Alliance Behavioral Healthcare  
Area Board Meeting  
Thursday, October 3, 2013  
4:00pm– 6:00 pm

DRAFT MINUTES

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

MEMBERS PRESENT:  
Dr. George Corvin, Jim Edgerton, Phillip Golden, Dr. Nancy Henley, George Quick, William Stanford, John Griffin, Vicki Shore, Cynthia Binaynay, and Lascel Webley, Jr., Chairman, Scott Taylor, Kenneth Edge, Lodies Gloston, Christopher Bostock

MEMBERS ABSENT:  
Ellen Holliman, Ann Akland, Amelia Thorpe, Michael Page

GUESTS PRESENT:  
Yvonne French from DMH/DD/SAS, Denise Foreman from Wake County, Dan Shaw-Durham CFAC, Michael Woolard from Carolina Outreach, and Frederick Aikers from Heartfelt Alternatives.

STAFF PRESENT:  
Sara Pacholke, Amanda Graham, Rob Robinson, Kelly Goodfellow, Monica Portugal, Sean Schreiber, Doug Fuller, Tracy Hayes, Doug Wright, Al Ragland, Ann Oshel, Beth Melcher, Susan Knox, Carlyle Johnson, Hank Debnam, Dr. Janis Nutt

1. CALL TO ORDER:  
Chairman Lascel Webley, Jr. called the meeting to order at 4:04 pm.

2. ANNOUNCEMENTS  
A. Introductions of applicants for Wake Board seats  
Chairman Webley and the Board welcomed the any applicants for the Wake Board seats in attendance.  
B. Request for 2012-13 audit presentation to be made at the December 10, 2013 Executive Committee Meeting.

3. OATH OF OFFICE FOR NEW BOARD MEMBERS  
Oath of Office for new Board members was deferred until the next Board meeting on Thursday, November 7, 2013.

4. AGENDA ADJUSTMENTS
Chairman Webley made one addition to the agenda. Rob Robinson and Kelly Goodfellow presented the Board with information regarding the government shutdown.

5. **PUBLIC COMMENT**
   There was no public comment.

6. **FINANCE COMMITTEE REPORT**
   The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Board. The Finance Committee met at 3:00 pm prior to the regular Board meeting. Draft minutes and financial information from the September 5, 2013 meeting were attached.

   Reviewed financial statements and ratios meeting the minimum requirements numbers in line for July. George Quick presents the Board with the total amount of net restricted assets and asks that the Board restrict these funds and they will be reflected in the June 30 audit.

   **BOARD ACTION**
   A Motion was made by George Quick to approve the restriction of the net restricted assets, a total of $10,607,283.31; seconded by James Edgerton. Motion passed.

7. **COMMITTEE REPORTS**
   A. Quality Management Report
   B. Human Rights Committee Report
   C. Executive Committee Report
   D. Policy Committee

   **BOARD ACTION**
   Chairman Webley stated that the Board received a number of Committee Reports in the Board Packets. There were no questions and the Board accepted as presented.

8. **CONSENT AGENDA**
   A. Draft Board minutes from the September 5, 2013 Board Meeting

   **BOARD ACTION**
   The Draft Board minutes from the September 5, 2013 Board Meeting were accepted as presented.

9. **UPDATE ON THE SECRETARY’S MEDICAID REFORM PLAN**
   Rob Robinson, Chief Operating Officer, presented the Board with an update on Medicaid Reform saying Alliance was one of two MCOs invited to participate in a meeting with members of DHHS. The state expects to have a preliminary plan in place by the end of the month of October.
10. **WAKE DIVESTITURE UPDATE**
Carlyle Johnson presented to the Board an update on the Wake Divestiture. He stated the Requests for Proposals (RFPs) for Intensive In-Home (IIH), Substance Abuse Intensive Outpatient (SAIOP), Community Support Team (CST), and Supported Employment for Individuals with Serious Mental Illness (SEP) have been posted and invites the Board to join the RFP review panel.

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

11. **HR REPORT**
Al Ragland, HR Director, presented to the Board with a staffing update, stating over the last year Alliance has received 6,000 applications for various positions.

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

12. **GRIEVANCE AND INCIDENT REPORT**
Doug Wright, Director of Consumer Affairs, presented to the Board with fourth quarter data FY12-13 stating changes have been made to the way grievances reported and the chief complaint from consumers is quality of services.

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

13. **CHAIRMAN'S REPORT**
Chairman Webley reminded the Board to be mindful of email messages sent and received as they are public record and some discussions can go to a closed session.
Chairman Webley encouraged all Board members to attend the Executive Committee Meeting on Tuesday, October 8, 2013 at 8:15am.

14. **ADJOURNMENT**
With all business being completed the meeting adjourned at 5:18 pm.
Next Board Meeting
Thursday, November 7, 2013
3:00-6:00

Respectfully submitted:

[Signature]

Ellen S. Holliman, Chief Executive Officer

November 7, 2013

Date Approved
ITEM: Finance Committee Minutes from September 5, 2013 Meeting

DATE OF BOARD MEETING: October 3, 2013

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 PM prior to the regular Area Board Meeting. The budget to actual report and ratios for the period ending July 31, 2013 and the draft minutes of the September Finance Committee are attached.

REQUEST FOR AREA BOARD ACTION:
None

CEO RECOMMENDATION:
None

RESOURCE PERSON(S):
Ellen Holliman, Kelly Goodfellow, Sara Pacholke
Alliance Behavioral Healthcare  
Finance Committee Minutes  
September 5, 2013

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

Members Absent: N/A

Staff Present: Kelly Goodfellow, MBA, Sara Pacholke, BS, CPA, Rob Robinson, LCAS

Staff Absent: Ellen Holliman, BS,

Opening: Meeting opened by George Quick at 3:11 at Alliance Behavioral Healthcare’s corporate office

Approval of Minutes: Jim Edgerton made a motion to approve the minutes from the August 1, 2013 meetings with a second from Phillip Golden.

Agenda Items

Sara Pacholke presented the July 2013 budget to actual statement and ratios. Revenues and expenses were in line with expectations for the first month of the year. Alliance currently meets the financial ratios required by Senate Bill 208 and the ratios monitored by DMA.

