MEMBERS PRESENT: ☒ Cynthia Binanay, Vice-Chair, ☒ Christopher Bostock, Chair, ☒ George Corvin, MD, ☒ Kenneth Edge (exited at 6:17 pm), ☐ James Edgerton, ☒ Lodies Gloston, ☒ Phillip Golden, ☐ John Griffin, Ed.D, ☒ Curtis Massey (via phone; entered at 4:05 pm; exited at 6:03 pm), ☒ Rev. Michael Page (exited at 6:21 pm), ☒ George Quick, ☒ Vicki Shore, ☒ William Stanford, Jr., ☒ Caroline Sullivan, ☒ Amelia Thorpe, ☒ Lascel Webley, Jr. (exited at 6:21 pm), and ☒ McKinley Wooten, Jr.

GUEST(S) PRESENT: Caroline Bradstock, CFAC Chair (via phone); Yvonne French, DMH; Mary Hutchings, Wake County Finance Department

ALLIANCE STAFF PRESENT: Michael Bollini, Executive Vice-President/Chief Operating Officer (interim)/Chief Strategy Officer; Michael Croghan, Director of Strategic Initiatives; Hank Debnam, Cumberland Site Director/Veteran’s Point of Contact; Joey Dorsett, Senior Vice-President/Chief Information Officer; Carol Hammett, General Counsel; Veronica Ingram, Executive Assistant; Geyer Longenecker, Quality Management Director; Ken Marsh, Medicaid Program Director; Kelly Phillips, Director of Budget and Financial Analysis; Al Ragland, Senior Vice-President/Human Resources; Robert Robinson, CEO; and Tracy Stone-Dino, Director of Housing

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

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<tr>
<th>AGENDA ITEMS</th>
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<tr>
<td>2. Announcements</td>
<td>A. SEPTEMBER 21-22, 2016, URAC VISIT</td>
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<td></td>
<td>Mr. Robinson reported on the recent URAC re-accreditation visit and the favorable preliminary feedback. A formal evaluation is forthcoming.</td>
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<td>B. INTRODUCTION OF NEW STAFF</td>
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<td></td>
<td>Mr. Robinson introduced two new staff: Tracy Stone-Dino, Director of Housing, and Michael Croghan, Director of Strategic Initiatives.</td>
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<td>C. NC COUNCIL DECEMBER CONFERENCE</td>
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<td>Chairman Bostock mentioned that there is a preconference session specifically for Board members on December 6. He advised Board members to contact Ms. Ingram if they are interested in attending.</td>
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<td>3. Agenda Adjustments</td>
<td>There were no adjustments to the agenda.</td>
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<td>4. Public Comment</td>
<td>There were no public comments.</td>
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### AGENDA ITEMS:

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<tr>
<td><strong>5. Committee Reports</strong></td>
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<tr>
<td>A. Consumer and Family Advisory Committee – page 5</td>
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<tr>
<td>The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Durham, Wake, or Cumberland counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services.</td>
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<tr>
<td>This month’s report included draft subcommittee minutes from the Cumberland August 25, 2016, meeting, the Durham September 12, 2016, meeting, the Wake September 13, 2016, meeting, and a copy of the presentations on Accessing Services and Suicide Prevention. Caroline Bradstock, CFAC Chair, presented the report; Ms. Bradstock shared an overview from the subcommittee meetings and November (Recovery and Suicide Prevention Month) activities.</td>
</tr>
<tr>
<td>B. Finance Committee – page 52</td>
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<td>The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board.</td>
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<tr>
<td>This month’s report included draft minutes from the September meeting. George Quick presented the Committee report. Mr. Quick mentioned that the Finance Committee reviewed financial documents for the first two months of the fiscal year and that revenues exceeded expenditures. Additionally, Mr. Quick stated that Alliance meets all State mandated ratios with the exception of the medical loss ratio. This ratio was impacted by Alpha CM system calculating July claims for the month of August; this impacted all NC MCOs.</td>
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**BOARD ACTION**

The Board accepted the reports. No additional action required.

| **6. Consent Agenda** |
| **A. Draft Minutes from September 1, 2016, Board Meeting – page 58** |
| **B. County Commissioners Advisory Committee Report – page 63** |
| **C. Executive Committee Report – page 65** |
| **D. Network Development and Services Committee Report – page 68** |
| **E. Quality Management Committee Report – page 84** |

The consent agenda was sent as part of the Board packet. There were no comments or discussion about the consent agenda.
### AGENDA ITEMS:

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<tr>
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<tr>
<td><strong>BOARD ACTION</strong>&lt;br&gt;A motion was made by Mr. William Stanford to approve the consent agenda; seconded by Mr. Phillip Golden. Motion passed unanimously.</td>
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<tr>
<td>7. Trainings</td>
<td>A. Data Analytics – page 182&lt;br&gt;Joey Dorsett, Senior Vice-President/Chief Information Officer, provided an update on the Alliance data analytics project. He shared where the agency started in developing its analytics program and current progress which includes using MicroStrategy software. &lt;br&gt;Mr. Dorsett shared how developing an analytics program is also part of Alliance’s strategic plan and part of the vision for the future direction of the organization. Mr. Dorsett provided a demonstration that included draft reports and dashboards as examples of the advanced analytics program. He also shared that additional training for staff is upcoming. The data analytics presentation is attached to and made part of these minutes.</td>
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<tr>
<td><strong>BOARD ACTION</strong>&lt;br&gt;The Board received the training as presented; no additional action required.</td>
<td></td>
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<tr>
<td>B. Local Business Plan – page 207&lt;br&gt;North Carolina statute requires the creation of a local business plan. Ken Marsh, Medicaid Program Director, provided an update on the 2013-2016 plan and an overview of the 2016-2019 plan which incorporates the previously approved network development plan based on the Alliance needs and gaps analysis. &lt;br&gt;Mr. Marsh provided background on the development of the plan and reminded the Board that the plan must be approved by the Board and presented to Alliance CFAC and County Commissioners. The local business plan presentation is attached to and made part of these minutes.</td>
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<tr>
<td><strong>BOARD ACTION</strong>&lt;br&gt;A motion was made by Dr. George Corvin to approve the local business plan; seconded by Commissioner Kenneth Edge. Motion passed unanimously.</td>
<td></td>
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<tr>
<td>8. Updates</td>
<td>Mr. Robinson mentioned that the All-Staff meeting scheduled for October 7, 2016, at Bond Park in Cary, NC was cancelled due to pending inclement weather; it will be rescheduled for 2017.</td>
</tr>
</tbody>
</table>
AGENDA ITEMS:  DISCUSSION:

9. Chairman’s Report
Chairman Bostock reminded Board members that next month’s meeting will be at Alliance’s community location in downtown Durham.

10. Closed Sessions
BOARD ACTION
A motion was made by Vice-Chair Cynthia Binanay to enter closed session pursuant to NC General Statute 143-318.11 (1) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1; seconded by Dr. George Corvin. Motion passed unanimously.

The Board returned to open session.

11. Adjournment
With all business being completed the meeting adjourned at 6:38 p.m.

Next Board Meeting
Thursday, November 03, 2016
4:00 – 6:00

Robert Robinson, Chief Executive Officer

11/3/2016
Date Approved
ITEM: Consumer and Family Advisory Committee (CFAC) Report

DATE OF BOARD MEETING: October 6, 2016

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.

REQUEST FOR AREA BOARD ACTION: Receive draft subcommittee minutes from the Cumberland August 25th meeting, the Durham September 12th meeting, the Wake September 13th meeting, and a copy of the presentations on Accessing Services and Suicide Prevention.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Caroline Ambrose, CFAC Chair; Doug Wright, Director of Consumer Affairs
MEMBERS PRESENT: Lotta Fisher, Dr. Michael McGuire, Dorothy Johnson, Jackie Blue, and Ellen Gibson.
GUEST(S) PRESENT: Dour Wright (Alliance), C.J. Lewis (DMH/DD/SAS), Nathania Headley (Alliance), Jacqueline Cooper-Kelly, Delores Howard, Commissioner Donald McIntyre, Commissioner George Cooper, Mayor Willie Burnett, Scarlet Hall, and Bonnie McIntyre.

1. WELCOME AND INTRODUCTIONS: Cumberland CFAC-Sub-Committee meeting was held at Godwin Town Hall. Ms. Lotta Fisher introduced the CFAC members. Dr. Michael McGuire introduced Godwin’s Governmental Officials.

2. REVIEW OF THE MINUTES - None

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<tr>
<td>Public Comment-Consumer/Family</td>
<td>Ms. Jackie Blue and Dr. Michael McGuire provided information on ADA (American Disability Act).</td>
<td>Information is ready available upon request. Handouts, brochures and cards were available.</td>
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<td>challenges and solutions</td>
<td>Mr. Doug Wright, provided a presentation on Accessing the Services of Alliance Behavioral Healthcare Health Plan. Questions were addressed by Mr. Wright and members of CFAC Sub Committee. Mr. Wright provided Information on Advance Directive and the Care Review process. The availability of support groups for youth and individuals who are “flat broke” were also discussed.</td>
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<td>State Updates</td>
<td>C. J. Lewis provided State updates. The next State CFAC is September 14, 2016 for 9am to 3pm in Raleigh, NC at the Dorthea Dix campus. There hope is to have legislators give an update on the consolidation of MCO/LMEs.</td>
<td>State CFAC: See Mr. Lewis for more information</td>
<td>September 14, 2016</td>
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<td>The next State and Local CFAC Conference call is September 21, 2016 from 7:00pm to 8:30pm. Any concerns or suggestions can be given to the chair of the local CFAC to discuss on the call. The OPC CFAC will be hosting the annual Peer Support workshop on September 23rd at Camp New Hope in Chapel Hill, NC. The physical address is 4805 NC HWY 86. 9:30 a.m. 4:00 p.m. On November 9-11th in Clementon, NC, the 8th Annual NC One Community Recovery Conference, on recovery advocacy, resiliency, and integrative care across the state. Free Mental Health First Aid Training by the State. See Mr. Lewis know to schedule. Mr. Wright reports this training is also available through Alliance Behavioral Healthcare.</td>
<td>State and Local CFAC call: CJ has contact information Flyers provided Training will be scheduled upon request.</td>
<td>September 21, 2016 September 23, 2016 November 9-11, 2016 Ongoing</td>
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5. ADJOURNMENT
7:20 pm. Next Date: 9/22/2016; 5:30 pm 711 Executive Pl.
**1. WELCOME AND INTRODUCTIONS:** Steve opened the meeting at 5:45 p.m. and welcomed CFAC members and guests, introductions followed.

**2. REVIEW OF THE MINUTES:** Minutes to be distributed via e-mail for review and approval by members.

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<td>Public Comment/Consumer/Family Concerns</td>
<td>Guest, Jackie Pilgrim shared with CFAC members her desire to see information pertaining to CIT (Crisis Intervention Team: a partnership between first responders, the mental health system, and consumer/family members) and NC START (North Carolina Systemic, Therapeutic Assessment, Respite and Treatment) shared widely in the community to ensure families are well equipped in order to respond best in times of crisis. Jackie is looking for collaboration from Alliance in order to streamline information and increase dissemination. There was discussion regarding the dial-in option for CFAC members unable to make the meetings at TROSA. There will be a dial-in number on the agendas going forward for members to call in to the meeting.</td>
<td>Yancee to send CIT pamphlets distributed by the Alliance Community Relations Team with Jackie. Steve to set up phone at TROSA and Doug to set up dial-in call.</td>
<td>Ongoing</td>
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<tr>
<td>Community Outreach/Annual Event</td>
<td>Yancee presented an opportunity for advocacy, awareness, and community outreach by sharing with CFAC members about a new film produced by the same directors of the Anonymous People. The film Generation Found is, “A powerful story about one community coming together to ignite a youth addiction recovery revolution in their hometown “. The film highlights, “how a system of treatment centers, sober high schools, alternative peer groups, and collegiate recovery programs can exist in concert to intervene early and provide a real and tested long-term alternative to the “War on Drugs.”</td>
<td>CFAC members to view trailer here: <a href="http://generationfoundfilm.com/">http://generationfoundfilm.com/</a> Generation Found Toolkit to be sent via email for CFAC members to view.</td>
<td>View and respond by the end of September</td>
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| CFAC members were invited to consider hosting a viewing of this film in collaboration with other groups in the community that may have interest (i.e. RCOD-Recovery Community of Durham). The logistics pertaining to hosting a viewing entail the purchase of tickets in order to view the film. Depending on what theater is chosen by Gathr Films (an independent film distributor) determines the amount that will be charged per ticket. There must be enough tickets purchased in order to cover the cost of “renting” the theatre, otherwise the film will not be shown.  

