chris Bostock, Dr. George Corvin, James Edgerton, Curtis Massey, Vicki Shore, William Stanford, Amelia Thorpe

GUEST(S) PRESENT: Tony Braswell, Johnston County Vice-Chair; Wendell Davis, Durham County Manager; Fred Foster, Jr., Durham BOCC; Yvonne French, DMH; Denise Foreman, Assistant to the Wake County Manager; Jim Hartmann, Wake County Manager; Rick Hester, Johnston County Manager; Brenda Howerton, Durham BOCC Vice-Chair; James Lawson, Assistant County Manager; Phil Matthews, Wake BOCC Chair; Renee Rader, DMA; Ellen Reckhow, Durham BOCC

1. WELCOME AND INTRODUCTIONS – Alliance Area Board Chairman William Stanford welcomed staff. Ms. Graham welcomed attendees and county stakeholders.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Alliance’s Background &amp; History</td>
<td>Rob Robinson, CEO, stated the history of Alliance including an overview of staff, how Alliance is funded and how Alliance excels.</td>
<td>None needed.</td>
<td>N/A</td>
</tr>
<tr>
<td>3. Local Presence</td>
<td>Ann Oshel, Director of Community Relations, discussed Alliance’s impact on local communities through a PowerPoint presentation.</td>
<td>None needed.</td>
<td>N/A</td>
</tr>
<tr>
<td>4. Provider Network</td>
<td>Beth Melcher, Chief of Program Development and Evaluation, presented information regarding how Alliance’s provider network was developed, how it is evaluated and how the network is managed.</td>
<td>None needed.</td>
<td>N/A</td>
</tr>
<tr>
<td>5. Crisis Services &amp; Accessing Services</td>
<td>Sean Schreiber, Chief Clinical Officer, shared a PowerPoint presentation depicting the impact of Alliance’s Crisis Services and how the Access and Information Center is utilized.</td>
<td>None needed.</td>
<td>N/A</td>
</tr>
<tr>
<td>6. Finance</td>
<td>Jennifer Ternay, Chief Financial Officer, provided details regarding how Alliance is funded, how funds are used and multiple reviews/audits to ensure Alliance’s financial compliance and accountability.</td>
<td>None needed.</td>
<td>N/A</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>7. Medicaid Reform/Consolidation</td>
<td>Mr. Robinson provided an update regarding current legislation that impacts behavioral healthcare. Additionally he stated the current plan to consolidate MCOs.</td>
<td>None needed.</td>
<td>N/A</td>
</tr>
</tbody>
</table>
| 8. Next Steps | Amanda Graham, Chief of Staff, requested input from attendees; the following input was provided:  
- Request to have this meeting annually and include quarterly progress reports for each Board of County Commissioners.  
- Request to share today’s presentation with each Board of County Commissioners, local DHHS staff, each county’s Committee for Health and Human Services, and legislators who represent consumers in Alliance’s catchment area including the statewide County Commissioners Association.  
- Recommendation from several attendees for Alliance to coordinate with County Commissioners to advocate for publically managed behavioral healthcare and help constituents access services.  
- Request for additional information to respond to questions that County Commissioners are often asked (i.e. results from consumer surveys, statistics, information regarding a physical health and mental health collaboration, information on housing initiatives, and contact information for Alliance’s Access/Call Center). | a) Alliance staff will share today’s presentation at Cumberland, Durham, Johnston, and Wake Boards of County Commissioners meetings.  
b) Alliance staff will invite legislators representing Cumberland, Durham, Johnston, and Wake counties to a meeting similar to today’s meeting.  
c) Alliance will make talking points available for distribution.  
d) Alliance will present a similar presentation annually for County stakeholders and/or legislators. | None specified. |

9. ADJOURNMENT
Organizational Overview

Presentation to our County Partners
August 5, 2014
About Alliance

• Behavioral health MCO for Durham, Wake, Cumberland and Johnston counties

• Serves 180,000+ Medicaid consumers among a total population of over 1.7 million

• Operating under Medicaid 1915 (b)/(c) waivers
What is a Waiver?

- A request to CMS that provisions of the Social Security Act be “waived”
- Combines services for all MH/DD/SA consumers into a single capitated model
- Waiver entity assumes risk in managing services
Reasons for the Waiver

• Nationally, states have seen an explosion in Medicaid spending

• Medicaid costs are one of the most significant line items in NC’s budget ($13 billion)

• One tool used by federal and state government to control growth of Medicaid spending
Waiver Benefits

• Predictable Medicaid costs
• Places all the management tools at the local/regional level
• Goal of high quality standards/consumer outcomes
• Savings remain with waiver site and can be reinvested back into services
Alliance Timeline

• May 2011
  The Durham Center responds to DHHS RFA to operate as MCO
    ○ Applied as Lead LME in partnership with Cumberland and Johnston