There was discussion over the GS159 deposit requirements. It was determined that daily requirements provides for 24 hours to deposit checks received. The Finance Committee approved requiring deposits when moneys on hand amount to as much as $250. Checks received under $250 will be secured until deposited.

Sara Pacholke went over the FY13 net asset timeline. The restricted net assets will be presented to the board at the October meeting for approval.

Meeting adjourned at 3:55 pm.

Respectfully submitted,

Sara Pacholke  
Finance Director
### Alliance Behavioral Healthcare

**Budget to Actual Comparison - Revenue & Expenditures**

**For the One Month Ending July 31, 2013**

<table>
<thead>
<tr>
<th>REVENUES</th>
<th>Budget</th>
<th>Current Period</th>
<th>Year to Date</th>
<th>Balance</th>
<th>% Received Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County</td>
<td>$35,860,112.00</td>
<td>$8,300,576.75</td>
<td>$8,300,576.75</td>
<td>$27,559,535.25</td>
<td>23.15%</td>
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<tr>
<td>State</td>
<td>37,673,396.00</td>
<td>2,969,230.92</td>
<td>2,969,230.92</td>
<td>34,704,165.08</td>
<td>7.88%</td>
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<tr>
<td>Federal</td>
<td>7,640,334.00</td>
<td>(66,684.48)</td>
<td>(66,684.48)</td>
<td>7,736,918.48</td>
<td>(0.26%)</td>
</tr>
<tr>
<td>Medicaid and CAP Pass Through</td>
<td>500,000.00</td>
<td>24,907,985.83</td>
<td>24,907,985.83</td>
<td>284,718,734.17</td>
<td>8.10%</td>
</tr>
<tr>
<td>Medicaid Waiver</td>
<td>307,626,720.00</td>
<td>89.50</td>
<td>89.50</td>
<td>(89.50)</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Miscellaneous Revenue</strong></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>36,081,298.52</td>
<td>36,081,298.52</td>
<td>353,219,263.48</td>
<td>9.27%</td>
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<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County</td>
<td>1,017,828.00</td>
<td>46,910.75</td>
<td>46,910.75</td>
<td>970,917.25</td>
<td>4.61%</td>
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<tr>
<td>State</td>
<td>4,538,540.00</td>
<td>378,211.67</td>
<td>378,211.67</td>
<td>4,160,328.33</td>
<td>8.33%</td>
</tr>
<tr>
<td>Medicaid and CAP UR</td>
<td>(64,294.34)</td>
<td>(54,294.34)</td>
<td>(54,294.34)</td>
<td>54,294.34</td>
<td>0.00%</td>
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<tr>
<td>Medicaid Waiver</td>
<td>315,266,480.00</td>
<td>2,558,899.51</td>
<td>2,558,899.51</td>
<td>281,616,594.49</td>
<td>8.10%</td>
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<tr>
<td>In Kind Revenue</td>
<td>1,130,287.00</td>
<td>105.00</td>
<td>105.00</td>
<td>1,130,287.00</td>
<td>0.00%</td>
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<tr>
<td><strong>Miscellaneous Revenue</strong></td>
<td>25,000.00</td>
<td>105.00</td>
<td>105.00</td>
<td>24,895.00</td>
<td>0.42%</td>
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<tr>
<td><strong>Total Administrative Revenue</strong></td>
<td>38,068,135.00</td>
<td>2,909,763.59</td>
<td>2,909,763.59</td>
<td>35,158,371.41</td>
<td>7.64%</td>
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<tr>
<td><strong>Total Revenues</strong></td>
<td>427,368,697.00</td>
<td>38,991,062.11</td>
<td>38,991,062.11</td>
<td>388,377,634.89</td>
<td>9.12%</td>
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### EXPENDITURES

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>Budget</th>
<th>Current Period</th>
<th>Year to Date</th>
<th>Balance</th>
<th>% Received Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County</td>
<td>36,047,755.00</td>
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<td>1,518,453.91</td>
<td>34,529,301.09</td>
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<tr>
<td>State</td>
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<td>(501,761.69)</td>
<td>38,175,157.69</td>
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<tr>
<td>Federal</td>
<td>6,519,508.00</td>
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<td>184,485.52</td>
<td>6,335,020.48</td>
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<td>Medicaid and CAP Pass Through</td>
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<td>27,482,974.74</td>
<td>27,482,974.74</td>
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<tr>
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<td>30,491,605.48</td>
<td>357,876,171.52</td>
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<tr>
<td><strong>Total Service Expenditures</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational</td>
<td>5,909,076.05</td>
<td>294,608.00</td>
<td>294,608.00</td>
<td>5,614,468.05</td>
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<td>Salaries, Benefits, and Fringe</td>
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<td>1,823,060.27</td>
<td>1,823,060.27</td>
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<td>Professional Services</td>
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<td>73,640.64</td>
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<td>In Kind Expenses</td>
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<td>1,130,287.00</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Administrative Expenditures</strong></td>
<td>39,000,920.00</td>
<td>2,191,308.91</td>
<td>2,191,308.91</td>
<td>36,809,611.09</td>
<td>5.62%</td>
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<tr>
<td><strong>Total Expenditures</strong></td>
<td>427,368,697.00</td>
<td>32,682,914.39</td>
<td>32,682,914.39</td>
<td>394,685,782.61</td>
<td>7.65%</td>
</tr>
</tbody>
</table>

### REVENUES OVER EXPENDITURES

<table>
<thead>
<tr>
<th></th>
<th>Budget</th>
<th>Current Period</th>
<th>Year to Date</th>
<th>Balance</th>
<th>% Received Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES OVER EXPENDITURES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6,308,147.72</td>
<td>6,308,147.72</td>
<td></td>
<td>(6,308,147.72)</td>
<td>0.00%</td>
</tr>
</tbody>
</table>
ITEM: Global Quality Management Committee FINAL Minutes

DATE OF BOARD MEETING: October 3, 2013

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

The Alliance Board of Directors Chairperson appoints the committee consisting of five voting members whereof three are Board members and two are members of the Consumer and Family Advisory Committee (CFAC). Other non-voting members include at least one MCO employee and one provider representative. The committee is actively recruiting another provider to represent Cumberland and Johnston Counties and consumer or family members to serve as members. 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 FY14 members of the committee were:
Nancy Henley, MD, Chair (Area Board Member)
Lascel Webley, Jr. (Chair, Area Board)
Joe Kilsheimer (CFAC-Durham member)
George Corvin, MD (Area Board Member)
Bill Sanford (Area Board Member)
John Griffin (Area Board Member)
Amy Neufeld (Provider representative, serving Wake and Durham Counties)

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 from the June meeting is attached. The committee discussed and decided to increase provider representation to 2 non-voting members and discuss additional CFAC
members. The committee received a presentation on incidents, grievances, authorizations, and Call Center data for the third quarter. There was one Level 3 incident in Johnston that seemed to be an outlier. Grievances have increased by 57% in 3rd Quarter due to addition of Cumberland and Johnston Counties. The Call Center and UM are meeting all standards set by the state and URAC.