Questions generated for discussion: Is there opportunity for a Q & A session afterwards? If so, who will emcee/be available to answer questions from the audience? Ticket prices might be too expensive for individuals, especially those of SSI/SSDI or limited income, how can this challenge be solved? What audience are we targeting? What is your scope of influence? Could an ad-hoc committee form in order to work on this outreach opportunity? Should opportunities for sponsorship be sought out? What is needed to promote this event? What is the time period needed in order to host an event like this? | CFAC members to pose further questions/thoughts to Yancee via email or phone: yperez@alliancebhc.org; 919-651-8821 |
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<tr>
<td><strong>Suicide Prevention Training</strong></td>
<td>Yancee presented information on Suicide Prevention, as the month of September is National Suicide Prevention Month, September 5-11th is National Suicide Prevention Week, and September 10th is International Suicide Prevention Day. Power Point slides along with a packet of resources were distributed to CFAC members and guests. See attachments.</td>
</tr>
<tr>
<td><strong>State Updates</strong></td>
<td>C.J. Lewis shared updates from the Community Engagement &amp; Empowerment Team with the DMH/DD/SAS. See attachment for details or email C.J. at: <a href="mailto:Chris.J.Lewis@dhhs.nc.gov">Chris.J.Lewis@dhhs.nc.gov</a></td>
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MCO Updates

Doug shared updates in regards to the merger. Rob Robinson, Alliance CEO, will be present at the next full CFAC meeting to answer and questions in relation to the merger, alongside Amanda Graham, Alliance Senior VP, who will share Alliance’s Strategic Plan and also be available to answer any questions.

Doug also shared that the Alliance Department of Consumer Affairs has gained two new team members; an Appeals Coordinator and Project Manager.

Doug shared that the Recovery Oriented Steering Committee at Alliance will be reviewing policies and procedures in an effort to ensure that recovery oriented concepts are upheld and integrated in Alliance operations.

Announcements

Tammy, Doug, & Yancee participated in the Recovery Celebration last Saturday, September 10th.

Opportunity to participate in the Out of the Darkness Walk put on by the American Foundation for Suicide Prevention to be held on October 8th, 2016. For more information or to participate in the Alliance Team: [http://afsp.donordrive.com/index.cfm?fuseaction=donorDrive.team&teamID=112239](http://afsp.donordrive.com/index.cfm?fuseaction=donorDrive.team&teamID=112239)

Alliance Re-Think t-shirts available to CFAC members. Contact Yancee with your size preference so that she may place an order: yperez@alliancebhc.org

CFAC name tags distributed by Doug.

5. ADJOURNMENT:
7:45 p.m.
1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES - Minutes from July 12, 2016

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<tr>
<td>State Housing Plan</td>
<td>Jon from the TAC inquired what are the issues consumers are facing accessing housing. The state recognizes most consumers are having difficulty accessing safe and affordable housing even with subsidies. A discussion was had about how difficult it is to look up resources online. Appropriate transportation is a major barrier due to cost and availability. It was suggested an Uber type transportation service may be of benefit. A question was posed “Can Alliance offer legal assistance to have convictions expunged from public or legal records for those consumers with housing barriers. Dave mentioned the Arc does help with housing and transportation plans. It was asked “Where can you go to access resources?” NChousingsearch.com will allow anyone to look at available subsidized housing. Transitions to Community Living Voucher leaflets were handed out for distribution.</td>
<td>Pass out leaflets to potential landlords for people in the TCLI program.</td>
<td>ongoing</td>
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<td>State Updates</td>
<td>CJ state meeting at Dorothea Dix this Thursday. The 3rd Wednesday is the state to local conference. Chapel Hill CFAC is hosting a Peer Support to benefit Camp New Hope.</td>
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<td>MCO Updates</td>
<td>Doug mentioned not a lot to report regarding the merger. Amanda Graham will be speaking about the strategic plan and Doug will talk about the business plan at the Oct. 3rd CFAC meeting. Oct 28th Recovery training 9-1 at Alliance 4600 Emperor Blvd Durham, information can be accessed.</td>
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<td>online on our website. CFAC Wake must do a community outreach project, we need to start thinking what type of project should be planned. To be discussed at our next CFAC meeting.</td>
<td>Plan a community outreach.</td>
<td>November Wake subcommittee meeting.</td>
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<tr>
<td><strong>Announcements</strong></td>
<td>Congratulations to Caroline Ambrose who was married earlier this month and will be changing her name to Caroline Ambrose Bradstock.</td>
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<td><strong>Community Outreach</strong></td>
<td>Nov 8th CJ Lewis will do advocacy training. Dave asked for Innovations Waiver Training and will contact Jeff Payne who is the replacement for Terry Ames who had recently retired.</td>
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<tr>
<td><strong>New Chair</strong></td>
<td>Dave Curro is moving to Durham County and will no longer be able to chair CFAC Wake. A new chair should be selected by November.</td>
<td>Discuss next meeting</td>
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</table>
Accessing the Services of the Alliance Health Plan
Accessing Services

• Call the 24 hour toll-free Alliance Access and Information Line at (800) 510-9132

• Relay Calls: 711 or (800) 735-2962

• Walk into or contact an Alliance Crisis and Assessment Center

• If covered by Medicaid, option to seek an independent practitioner, typically a licensed therapist, to initiate care
Access and Information Center

• Call the 24 hour toll-free Alliance Access and Information Line at (800) 510-9132 for:
  o Telephone assessments
  o Information on community resources
  o Crisis intervention

• Access Specialists to help with routine referrals

• Access Clinicians trained to work with callers with urgent and emergency needs
Expectations of an LME/MCO

• 24/7 telephone contact
• Emergency referrals 24/7 within one hour
• Emergency care within two hours
• Urgent care within 48 hours (usually an assessment)
• Routine care within 10 working days
Expectations of an LME/MCO

• State-funded benefit plan or array of services
• Qualified staff to evaluate service requested by providers
• Qualified provider network with the member given a choice between at least two providers
• Written material explaining the benefit plan, member rights, and how to access services within 14 days of receipt of the first service
Expectations of an LME/MCO

• Better communication with access to local decision makers

• Adjust existing services to meet changing needs

• Consumer and family feedback through an annual Consumer Satisfaction Survey
Eligibility for Services

• U.S. citizen or able to provide proof of eligible immigration status

• Resident of North Carolina

• Have a Social Security number or have applied for one

• Approved for Medicaid at your local Department of Social Services (DSS) office

• Part of a qualifying Medicaid aid category
Basic Benefits

• Brief interventions for acute (immediate but short-term) needs

• Available through a simple referral from a provider in the Alliance Network or through the Access and Information Center

• May not require prior authorization

• Includes ongoing evaluation and medication management
Basic Benefits

• Not typically assigned to an Alliance Care Manager/Care Coordinator
Enhanced Benefits

• Accessed through the member’s person-centered planning process

• Range of services and supports
  o Appropriate for members seeking to recover from severe mental illness and substance use/addiction
  o Address the needs of members with intellectual/developmental disabilities

• Highly coordinated to ensure proper but unduplicated services
Residential

- Provided to individuals who require treatment outside their homes
- Accessed through the person-centered planning process
- Provided in the least restrictive community setting
- Highly coordinated
- May be time limited or longer term
Working with Providers

• What to take to your appointment:
  o List of your current medications (prescribed and over-the-counter)
  o List of programs you have attended prior to your appointment, including dates
  o List of your hospitalizations, including dates
  o Your Medicaid ID card and other insurance card, if applicable
Working with Providers

- Most services available within 30 miles or 30-45 minutes from your home
- You have the right to change providers if you are not satisfied
In Case of Emergency

• If you are experiencing a medical emergency, call 911 and/or go to an emergency room

• Mental health emergencies can be serious but do not always require an ER visit

• Call your provider

• Call the Alliance 24 hour toll-free Access and Information Center at (800) 510-9132

• Come to a Crisis and Assessment Center
Crisis and Assessment Centers

• You should go to a Crisis and Assessment Center if you:
  
  o Want to hurt others or yourself
  
  o Are hearing voices or talking to yourself
  
  o Are intoxicated but have someone to safely bring you to a Center
  
  o Are depressed or too sad to take care of yourself/others
Crisis and Assessment Centers

- Durham Recovery Response Center
  - 309 Crutchfield Street, Durham
  - 24 hours a day

- UNC Health Care at WakeBrook
  - 107 Sunnybrook Road, Raleigh
  - 24 hours a day
Crisis and Assessment Centers

• Community Mental Health Center at Cape Fear Valley
  ○ 1724 Roxie Avenue, Fayetteville
  ○ 7 days a week, 8:00am-10:00pm

• Johnston County Health Department Mental Health Division
  ○ 521 North Brightleaf Boulevard, Smithfield
  ○ Monday-Friday, 8:00am-5:00pm
Mobile Crisis

• 24/7 assessment and triage service

• Helping professionals go into the community, conduct assessments, triage for service need and provide some crisis stabilization services

• Accessed by calling the 24 hour toll-free Alliance Access and Information Line at (800) 510-9132
Summary

- Access and Information Line: (800) 510-9132
- Benefits based on level of need
- Help your provider help you – appointments
- Medical emergencies – call 911 and/or go to an emergency department
- Mental Health emergencies – call the Access and Information Line or your provider and/or go to a Crisis and Assessment Center
Suicide Prevention
Suicide Risk Factors

• Mental Health disorders, in particular:
  o Depression or bipolar (manic-depressive) disorder
  o Alcohol or substance abuse or dependence
  o Schizophrenia
  o Post Traumatic Stress Disorder
  o Borderline or antisocial personality disorder
  o Conduct disorder (in youth)
  o Psychotic disorders and/or symptoms
  o Anxiety disorders
  o Impulsivity and aggression
Suicide Risk Factors

• Previous suicide attempt

• Family history of attempted or completed suicide

• Serious medical condition and/or pain

• The large majority of people with mental health disorders or other suicide risk factors do not engage in suicidal behavior
Environmental Factors

• Some people with major risk factors can be at increased risk due to environmental factors
  o A highly stressful life event
  o Prolonged stress due to adversities
  o Exposure to another person’s suicide, or to graphic or sensationalized accounts of suicide
  o Access to lethal methods of suicide
Factors that Lower Risk

• Receiving effective mental health care

• Positive connections to family, peers, community, and social institutions such as marriage and religion that foster resilience

• Skills and ability to solve problems
Suicide Risk by Gender

• In 2007, seventh leading cause of death for males and fifteenth leading cause for females

• Four times as many males as females died by suicide

• Firearms, suffocation and poison were the most common methods of suicide
  - Males were more likely to use firearms
  - Females were more likely to use poison
Suicide Risk by Gender

- Five times as many males as females ages 15 to 19 died by suicide
- Six times as many males as females ages 20 to 24 died by suicide
Suicide Risk by Age

• Older Americans are disproportionately likely to die by suicide

  o 14.3 of every 100,000 people ages 65 and older died by suicide in 2007 compared to 11.3 in the general population

  o 47 of every 100,000 non-Hispanic white men 85 or older died by suicide
Level of Suicide Risk

- **Low**: Some suicidal thoughts, no plan; says he or she won't complete suicide
- **Moderate**: Suicidal thoughts, vague plan not very lethal; says he or she won't complete suicide
- **High**: Suicidal thoughts, specific lethal plan; says he or she won't complete suicide
- **Severe**: Suicidal thoughts, specific lethal plan; says he or she will complete suicide
Warning Signs

- Talking about wanting to kill themselves or saying they wish they were dead
- Looking for a way to kill themselves, such as hoarding medicine or buying a gun
- Talking about a specific suicide plan
- Feeling hopeless or having no reason to live
- Feeling trapped or desperate, or needing to escape from an intolerable situation
Warning Signs

• Having the feeling of being a burden to others
• Feeling humiliated
• Having intense anxiety and/or panic attacks
• Losing interest in things, or losing the ability to experience pleasure
• Insomnia
• Acting irritable or agitated
Warning Signs

• Becoming socially isolated and withdrawn from friends, family and others

• Showing rage, or talking about seeking revenge for being victimized or rejected
Common Misconceptions

• People who talk about suicide won't really do it

• Anyone who tries to complete suicide must be “crazy”

• If a person is determined to complete suicide nothing is going to stop them

• People who complete suicide were unwilling to seek help
Common Misconceptions

- Talking about suicide may give someone the idea to act on it
Helping a Suicidal Person

Mental Health First Aid

- Assess for risk of suicide or harm
- Listen nonjudgmentally
- Give reassurance and information
- Encourage appropriate professional help
- Encourage self-help and other support strategies

ALGEE
Helping a Suicidal Person

- Get professional help
- Follow-up on treatment
- Be proactive
- Encourage positive lifestyle changes
- Make a safety plan
- Remove potential means of suicide
- Continue your support over the long haul
When Talking to a Suicidal Person

DO:
• Be yourself
• Listen
• Be sympathetic, non-judgmental, patient, calm and accepting
• Offer hope
• Ask if the person is having thoughts of suicide
When Talking to a Suicidal Person

DO NOT:

• Argue with the suicidal person
• Act shocked, lecture on the value of life, or say that suicide is wrong
• Promise confidentiality
• Offer ways to fix their problems, give advice, or make them justify their suicidal feelings
• Blame yourself
Telephone Numbers

Need help? In the U.S., call 1-800-273-8255
National Suicide Prevention Lifeline

1-800-799-4TTY
1-800-799-4889
TTY - Hearing & Speech Impaired

Alliance Behavioral Healthcare
1-800-510-9132
ITEM: Finance Committee Report

DATE OF BOARD MEETING: October 6, 2016

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.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): James Edgerton, Committee Chair; Rob Robinson, CEO; Kelly Goodfellow, CFO
Thursday, September 01, 2016  BOARD FINANCE COMMITTEE

APPOINTED MEMBERS PRESENT: ☒ James Edgerton, Chair; ☐ George Quick, MBA, ☒ John Griffin; ☐ Vicki Shore
BOARD MEMBERS PRESENT: 
GUEST(S) PRESENT: 
STAFF PRESENT: Kelly Goodfellow, CFO; Kelly Phillips, Director of Budget and Financial Analysis

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the 8/4/16 meeting were reviewed but not approved due to quorum not being met.