• Fall 2011
  TDC approved to become an MCO
    ○ Enters interlocal agreements with Cumberland and Johnston to execute certain MCO functions
Alliance Timeline

- July 2012
  TDC merges with Wake LME to form Alliance

- February 2013
  Alliance begins MCO operations

- July 2013
  Alliance merges with Cumberland LME
Local Presence

• Corporate administrative offices located at Imperial Center near RTP in Durham

• Community offices in each county ensure strong local presence
  o Care coordination
  o System of Care
  o Community relations
  o Provider Network (Cumberland and Johnston)
## Alliance FY15 Funding

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>$316,520,179</td>
<td>71.2%</td>
</tr>
<tr>
<td>State</td>
<td>$45,802,164</td>
<td>10.3%</td>
</tr>
<tr>
<td>Local</td>
<td>$36,224,000</td>
<td>8.2%</td>
</tr>
<tr>
<td>Administration</td>
<td>$45,818,223</td>
<td>10.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$444,364,566</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>
MCO Operations

- Administration
- Access and Information Center
- Care Coordination
- Community Relations
- Utilization/Care Management
- Provider Network Management
- Quality Management
- Business Operations
- Corporate Compliance
- Information Technology
- Healthcare Integration

AllianceBHC.org
Involved in the Community

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

• Increase jail diversion efforts to direct people into treatment rather than incarceration

• Increase safe and affordable housing options along a housing continuum from homelessness to permanent housing
Involved in the Community

• Provide education and awareness regarding MH/SA/DD services

• Identify service gaps and system trends and make recommendations

• Work with Department of Juvenile Justice
  - Ensure court-involved youth receive the most appropriate level of care in the least restrictive environment
Community Relations Team

• Supervisor
• System of Care Coordinator
• Jail Liaison/CIT Coordinator
• Housing Specialist
• Community Relations Specialist
• Court Liaison
• Crisis and Incarceration Manager
Community Relations Team

• Director of Consumer Affairs

• BECOMING Durham

• Geriatric Adult Mental Health Specialty Team (Cumberland and Johnston)

• Wake School Based Mental Health Team

• Care Review Coordinator (Durham)

• Community Liaison (Durham)
Community Relations Team

• Chief Community Relations Officer
• Youth Opportunity Initiative (Durham)
Highlights

• Housing
  o Independent Living Initiative
  o Two Housing and Urban Development grants
  o Housing First/Housing Plus Jail Initiative

• System of Care
  o Care Review
    • Child and Family Team
      o Training
      o Coaching/technical assistance
Highlights

• Community Collaboratives

• BECOMING Durham
  o Six-year grant focusing on transition-age youth
  o Three national awards for excellence in communication and community outreach

• Jail diversion
  o Crisis Intervention Teams (CIT)
  o GAINS sequential intercept mapping (Wake)
Contractually required to:

- Assure access
- Continuum of services
- Choice of providers

To effectively manage we need to promote services that are:

- Cost-effective
- High quality
- Community-based
Tools to Manage the Network

• Credentialing
• Contracting
• Monitoring
• Creating incentives
• Creative and flexible financing support
Network Development

• Year One focus on ensuring current providers brought into network for continuity of service

• Current focus
  o Improve quality
  o Identify service gaps/needs
  o Identify effective services for specific populations
  o Promote evidence-based practices
Access and Information Center

- 24/7/365 telephone crisis response and access to care
- Called answered live by professional staff
- Handles between 6600-8000 calls/month
  - Average speed of answer: 7 seconds
Call Center Activities

• Brief screening and appointment with an outpatient provider, often same day
• Information about community resources
• Assist with the coordination of consumer care
• Ensure consumer safety through extended screening and mobilization of crisis services
Supporting I/DD Consumers

- Consumers seeking I/DD services linked to an I/DD Access Specialist
- Provide guidance and assistance regarding the eligibility process
Crisis Services

- Continuum of crisis services accessible directly or by contacting the Access and Information Center
  - Enhanced services First Responder
  - Innovations primary crisis response
  - Mobile Crisis
  - NC Start
  - Crisis and Assessment Centers
  - CIT officers
Crisis Services

- Services accessed after a consumer engages with a crisis provider or in some cases accessed directly
  - Inpatient services
  - Non-hospital detoxification
  - Facility-based crisis
  - Respite
  - Care coordination
Using Your County Funding

- County-specific programs
- Collaborate or disseminate across our catchment area
- Supplement benefits
- Support individuals with no benefits
- Integrated management of all funding sources
- Integrated management of disabilities
Accountability for Funds

• SB208 review of benchmarks
  o Medical Loss Ratio (80% or greater)
  o Defensive Interval (days in cash to cover daily expenses – 30 days or greater)
  o 90% of claims paid within 30 days
  o Current Ratio (at least 1.0)
Accountability for Funds