**CEO RECOMMENDATIONS:**
Accept the minutes.

**RESOURCE PERSON(S):**
Lena Klumper, Ph.D
<table>
<thead>
<tr>
<th>Committee name:</th>
<th>Global Quality Management Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting date:</td>
<td>June 6, 2013</td>
</tr>
<tr>
<td>Report submitted by:</td>
<td>Lena Klumper, PhD; (Acting) Chair for Meeting: George Corvin, MD Date:</td>
</tr>
<tr>
<td>Members Present:</td>
<td>Ann Akland, BS; Joe Kilsheimer, MBA; George Corvin, MD</td>
</tr>
<tr>
<td>Members Absent:</td>
<td>John Barry (Chair), MSW, MBA; Lascle Webley, Jr., BS, MBA, MHA; Amy Neufeld, MSW, Provider Representative</td>
</tr>
<tr>
<td>Staff Present:</td>
<td>Lena Klumper, PhD, Quality Management Director; May Alexander, MS, QM Data Manager; Doug Wright, Director of Consumer Affairs</td>
</tr>
<tr>
<td>Staff Absent:</td>
<td>Khalil Tanas, MD, Medical Director; Tina Howard, MA, Quality Review Manager</td>
</tr>
<tr>
<td>Community Providers Present:</td>
<td>None</td>
</tr>
<tr>
<td>Community Providers Absent:</td>
<td>None</td>
</tr>
<tr>
<td>Guests:</td>
<td>None</td>
</tr>
</tbody>
</table>

**Topic:** Approval of Minutes

**Brief description of Topic:** March 2013 and May 2013 minutes were reviewed and approved as written.

**Follow-up items:** None

**Announcements:** None

**Next steps:** None

**Topic:** New Business (Dr. Klumper)

**Brief description of Topic:** Additional Provider Members for FY14?

Lena has drafted a document that will go on the Alliance website recruiting new providers for this
committee. This committee has decided to have 2 provider representatives. As a reminder, providers do not vote. Should we also recruit CFAC members? How many? The committee decided not to make a decision at this time. Lena will draft a second document for recruiting CFAC members. The committee suggested one per county in our catchment area. Doug Wright shared that CFAC members as a whole are not concerned with local government; they are only concerned about the consumers. This committee agreed to review the responses to the documents and then make a decision on how to proceed.

**QMC Evaluation of Alliance QM Unit**

URAC requires a yearly review. The evaluation report for FY12-13 (July 1, 2011 through June 30, 2012) will be sent out to this committee for review very soon. The data and information included in the report has been reviewed by this committee throughout the fiscal year; this will be a compilation of all of the data with the next steps and recommendations that were carried forward into this current fiscal year. The evaluation report for this current fiscal year that ends on June 30, 2013 will be due the end of December to DMA.

<table>
<thead>
<tr>
<th>Actions Taken:</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Next steps:</td>
<td>FY 14 QM Plan &amp; QM Evaluation Report will be emailed next week for review.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Topic:</strong></th>
<th><strong>Data Review (May Alexander)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Brief description of data reviewed:</strong></td>
<td>May reviewed incident, grievance and UM data via projector.</td>
</tr>
<tr>
<td></td>
<td><strong>Incidents</strong> New information added about number of consumers with incidents and total number of incidents. In Q3 there were 715 incidents for 514 consumers. The highest number for one consumer was 12. For Level 2 incidents one large Day Treatment/Residential provider stood out for consumer behavior and restrictive intervention incidents. This provider has been monitored closely and QM does not believe there are any reporting issues. For Level 3 there was only one outlier in Johnston Co. related to staff abuse.</td>
</tr>
<tr>
<td></td>
<td><strong>Grievances</strong> From Q2 to Q3 there was a 57% increase in grievances, this was partially due to the addition of Cumberland and Johnston Counties in January 2013. A majority of complaints were filed by consumers followed by LME/MCO staff. A majority of concerns filed focused on Enhanced Benefit services, with residential being the highest. Most issues were resolved by providing technical assistance to the complainant or working with the</td>
</tr>
</tbody>
</table>
3 Quality Management Committee

provider for a resolution. 78% of concerns were resolved in the required time-frame. This report includes information on the top five providers with the most complaints, identifies areas of training for internal staff and indicated how each county is reporting complaints by population.

UM 3rd Quarter data shows the call center is meeting all URAC requirements. During this quarter they took over 24/7 coverage with PROTOCall only serving as back-up. Data for service authorization was very limited in Q3. UM did meet turn around time standards. Services by county were added to the UM report this quarter to monitor service utilization.

| Actions Taken: | For the Level 3 incident in Johnston County, two of the three staff involved were dismissed. Additional training on filing grievances was provided to all Alliance staff. |
| Next steps: | Continue to monitor data for trends and concerns. |

There will not be a meeting in July.
The next meeting will be in September 2013.
ITEM: Human Rights Committee Report

DATE OF BOARD MEETING: October 3, 2013

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

The Human Rights Committee is required by statute and by your by-laws. The Committee meets at least quarterly and reports to you by presenting the minutes of the meetings as well as through Quality Management Reports reviewing grievances and incidents.

The Human Rights Committee is a Board Committee with at least 50% of its membership being either consumers or family members that are not Board Members. All members and the chair are appointed by the Chair of the Alliance Board of Directors. The Committee is currently chaired by Mr. Scott Taylor.