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
<th>NEXT STEPS</th>
<th>TIME FRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>The monthly financial reports were discussed which includes the Statement of Revenue and Expenses – Actual to Budget, Senate Bill 208 Required Ratios, and DMA Contract Ratios</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Statement of Revenue and Expenses – Actual to Budget as of July 31, 2016 – Alliance currently has revenues exceeding expenses of $22,102,835. The majority of this is related to Medicaid and Medicaid risk reserve. This is typical for the first month of the fiscal year when we receive out payment but claims volume is low.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Senate Bill 208 Ratios - Alliance is currently meeting and exceeding all required Senate Bill 208 ratios.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c) DMA Contract Ratios – Alliance is currently meeting and exceeding the defensive interval ratio. Alliance feel short of the 85% Medicaid Expense Ratio by dropping to 49%. This is due to a system issue that caused claims from July 29th to be carried into August. When July statements are restated after year end close, the amount will be accrued and MLR will be 70%.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Kelly Goodfellow discussed the intent to review budget information with the board in November. The goal will be to ascertain at what level the board wants to approve budget transfer. In addition, the presentation will be an opportunity to provide education on the overall budget process.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. ADJOURNMENT

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
### Statement of Revenue and Expenses (Budget and Actual) - As of August 31, 2016*

#### REVENUES

<table>
<thead>
<tr>
<th></th>
<th>Original Budget</th>
<th>Current Period</th>
<th>Year to Date</th>
<th>Balance</th>
<th>% Received/Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Local Grants</strong></td>
<td>$36,874,048.00</td>
<td>$3,114,917.39</td>
<td>$6,229,834.78</td>
<td>$30,644,213.22</td>
<td>16.89%</td>
</tr>
<tr>
<td><strong>State &amp; Federal Grants</strong></td>
<td>55,113,711.00</td>
<td>4,567,045.46</td>
<td>9,517,184.59</td>
<td>45,596,526.41</td>
<td>17.27%</td>
</tr>
<tr>
<td><strong>Medicaid Waiver Services</strong></td>
<td>348,220,800.00</td>
<td>29,331,159.59</td>
<td>57,689,618.36</td>
<td>290,531,181.64</td>
<td>16.57%</td>
</tr>
<tr>
<td><strong>In Kind</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>440,208,559.00</td>
<td>37,013,122.44</td>
<td>73,436,637.73</td>
<td>366,771,921.27</td>
<td>16.68%</td>
</tr>
</tbody>
</table>

#### Administrative

<table>
<thead>
<tr>
<th></th>
<th>Original Budget</th>
<th>Current Period</th>
<th>Year to Date</th>
<th>Balance</th>
<th>% Received/Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Local Administration</strong></td>
<td>369,835.81</td>
<td>31,244.70</td>
<td>62,489.40</td>
<td>307,346.41</td>
<td>16.90%</td>
</tr>
<tr>
<td><strong>LME Administrative Grant</strong></td>
<td>4,359,385.00</td>
<td>363,282.08</td>
<td>726,564.16</td>
<td>3,632,820.84</td>
<td>16.67%</td>
</tr>
<tr>
<td><strong>Medicaid Waiver Administration</strong></td>
<td>44,330,623.20</td>
<td>3,905,793.04</td>
<td>7,590,211.97</td>
<td>36,740,411.23</td>
<td>17.12%</td>
</tr>
<tr>
<td><strong>Miscellaneous Revenue</strong></td>
<td>100,000.00</td>
<td>13,421.61</td>
<td>29,426.90</td>
<td>70,573.10</td>
<td>29.43%</td>
</tr>
<tr>
<td><strong>Total Administrative Revenue</strong></td>
<td>49,159,844.01</td>
<td>4,313,741.43</td>
<td>8,408,692.43</td>
<td>40,751,151.58</td>
<td>17.10%</td>
</tr>
</tbody>
</table>

| **Total Revenues**   | 489,368,403.01  | 41,326,863.87  | 81,845,330.16 | 407,523,072.85 | 16.72%              |

#### EXPENSES

<table>
<thead>
<tr>
<th></th>
<th>Original Budget</th>
<th>Current Period</th>
<th>Year to Date</th>
<th>Balance</th>
<th>% Received/Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Local Services</strong></td>
<td>36,874,048.00</td>
<td>69,958.86</td>
<td>245,576.15</td>
<td>36,628,471.85</td>
<td>0.67%</td>
</tr>
<tr>
<td><strong>State &amp; Federal Services</strong></td>
<td>55,113,711.00</td>
<td>5,295,888.64</td>
<td>6,543,325.02</td>
<td>48,570,385.98</td>
<td>11.87%</td>
</tr>
<tr>
<td><strong>Medicaid Waiver Services</strong></td>
<td>348,220,800.00</td>
<td>35,626,814.96</td>
<td>50,505,364.27</td>
<td>297,715,435.73</td>
<td>14.50%</td>
</tr>
<tr>
<td><strong>In Kind Expenses</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Service Expenses</strong></td>
<td>440,208,559.00</td>
<td>40,992,662.46</td>
<td>57,294,265.44</td>
<td>382,914,293.56</td>
<td>13.02%</td>
</tr>
</tbody>
</table>

#### Administrative

<table>
<thead>
<tr>
<th></th>
<th>Original Budget</th>
<th>Current Period</th>
<th>Year to Date</th>
<th>Balance</th>
<th>% Received/Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operational</strong></td>
<td>6,749,177.51</td>
<td>344,777.44</td>
<td>646,067.75</td>
<td>6,103,109.76</td>
<td>9.57%</td>
</tr>
<tr>
<td><strong>Salaries, Benefits, and Fringe</strong></td>
<td>34,017,214.69</td>
<td>2,868,516.74</td>
<td>5,762,796.88</td>
<td>28,254,417.81</td>
<td>16.94%</td>
</tr>
<tr>
<td><strong>Professional Services</strong></td>
<td>8,293,451.81</td>
<td>495,429.45</td>
<td>633,264.40</td>
<td>7,660,187.41</td>
<td>7.64%</td>
</tr>
<tr>
<td><strong>Miscellaneous Expense</strong></td>
<td>100,000.00</td>
<td>-</td>
<td>-</td>
<td>100,000.00</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Administrative Expenses</strong></td>
<td>49,159,844.01</td>
<td>3,708,723.63</td>
<td>7,042,129.03</td>
<td>42,017,714.98</td>
<td>14.32%</td>
</tr>
</tbody>
</table>

| **Total Expenses**   | 489,368,403.01  | 44,701,386.09  | 64,336,394.47 | 424,932,008.54 | 13.15%              |

#### CHANGE IN NET POSITION

|                      | $(3,374,522.22) | $17,508,935.69 |

---

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

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

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

**Medical Loss Ratio (MLR)** = Total Services Expenses plus Administrative Expenses that go towards directly improving health outcomes divided by Total Medicaid Revenue less Risk Reserve Revenue. The benchmark is 85%. This is the ratio that is currently being negotiated with DMA.

*Preliminary financial ratios subject to change.*
## Net Position: Detail - As of June 30, 2016*

<table>
<thead>
<tr>
<th>Capital Assets at End of Year</th>
<th>$846,842.95</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restricted</td>
<td></td>
</tr>
<tr>
<td>Risk Reserve</td>
<td>26,169,549.57</td>
</tr>
<tr>
<td>State Services</td>
<td>62,500.00</td>
</tr>
<tr>
<td>Cumberland Services</td>
<td>5,186,805.07</td>
</tr>
<tr>
<td>Wake Services</td>
<td>4,032,513.31</td>
</tr>
<tr>
<td>Total Restricted</td>
<td>35,451,367.95</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>68,274,680.17</td>
</tr>
<tr>
<td><strong>TOTAL NET POSITION</strong></td>
<td><strong>104,572,891.07</strong></td>
</tr>
</tbody>
</table>

*Preliminary financials subject to change*
ITEM: Draft Minutes from the September 1, 2016, Board Meeting

DATE OF BOARD MEETING: October 6, 2016

REQUEST FOR BOARD ACTION: Approve the draft minutes from the September 1, 2016, Board Meeting.

CEO RECOMMENDATION: Approve the minutes.

RESOURCE PERSON(S): Robert Robinson, CEO; Veronica Ingram, Executive Assistant
AREA BOARD REGULAR MEETING
4600 Emperor Boulevard, Durham, NC, 27703
4:00-6:00 p.m.

MEMBERS PRESENT: ☒Cynthia Binanay, Vice-Chair, ☒Christopher Bostock, Chair, ☒George Corvin, MD, ☒Kenneth Edge (via phone), ☒James Edgerton, ☒Lodies Gloston, ☒Phillip Golden, ☒John Griffin, Ed.D (exited at 6:17 pm), ☒Curtis Massey (via phone), ☒Rev. Michael Page (via phone; entered at 4:15; exited at 4:25), ☒George Quick, ☒Vicki Shore, ☒William Stanford, Jr. (entered at 4:25 pm), ☒Caroline Sullivan, ☒Amelia Thorpe, ☒Lascel Webley, Jr., and ☐McKinley Wooten, Jr.

GUEST(S) PRESENT: Gary Bass, CEO of Pride of North Carolina, Inc.; Israel Pattison, CFAC Co-Chair

ALLIANCE STAFF PRESENT: Michael Bollini, Executive Vice-President/Chief Operating Officer (interim)/Chief Strategy Officer; Hank Debnam, Cumberland Site Director; Joey Dorsett, Senior Vice-President/CIO; Doug Fuller, Director of Communications; Kelly Goodfellow, Executive Vice-President/CFO; Amanda Graham, Senior Vice-President/Organizational Effectiveness; Carol Hamnett, General Counsel; Veronica Ingram, Executive Assistant; Wes Knepper, Project Manager; Susan Knox, Senior HR Analyst; Geyer Longenecker, Quality Management Director; Ken Marsh, Medicaid Program Director; Beth Melcher, Senior Vice-President/Network Development and Evaluation; Ann Oshel, Senior Vice-President/Community Relations; Kate Peterson, Project Manager; Monica Portugal, Chief Compliance Officer; Al Ragland, Senior Vice-President/Human Resources; Rob Robinson, CEO; and Doug Wright, Director of Consumer Affairs

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

AGENDA ITEMS: DISCUSSION:

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Announcements</td>
<td>There were no announcements.</td>
</tr>
<tr>
<td>3. Agenda Adjustments</td>
<td>There were no adjustments to the agenda.</td>
</tr>
<tr>
<td>4. Public Comment</td>
<td>There were no public comments.</td>
</tr>
<tr>
<td>5. Committee Reports</td>
<td>A. Consumer and Family Advisory Committee – page 5</td>
</tr>
<tr>
<td></td>
<td>The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Durham, Wake, or Cumberland counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services. This month’s report included draft minutes from the August CFAC meeting.</td>
</tr>
<tr>
<td></td>
<td>Israel Pattison, CFAC Vice-Chair, presented the report. He provided a review of Alliance CFAC meetings and county subcommittee meetings: a Quality Management update provided by Tina Howard, Quality Review Manager; a review of CFAC by-laws, and an interest in knowing more about mergers. Mr. Robinson expressed interest in attending an upcoming CFAC meeting to provide an update on mergers.</td>
</tr>
<tr>
<td></td>
<td>B. Finance Committee – page 47</td>
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<tr>
<td></td>
<td>The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board. This month’s report included draft minutes from the August meeting. James Edgerton, Committee Chair, presented the report. He noted that revenue exceeded expenditures. Mr. Edgerton reviewed the State mandated ratio for expenses for services and administrative funds. He mentioned that the Alpha CM system used for claims had calculated July claims for the month of August.</td>
</tr>
</tbody>
</table>
AGENDA ITEMS:  

DISCUSSION:

Mr. Edgerton noted that the Finance Committee would like to provide additional education for the Area Board regarding the budget process: how the agency manages funds, understanding statute requirements, staff budget/finance committee, etc. He proposed that this training occur at the November Board meeting.