• Multiple reviews by external parties
  o Board and Board Finance Committee
  o State and County reports
  o Independent financial and A-133 audits
  o Mercer review
  o CCME audit reviews (SB208)
  o Periodic DHHS audits
  o DMA IMT meetings
Proposed LME/MCO Regions

Western Region:
CenterPoint Human Services
Partners Behavioral Health Management
Smoky Mountain Center

Northwest Central Region:
Cardinal Innovations Healthcare Solutions
MeckLINK Behavioral Healthcare

Eastern Region:
CoastalCare
East Carolina Behavioral Health Eastpointe

Southeast Central Region:
Alliance Behavioral Healthcare
Sandhills Center
ITEM: Consumer and Family Advisory Committee (CFAC) Report

DATE OF BOARD MEETING: September 4, 2014

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

State statutes charge CFAC with the following responsibilities:

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

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

The Alliance CFAC tries to meet its statutory requirements by providing you with the minutes to our meetings, letters to the board, participation on committees, outreach to our communities, providing input to policies effecting consumers, and by providing the Board of Directors and the State CFAC with an Annual Report as agreed upon in our Relational Agreement describing our activities, concerns, and accomplishments.

The Alliance CFAC is currently chaired by Marc Jacques while Dr. Mike Martin serves as vice-chair.

REQUEST FOR AREA BOARD ACTION:
Receive the Alliance CFAC draft minutes from August 4, 2014 and the CFAC Annual Report for the fiscal year ending June 30, 2014.

CEO RECOMMENDATION:
Receive the draft minutes and the CFAC Annual Report.

RESOURCE PERSON(S):
Marc Jacques, CFAC Chair; Doug Wright, Director of Consumer Affairs
1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – Joe Kilsheimer moved approval and second was made by Dan Shaw. Passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Comment</td>
<td>No public comments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Consumer/Family challenges and solutions | Marc spoke about a mobile crisis call he had to make for his wife, the person on call was in Fayetteville and took 1 hour 45 minutes to arrive. He knows that the 2 hour window is deemed meeting standards but felt like we should be able to do better than that in a city as large as Raleigh.  
  
  A conversation was had about the need for peer services, specifically a peer respite option and the value that could bring to consumers and the system as a whole.  
  
  Mention was made of continued challenges having slots available for NC Start for people with I/DD in crisis.  
  