REQUEST FOR AREA BOARD ACTION:
Receive the draft minutes from the August 27, 2013 meeting. Attached to the minutes are the fourth quarter reports for grievances and incidents.

CEO RECOMMENDATION:
Receive the minutes.

RESOURCE PERSON(S):
Doug Wright, Scott Taylor, May Alexander
Human Rights Committee
Minutes

Date/time of meeting: 8/27/2013
Location: 4600 Emperor Drive
Members: Scott Taylor, Marc Jacques, Maribel Rivera-Elias, Amelia Thorpe
Staff Present: Doug Wright, May Alexander
Staff Absent:
Guest(s)

Approve Minutes from 6/4/2013
Motion by Marc Jacques, seconded by Maribel Rivera-Elias, carried unanimously.

Follow up Items
Documents Provided 6/4/2013 Minutes, 4th Quarter Grievance Report, 4th Quarter Incident Report, Committee Procedures

<table>
<thead>
<tr>
<th>Topic:</th>
<th>4th Quarter Grievance Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussion:</td>
<td>May presented the attached report; she explained the new categories being used to break the information down. Overall most grievances came from consumers and were about the quality of services. The committee questioned what happens when a trend is seen with a specific provider, it was explained that depending on the concern it could be referred to compliance, Network Development Specialists, Network Development Evaluators or DHRS or other appropriate outside...</td>
</tr>
</tbody>
</table>
agency. It was noted that the data is still early in its development and it can be hard at this point to draw significant conclusions. The committee suggested that it would be better to be out ahead of problems when possible; otherwise they may become more substantial.

**Suggestions/Comments:** May ask for any additional feedback or suggestions about data that would be useful to the committee be sent to her and she would be glad to present that information.

**Next steps:** Continue to collect data, analyze and report on a quarterly basis.

**Person Responsible:** May, Committee Members

<table>
<thead>
<tr>
<th>Topic:</th>
<th>4th Quarter Incident Reports</th>
</tr>
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<tbody>
<tr>
<td><strong>Discussion:</strong></td>
<td>May presented the attached report; she presented the overall incident numbers, giving examples of actions taken to address the individuals with the highest number of incidents. Level 2 incidents were reviewed noting that the high number of restrictive interventions and high consumer behavior categories in Wake came from one provider. May stated that this was a large day treatment provider that does not automatically put restrictive interventions in plans, a best practice, so when interventions happen it is a level two incident. In reviewing this provider it was deemed they are actually doing a good job reporting and utilizing best practice methods with their consumers. Level three incidents showed no trends. Incidents were presented by service type with May asking if this information was valuable to the committee. It was agreed that it was useful.</td>
</tr>
<tr>
<td><strong>Suggestions/Comments:</strong></td>
<td>May again ask for additional feedback.</td>
</tr>
<tr>
<td><strong>Next steps:</strong></td>
<td>Continue to collect data, analyze and report on a quarterly basis.</td>
</tr>
<tr>
<td><strong>Person Responsible:</strong></td>
<td>May</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Topic:</th>
<th>Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Discussion:</strong></td>
<td>The procedures were presented and the process for approval explained. A question was considered around the make-up of the committee, a desire was expressed to have more consumers and family members than Board Members.. The Chair expressed a desire to fill out the committee with additional members so we could get appropriate training accomplished. He mentioned we may need to have some extra meetings to accomplish this task. The Chair agreed to find out the status of Dan Shaw’s appointment to the committee.</td>
</tr>
<tr>
<td><strong>Suggestions/Comments:</strong></td>
<td>Consider additional members.</td>
</tr>
<tr>
<td><strong>Next steps:</strong></td>
<td>Find out who from the Board will be appointed, recruit additional members from other counties.</td>
</tr>
</tbody>
</table>
Next meeting: November 26, 2013, 4:00pm
Meeting room: 208

<table>
<thead>
<tr>
<th>Person Responsible:</th>
<th>Scott Taylor, Doug Wright</th>
</tr>
</thead>
</table>

| Topic:              |                           |
| Discussion:         |                           |
| Suggestions/Comments: |                         |
| Next steps:         |                           |
| Person Responsible: |                           |

| Topic:              |                           |
| Discussion:         |                           |
| Suggestions/Comments: |                         |
| Next steps:         |                           |
| Person Responsible: |                           |

| Topic:              |                           |
| Discussion:         |                           |
| Suggestions/Comments: |                         |
| Next steps:         |                           |
| Person Responsible: |                           |
ITEM: Executive Committee Report

DATE OF BOARD MEETING: October 3, 2013

REQUEST FOR AREA BOARD ACTION:
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 is the Executive Committee Report from the August 13, 2013 meeting.

CEO RECOMMENDATION:
Accept this report.

RESOURCE PERSON(S):
Ellen Holliman
Executive Committee Minutes

Date: August 13, 2013  
Present: Lascel Webley, George Quick, Bill Stanford, Nancy Henley, Bill Stanford  
Staff: Ellen Holliman, Rob Robinson