C. Policy Committee (10 minutes) – page 53

Per Alliance Behavioral Healthcare Area Board Policy “Development of Policies and Procedures”, the Board reviews all policies annually. The Policy Committee reviews a number of policies each quarter in order to meet this requirement. This month’s report included draft minutes from the August meeting, policies for continued use and policies with recommended changes.

Curtis Massey, Committee Chair, presented the Policy Committee report. He mentioned that the policies were sent previously as part of the packet and noted policies that were submitted for approval with continued use: Area Board By-Laws; Area Board Code of Ethics; Area Board Conflict of Interest; Consumer, Family, Advisory Committee; Delegation of Authority to the Area Director; Strategic Planning; Guidelines for Public Comment at Area Board Meetings; Health and Safety; Emergency Management Plan; Area Board Media; Internal Control; Area Board Member Attendance Compensation; Business Continuity; Area Director Compensation; Evaluation of Area Director; and Reporting of Abuse, Neglect, Dependency and Exploitation.

Additionally, Mr. Massey presented the following policies with recommended revisions: Area Authority Relations with Catchment Area Counties; Development of Policies and Procedures; Area Board Processes; Management of Service Delivery; Dispute Resolution; Pre-Review Screening for Certification; Accessibility of UR/UM Process; Utilization Review Process; Appealing Clinical UM Decisions; and Utilization Review Criteria.

BOARD ACTION

A motion was made by Dr. George Corvin to approve the policies recommended for continued use and with suggested revisions; seconded by Vice-Chair Cynthia Binanay. Motion passed unanimously.

6. Consent Agenda

A. Draft Minutes from August 4, 2016, Board Meeting – page 107
B. Executive Committee Report – page 112
C. Human Rights Committee Report – page 115
D. Quality Management Committee Report – page 144
E. Proposal to Purchase and Lease 3309 Durham Drive, Raleigh – page 194

The consent agenda was sent as part of the Board packet. Chairman Bostock mentioned that the lease was part of last month’s Board meeting. There were no comments or discussion about the consent agenda.

BOARD ACTION

A motion was made by Dr. George Corvin to adopt the consent agenda; seconded by Mr. McKinley Wooten. Motion passed unanimously.
### AGENDA ITEMS:

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
</tr>
</thead>
</table>
| 7. Trainings | A. Compliance Annual Report – page 208  
In accordance with contractual obligations and federal regulations, Alliance shall have an effective compliance program with reasonable oversight by the governing board; the governing board will have understanding of the scope and operations of the compliance program. The Board approved Corporate Compliance Plan states that a report of compliance efforts will be presented annually to the Alliance Behavioral Healthcare Area Board.  

Monica Portugal, Chief Compliance Officer, presented the annual report. She noted information from a recent compliance conference and reviewed the importance of open communication, oversight by the Compliance department and the Area Board via the Audit and Compliance Committee. Ms. Portugal reviewed the effectiveness of the compliance program; responsibilities of the governing board; internal audits, monitoring, and investigations; privacy/security incidents, special investigations; and network compliance. Mr. Webley requested providing additional information to the Board regarding how the agency handles recoupment from providers.  

B. FY17 Organizational Goals – page 209  
Robert Robinson, CEO, and Amanda Graham, Senior VP/Organizational Effectiveness, presented FY17 organizational goals. Mr. Robinson provided background on how Alliance initially created its strategic plan with six strategic goals. He noted a recent review during April 2016 to evaluate current progress with the strategic plan. Ms. Graham mentioned that as a result of the April evaluation; the revised strategic plan includes four goals. Ms. Graham reviewed the four goals and objectives for each goal. The presentation of the FY17 organizational goals is attached to and made part of these minutes.  

C. BECOMING Evaluation – page 224  
BECOMING is a six year, $5.4 million SAMHSA grant focused on 16-21 year olds who had become disconnected from services and supports. The grant funding ends Sept 30, 2016. Ann Oshel, Sr. VP/Community Relations, mentioned that SAMSHA requires an evaluation every two-years; she presented highlights of achievements and positive impact on persons involved in the BECOMING project. The BECOMING presentation is attached to and made part of these minutes. |

<table>
<thead>
<tr>
<th>BOARD ACTION</th>
<th>The Board received the trainings as presented. No additional action required.</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Updates</td>
<td>There were no updates.</td>
</tr>
</tbody>
</table>
| 9. Chairman’s Report | A. NEXT BOARD MEETING AT A COMMUNITY SITE  
Chairman Bostock reminded Board members that the November Board meeting is scheduled to be at the Cumberland site. This space will be undergoing renovation during this time. Additionally, he mentioned the previous decision to change the location of the August Board meeting; it was previously scheduled to be at the Durham site. |
**Thursday, September 01, 2016**

**AREA BOARD REGULAR MEETING**

4600 Emperor Boulevard, Durham, NC, 27703

4:00-6:00 p.m.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chairman Bostock proposed that the Board meet at the Durham site in November and schedule to meet at the Cumberland site once renovation is completed. Also, he mentioned that the Executive Committee will review the meeting location schedule and present a proposal for 2017 meeting locations at an upcoming Board meeting.</td>
</tr>
<tr>
<td></td>
<td><strong>BOARD ACTION</strong></td>
</tr>
<tr>
<td></td>
<td>A motion was made by Mr. Phillip Golden to hold the November meeting at the Durham site; seconded by Dr. George Corvin. Motion passed unanimously.</td>
</tr>
<tr>
<td></td>
<td><strong>B. OPEN MEETINGS LAW</strong></td>
</tr>
<tr>
<td></td>
<td>Chairman Bostock reminded Board members that, as discussed at the August meeting, the NC Open Meetings Law training was sent electronically to Board members. Currently 59% of Board members have completed the training and assessment. Chairman Bostock encouraged Board members to complete the training.</td>
</tr>
<tr>
<td>10. Closed Session</td>
<td>The Board entered closed session.</td>
</tr>
<tr>
<td></td>
<td><strong>BOARD ACTION</strong></td>
</tr>
<tr>
<td></td>
<td>A motion was made by Commissioner Caroline Sullivan to enter to enter closed session pursuant to NC General Statute 143-318.11 (1) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1; seconded by Dr. George Corvin. Motion passed unanimously.</td>
</tr>
<tr>
<td></td>
<td>The Board returned to open session.</td>
</tr>
<tr>
<td>11. Adjournment</td>
<td>With all business being completed the meeting adjourned at 6:27 p.m.</td>
</tr>
</tbody>
</table>

**Next Board Meeting**

**Thursday, October 06, 2016**

4:00 – 6:00

Robert Robinson, Chief Executive Officer  Date Approved
ITEM: County Commissioners Advisory Committee Report

DATE OF BOARD MEETING: October 6, 2016

BACKGROUND: As stated in Alliance’s by-laws the County Commissioner Advisory Committee’s 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 draft minutes from the September 1, 2016, meeting are attached.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Robert Robinson, CEO
APPOINTED MEMBERS PRESENT: ☒Kenneth Edge, Cumberland BOCC, M.A. Ed. (via phone); ☐Michael Page, Durham BOCC Chair, D.D.; ☒Caroline Sullivan, Wake BOCC

BOARD MEMBERS PRESENT: Chris Bostock, Board Chair

GUEST(S) PRESENT: None

STAFF PRESENT: Michael Bollini, (interim) Executive Vice-President/Chief Operating Officer/Chief Strategy Officer; Carol Hammett, General Counsel; Rob Robinson, CEO, Michael Bollini, COO (interim)

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the June 2, 2016, Committee meeting were reviewed; a motion was made by Commissioner Sullivan to approve the minutes; seconded by Commissioner Edge. 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. BOCC Replacements on Alliance’s Area Board</td>
<td>County Commissioners serve on Alliance’s Area Board as ex-officio members; some Commissioners terms are expiring at the end of 2016. Committee discussed recommendations to fill the Commissioner seats for Cumberland and Wake Counties. Commissioner Edge has spoken to Cumberland Commissioners. Commissioner Sullivan will discuss interest with Wake Commissioners.</td>
<td>Commissioner Sullivan will discuss interest with Wake Commissioners.</td>
<td>None specified.</td>
</tr>
</tbody>
</table>
| 4. Governance Policy/By-Laws | Committee discussed the governance policy/by-laws. Of interest to the Commissioners present were:  
- Length of terms: committee discussed current length of terms for Board members and recommended no changes at this time.  
- Board officers: committee discussed current policy to permit any Board member to hold an office and if this would pose a potential conflict for Board members who are also Commissioners. Commissioner Edge and Commissioner Sullivan do not recommend County Commissioners serving as Chair of the Alliance Board.  
- County Commissioner Advisory Committee: committee recommended utilizing this committee differently particularly if a merger occurs. | Mr. Robinson will forward recommendations to Policy Committee. | None specified. |

5. ADJOURNMENT: next meeting will be December 1, 2016, from 3:00 p.m. to 4:00 p.m.

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

DATE OF BOARD MEETING: October 6, 2016

BACKGROUND: The Executive Committee sets the agenda for Area Board meetings and acts in lieu of the Area Board between meetings. Actions by the Executive Committee are reported to the full Area Board at the next scheduled meeting. Attached are the draft minutes from the September 13, 2016, meeting.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Christopher Bostock, Area Board Chair; Robert Robinson, CEO
APPOINTED MEMBERS PRESENT: ☒ Cynthia Binanay, Board Vice-Chair, B.S.N, M.A.; ☒ Christopher Bostock, Board Chair, B.S.I.M.; ☐ George Corvin, Quality Management Committee Chair, M.D.; ☐ James Edgerton, Finance Committee Chair, B.S.; ☒ Lodies Gloston, Human Rights Committee Chair, B.A., M.A. (entered at 8:22 am); ☒ Curtis Massey, Policy Committee Chair, B.A., J.D. (entered at 8:09 am); ☒ William Stanford, Previous Board Chair, B.A., J.D.; and ☒ Lascel Webley, Audit and Compliance Committee Chair, B.S., M.B.A., M.H.A (via phone)

BOARD MEMBERS PRESENT: None
GUEST(S) PRESENT: None
ALLIANCE STAFF PRESENT: Carol Hammett, General Counsel; Veronica Ingram, Executive Assistant; Rob Robinson, CEO

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the August 16, 2016, Executive Committee meeting were reviewed; a motion was made by Vice-Chair Binanay to approve the minutes; seconded by Mr. Stanford. Motion passed unanimously.