  Frustration was expressed that community networking was not a billable service to attend Special Olympics because it was a segregated event. The statement was made that without significant involvement from people without disabilities the event would not exist. | Continued advocacy.  | Ongoing.     |
<p>| State Updates                 | Roanna Newton reviewed the Consumer Empowerment Team Update for August. She pointed out that the state review update, participate where and when available.                                                                                                                                            | Review update, participate where and when available. | Ongoing.     |</p>
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network Development</td>
<td>CFAC meeting was on the 13th and would be held at the Holiday Inn in downtown Raleigh. She let everyone know that they should be receiving the update via email in the next day or two.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Network Development</td>
<td>Carlyle Johnson, Beth Melcher attended the meeting to talk about Network Development. Beth gave an overview of her responsibilities and which departments report to her. She then talked about the tools Alliance uses to help shape the provider network such as, credentialing, training, learning collaborative, etc. She noted that we have over 2300 different providers. There was discussion around the feedback received from the CFAC in the past and the continued need for additional feedback. Alliance is trying to encourage providers to use evidence based practices, one is the Supported Employment model being used by 6 providers for MH/SA consumers, and this is a new service. We talked about the expansion of transitional living in Cumberland and Wake Counties. This was up to 30 days, allowing someone a chance to be in a safe place while they were able to get services started and make more permanent living arrangements as they transition back into the community from crisis facilities, hospitals, or jails. Alliance has two providers that we contract with for Peer Support Services and are willing to consider others that show an interest and would encourage other providers to ask to have the service added to their contract. Alliance is looking for organizations that have a culture that believes in the benefit of peer services. Southlight and Monarch are the two current providers. Members had some questions for Carlyle and Beth. Could someone who has had their license suspended in another state, then reinstated, get credentialed by Alliance?</td>
<td>Continue the dialogue, provide feedback to both Beth and Carlyle around suggestions or concerns.</td>
<td>Ongoing.</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>
</tbody>
</table>
| The answer would be one that would depend on several unknown factors. What is in store for people in the I/DD world, people without innovations? State resources continue to be very limited, Alliance plans on offering training for service providers to help with the quality of services, and we may be able to expand the Bridges program in Wake County. People were encouraged to continue to advocate for additional resources. An expression of frustration was made about the fact that we are having the same discussion today that we were having 10-15 years ago. Are there any plans for training for families such as Family Dynamics Training? Could we bring in national experts and do something on a large scale to justify the cost? Beth asks Anna to send her additional information about potential training opportunities. What about additional funding for Oxford Houses? It was mentioned that we fund outreach peers within the Oxford House organization, something not done anywhere else. Independent Living Initiative funds are available in every county, these funds can be used to help pay rent for a short period to give people a chance to get a firm foundation to their recovery. Some challenges were mentioned accessing the funds but with a firm commitment to figure it out. Would there be treatment in the 30 day transitional houses? The purpose would be to help people get hooked up with their treatment provider and start that process. Carlyle talked about the need for feedback to providers, that Alliance meets with providers in each county and at the All Provider meetings quarterly. He would be glad to include consumer and family feedback as an agenda item. Are there maps available that show services available and the capacities? GEO mapping is being updated with current
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Report</strong></td>
<td>Doug presented the group their Annual Report for approval. There were some minor changes requested, the group approved of the report by consensus.</td>
<td>Make corrections, then present the report to the Board of Directors and send it out to other stakeholders.</td>
<td>September 4, 2014</td>
</tr>
<tr>
<td><strong>Committee Reports</strong></td>
<td>No July meetings for Data Com, Quality Management, and the Area Board. Human Rights is recruiting members from Cumberland and Johnston counties. Brief update on the county subcommittees was given by each chair.</td>
<td>Receive the information</td>
<td>Ongoing.</td>
</tr>
<tr>
<td><strong>MCO Updates</strong></td>
<td>Doug informed the committee of the upcoming IMT (Intradepartmental Monitoring Team) meeting in August and the External Quality Review scheduled for November. The strategic planning process for Alliance has begun with the Board and Senior management, additional stakeholders will be brought into the process as we move forward. We reviewed the current statistics for the Transition to Community Living, noting the challenges face being having appropriate housing available where people want to live and the 90 day timeframe for people to transition sometimes being unachievable.</td>
<td>Receive the information</td>
<td>Ongoing</td>
</tr>
<tr>
<td><strong>Snapshot Recap/Board Feedback</strong></td>
<td>Doug reviewed the recap of the Snapshot surveys received for July. The committee agreed that the Executive Leadership Team could use this information to write letters to the Board to ensure consistent and timely advice and feedback. Marc will present concerns to the Board on Thursday. It was noted that some of the items would be more appropriate for the committee to work out for themselves since they were self-governing.</td>
<td>Comments to the Board.</td>
<td>August 7, 2014</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>Election of new Vice Chair</td>
<td>It was noted that since Felisha McPherson’s accident she will not be able to fulfill the role of Vice-Chair. With that being determined a motion was made for Dr. Michael Martin to be put on the ballot, it passed and the nominations were closed. Dr. Martin was elected by ballot unanimously. Marc Jacques brought up that Israel Pattison has been attending CFAC for five years and been in a relationship with a consumer for 19 years. He felt and the committee agreed that qualified Israel as family. A motion was made by Maribel Rivera-Elias and seconded by Kurtis Taylor to grant membership to CFAC to Israel Pattison. The motion passed unanimously.</td>
<td>Add Israel Pattison to the membership.</td>
<td>8/5/2014</td>
</tr>
<tr>
<td>Announcements</td>
<td>Doug announced that NAMI Durham is looking for a consumer board member, if interested let him know and he will get you in contact with the right person.</td>
<td>Receive the information.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

5. ADJOURNMENT
OUR VISION

The Alliance CFAC promotes a community-based support system that seeks to have each person reach his or her full potential.

This committee of consumers and family members gives voice by sharing quality input on the interests and opinions of persons with needs related to mental illness, intellectual/developmental disabilities, and substance abuse.

The Alliance CFAC embraces the dignity of all residents in our communities so that each person may achieve his or her highest level engagement in the community.

MEMBERS

Johnetta Alston
Caroline Ambrose
Jackie Blue
Casey Bullard
Anna Cunningham
Dave Curro
Lotta Fisher
Faye Griffin
Vivian Harris
Cynthia Hall
Eric Hall
Marcia Hall
Tammy Harrington
James Henry
Steve Hill
Marc Jacques
Dorothy Johnson
Joe Kilheimer
Colleen Kilheimer
Dr. Mike Martin
Dr. Michael McGuire
Felisha McPherson
George Mitchell
Sharon O’Brian
Rebecca Page
Maribel Rivera-Elias
Dan Shaw
David Smith
Ernesto Smythe
Kurtis Taylor
Amelia Thorpe
Denise Wood
EXECUTIVE SUMMARY

The new year brought an additional merger with Cumberland County and we have been able to maintain three distinct county subcommittees along with our all-inclusive Alliance CFAC.

In consideration of the significant challenges members faced with communication and travel, we increased our stipend for people traveling more than 50 miles one way for a meeting to try and encourage participation.