<table>
<thead>
<tr>
<th>Topic:</th>
<th>Data:</th>
<th>Action Required:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agenda Items:</td>
<td>Meeting was called to order by Lascel Webley.</td>
<td></td>
</tr>
<tr>
<td>Approve Minutes:</td>
<td>George Quick made the motion to approve the June 11, 2013 minutes and accept the July report (While there were 5 board members present, there was not a quorum of Executive Committee members). Nancy Henley seconded. Motion passed.</td>
<td></td>
</tr>
<tr>
<td>Cumberland County board applicants</td>
<td>Ms. Holliman reported 15 citizens have applied for the 3 vacant board seats in Cumberland County. A letter from Cumberland County Board Chair, Jimmy Keefe was shared with the EC. The EC discussed the selection process that is outlined in the Merger Agreement with Cumberland County.</td>
<td>Ms. Holliman will follow-up with Chairman Keefe to clarify the board selection process.</td>
</tr>
<tr>
<td>Wake County vacant board seats</td>
<td>The Merger Agreement with Cumberland County provides Wake County with an additional board seat. A former Division Director has indicated he was interested in serving on our board. Alliance will post the vacancies on the web site. We will also ask other Wake board members for suggestions of people who would be interested in serving on our board.</td>
<td>Ms. Holliman will work with the Wake County Clerk’s office to discuss the application procedure.</td>
</tr>
<tr>
<td>Update on MCO consolidation activities</td>
<td>Ms. Holliman reported that 5 LME/MCO directors are scheduled to meet on September 4th to discuss a consolidation plan. The MCOs include Alliance, Cardinal, Sandhills, Eastpointe and MeckLink. A report will be made at the September board meeting.</td>
<td></td>
</tr>
<tr>
<td>Cumberland Town Hall meeting</td>
<td>Ms. Holliman told the EC a Town Hall meeting is scheduled for Wednesday, August 14th. Approximately 100 – 150 people are expected to attend.</td>
<td></td>
</tr>
<tr>
<td>Board Committees</td>
<td>Chairman Webley will send a request to all board members for their preference to serve on a particular committee.</td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Flower Policy</td>
<td>Ms. Holliman told the EC that State rules do not allow us to use State dollars to send flowers to employees or board members. This will be communicated to staff.</td>
<td></td>
</tr>
<tr>
<td>Wake Transportation Plan</td>
<td>A Transportation Plan was recently approved by Wake County Commissioners. Rob Robinson will provide more information at the September Board meeting.</td>
<td></td>
</tr>
<tr>
<td>September 5, 2013 board agenda</td>
<td>The board approved the agenda to include the following items: report on Utilization Management activities and trends; Wake Transportation Plan; Network Development Update; Local Business Plan and the final legislative report.</td>
<td></td>
</tr>
</tbody>
</table>
ITEM: Policy Committee Report

DATE OF BOARD MEETING: October 3, 2013

BACKGROUND:

REQUEST FOR AREA BOARD ACTION:

CEO RECOMMENDATION:
Receive the report.

RESOURCE PERSON(S):
Monica Portugal
ITEM: Consent Agenda

DATE OF BOARD MEETING: October 3, 2013

REQUEST FOR AREA BOARD ACTION:
   A. Approve the draft minutes from the September 5, 2013 Board meeting.

CEO RECOMMENDATION:
Approve the Consent Agenda as presented.

RESOURCE PERSON(S):
Ellen Holliman
Lorrie Beal
Alliance Behavioral Healthcare  
Area Board Meeting  
Thursday, September 5, 2013  
4:00 pm– 6:00 pm  

DRAFT MINUTES  

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

MEMBERS PRESENT:  
Ann Akland, Dr. George Corvin, Jim Edgerton, Phillip Golden, Dr. Nancy Henley, Ellen Holliman, Michael Page, George Quick, William Stanford, Amelia Thorpe, John Griffin, Vicki Shore, Cynthia Binaynay, and Lascel Webley, Jr., Chairman.  

MEMBERS ABSENT:  
Scott Taylor  

GUESTS PRESENT:  
Yvonne French from DMH/DD/SAS, Denise Foreman from Wake County, Dan Shaw-Durham CFAC, and Frederick Aikers from Heartfelt Alternatives. Also present were the following Cumberland Board Applicants: Robin Berg, Christopher Bostock, Commissioner Kenneth Edge, Lodies Gloston, M. Beth Hogan, Reverend Floyd Johnson, Kaye Lewis, Evelyn Shaw, Pamela Suggs Story, and Angie Vorholt  

STAFF PRESENT:  
Lorrie Beal, Doug Fuller, Kelly Goodfellow, Amanda Graham, Tracy Hayes, Carlyle Johnson, Lena Klumper, Beth Melcher, Monica Portugal, Sean Schreiber, Al Ragland, Hank Debnam, Dr. Janis Nutt and Dr. Khalil Tanas.  

1. CALL TO ORDER:  
Chairman Lascel Webley, Jr. called the meeting to order at 4:07 pm.  

2. RECOGNITION OF RETIRING BOARD MEMBERS  
Chairman Webley spoke with mixed emotions is saying thank you and so long to two former board members, John Barry and Barbara Gardner  

3. ANNOUNCEMENTS  
A. Introductions of applicants for Cumberland board seats  
Chairman Webley and the Board were gratified by the outstanding response to the three open Board seats for Cumberland County. Seventeen individuals have applied for membership and a number of them were in attendance. The board applicants will be joining Alliance board members at the Executive Committee meeting next Tuesday for short interviews.  
B. Introduction of new HR Director  
Ellen Holliman was pleased to introduce Al Ragland, Alliance’s new Director of Human Resources. Al comes to Alliance with years of extremely valuable private and public experience and he has hit the ground running.
3. **ANNOUNCEMENTS (continued)**
   
   C. **Board Committees**
   
   Chairman Lascel emailed a list of different board committees to all board members. If board members are interested in serving on a committee please email Chairman Webley. Jim Edgerton will chair the Policy Committee also on that committee is Cynthia Binaynay. Dr. Nancy Henley will chair the Quality and Management Committee also on the Committee is Dr. George Corvin and John Griffin. Dr. George Corvin asked that Chairman Webley resend the email with the list of different board committees. Mr. George Quick reminded the board that the Finance Committee meets an hour before the monthly board meetings; also Ann Akland, Jim Edgerton and Phil Golden serve on the Finance Committee. The Human Rights Committee will be chaired Scott Taylor and Cynthia Binaynay will also serve on that Committee.

   Ellen Holliman stated that the September Executive Committee is scheduled for Tuesday, September 10, 2013 beginning at 8:30 am with the Cumberland Board applicant interviews starting at 9:30 am. Additionally Ellen Holliman reminded the board that the October Board meeting will include the annual training for the Board and that will begin at 3:00 on Thursday, October 3, 2013. Tracy Hayes, general counsel, will cover the legislation affecting Chapter 122 and all the new legislation that has been passed this year.

   D. **Staff Training Event on September 27, 2013**
   
   Chairman Webley reminded the Board that the Staff Training Event is scheduled for September 27, 2013. Staff from all offices will gather in Cary for this off-site event that will include important orientation in preparation for Alliance’s upcoming URAC visit, as well as a variety of team-building activities.