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<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
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<td>3. Updates</td>
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<td>a) STAFF WORKGROUP MEETING: Chairman Bostock mentioned that the next meeting is Tuesday, October 4 at 4:00 pm. Committee members are invited to attend this meeting.</td>
<td>a) Committee members will contact Ms. Ingram if they need a call-in number.</td>
<td>a) 10/4/2016</td>
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<td>b) RECEPTION BEFORE NOVEMBER BOARD MEETING: Board members discussed having a reception before the meeting at the Durham site and decided to forego a reception.</td>
<td>b) Ms. Ingram will draft invitations to Durham County elected officials as well as for key County officials for the November Board meeting.</td>
<td>b) 9/28/2016</td>
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<td>c) OPEN MEETINGS LAW TRAINING: Chairman Bostock mentioned that 65% of Board members have completed this training.</td>
<td>c) Ms. Ingram will send information to Board members who have not completed the training.</td>
<td>c) None specified.</td>
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<td>d) Chief Operating Officer Interview Panel: Mr. Robinson mentioned that interviews for this position are starting soon. He asked Committee members if they were interesting in being part of the interviews.</td>
<td>d) Mr. Webley will join the interview panel; Mr. Robinson will forward interview dates to Mr. Webley.</td>
<td>d) September 2016</td>
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Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
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<td>4. September 3, 2015, Area Board Draft Agenda</td>
<td>Committee reviewed draft agenda and provided input.</td>
<td>Ms. Ingram will forward agenda to staff.</td>
<td>9/13/2016</td>
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<td>5. Closed Session</td>
<td>COMMITTEE ACTION: A motion was made by Ms. Gloston to enter closed session pursuant to NCGS 143-318.11 (1) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1; seconded by Mr. Massey. Motion passed unanimously.</td>
<td>None specified.</td>
<td>N/A</td>
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<td>6. Alliance By-Laws</td>
<td>Mr. Stanford began the discussion regarding potential revisions to the by-laws and how potential changes could shape Alliance’s future; he reviewed the following areas: • Board composition • Board committees • Current super majority requirements The by-laws ad hoc committee will meet on September 19 at 3:00 pm and October 18 at 3:00 pm. Mr. Stanford recommended that the ad hoc committee review documents prior to both meetings.</td>
<td>Ms. Hammett will send the by-laws, joint resolution 7/8/2013, FYF17 committee chart/org chart, outline (from Carol), and 122C 118-1.</td>
<td>9/16/2016</td>
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7. **ADJOURNMENT:** the next Committee meeting will be October 18, 2016, at 4:00 p.m.
ITEM: Network Development and Services Committee Report

DATE OF BOARD MEETING: October 6, 2016

BACKGROUND: The committee reviews progress on the agency’s network development plan and progress on service development. The committee reports to the Area Board and provides guidance and feedback on development of the needs and gaps assessment to meet state and agency requirements. This month’s report includes draft minutes and materials from the September 14, 2016, meeting.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): William Stanford, Committee Chair; Beth Melcher, Senior VP of Network Development and Evaluation
WEDNESDAY, SEPTEMBER 14, 2016

BOARD NETWORK DEVELOPMENT & SERVICES
COMMITTEE - REGULAR MEETING
4600 Emperor Boulevard, Durham, NC 27703
4:00-5:00 p.m.

APPOINTED MEMBERS PRESENT: ☒ Cynthia Binanay, M.A., ☐ George Corvin, M.D., ☐ John Griffin, Ed.D., ☐ William Stanford, Jr., J.D. (Committee Chair), ☒ McKinley Wooten, Jr., J.D.

BOARD MEMBERS PRESENT: Chris Bostock
GUEST(S) PRESENT: Alison Rieber, Director of Integrated Care
STAFF PRESENT: Beth Melcher, Senior VP Network Development and Evaluation;

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the September 1, 2016, meeting were reviewed. Because there was not quorum they will be voted on at the next meeting.

AGENDA ITEMS: DISCUSSION: NEXT STEPS: TIME FRAME:

3. FY 2017 Development Plan Dashboard
   Reviewed progress on initiatives within the network development plan. Of the 26 initiatives 4 are complete, 15 are in process and meeting timelines, 4 are scheduled to begin later. Three projects may need to have completion dates modified. We will continue to track. Beth let members know that there would be a Board presentation on the Local Business Plan at the next Board Meeting. This is a document submission to the state required by state statute. All items in the plan are in the network development plan.
   For future meetings members will review dashboard prior to meeting and ask questions instead of staff reviewing each project.
   Next meeting

Proposal to change meeting schedule
   Proposal was made to change meeting schedule to every other month. Members were supportive of this change however due to the lack of a quorum a vote was not taken. Suggested Chair consider cancelling October meeting and holding a vote for the change in November.
   Consider proposal at next meeting
   Next meeting

Board Policy Review
   Beth informed members that she will be sending out 4 Board policies for members to review prior to the next meeting. An annual review of policies is needed and the Policy Committee has requested review and approval by related committees.
   Beth will send out policies for review and committee will review and vote at next meeting.
   Send out policies at least two weeks prior to next meeting

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
AGENDA ITEMS: | DISCUSSION: | NEXT STEPS: | TIME FRAME:
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Integrated Care Presentation | Alison Rieber offered a presentation that provided an overview of integrated care, including models of integrated care, and a review and update of the various integrated care pilots that Alliance is supporting. | None | 
Future meeting agenda topics | Discussion of potential topics for future meetings. Since we will be implementing two waivers in the next six months the committee would like presentations on the Innovations waiver and the new Traumatic Brain Injury (TBI) waiver. | Schedule presentations | Next meeting |

4. **ADJOURNMENT:** next meeting will be November 9, 2016, from 4:00 p.m. to 5:00 p.m.
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<th>Project</th>
<th>Project Objectives and Description</th>
<th>Updates / Comments</th>
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| Assure the availability of high quality, accessible and effective Mobile Crisis services in all counties | Improve community crisis service capacity and decrease ED utilization and cost by developing mobile crisis quality and capacity in all counties  
Mobile Crisis Teams provide 24/7 crisis response with psychiatric access and have the capacity to serve all age/disability groups including dually diagnosed MH/IDD. Expanded access and effectiveness of this service will result in improved response to crisis situations to divert individuals from emergency departments and to support individuals to remain in the community. | RFP has been issued for Mobile Crisis to select two providers, one of whom will provide centralized dispatch for all mobile crisis services in the Alliance catchment area.  
Proposals have been received and distributed to the review team, who will evaluate on September 6th and interview and award by September 15. | 75%        |
| Expand capacity for crisis, hospital diversion and respite services for all ages/disabilities | Improve non-emergency level access to same day services and decrease use of emergency departments  
Behavioral Health Urgent Care Centers (also called Tier II Same Day Access) are outpatient behavioral health services that allow for consumers to walk-in and receive same day access to Comprehensive clinical assessments (CCA), psychiatric evaluations, triage, counseling and medications for urgent and routine needs. Follow-up services are also provided in these settings. Extended hours available. Program will be developed initially in Durham as pilot. | Draft definition has been developed. Conducted initial meeting with Carolina Outreach to discuss piloting in Durham. Additional meeting has been scheduled with Carolina Outreach to continue developing the definition.  
Hospital Relations Director continues to work regularly with Carolina Outreach to develop and draft the model and implementation steps  
Internal ABH workgroup was formed and meeting has been scheduled to move forward with determining an appropriate rate, implementation metrics, and expected outcomes | 60%        |
<p>| Expand access to Behavioral Health Urgent Care Centers (Tier II Same Day Access) | | |</p>
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<tr>
<td><strong>Expand capacity for facility based crisis services in Wake County</strong></td>
<td>Reduce the use of Emergency Departments in Wake County by adding new Level IV Behavioral Health Urgent Care facility that will provide 24/7 crisis and evaluation services. The new facility will provide 24/7 crisis and evaluation services and will be able to address needs of walk-in consumers and individuals brought by law enforcement and EMS on involuntary commitment.</td>
<td>Site has been located for new facility and Alliance has placed bid on property, with plans to complete purchase in September. Facility renovation schedule tentatively set for completion in January 2018.</td>
<td>25%</td>
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<td><strong>Develop peer respite capacity</strong></td>
<td>Increase alternatives to higher levels of care and reduce crisis and hospital emergency department spending. Peer respite offers a supportive alternative or step-down from more intensive levels of care such as emergency departments and crisis centers.</td>
<td>Research into models has begun.Project Team will be assembled and begin project work by October 1.</td>
<td>0%</td>
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<td><strong>Develop Facility Based Crisis Capacity for Children</strong></td>
<td>Decrease child inpatient utilization and extended ED stays by expanding crisis services children and adolescents. The new crisis facility will provide 24/7 crisis and evaluation services that are specifically targeted to the needs of youth. Services will include walk-in access as well as accepting youth on involuntary commitment status. The facility will also include a 10-16 bed stabilization unit.</td>
<td>Real Estate Broker searching for facility, research being done on child FBC programming. RFP to be released and awarded on Time.</td>
<td>2%</td>
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<td><strong>Expand access to rapid response crisis diversion services for children and adolescents</strong></td>
<td>Expand alternatives to higher levels of care and reduce crisis and inpatient spending by expanding crisis diversion service for children. Rapid Response uses specially trained and supervised therapeutic foster parents to provide crisis services for children who require an out of home placement and can be managed in a nonsecure setting.</td>
<td>In Lieu of Request for Rapid Response Medicaid Definition was approved by DMA. RFP has been issued with deadline for proposals of 8/31 to select at least one more provider to cover the catchment in the expansion. In preparation, the CCW database work has begun and will roll out to capture Rapid Response beds and go live on October 1.</td>
<td>65%</td>
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<td>Develop Peer Transition Teams</td>
<td>Decrease long ED stays and reduce ED readmissions through Peer Transition Teams as an alternative to higher levels of care and step-down service. Peer Transition Teams support transition between levels of care to connect individuals to service. Peer Specialists who have lived experience with mental illness provide assistance to persons with mental illness to promote engagement in services, and may provide assistance with transportation to improve participation in treatment.</td>
<td>Continuing to research programs and will reconvene internal Alliance team in September to make recommendations and discuss next steps.</td>
<td>10%</td>
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<td>Develop Short Term Stabilization PRTF</td>
<td>Decrease locked residential utilization and length of stay by developing short-term, residential specialized assessment and evaluation programs. Program will provide specialized assessment and evaluation program in secure residential Psychiatric Rehabilitation Treatment Facility (PRTF) facilities for children. Programs provide a 30 day intensive stabilization, transition and evaluation service that develops a treatment plan to be implemented in the community. Service is expected to be used frequently by children with challenging behaviors who are taken into emergency custody by DSS.</td>
<td>Contract submitted for Alexander Youth Network to provide this service and project has been completed.</td>
<td>100%</td>
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<td>Reimburse first responders for crisis diversion in all counties</td>
<td>Decrease ED utilization through expansion of state pilot that reimburses EMS for ED diversion to local crisis facilities. Pilot provides reimbursement to EMS for evaluating consumers with behavioral health crises in the community and pays for ED diversion to local crisis facilities. Currently EMS only receives reimbursement for services if they bring a patient to an ED.</td>
<td>Project is on hold pending allocation letter from DHHS. Cumberland EMS is interested in reimbursement, and we have requested additional budget information from them. We are also requesting that they get support from Cape Fear leadership.</td>
<td>90%</td>
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**Increase breadth, access and quality of residential options**

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<td>Enhanced Therapeutic Foster Care</td>
<td>Reduce locked residential treatment utilization and decrease child inpatient lengths of stay by expanding Enhanced Therapeutic Foster Care capacity. Enhanced Therapeutic Foster Care provides extra support and staffing to children with high needs living in therapeutic foster homes.</td>
<td>The provider has been selected and will be ready to provide services August 1. This initiative is complete. ESUCP and KidsPeace are the providers and beds are being filled. Care Coordination is monitoring admits and discharges.</td>
<td>100%</td>
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| Intensive Wrap-Around for children and transition age youth | Reduce inpatient hospital and residential utilization and spending by diverting to intensive wrap-around services for transition age youth.  
Wrap-Around services provide service coordination to high risk, multiple system involved youth. The service will be used to divert children from psychiatric facilities by providing the children and families highly coordinated community based care. The intensive coordination helps maintain school and oftentimes foster care or therapeutic foster care services. | RFP draft completed with plan to release October 1.                                                                                      | 33%        |
| Support technology assisted homes            | Reduce spending related to direct care staffing and expand opportunities for community living through use of technology. This initiative will outfit a group home for adults with IDD with an array of independence enabling technology and safety monitoring devices and cover related monthly expenses. Consumers and families learn to use technology in the supported home and then technology devices are installed in community residences. | Continuing to assess Innovations Waiver participants to identifying a “target consumer”, i.e who might be most appropriate for this home to first determine volume/demand in order to determine what capacity needs to be built. Working with Care Coordination on this. | 15%        |
| Increase capacity to serve consumers with IDD or co-occurring IDD/MI | Improve outcomes and service access for consumers with autism through expansion of evidence-based treatment options such as Applied Behavior Analysis (ABA).  
Federal and State expectations for MCOs include expansion of access to evidence-based services for autism such as ABA. Implementation tasks include identification of providers, development of contracts and funding mechanisms, and development of awareness of service options. | Contract is in place with the Autism Society and services have begun.                                                            | 100%       |
| Implement intensive autism treatment and make sure services available | Decrease both ED and inpatient lengths of stay for individuals with intellectual and developmental disabilities through specialized crisis respite facility.  
Contract with New Hope will provide access to facility based crisis services for individuals with IDD and significant behavior problems, with a six-bed capacity. |                                                                                                                                            | 0%         |
| IDD Crisis Respite Facility                  |                                                                                                                                                                                                                                   |                                                                                 | 0%         |
### FY17 Network Development Plan