We completed and signed our relational agreement with the Board of Directors of Alliance Behavioral Healthcare.

The talk of additional mergers and Medicaid reform and all that means for the people we represent has us concerned and trying to ensure continued consumer and family involvement in the system.

Concerns about the divestiture of services from Wake Human Services were for the most part resolved by the introduction of some very capable providers into the county to take over those services.

Our working relationship with Alliance continues to take shape and we are constantly looking at how we can better communicate our concerns early on in the decision making processes.

The sheer size of the organization has made it difficult to know providers within the individual counties and we look forward to getting more involved in learning what is available across the Alliance region.

There is no question that the new “local influence” is not the same and adjusting to that is challenging yet holds great potential in increasing opportunities/outcomes.

We are committed to representing the people in our individual counties and doing our part to try and ensure appropriate care for people with mental health and substance use disorders as well as people with intellectual and developmental disabilities.

“Our working relationship with Alliance continues to take shape and we are constantly looking at how we can better communicate our concerns early on in the decision making processes.”
ACCOMPLISHMENTS

Review, comment on, and monitor the implementation of the local business plan

- Built tighter bonds and communication with the Community Relations Department, gaining a broader knowledge of the system of care within each community.
- Served on Alliance Board Committees such as Human Rights and Global Quality Assurance.
- Reviewed and changed the bylaws on page 4, section 8 to “max number of voting CFAC members to 36” to accommodate Alliance’s merger with the Cumberland LME.
- Participated in the creation of the MCO Business Plan, unanimously voting to approve the plan with the written recommendations that were submitted.
- Approved a Relational Agreement with the Alliance Board of Directors.
- With the determination that the number of MCOs will be condensed to four (western, eastern and two central regions) MCOs, remained involved in the conversation and considered how best to have consumer and family input into an even larger system.
- Discussed advocating for quality services and for Alliance to continue to shine in the state of NC.
- Alliance’s Stephanie Williams and Eric Johnson made a presentation to the group explaining the role of the Community Relations Department, including participation in vendor fairs and presentations to public and private agencies.
- David Smith reported that meeting procedures were discussed during the Human Rights Committee, and that data continues to be collected to determine trends.
- Expressed concern about the incorporation of the Alliance Office of Consumer Affairs into the Community Relations Department, and advocated that their voice continue to be heard.
- Alliance’s April Parker provided an overview of Utilization Management for MH/SA.
- Reviewed ideas with Alliance Director of Communications Doug Fuller concerning how to better link CFAC members, especially as we continue to evolve to serve even larger geographic areas. Advocated for use of technology to improve communication and planned for access to video and/or phone conferencing where possible.

(continued on next page)
ACCOMPLISHMENTS

**Identify service gaps and underserved populations**

- Participated in the Needs /Gap Analysis in February/March, the Alliance Budget Retreat in March, and the Strategic Planning session in March/April.
- Held community forums to help identify localized area gaps and needs.
- Created a DataCom Committee responsible for researching ways to improve communication between members and to review data from the MCO, report back to the full CFAC, and communicate information in an effective fashion.
- Worked with Alliance staff on various ad hoc committees/initiatives, including an anti-stigma campaign and an I/DD Crisis Solutions team.
- Expressed concern that emergency services dispatchers need to be CIT-trained in a timelier and ongoing manner due to staff turnover.
- Duke social worker Mark Sullivan presented on Project Lazarus, a community-wide response to fatal drug overdoses, a problem devastating communities across the nation.
- Members served on the review committee for an important Alliance Request for Proposals from service providers.
- Planned two I/DD Community Forums for October 2014
- Shared information about the Medicaid Buy-In program to encourage greater awareness.
- Reviewed the Alliance Needs/Gaps Analysis.
- Supported a new CASA apartment Complex for Veterans with Disabilities on the corner of Sedgefield and Guess Roads.

**Review and comment on the Alliance budget**

- Reported to staff and Board members at the Alliance Budget Retreat on CFAC priorities and CFAC’s assessment of needs and gaps, all of which were considered in the budgeting process.
- Hosted presentations providing a greater awareness of Alliance activities and updates on items of interest to area consumers and families.
- Created an ad-hoc group to develop a PowerPoint presentation detailing the budget and the Needs/Gaps Analysis.
- Evaluated Alliance’s review of its financial condition revealing that the organization is in good standing and is currently exceeding State requirements.

(continued on next page)
ACCOMPLISHMENTS

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.

- Participated in State CFAC calls every other month.
- Co-hosted a Statewide CFAC meeting in Chapel Hill.
- Shared our Annual Report with State CFAC leadership.

Participate in all quality improvement measures and performance indicators

- County Subcommittees and Global Committee members reported out to the full CFAC membership at regular meetings.
- Disseminated copies of the CQI report.
- Reported to group that hospital admissions are down.
- Expressed concern about the treatment and wait times for consumers at the ER/hospitals before admittance to CRH.
- Participated in the selection of quality providers through an Alliance RFP process.