4. **AGENDA ADJUSTMENTS**
   
   Chairman Webley stated that the Board should have received a revised agenda stating that agenda items 11 through 14 will be deferred to the October 2013 meeting. Mr. Dave Richard, DMH Director, will join the Alliance Board meeting for a short discussion.

5. **PUBLIC COMMENT**
   
   There was no public comment.

6. **FINANCE COMMITTEE REPORT**
   
   The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Board. The Finance Committee met at 3:00 pm prior to the regular Board meeting. Draft minutes and financial information from the August 1, 2013 meeting were attached. Reviewed financial statements and ratios meeting the minimum requirements numbers in line for July; scheduled for December auditors will present audit to board members

**CEO RECOMMENDATION**

The Finance Committee Minutes were accepted as presented.
7. **COMMITTEE REPORTS**
   A. Human Rights Committee Report
   B. Consumer and Family Advisory Committee Report
   C. Executive Committee Report
   D. Policy Committee Report
Chairman Webley stated that the Board received a number of Committee Reports in the Board Packets. There were no questions and the Board accepted as presented.

**CEO RECOMMENDATION**
The Committee Reports were accepted as presented.

8. **CONSENT AGENDA**
   A. Draft Board minutes from the June 6, 2013 Board Meeting
   B. Draft Board minutes from the August 1, 2013 Board Meeting
   C. Annual Review of Board Policies

   A Motion was made by Phil Golden to approve draft board minutes from the June 6, 2013 Board Meeting, draft board minutes from the August 1, 2013 meeting and the Annual Review of Board Policies; seconded by William Stanford. Motion passed.

9. **BOARD POLICIES**
Monica Portugal, Corporate Compliance Officer, presented to the Board new and revised Board Policies.
Chairman Webley stated that the Board received the new and revised Board Policies in the Board Packet; he asked if there were any questions regarding the policies; having none, Chairman Webley asked for a Motion.

   A Motion was made by William Stanford to accept the Board Policies as presented; seconded by Dr. Nancy Henley. Motion passed.

10. **CONVERSATION WITH DAVE RICHARD**
Ellen Holliman welcomed Dave Richard, Director, NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services, and expressed her appreciation that Mr. Richard took the time to discuss the status of the Secretary’s Medicaid reform plan.

   Mr. Richard stated that the state wants to have a different relationship with LME/MCO; no more show and tell meetings, the state wants to have more conversation and dialogue and be on the same page with LME/MCO. He states the Secretary is unwavering in terms of her desire that Medicaid and Division of Mental Health is working together on everything they do. She is engaged in the LME/MCO world having meetings and discussing the performance of systems and to exchange information.

   Mr. Richard feels fortunate that he has been able to meet with state CFACS and providers and has expressed the interest of the State to treat consumers holistically. Because of so many changes he’s been told that the state has a fragile provider network which results in a fragile consumer community.
Where is the state headed – putting meat to the bones proposal and presenting it to the general assembly? There is an understanding that you can’t dismantle a Mental Health, Substance Abuse and IDD system without providing a transition plan that provides some stability.

At the end of the day, the State cannot sustain 10 MCOs; it will be less than 5 perhaps 3 or 4. Although there has been LME/MCO mergers that are not contiguous the State is not looking to go forward in that direction. The State will be looking at a more regional system.

11. UM ACTIVITIES AND TRENDS
Sean Schreiber, Chief Clinical Officer, presented to the Board a review of Utilization Management trends and activities.

CEO RECOMMENDATION
The Reports were accepted as presented.

12. PROVIDER NETWORK DEVELOPMENT PLAN
Beth Melcher, Chief of Network Development and Evaluation, presented to the Board the Provider Network Development Plan. The focus of the Plan at Alliance is the development and maintenance of a robust provider network that will respond to the needs of our communities for a wide array of high-quality services. Communication, performance issues and a process to review service network needs.

CEO RECOMMENDATION
The Provider Network Development Plan was accepted as presented.

13. LOCAL BUSINESS PLAN
Lena Klumper, Director of Quality Management, presented to the Board the Local Business Plan.

A Motion was made by Dr. George Corvin to approve the Local Business Plan as presented; seconded by Dr. Nancy Henley. Motion passed.

14. FINAL LEGISLATION REPORT
Tracy Hayes, General Counsel, will present to the Board an overview of Legislative updates.
This agenda item was tabled for the October 3, 2013 meeting.
15. CHAIRMAN’S REPORT
Chairman Webley encouraged all board member to attend the Executive Committee meeting slated for Tuesday, September 10th at 8:05am to engage in a discussion prior to the Cumberland board seat interviews

16. ADJOURNMENT
With all business being completed the meeting adjourned at 6:05 pm.

Next Board Meeting
Thursday, October 3, 2013
3:00 – 6:00

Respectfully submitted:

[Signature]

Ellen S. Holliman, Chief Executive Officer

Date Approved
ITEM: Update on the Secretary’s Medicaid Reform Plan

DATE OF BOARD MEETING: October 3, 2013

BACKGROUND:
Since the September Board meeting that included discussion with DMH Director Dave Richard regarding the State’s vision for MCO participation in Medicaid reform, Alliance CEO Ellen Holliman has met with Mr. Richard and the other MCO CEOs, and a plan was devised to develop a map detailing the consolidation of the MCOs into four regions.

REQUEST FOR AREA BOARD ACTION:
The Board is requested to receive an update on the Secretary’s plan.

CEO RECOMMENDATION:
Receive this update.

RESOURCE PERSON(S):
Ellen Holliman
ITEM: Wake Behavioral Health Divestiture Update

DATE OF BOARD MEETING: October 3, 2013

BACKGROUND:
Over the past nine months, Alliance Behavioral Healthcare and Wake County government have worked collaboratively to divest of behavioral health services formerly provided by Wake County Human Services. Providers were selected through ten Requests for Proposals (RFPs) and recommendations for vendor selection have been approved in prior Alliance Board meetings. Alliance staff have worked closely with Wake County and selected vendors to transition care for consumers, and a Wake Behavioral transition team has been in place through the mid-September to aid in transitioning consumers.

REQUEST FOR AREA BOARD ACTION:
The Board is requested to receive an update from Carlyle Johnson.