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<td>Development and implementation of behavior plans</td>
<td>Develop Medicaid-funded service definition to support availability of behavior plan development for consumers with intellectual and developmental disabilities. Pending state approval, new service will be added to provider contracts and implemented throughout the Alliance provider network.</td>
<td>Provider Network and Clinical Operations are scheduling a meeting to start development of a Medicaid-funded service definition to be submitted to DMA by 1/1/17. Pending DMA approval, subsequent implementation with provider network to be determined.</td>
<td>1%</td>
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<td>Improve Access to Services for Underserved Populations</td>
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<td>Services for non-English speaking consumers</td>
<td>Improve access to services for consumers with limited English proficiency. We have completed a survey of providers to identify resources, gaps and barriers to development of bilingual/bicultural services. We will continue to work with the Cultural Competency Committee to identify strategies for further network development.</td>
<td>Project implementation began 9/1; in process of developing project plan.</td>
<td>10%</td>
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<td>Improve referral resources for underserved</td>
<td>Develop improved capacity and effectiveness of web-based provider search function.</td>
<td>Workgroup has met that includes representatives of Provider Network, Call Center, and Information Technology. Discussing options for improvement in provider search function to include provider specialties and languages spoken.</td>
<td>2%</td>
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<td>Increase availability, tracking and oversight of specialty services and evidence-based practices</td>
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<td>Promote Evidence-Based Practices (EBPs) for Psychosocial Rehabilitation (PSR) programs</td>
<td>Improve quality and effectiveness of psychosocial rehabilitation services by implementation of evidence-based practices within PSR programs. We have enhanced rates for Clubhouse Model PSR programs and will be working with a consultant to further develop evidence-based and recovery-oriented treatment expectations for PSR programs.</td>
<td>Contracting draft prepared for consultation with Promise Resource Network. We plan to begin consultation meetings and site visits in September and schedule provider collaborative with PSR providers in October.</td>
<td>10%</td>
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<td>Implement EBP in Therapeutic Foster Care programs</td>
<td>Improve quality of care and lengths of stay in therapeutic foster care by implementation of EBPs with TFC. Identify EBPs and best practices focusing on the interventions delivered by the therapeutic parents. Promote and support the implementation of the EBPs over this contract year. Contracts with providers for next year will include their identified EBP and plan to reach and report fidelity. We have identified the models and many of the providers have already applied for TFTC which is 100% funded by the Duke Endowment. We are also implementing a database for tracking providers and movement to be implemented late July 2016.</td>
<td></td>
<td>35%</td>
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<td>Implement Family Oriented EBPs within IIH</td>
<td>Improve quality and effectiveness of Intensive In-Home services by implementation of family-oriented, externally validated evidence-based practices within all IIH teams. Alliance has worked with Intensive In-Home service providers over the past year to develop plans for implementation of family-oriented evidence-based practices that can be validated externally through fidelity reviews. All IIH providers now have expectations in contracts for implementation of EBPs within IIH that include requirements for training, supervision, measurements of outcomes and fidelity review. We will continue to meet with IIH providers to support successful implementation and review of this initiative.</td>
<td>Meeting with all IIH providers monthly in provider collaborative to support implementation of evidence-based practices within IIH. All IIH providers have EBP requirements included in FY17 Medicaid and State contracts and have completed initial training on either Eco-Systemic Structural Family Therapy or Strengthening Families models.</td>
<td>50%</td>
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<td>Expand Trauma Informed Therapeutic Foster Care</td>
<td>Reduce lengths of stay in foster care, improve family unification and decrease placement disruptions by expanding capacity to provide trauma-informed therapeutic foster care. We will offer trauma specific training to agency staff to train their Therapeutic Foster Care parents. Training will focus on skills needed to treat children who exhibit aggressive behavior and have histories of abuse and neglect.</td>
<td>Project team considering collaborative effort with NCDSS Project Broadcast to leverage training resources. Meeting with Jeanne Preisler from NCDSS to discuss the first week of September. Met with Benchmarks to develop training plan for train the trainer workshops for staff and for staff to be trainers of TFC of the PRC (Parent Resource Curriculum) and the Child Welfare Worker curriculum by the National Traumatic Stress Network. Awaiting Benchmarks proposal.</td>
<td>20%</td>
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<td>Define and create a service continuum</td>
<td>Improve outcomes through development of a comprehensive continuum of services for individuals with substance use disorders. We plan to contract with a consultant to conduct an evaluation of our current substance use disorder services and develop recommendations for development of a comprehensive continuum of care.</td>
<td>Internal workgroup convened and will begin meeting 9/12/16. Consultation proposal submitted to DHHS to request consultation with Dr. Mee-Lee regarding development of a comprehensive SUD continuum.</td>
<td>10%</td>
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<td>Expand Opioid Treatment availability for Medicaid (Cumberland) and State-funded consumers (Cumberland, and Johnston).</td>
<td>Expand access to medication-assisted treatment services throughout catchment area. We have developed an alternative service definition for Medication-Assisted Treatment with Buprenorphine and will continue to support this initiative through implementation follow-up and review.</td>
<td>Completed development of MAT service definition modifier and have opened network for applications.</td>
<td>100%</td>
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<td>Increase availability of resources for transportation</td>
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<td>Mobility on Demand</td>
<td>Facilitate access to behavioral health services by improving access to transportation through on-demand providers</td>
<td>Pending project update.</td>
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<td>Work with Wake County to see if there could be Medicaid Transportation funds carved out for a pilot project</td>
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<td>Increase availability of resources for employment</td>
<td>Create a pathway for consumers to enter into business ownership.</td>
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<td>Peer Run Business</td>
<td>Implement a plan for consumer education and use of IPS for structured business development. Also develop a start up microenterprise plan for funding.</td>
<td>Pending project update.</td>
<td>0%</td>
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<td>Develop a more uniform State benefit package across the four-county Alliance area</td>
<td>Review State benefit package across the four-county Alliance area and address disparities within available funding</td>
<td>Pending project update.</td>
<td>0%</td>
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Integrated Care Pilot Projects

Presentation to the Board Services Committee
September 14, 2016
Goals

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

• Goals
  
  • To improve health outcomes for our members.
  
  • To decrease costs through preventive and community based care.
  
  • To increase access and consumer satisfaction by treating in the consumer’s preferred setting.
Intermediate Goals

• Understand Integrated Care Models
• Understand Costs and identify Cost Models to support integration.
• Develop meaningful Metrics
• Understand Issues in Implementation
Pilots
Behavioral Health Integration into Primary Care

- **Behavioral Health Consultant Integration Model**
  - Center for Excellence for Integrated Care consulting and providing technical assistance.

- Duke Outpatient Clinic – Durham County
  Urban, internal medicine, teaching clinic treating adults
  - 2 behavioral health consultants embedded in the clinic. Additional focus on screening and development of clinical decision supports, referral to trauma groups as appropriate. Project includes peer support component.

- Carolina Outreach/Eastover Family Practice – Cumberland County
  Rural single site family practice treating adults
  - 1 behavioral health consultant embedded in the clinic.

- Easter Seals UCP/Jeffers, Mann & Artman Pediatric & Adolescent Medicine – Johnston County
  Large multisite pediatric practice, integration pilot offered only at Clayton site.
  - 1 behavioral health consultant embedded in the clinic.
Outcome Measures
Integration into Primary Care

• Access
  • Numbers of patients seen
  • Frequency of visits

• Population metrics
  • Diagnoses
  • Previous contact with Alliance provider
  • ED utilization

• Cost Metrics
  • CPT codes
  • Payer Mix
Pilots

Bidirectional Integration

• UNC ACCT Program/UNC Wakebrook Primary Care Clinic
  
  • Primary care consultation to the UNC ACCT Team for shared consumers. Through monthly meetings and routine communication regarding treatment, coordinate care to improve health outcomes and increase preventive care.

  Measures: Ability to track health outcomes, ED utilization and Patient satisfaction

• Carolina Behavioral Care/ Duke Primary Care
  
  • Alliance funded a Nurse Care Coordinator to assist in establishing core elements of a Patient Centered Behavioral Health Home. Carolina Behavioral Care funded a part time Physician Assistant contracted through Duke to address acute issues, assist in establishing individuals in physical health care. Patients seen over 5 month period. CBC chose not to renew due to costs of primary care.

  Measures: Access and Referral Measures - Consumers screened, seen at CBC, referred to primary care practice
ITEM: Quality Management Committee Report

DATE OF BOARD MEETING: October 6, 2016

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

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

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

The draft minutes from the meeting in September are attached. The committee received the final results from the Area Board survey. Only 12 Board members completed the surveys (71% response rate). The Board indicated high satisfaction with Alliance staff support, strategic goals, and financial accountability. Similar to last year, the Board showed lower satisfaction with provider monitoring, quality of services, seeking input from persons impacted by decisions, and the process to identify major changes. The committee is recommending to the Board that they highlight data and reports from their committee and the Provider Services committee and brainstorm about ways to increase feedback from individuals impacted by their decisions. The committee received the final version of the Quality Management Plan and Evaluation, which were approved. Additionally, the committee received an annual report on complaints and incidents involving consumers. The presentation included the actions Alliance took to improve performance. Finally, an update on quality reviews of URAC accredited functions were provided. There were no major out of compliance findings.
REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): George Corvin, Committee Chair; Geyer Longenecker, Quality Management Director; Tina Howard, Quality Review Manager
VOTING MEMBERS PRESENT: ☒ George Corvin, MD, Chair (Area Board); ☐ Cynthia Binanay, MA, BSN (Area Board); ☒ Phillip Golden, BA, Co-Chair (Area Board); ☒ Joe Kilsheimer, MBA (CFAC); ☒ Amelia Thorpe, BA/CFAC (Area Board); ☒ Lascel Webley, Jr., BS, MBA, MHA (Area Board)

NON-VOTING MEMBERS PRESENT: ☒ Tim Ferreira, BA (Provider Representative, I/DD); ☒ Jeremy Reed MH/SA (Provider Representative)

STAFF PRESENT: ☒ May Alexander, MS, LMFT (Quality Management Data Manager); ☒ Tina Howard (MA, Quality Review Manager); ☒ Geyer Longenecker, JD (Quality Management Director); ☒ Tedra Anderson-Brown, MD, (Medical Director); ☒ Doug Wright (Director of Consumer Affairs); ☒ Sandra Ellis, (Administrative Assistant/Scribe)

GUEST(S) PRESENT: Linda Losiniecki

WELCOME AND INTRODUCTIONS: George Corvin, MD., Chair. Dr. Corvin announced that effective immediately, Cynthia Binanay will no longer serve on this committee. Also effective immediately, Linda Losiniecki will be the new Administrative Assistant/Scribe replacing Sandra Ellis.


REVIEW OF THE MINUTES: GQMC Meeting Minutes of August 4, 2016 were read and unanimously approved.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
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</thead>
<tbody>
<tr>
<td>OLD BUSINESS: Area Board and Committee Survey Results/Follow-up: Tina Howard</td>
<td>Tina Howard presented the <strong>2016 Area Board Survey Results</strong> which showed twelve (12) completed Board member surveys; four (4) completed non-Board member surveys but serving on Board Committees reaching an overall response rate of 71%.</td>
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</table>

CONCLUSIONS:
- (1) Respondents agreed (almost 100% across the Board) that they receive adequate support from Alliance staff;
- (2) Results showed high agreement with statements related to strategic goals and financial accountability;
- (3) Continued low agreement with statements related to provider monitoring, quality of services, seeking input from others impacted by decisions and clearly defined processes to identify major changes.

RECOMMENDATIONS:
<table>
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<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
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<tbody>
<tr>
<td>(1) Highlight reports from Provider Services Committee</td>
<td>(2) Provide training to Board on data from Provider Services and Global Quality Management committees</td>
<td>(3) Consider strategies for seeking additional input from those impacted by Board’s decision(s).</td>
<td>This committee will possibly provide annual updates to the Board particularly in approaching subjects unfamiliar to them. Possible need to provide updates on some recommendations of presentation to the Board including issues/ideas of special reports.</td>
</tr>
<tr>
<td>(2) Provide training to Board on data from Provider Services and Global Quality Management committees</td>
<td></td>
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<tr>
<td>(3) Consider strategies for seeking additional input from those impacted by Board’s decision(s).</td>
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PROGRESS ON ACTION ITEMS FROM 2015 SURVEY:
- Highest percent of disagreement with statements (in 2015):
  - Provider Monitoring) Board uses mission, vision, values to monitor provider services, community members provide feedback on Board, Alliance and providers; and Board reviews reports on unmet local service needs and provider capacity (also had the lowest agreement in 2014 survey.)
- Action Plan:
  - Create Provider Services Committee to monitor provider services, review and provide feedback on needs and gaps assessment, review provider performance reports.
  - Improved sharing of financial information with Board (such as detailed presentation on reinvestment plan) and creation of financial audit process.