OTHER ACCOMPLISHMENTS

- New officers were chosen for FY15: Marc Jacques, Chair
  Felisha McPherson, Vice Chair
  Johnetta Alston, Secretary
  Carrie Ambrose, Treasurer
- Sent CFAC members to NC Council conference in Pinehurst and Recovery Conference in Durham.
- Increased stipends for meetings that require travel over 50 miles.
- Encouraged groups to share information, like Barton Cutter, who shared about the NC Council on Disabilities Self-Advocacy Survey.
- Executive Leadership Team reviewed last year’s goals and prepared goals for the coming year, including use of a self-survey and evaluation tool.

TRAINING

State updates presented by the Consumer Empowerment Team at every Alliance CFAC meeting were augmented by, training segments at local area meetings:

- Members Rights and Responsibilities
- Medicaid and Fraud Abuse
- Advanced Directives
- Mental Health Awareness
- Accessing Services
- I/DD and the Services Provided by Alliance Behavioral Healthcare
- Alcohol Awareness – An Orientation
CONCERNS

- A charged political environment with many new and uninformed elected officials makes it even more difficult to get involved on a political level.

- Distance makes communicating with Cumberland members challenging.

- Enhancing attendance from all counties at meetings, including more minority members and those representing substance abuse.

- The need to become more autonomous in carrying out our day-to-day operations, including scheduling guest speakers on selected topics.

- Additional anticipated mergers and the impact that could have on ensuring local input into the LME-MCO and having an appropriate per capita level of consumer/family representation.

- Overall system rhetoric fatigue is making it difficult to increase the active participation of consumers/families and community members that fulfills our statutory requirements and enables us to remain a relevant, vibrant, valued part of the system.

- The need for a better understanding of how key CFAC roles will be more professionally carried out and communicated to the public in a timely, trusted manner.

- The ability to meet consumer needs quickly, to eliminate I/DD waiting lists, and to more responsibly address increased system costs by effectively treating people in the community.

GOALS

- Develop networking opportunities between Alliance Board and CFAC members.

- Learn more about the providers in each area of the Alliance region.

- Recruit additional members.

- Utilize new technology to improve communication efforts.

- Develop an anti-stigma campaign, peer respite, and tools for communication between CFAC and the community.

- Communicate more in writing with the Alliance Board and leadership.

- Meet the challenge of reorganization again, ensuring consumer and family input and involvement in the system.

- Reformat agenda with sections for data review, communication information review, and steps for improvement.

- More Peer Support Specialists providing services.

- More community engagement at training events.

- Improve communication with those with language barriers or need for additional communication support.

- Engage and recruit Latino consumers to be members of the CFAC.

Meeting Times and Locations:

Alliance CFAC
Alliance Corporate Office
4600 Emperor Boulevard
Durham
First Monday in February, April, June, August, October and December at 5:30pm

Durham CFAC Subcommittee
TROSA
1820 James Street
Durham
First Monday in January, March, May, July, September and November at 5:30pm

Wake CFAC Subcommittee
5000 Falls of Neuse Road
Raleigh
Second Tuesday in January, March, May, July, September and November at 5:30pm

Cumberland CFAC Subcommittee
711 Executive Place
Fayetteville
Fourth Thursday of each month at 5:30pm

Check the online calendar at AllianceBHC.org for current information about our meetings.
ITEM: Executive Committee Report

DATE OF BOARD MEETING: September 4, 2014

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 minutes from the July 8, 2014, meeting.

REQUEST FOR AREA BOARD ACTION:
Accept the report.

CEO RECOMMENDATION:
Accept the report.

RESOURCE PERSON(S):
William Stanford, Area Board Chair; Robert Robinson, CEO
MEMBERS PRESENT: ☒Chris Bostock (via phone), ☐George Corvin, ☒Jim Edgerton (via phone), ☐George Quick, ☐William Stanford, Chair, ☒Scott Taylor, ☒Lascel Webley, Jr.
GUEST(S): None
STAFF PRESENT: Rob Robinson, CEO; Carol Hammett, General Counsel; Veronica Ingram, Executive Assistant