CEO RECOMMENDATION:
Receive this update.

RESOURCE PERSON(S):
Carlyle Johnson
ITEM: Human Resources Update

DATE OF BOARD MEETING: October 3, 2013

BACKGROUND:
Human Resources will be providing an overall update on some key areas of operation.

REQUEST FOR AREA BOARD ACTION:
Receive the update.

CEO RECOMMENDATION:
Receive the update.

RESOURCE PERSON(S):
Al Ragland
ITEM: Fourth Quarter Grievances and Incidents Report

DATE OF BOARD MEETING: October 3, 2013

BACKGROUND:
The Quality Management Department reports on a quarterly basis to the Human Rights Committee grievance and incident reports. This information is gathered and analyzed with action taken and recommendations considered as to next steps. The use of this data continues to be an effective way to manage concerns with each of these important areas and Board participation is critical in this process. Once reviewed at the committee level it is then presented to the full board.

REQUEST FOR AREA BOARD ACTION:
Receive the reports as presented.

CEO RECOMMENDATION:
Receive the reports as presented.

RESOURCE PERSON(S):
Doug Wright
May Alexander
GRIEVANCE REPORT
FOURTH QUARTER FY 12-13
Due to changes in Alpha that were submitted in July, the 4\textsuperscript{th} Quarter data reflect the new Nature of Issue categories (Grievance, Internal Employee Concern, External Stakeholder Concern, Compliment, Other).

Staff were trained at the end of the Quarter on the new classification process.
**Background:**
At the time a grievance is logged, it is placed in the category that best describes the nature of the concern. These new categories are: Grievance, Internal Employee Concern, External Stakeholder Concern, Compliment and Other.

**Analysis and Trends:**
More than half of the issues entered were grievances; internal and external concerns were equally divided. There was a 15% increase in Grievances/Concerns received.

**Follow up:**
Guidance to staff is ongoing to ensure proper categorization.

**Next Steps:**
After 1st Quarter of FY14 is collected, more substantial analysis can be done on trends in reporting.
**Background:**
Alliance Behavioral Healthcare is responsible for addressing grievances related to publicly-funded, behavioral health services. Grievances/Concerns are logged from consumers, providers, and/or service team members when dissatisfaction with services is reported.

**Analysis and Trends:**
Consumer filing has increased slightly from 49% Q3 to 55% Q4. MCO staff, Providers and Anonymous reporting has decreased. This trend will be monitored into the 1st quarter. The anticipated increase in MCO reporting has not been seen.

**Follow up:**
- Grievance/Concern procedures are in the final stages of approval.
- Grievance/Concern training has been recorded and is available to Alliance staff.

**Next Steps:**
Continue to monitor implementation of changes. Work with staff entering Grievance/Concerns to ensure accurate data entry.

**By Complainant**

- **Anonymous**: 10, 4%
- **Consumer**: 132, 55%
- **Consumer Advocate/Rep.**: 17, 7%
- **DMA**: 54, 23%
- **MCO Staff**: 20, 8%
- **Other**: 5, 2%
- **Provider**: 2, 1%

*N 240*
Does not include 2 Compliments
**Background:** This chart reflects consumer grievances. *

**Analysis and Trends:** The majority of complaints continued to be focused on Quality of Services (44%) followed by Access to Services (15%).

**Follow-up:** These categories are defined by the Division of Mental Health Intellectual/Developmental Disabilities and Substance Abuse Services. They were included in the training materials.

* included are consumer, family member, and guardian. N is different from previous slide due to the consumer being the source for some internal and external concerns. This graph reflects only grievances.
**Background:**
Detail of areas of concern expressed by MCO staff

**Analysis and Trends:**
The largest area of concern was Quality of Services (23) a decrease from Q3. Authorization/Payment/Billing was the next largest area of concern.

**Follow-up:**
These categories are defined by the Division of Mental Health Intellectual/Developmental Disabilities and Substance Abuse Services. They were included in the training materials

---

N is different from previous slide due to the consumer being the source for some internal and external concerns. This graph reflects only Internal Employee Concerns.
**Background:**
Grievances/Concerns presented by service to identify trends

**Analysis and Trends:**
A slight increase was seen of issues related to Enhanced Benefit Services. Issues related to IDD and Crisis doubled from last quarter. Unknown concerns also increased. Of the Enhanced Benefit services, the vast majority were related to residential care (53). ACTT was second (13), followed by IIH (11). This breakdown was similar to Q3.

**Next Steps:**
The LME/MCO is now required to report the type of residential service. QM is working on ways to identify this in Alpha; currently a field does not exist.
**Background:**
QM staff use various methods to resolve issues.

**Analysis and Trends:**
Overall resolution rates increased 16% from Q3 to Q4. Ninety-one (91)% of grievances were resolved by providing technical assistance to complainant or working with the provider for a resolution. This is slightly up from Q3 (90%). Unresolved grievances were down from 7 to 4%. Unresolved grievances are predominantly due to lack of accurate contact information for complainants.

**Follow-up:**
Based on several provider trends, referrals have been made to Compliance, Network Development Specialists, and Network Development Evaluators.
**Background:**
Grievances must be resolved within 15 working days (of the date filed), but may be extended if issues require additional attention, or the grievance requires the attention of an external regulatory agency. Frequently, QM staff work to resolve the issue within 5 days. Previously, data had to be presented in increments of 15. Current data is presented in increments of 7 to more accurately represent the resolution time. Alpha data is calculated in calendar days.

**Analysis and Trends:**
Of the 212 issues that were resolved, 149 (70%) were resolved within 21 calendar days (15 working days) of the Grievances. Seventy-five (75) % were resolved within the required timeframe. Those over 30 days have typically been referred to external agencies.

**Next Steps:**
This data will be compared to Q1 FY14 data to develop trending related to resolution time.
**Background:**
Grievances were reviewed to begin baseline data for the top providers against whom grievances/complaints were filed.

**Analysis and Trends:**
Alliance, Carolina Outreach and Holly Hill were all in the top five in Q3. Alliance has increased in the number of Grievances/Concerns received. Carolina Outreach has had a 25% decrease; Holly Hill has had a 50% decrease.