NEW BUSINESS: QM Evaluation and Description (Geyer Longenecker)
- Two draft documents were distributed to committee prior to this meeting for their review and input: Alliance Behavioral Healthcare – FY 2016 Quality Management Program Evaluation – Draft and Alliance Behavioral Healthcare – FY 20172 Quality Management Program Description – DRAFT.
- These documents include an evaluation of how Alliance performed in Quality Management and a plan for improving quality in the new fiscal year.
- This information is required by the State and URAC now and by EQRO in January.
- These documents include examples of ongoing work at Alliance.
**AGENDA ITEMS:** | **DISCUSSION:** | **NEXT STEPS:** | **TIME FRAME:**
--- | --- | --- | ---
• The committee reviewed the documents, as a whole, and denoted our focus moving forward.  
• Plan included specific measures and our performance on those measures, along with a detailed work plan.  
• The committee reviewed the document and agreed that Alliance has fulfilled its QM responsibilities.  
• Dr. George Corvin, Chair, called for a motion to approve FY 2016 Quality Management Evaluation – Draft. Motion to approve was made by Joe Kilsheimer and seconded by Lascel Webley, Jr. The committee voted unanimously to approve this document.  
• Both documents will undergo realignment and refinement after Alliance reorganization is complete, revisions will be presented to GQMC  
• Data on performance standards in Evaluation document will be presented to GQMC on a Quarterly basis.  
• Dr. George Corvin, Chair, called for a motion to approve FY 2017 Quality Management Program Description - Draft. Motion to approve was made by Phillip Golden and seconded by Joe Kilsheimer. The committee voted unanimously to approve this document.

**Complaints/Incidents Annual Report (May Alexander)**

**INCIDENT TRENDS REPORT FY 2016:** This report provides an overview of trends in incident reports and is the same presentation that is given to the Human Rights Committee and compliance:

Total of 2,975 incidents (2,716 incident reports):
• 1,504 involved children  
• 1,212 involved adults

**ABH Concerns:**
• Of the consumers with the highest number of incidents (over 10), all are children/adolescents.
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<thead>
<tr>
<th>AGENDA ITEMS:</th>
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<tbody>
<tr>
<td>· There were child consumers with 18 incidents each, who are receiving Child and Adolescent Day Treatment.</td>
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<td><strong>FY16 Comparison:</strong></td>
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<td>· 272 less incidents and 196 less incident reports received in FY16 than in FY15.</td>
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<td>· 55% of the incident reports involved children in FY16 compared to 61% in FY15, while 45% involved adults in FY16 compared to 39% in FY15.</td>
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<td>· All counties saw a decrease in both Level 2 and Level 3 incident reports in FY16, with the exception of Cumberland County who saw an increase in Level 3 incident reports (from 19 to 23).</td>
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<td><strong>FY16 Incident Reporting Trend Analysis – Level 2 Incidents:</strong></td>
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<tr>
<td>· Less than a 2% change in incidents reported over the fiscal year</td>
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<td><strong>FY16 Incident Reporting Trend Analysis – Level 3 Incidents:</strong></td>
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<tr>
<td>· Moderate decrease in Level 3 incidents in Wake County; all other counties stayed consistent.</td>
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<td><strong>FY16 Level 2 Incidents by Population:</strong></td>
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<tr>
<td>· More than half of the Wake County restrictive interventions (63%) are from one day treatment provider. This same provider accounts for 19% of the total consumer behaviors and 15% of “other” incidents in Wake County.</td>
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<tr>
<td>· Three separate providers accounted for 42% of the allegations of abuse/neglect in Wake County; 36% of Durham County’s “other” incidents came from one provider and 30% of their consumer behaviors from another provider.</td>
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<td>· Technical assistance and analysis happen in real time and provider issues are addressed as they happen.</td>
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<td>AGENDA ITEMS:</td>
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<tr>
<td>FY16 Level 3 Incidents by Population:</td>
<td>• One provider accounted for 32% of the allegations of abuse in Wake County.</td>
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<td>FY16 Incidents by Service Type – MH/SA:</td>
<td>• IIH had the highest percentage of incidents reported with 21% (463 incidents).</td>
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<td></td>
<td>• Child Day Treatment was the next highest accounting for 14% of reported incidents (310 incidents), followed by Child Residential Level III with 12% (262 incidents).</td>
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<td>FY16 Incidents by Service Type – IDD:</td>
<td>• Residential Supports Level 4 and ICFDDs both had the most incidents reported in FY16 with 17% (85 incidents) each.</td>
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<td></td>
<td>• .5600Cs were the next highest with 15% (73 incidents) reported, followed by Day Supports with 12% (59 incidents)</td>
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<tr>
<td>URAC Updates (Tina Howard)</td>
<td>Tina presented additional data on URAC monitoring mentioned at the meeting in April:</td>
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<td></td>
<td>• Core 1 &amp; 2 are met with new QM Plan update</td>
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<td></td>
<td>• PREST (Peer Reviews) – 100% compliance, review of quality (including IRR) – no concerns (UM Committee-8/2016)</td>
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<td></td>
<td>• ProtoCall (Call Center roll over) – 100% compliance, next review scheduled for September</td>
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<td></td>
<td>• HUM 19-22, Core 12, Core 34, HCC 10: See quarterly Performance Standards Dashboard (last reported to GQMC in August 2016)</td>
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<td>• CR 13: Credentialing review of new Innovations providers (July 2016) = 100% met</td>
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<td></td>
<td>• HUM 12 &amp; 13: Inter-Rater Reliability studies; Results: IDD UM – (2/15)=85%, (5/15)=89%, (3/16)=88%-MH/SA UM – (6/15)=89%, (9/15)=93%, (12/15)=95%, (6/16)=95%</td>
<td></td>
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<td></td>
<td>• HUM 24: Adverse letter review, most recent review conducted in March 2016 - Results: 100% met</td>
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• Tim suggested IDD breakdown by incident type would be useful to benchmark report vs what others are reporting and might help the focus training.
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</table>
|              | • HUM 38-40: Appeals Process Timeframes & Notification, most recent audit in June and November 2015  
• HCC 10-15: Review completed, needs to be reviewed by UM Committee in September 2016  
• Meeting all standards | | |

**UPCOMING MEETINGS:**  
*Dates and locations are same as Board, topics are tentative:*

- October 6, 2016 *(location: Cumberland site, 711 Executive Place, Fayetteville) – TBD*
- November 3, 2016 *(location: Corporate) – TBD*
- December 1, 2016 *(location: Corporate) – TBD*
- **January 2017 – Meeting canceled, Winter break**

**ADJOURNMENT:**  
Meeting adjourned at 3:30pm
FY 2016 Quality Management
Program Evaluation

Revised August 31, 2016
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Approval

The Alliance FY 2016 Quality Management Program Evaluation was reviewed and approved by the Alliance Board of Director’s Global Quality Management Committee.

Signature: [Signature]
George Corvin, MD
Chair, Alliance Global Quality Management Committee

Date: 9-1-2016
1. Purpose

Alliance is committed to providing quality and effective care to our consumers in Wake, Durham, Cumberland and Johnston Counties.

The purpose of this Quality Management Evaluation Report is to review Alliance Behavioral Healthcare’s progress at implementing the quality management activities required under its contract with the North Carolina Department of Health and Human Services (DHHS) and as a URAC-accredited organization.

This report also will identify areas needing improvement and establish future quality management program strategies.

2. Alliance QM Program

The Alliance QM program involves all of the agency’s stakeholders. Leadership is provided by the Alliance Board of Directors and its Global Quality Management Committee. Within Alliance, the CQI Committee and its seven subcommittees are responsible for quality. Provider and consumer representatives participate at both the board and agency level. Finally, all Alliance staff is responsible for continuous quality improvement.

FY 2016 Performance:

The Alliance QM program’s accomplishments in FY 2016 include:

- Revising the CQI Committee process and improving committee reporting
- Improving performance on key measurements including CDW submissions, NC-TOPPS and Innovations
- Increasing QM involvement in the DOJ Transition to Community Living Initiative
- Increasing QM Department staffing and skills
- Supporting the launch of the new Microstrategy reporting platform
- Successfully completing three long-term Quality Improvement Programs (QIPs)
- Using data and reporting to better identify new QIPs

Analysis

An evaluation of the Alliance’s QM program resources found that there are adequate resources in all areas:

- **IT resources:** The QM program is fully supported by Alliance’s IT and Reporting Departments. This includes the development of data dashboards and web-based reports, and new computers hardware and software. The newly deployed Microstrategy report system will improve the development of additional quality reports.
- **Internal staffing:** The QM Department expanded during FY 2016 to meet new responsibilities
- **Financial resources:** The QM Department’s budget included resources for staff training in Six Sigma, SQL and investigations.

FY 2017 Strategy:

Alliance will focus on continued development of the internal CQI program and developing additional QM reporting.
3. QM Department

As of June 30, 2016, the Alliance QM Department consisted of a QM Director who oversaw three teams and two additional research staff:

**Quality Assurance:** This team promotes quality assurance within Alliance and the Alliance provider network; develops reports for Alliance management, committees and the state; investigates and resolves incidents and complaints reported by consumers, providers, Alliance staff and others; and analyzes data from NC-TOPPS, IRIS and other sources. Staffing consisted of a Data Manager and seven Quality Assurance Analysts.

**Quality Review:** This team oversees QIPs and other quality-related activities; performs quality reviews to identify opportunities for improvement; conducts in-depth analyses of provider programs and internal processes; and develops quality management standards and training for our providers. Staffing includes the Quality Review Manager, two Quality Review Coordinator II positions and three Quality Review Coordinator I positions.

**Network Evaluation:** This team conducts the state’s Routine Provider Monitoring process; completes on-site reviews to determine provider compliance with rules and regulations; conducts post-payment reviews to identify inappropriate payments to providers; completes focused reviews to investigate other compliance issues. Staffing includes the Network Evaluation Supervisor, five Network Evaluator II positions, and six Network Evaluator II positions.

**Research Staff:** This includes one Power Analyst responsible for facilitating the development of reports, and one Statistical Research Analyst responsible for report completion, geomapping and survey management.

**FY 2016 Performance:**

During FY 2016, the Alliance QM Department expanded its staff by hiring new Network Evaluator II, QRC I and QRC II positions. The QM Department also successfully filled all empty positions by promoted an experienced Network Evaluator II to Network Evaluation supervisor, and filling two Network Evaluator II positions.

The QM Department successfully transitioned the former Data Analyst to the newly created position of Power Analyst, and expanded the skills of the Statistical Research Assistant via SQL training.

**FY 2017 Strategy:**

Alliance will continue to assess new and ongoing QM Department activities and staffing levels. QM also will work with the newly created departments of Analytics and Provider Evaluation to coordinate responsibilities.

4. QM Committees

Alliance’s continuous quality improvement program is reviewed and approved by the Global Quality Management Committee, a subcommittee of Alliance’s Board of Directors. The internal CQI Leadership Committee oversees quality improvement activities through seven subcommittees:

- Budget and Finance
- Clinical Care Management
- Community Relations
- Compliance
- Information Technology
- Provider Networks
• Utilization Management

FY 2016 Performance:

During FY 2016, Alliance combined an existing Crisis Care Committee with the UM Committee. Oversight and reporting responsibilities were transferred to the Utilization Management Committee. The results were a consolidation of information that allows better-informed decisions.

The Global QMC met a total of nine times, satisfying its mandate to meet at least quarterly. Alliance expanded its use of teleconferencing to improve committee attendance and the meeting of quorum requirements. The CQI Committee and its subcommittees also met routinely.

FY 2017 Strategy:

Alliance will continue to evaluate the performance of the CQI Committees.

5. Provider Participation in the QM Program

The Global Quality Management Committee is required to include two non-voting provider representatives. In addition, the QM Department is required to update the Alliance Provider Advisory Committee on QM activities annually.

FY 2016 Performance:

During FY 2016, Alliance expanded the participation of providers in the QM program. Two non-voting members of the Global Quality Management Committee. In addition, providers now sit on two QIP advisory teams and two other work groups related to provider issues. Alliance continues to solicit providers for involvement in other activities.

The QM Department provided APAC with an update on provider-related QIPs in May 2016.

FY 2017 Strategy:

Alliance will continue to identify opportunities to include provider participation in quality improvement activities.

6. Consumer Participation in the QM Program

The Global Quality Management Committee is required to include two voting consumer/family representatives. In addition, the QM Department is required to update the Alliance Consumer and Family Advisory Committee on QM activities annually.

FY 2016 Performance:

During FY 2016, Alliance met the requirement for consumer/family participation in the QM program by maintaining two voting CFAC members on the Global Quality Management Committee. The QM Department last provided CFAC with an update on provider-related QIPs in August 2016.

FY 2017 Strategy:

Alliance will continue to identify opportunities to expand consumer/family representative participation in quality
improvement activities.

7. Call Center

Alliance is required to meet URAC and contractual standards for the performance of its Call Center. Performance is measured monthly and reported to the state as part of the monthly LME-MCO Report. Alliance’s advanced Mitel phone system provides sophisticated real-time reporting.