1. WELCOME AND INTRODUCTIONS – Vice-Chair Chris Bostock presided.

2. REVIEW OF THE MINUTES – The minutes from the 3/11/2014, 4/8/2014, 5/13/2014 and 6/10/2014 Executive Committee meetings were reviewed; a motion made by Mr. Taylor and seconded by Mr. Webley to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. FY 15 Board Training Schedule</td>
<td>Committee reviewed and discussed training schedule; no revision was needed. Committee advised staff to add this item to the August agenda.</td>
<td>Ms. Ingram will add to August Board agenda.</td>
<td>8/7/2014</td>
</tr>
<tr>
<td>4. August 7, 2014, Board Agenda</td>
<td>Committee reviewed draft August agenda. No additional changes were made.</td>
<td>Ms. Ingram will communicate August agenda to staff and begin composing Board packet.</td>
<td>7/9/2014</td>
</tr>
<tr>
<td>5. August 7, 2014, Board Reception</td>
<td>Reception for former Board Chairman, Lascel Webley, will be 3:30-4:00 p.m. the same day as the August Board meeting.</td>
<td>Ms. Ingram will remind Board members and staff of reception date and time.</td>
<td>7/31/2014</td>
</tr>
<tr>
<td>6. Employee Classification and Grade Schedule</td>
<td>This topic was addressed in the draft August agenda; see item four. Committee requested clarification: has the current employee benefit plan been approved?</td>
<td>Mr. Robinson will confirm if the employee benefit plan was approved.</td>
<td>8/19/2014</td>
</tr>
<tr>
<td>7. Committee Appointments</td>
<td>Process is ongoing. Chairman Stanford sent requests to all Board members seeking their feedback on committee preference. As stated in the by-laws, the Chair is responsible for appointing Board members to committees and appointing committee Chairs.</td>
<td>Chairman Stanford will address this topic at the August Executive Committee meeting.</td>
<td>8/19/2014</td>
</tr>
<tr>
<td>8. October Board Meeting in Cumberland</td>
<td>Committee discussed topic and will recommend changing the meeting location of the October meeting (to the Cumberland site) with the full Board at the August Board meeting; committee discussed by-law requirements for changing the meeting location.</td>
<td>Ms. Ingram will add topic to August agenda.</td>
<td>8/7/2014</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>9. Merger/Consolidation</td>
<td>Committee discussed status of 2011 Johnston County Interlocal Agreement, subcontract with Johnston County (funding agreement) and potential next steps.</td>
<td>Mr. Robinson will discuss topic with Janis Nutt, Johnston Site Director, and bring update to next Executive Committee meeting.</td>
<td>8/19/2014</td>
</tr>
<tr>
<td>10. Board Vacancy (Wake Seat)</td>
<td>Committee reviewed and discussed status of current applicants.</td>
<td>Ms. Ingram will contact new applicant to schedule interview at the next Executive Committee meeting; she will invite other Board members to participate in this interview.</td>
<td>8/19/2014</td>
</tr>
<tr>
<td>11. August 5th Luncheon with County Commissioners and County Managers</td>
<td>Mr. Robinson clarified: this luncheon is the quarterly meeting of Alliance’s County Commissioners Advisory Committee.</td>
<td>Mr. Robinson will direct staff in preparation for the luncheon.</td>
<td>8/5/2014</td>
</tr>
<tr>
<td>12. Board Orientation</td>
<td>Staff will compose the agenda. Board orientation will be held when both vacant seats are filled.</td>
<td>None specified.</td>
<td>N/A</td>
</tr>
<tr>
<td>13. Proposal to Change August Executive Committee Meeting to 8/19/2014.</td>
<td>Committee discussed topic. A Motion was made by Mr. Taylor and seconded by Mr. Edgerton to change the next Executive Committee meeting to August 19, 2014. Motion passed.</td>
<td>Ms. Ingram will inform Executive Committee members of August meeting date. She will advise Communications Director to update meeting date on Alliance’s website per Open Meetings Law requirement.</td>
<td>7/15/2014</td>
</tr>
</tbody>
</table>

14. ADJOURNMENT
<table>
<thead>
<tr>
<th>Month</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>August</td>
<td>Board Requirements Under 122-C and Board By-Laws (Carol Hammett)</td>
</tr>
<tr>
<td>September</td>
<td>Compliance Training and Annual Report (Monica Portugal)</td>
</tr>
<tr>
<td>October</td>
<td>Clinical Update (Sean Schreiber) SAMSHA/BECOMING (Ann Oshel)</td>
</tr>
<tr>
<td>November</td>
<td>MH Program Update/Evidence-Based Practices in MH (Beth Melcher)</td>
</tr>
<tr>
<td>December</td>
<td>Area Board Policies (Monica Portugal/Carol Hammett)</td>
</tr>
<tr>
<td></td>
<td>Open Meetings Law (Carol Hammett)</td>
</tr>
<tr>
<td>February</td>
<td>SA Program Update/Evidence-Based Practices in SA (Beth Melcher)</td>
</tr>
<tr>
<td></td>
<td>Overview of Crisis Services (James Osborn)</td>
</tr>
<tr>
<td>March</td>
<td>System of Care (Ann Oshel)</td>
</tr>
<tr>
<td></td>
<td>Open Topic:</td>
</tr>
<tr>
<td>April</td>
<td>DOJ/Transitions to Community Living (Michael Bollini, Jessica King)</td>
</tr>
<tr>
<td>May</td>
<td>I/DD Program Update (Beth Melcher)</td>
</tr>
<tr>
<td>June</td>
<td>Housing (Ann Oshel)</td>
</tr>
</tbody>
</table>

*Financial Management and Budget could be covered during March Budget Retreat.*
ITEM: Annual Compliance Training and Review of Compliance Program FY14

DATE OF BOARD MEETING: September 4, 2014

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:
Receive annual compliance training and review of FY14 compliance program.