**Next Steps:**
Currently, no next steps other than to monitor trends.

---

**Top Providers with the Most Complaints**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alliance Behavioral Healthcare</td>
<td>9</td>
</tr>
<tr>
<td>Carolina Outreach, LLC</td>
<td>6</td>
</tr>
<tr>
<td>Carter Clinic, PA</td>
<td>5</td>
</tr>
<tr>
<td>Evergreen Behavioral Management, Inc.</td>
<td>5</td>
</tr>
<tr>
<td>Freedom House Recovery Center</td>
<td>5</td>
</tr>
<tr>
<td>Holly Hill Hospital, LLC</td>
<td>5</td>
</tr>
<tr>
<td>Omega Independent Living Services, Inc.</td>
<td>5</td>
</tr>
<tr>
<td>Alliance Behavior Healthcare</td>
<td>7</td>
</tr>
</tbody>
</table>
**Background:**
Previously, demographic and population data have not been included; it is now being included to identify ongoing areas of training need.

**Analysis and Trends:**
Identification of disability areas had slight increases in IDD and MH. However, approximately 50% were missing data. This is similar to last quarter. There was a slight decrease in the number of Grievances/Concerns missing an age category from 40% to 33%.

**Next Steps:**
Continue to work with staff who enter Grievances/Concerns to correctly identify both age and disability groups.
Background:
In February 2013, Alliance began serving 4 counties.

Analysis and Trends:
Rate of reporting has been graphed based on number of consumers served in each county. If all counties were reporting at the same rate, the line would be flat. This graph includes grievances, external stakeholder concerns, compliments and other. (Internal concerns are not included as they skew the Durham numbers. Complaints from other counties are also not included.) Forty-five (45) % of grievances and concerns did not have an Alliance county associated with them.

Next Steps:
This information presents the opportunity for training and education in all of the 4 counties about grievance reporting.
**Background:**
Quality of Services comprised the majority of Grievances/Concerns.

**Analysis and Trends:**
There was a 15% increase between Q3 and Q4 in total Grievances/Concerns. Quality of services continues to be the highest category accounting for 42% of Grievances/Concerns. This is a slight decrease from Q3.

**Follow up:**
All Alliance staff were offered Grievance/Concern training at the end of Q4. Included was a reference sheet for determining the nature of Grievances/Concerns.

**Next Steps:**
Volume of grievances will continue to be monitored to determine optimal staffing patterns.

Q2 data included a category for missing (49). It is not included in the graph above because it was not used in any other quarter.
Incident Trends Report

4Q 2013

July 2013

Serving Durham, Wake, Cumberland and Johnston Counties
Q4 Incident Statistics

- There were 747 incidents occurring for 561 consumers. 444 involved children, 303 adults.
- The highest number of incidents for one consumer was 7.
- Of the consumers with the highest number of incidents (over 5) all 6 are children.
  - 1 child was discharged and referred to day tx after attempted sexual assault at group home, 4 are pursuing a higher level of care, 1 is being addressed within the current service.
**Background:** Level 2 incidents are monitored to ensure consumer and community safety.

**Trend and Analysis:** Q4 data is being presented by population. The lower trend line indicates those types of incidents that occurred in more than .2% of that county’s population served. The upper trend line is only for Consumer Behavior incidents. Those typically occur at a high rate than all others. The percentage used is .4% of that county’s population served. The majority of the Wake County restrictive interventions (59%) are from one day treatment provider. This same provider accounts for 19% of the total consumer behaviors and 24% of “other” incidents. 78% of incidents categorized as “other” occurring in Johnston County were from one child residential provider. There were 18 reports involving 7 consumers, and the majority of these reports were repeat consumer absences by the same 5 consumers. 50% of incidents categorized as “other” in Durham County were from one substance abuse provider. There are no trends related to Durham consumer behaviors.

**Next Steps:** Review incident trends to determine if referral to Provider Account specialists is needed.

*numbers in bold on the graph are raw counts for each incident type in each county*
**Background:** Level 3 incidents are monitored to ensure consumer and community safety. Information is shared with necessary members of management to ensure a comprehensive clinical and administrative response.

**Trend and Analysis:** Q4 data is being presented by population. The trend line indicates those types of incidents that occurred in more than .25% of that county’s population served. There are no provider trends related to abuse/neglect/exploitation in Durham or Wake Counties. There are also no trends related to incidents categorized as “other” for Johnston County.

**Next Steps:** Review incident trends to determine if referral to Provider Account specialists is needed.

*numbers in bold on the graph are raw counts for each incident type in each county*
Q4 FY13 Incidents by Service Type – MH/SA

N = 608
Q4 FY13 Incidents by Service Type – IDD

- ICF MR/DD: 30%
- Day Support: 16%
- .5600C: 25%
- Residential Supports - Lvl 3: 5%
- Residential Supports - Lvl 4: 5%
- Home & Comm Supports: 10%
- Supp Employment: 1%
- Personal Care: 2%
- Spec Comm Residential: 4%
- .5600F: 2%
- Residential Supports: 5%

N = 139
Level 2 & 3 Incident Definitions

- **Level 2 incident categories and behaviors**
  - Consumer Death – Terminal Illness or Natural Cause
  - Restrictive Intervention – Emergency/Unplanned use or planned use that has exceeded authorized limits
  - Consumer Injuries – Any injury that requires treatment by a licensed health professional
  - Allegations of Abuse – Any allegations of abuse, neglect or exploitation including domestic violence
  - Medication Errors – Any error that threatens the consumer’s health or safety
  - Consumer Behavior – Suicidal behavior, sexual behavior (exhibited by the consumer), consumer act (involves aggressive, destructive or illegal act that results in a report to law enforcement that is potentially harmful to the consumer or others), consumer absence (greater than 3 hours over what is specified in the consumer’s plan or requires police contact)
  - Other – Suspension, Expulsion and Fire

- **Level 3 incident categories and behaviors** – all are categorized as any that results in permanent physical or psychological impairment or if there is perceived to be a significant danger to the community
  - Death – Suicide, Accident, Homicide, Unknown
  - Restrictive Intervention
  - Consumer Injury
  - Abuse/Neglect/Exploitation – includes all sexual assaults
  - Medication Error
  - Behavior
  - Other