AREA DIRECTOR RECOMMENDATION:
Receive annual compliance training and review of FY14 compliance program.

RESOURCE PERSON(S):
Monica Portugal, Chief Compliance Officer; Rob Robinson, Chief Executive Officer
Compliance Matters

- 42 CFR § 438.608
- DMA Contract
- 2010 Revisions to the Federal Sentencing Guidelines
- Corporate Integrity Agreements
- HIPAA
- § 122C-124.2.
Compliance Matters

Ethicsphere: The World’s Most Ethical Companies
Compliance Matters

• Governing authority must be knowledgeable about compliance program with reasonable oversight

• Structural
  • Understand the scope of the Compliance Program

• Operational
  • Understand the operations of the Compliance Program
The Big Picture

Seven Elements
1) Oversight and Accountability

- Area Board
- Chief Executive Officer
- Corporate Compliance Committee
- Chief Compliance Officer
Oversight and Accountability

- **Governing authority** must be knowledgeable about compliance program with reasonable oversight.

- **Chief Compliance Officer** manages daily compliance operations, implements each compliance element, reports direct to CEO with access to board with periodic reporting responsibilities.

- **Corporate Compliance Committee** serves as an advisory committee to the Compliance Officer and evaluates the effectiveness of the program.
2) Policies, Procedures, Standards of Conduct

Ethics

Law
3) Education and Training

- Preventative
- Ongoing
  - All Stakeholders
- Targeted
  - Some Stakeholders
- Effective
4) Communication

- Compliance Line/Portal
- Non-Retaliation
- Investigations
5) Enforcement

- Policies and Procedures
  - Discipline
  - Adverse Actions
  - Disputes

- Provider Operations Manual
  - Administrative Actions, Sanctions
  - Disputes

- Fair and Consistent

- Progressive
6) Internal Monitoring, Auditing

- Essential for effectiveness – assists in detecting non-compliance or criminal conduct
- Risk assessment to determine focus for the annual work plan
- Audits – independent and objective
- Monitoring – not always objective
7) Response and Remediation

- Any time a potential violation is identified
- Timely and adequate
- Prevent future violations
- Mitigate risk
Annual Process

Corporate Compliance Plan approved by Area Board

Annual Compliance Risk Assessment

Annual Compliance Work Plan approved by Compliance Committee

Annual Compliance Report reviewed by Compliance Committee and Area Board

Ongoing efforts
Targeted efforts (risk)
Prevention

• New Employee Orientation:
  • Compliance Program
  • Code of Ethics
  • Conflict of Interest
  • Confidentiality
  • Fraud and Abuse

• Annual Compliance Training

• Compliance and Ethics Week Celebration
Prevention

- Policies Annual Review
- Procedures Annual Review
- New Employee Attestations:
  - Confidentiality Agreement
  - Conflict of Interest Disclosure
  - Code of Ethics Attestation
Prevention

Annual Work Plan (Risk):

- Notice of Privacy Practices (Omnibus)
- Business Associates Agreements (Omnibus)
- Mobile Device Procedures
- Encryption
- Exclusions
Prevention

Annual Work Plan (Risk):

• Expectations of provider compliance programs
• Provider Compliance Plans
• Self-audit instructions/tools on website

Information Sharing:

• Risk Areas
• Non-Compliance Areas
Detection

- Special Investigations:
  - Referrals
  - Special Investigations
  - Adverse Findings
  - Referrals to DMA/DOJ MID
- Explanation of Benefits
Detection

- Compliance Reports
- HIPAA Breaches
- HIPAA Risk Assessment
- Internal Monitoring of MCO functions
- Exclusions
Enforcement

- Provider Actions:
  - Enhanced
  - Innovations
  - Outpatient
  - Both Outpatient and Enhanced
  - Both Innovations and Enhanced
  - Both Outpatient and Innovations
  - All

- Overpayments

- Reconsiderations

- Internal Corrective Action Plans
Oversight

- Corporate Compliance in FY15:
  - 3 additional positions (1 internal compliance, 1 SIU investigator, 1 security compliance)
  - Claims Audits (random, focused compliance audits)
  - Training for Compliance staff
- Software:
  - P&Ps
  - Forms
  - Case Management