**Standard: Less Than 5% of Calls Are Abandoned**

**Definition:** Abandonment occurs when the caller dials directly into the organization’s Member Services Call Center or selects the Member Services option, is placed in the call queue and hangs up the phone, disconnecting from the call center before being answered by a Member Services representative.

**FY 2016 Performance:**

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<thead>
<tr>
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<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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</thead>
<tbody>
<tr>
<td>Pct. of Calls Abandoned</td>
<td>1.1%</td>
<td>1.4%</td>
<td>1.8%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Abandoned</td>
<td>195</td>
<td>231</td>
<td>286</td>
<td>580</td>
</tr>
<tr>
<td>Calls</td>
<td>17,306</td>
<td>16,247</td>
<td>15,709</td>
<td>16,688</td>
</tr>
</tbody>
</table>

*Source: FY 2016 LME-MCO Monthly Reports*

**Analysis:**

Alliance met the standard of <5% abandoned calls for all of FY 2016. Alliance determined that the abandonment rate increased in Q4 because of staff departures and disruptions due to phone system upgrades.

**FY 2017 Strategy:**

Alliance will evaluate the effect of adding new staff and completion of phone system upgrades, and continue to maintain an abandonment rate of <5%.

**Standard: 95% of calls are answered within 30 seconds**

The number of calls answered by a live voice within 30 seconds/Telephone contact initiated by an external caller that connects to the organization's Member Services call center. For calls transferred from other parts of the organization's telephone system, measure time from after the call is transferred into the call center and the member chooses the option to speak to a Member services representative and is placed in the call queue.

**FY 2016 Performance:**

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<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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</thead>
<tbody>
<tr>
<td>Pct. of Calls Answered Within 30 Seconds (Standard = 95%)</td>
<td>98.9%</td>
<td>98.6%</td>
<td>98.2%</td>
<td>96.5%</td>
</tr>
<tr>
<td>Calls</td>
<td>17,306</td>
<td>16,247</td>
<td>15,709</td>
<td>16,688</td>
</tr>
<tr>
<td>Answered within 30 seconds</td>
<td>17,111</td>
<td>16,016</td>
<td>15,423</td>
<td>16,108</td>
</tr>
</tbody>
</table>

*Source: FY 2016 LME-MCO Monthly Reports*
Analysis:

Alliance met the standard of answering 95% of call within 30 seconds. Alliance determined that the answer rate decreased in Q4 because of staff departures and phone system upgrades.

FY 2017 Strategy:

Alliance will evaluate the effect of new staff hirings and completion of phone system upgrades, and continue to maintain an answer rate of 95%.

Standard: Less than 5% of Calls are Blocked

Blockage rate is the frequency with which a consumer calling the Alliance Call Center experiences of busy signal. (URAC Standard HCC 11a).

FY 2016 Performance:

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<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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<tbody>
<tr>
<td>Percent Calls Blocked (Standard = 5%)</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Calls Blocked</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Calls</td>
<td>17,306</td>
<td>16,247</td>
<td>15,709</td>
<td>16,688</td>
</tr>
</tbody>
</table>

Source: Alliance Mitel System Reports

Analysis:

Alliance contracts with Proto-Call to handle all roll-over calls when Alliance Call Center staff is not available. During FY 2016, Proto-Call provided routine reporting showing that 100% of roll-over calls were answered.

FY 2017 Strategy:

Alliance will continue to maintain a blockage rate of <5% of calls.

Standard: All calls are answered “live”

Alliance is expected to “live answer” 100% of calls (URAC HCC 13a).

FY 2016 Performance:

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<th>Q1</th>
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<th>Q3</th>
<th>Q4</th>
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</thead>
<tbody>
<tr>
<td>Percent Calls Answered Live (Standard = 100%)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Calls Answered by Alliance or Proto-Call</td>
<td>17,306</td>
<td>16,247</td>
<td>15,709</td>
<td>16,688</td>
</tr>
<tr>
<td>Total Calls</td>
<td>17,306</td>
<td>16,247</td>
<td>15,709</td>
<td>16,688</td>
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</table>

Source: Alliance Mitel System Reports

Analysis:

Alliance contracts with Proto-Call to handle all roll-over calls when Alliance Call Center staff is not available. During FY 2016, Proto-Call provided routine reporting showing that 100% of roll-over calls were answered.

FY 2017 Strategy:
Alliance will continue to “live answer” 100% of calls.

8. Access to Care

Alliance is required to provide consumers with access to services at all times. Alliance’s Call Center is staffed 24/7/365, and Alliance maintains a network of crisis and emergency services to quickly provide services. Performance is reported to the state on a quarterly basis.

NOTE: The state’s standards require the delivery of services, and are different from URAC and HEDIS standards requiring the scheduling of services.

NOTE: Fourth-quarter results are preliminary and currently are under review.

**Standard: Emergent Services**

Alliance’s contract requires that 95% of Emergent cases receive care in less than 2 hours, 15 minutes.

**FY 2016 Performance:**

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<th>Q3</th>
<th>Q4</th>
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</thead>
<tbody>
<tr>
<td>Emergent Calls Receiving Timely Services (Standard = 95%)</td>
<td>72%</td>
<td>69%</td>
<td>75%</td>
<td>70%</td>
</tr>
<tr>
<td>Calls Needing Emergent Care</td>
<td>174</td>
<td>159</td>
<td>146</td>
<td>205</td>
</tr>
<tr>
<td>Calls Referred To 911</td>
<td>16</td>
<td>26</td>
<td>29</td>
<td>42</td>
</tr>
<tr>
<td>Calls For Which Care Was Provided Within 2 Hours 15 Minutes</td>
<td>110</td>
<td>83</td>
<td>80</td>
<td>101</td>
</tr>
</tbody>
</table>

*Source: FY 2016 Alliance Access to Care Call Center Quarterly Reports*

**Analysis:**

Alliance did not meet the Emergent Call standard of 95% in any of the four quarters of FY 2016.

**FY 2017 Strategy:**

Alliance has an ongoing QIP to improve the response rate. Alliance will continue the QIP during FY 2017.

**Standard: Urgent Services**

Alliance’s contract requires that 82% of Urgent cases receive care in less than 48 hours.

**FY 2016 Performance:**

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent Calls Receiving Services in 48 Hours (Standard = 82%)</td>
<td>48%</td>
<td>50%</td>
<td>55%</td>
<td>40%</td>
</tr>
<tr>
<td>Calls Needing Urgent Care</td>
<td>492</td>
<td>410</td>
<td>429</td>
<td>455</td>
</tr>
<tr>
<td>Calls For Which Care Was Provided Within 48 Hours</td>
<td>236</td>
<td>206</td>
<td>234</td>
<td>183</td>
</tr>
</tbody>
</table>

*Source: FY 2016 Alliance Access to Care Call Center Quarterly Reports*

**Analysis:**

Alliance did not meet the Urgent Call standard in any of the four quarters of FY 2016.
**FY 2017 Strategy:**

Alliance has an ongoing QIP to improve the response rate. Alliance will continue the QIP during FY 2017.

**Standard: Routine Services**

Alliance’s contract requires that 75% of Routine cases receive care in less than 14 days.

**FY 2016 Performance:**

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Calls Receiving Timely Services (Standard = 75%)</td>
<td>47%</td>
<td>53%</td>
<td>58%</td>
<td>55%</td>
</tr>
<tr>
<td>Calls Needing Routine Care</td>
<td>1047</td>
<td>888</td>
<td>778</td>
<td>806</td>
</tr>
<tr>
<td>Calls For Which Care Was Provided Within 14 Days</td>
<td>489</td>
<td>469</td>
<td>453</td>
<td>446</td>
</tr>
</tbody>
</table>

*Source: FY 2016 Alliance Access to Care Call Center Quarterly Reports*

**Analysis:**

Alliance did not meet the Routine Call standard in any of the four quarters of FY 2016.

**FY 2017 Strategy:**

Alliance has an ongoing QIP to improve the response rate. Alliance will continue the QIP during FY 2017.

**9. Transition to Community Living Staffing**

Beginning with FY 2016 Q3, the state set standards for the filling of initiative-funded in-reach staff and transition coordinators.

**Standard: In-reach staffing**

**FY 2016 Performance:**

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pct. filled (Standard = 80%)</td>
<td>N/A</td>
<td>N/A</td>
<td>66.7%</td>
<td>100%</td>
</tr>
<tr>
<td>In-reach staff FTEs</td>
<td>N/A</td>
<td>N/A</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>In-reach FTEs funded</td>
<td>N/A</td>
<td>N/A</td>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>

*Source: FY 2016 LME-MCO Monthly Reports*

**Analysis:**

Alliance has successfully filled all In-reach staffing positions.

**FY 2017 Strategy:**

Alliance will continue to staff all In-reach positions.

**Standard: Transition Coordinator staffing**

**FY 2016 Performance:**
### 10. Transition Coordinators - Medicaid

#### FY 2016 Performance:

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pct. filled (Standard = 80%)</td>
<td>N/A</td>
<td>N/A</td>
<td>66.7%</td>
<td>66.7%</td>
</tr>
<tr>
<td>Transition coordinators FTEs</td>
<td>8</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transition coordinators FTEs funded</td>
<td>12</td>
<td>12</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Source: FY 2016 LME-MCO Monthly Reports*

**Analysis:**

As of June 30, 2016, Alliance had filled 80% of funded transitional coordinator positions. Alliance currently is interviewing candidates for the unfilled positions.

**FY 2017 Strategy:**

Alliance will continue to hire transition coordinators until 100% of funded positions are filled.

### 11. Care Coordination Assignment

Alliance is required to assign a Care Coordinator to at least 85% of Medicaid consumers who are readmitted to inpatient care.

#### FY 2016 Performance:

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pct. readmissions assigned to CC (Standard = 85%)</td>
<td>94.2%</td>
<td>87.8%</td>
<td>96.8%</td>
<td>92.7%</td>
</tr>
<tr>
<td>MH/SA readmissions</td>
<td>52</td>
<td>41</td>
<td>31</td>
<td>41</td>
</tr>
<tr>
<td>Readmissions assigned to CC</td>
<td>49</td>
<td>36</td>
<td>30</td>
<td>38</td>
</tr>
</tbody>
</table>

*Source: FY 2016 LME-MCO Monthly Reports*

**Analysis:**

Alliance met the standard for FY 2016.

**FY 2017 Strategy:**

Alliance will continue to meet the standard in FY 2017.

### 11. Authorization Requests - Medicaid

The state requires Alliance to process 95% of standard authorization requests within 14 days and 90% of expedited authorization requests with three days.

#### FY 2016 Performance:

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Requests Processed in Required Timeframes (Standard = 95%)</td>
<td>99.8%</td>
<td>99.7%</td>
<td>99.7%</td>
<td>99.8%</td>
</tr>
<tr>
<td>Requests</td>
<td>10,077</td>
<td>9,925</td>
<td>9,786</td>
<td>10,246</td>
</tr>
<tr>
<td>Requests Processed in Required Timeframes</td>
<td>10,057</td>
<td>9,896</td>
<td>9,759</td>
<td>10,221</td>
</tr>
</tbody>
</table>

*Source: FY 2016 LME-MCO Monthly Reports*
Analysis:

Alliance met the standard for FY 2016.

FY 2017 Strategy:

Alliance will continue to meet the standard in FY 2017.

12. Authorization Requests – State/Block Grant

The state requires Alliance to process 95% of standard authorization requests within 14 days and 90% of expedited authorization requests within three days.

FY 2016 Performance:

<table>
<thead>
<tr>
<th>% Requests Processed in Required Timeframes (Standard = 95%)</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Requests</td>
<td>100%</td>
<td>100%</td>
<td>99.9%</td>
<td>99.9%</td>
</tr>
<tr>
<td>Requests Processed in Required Timeframes</td>
<td>3,011</td>
<td>2,848</td>
<td>2,881</td>
<td>3,024</td>
</tr>
</tbody>
</table>

Source: FY 2016 LME-MCO Monthly Reports

Analysis:

Alliance met the standard for FY 2016.

FY 2017 Strategy:

Alliance will continue to meet the standard in FY 2017.

13. Claims - Medicaid

The state requires Alliance to process 90% of claims within 30 days.

FY 2016 Performance:

<table>
<thead>
<tr>
<th>Percent Proceed within 30 Days (Standard = 90%)</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clean Claims Received</td>
<td>98.1%</td>
<td>98.0%</td>
<td>97.9%</td>
<td>98.3%</td>
</tr>
<tr>
<td>Number Paid or Denied within 30 Days</td>
<td>294,350</td>
<td>288,153</td>
<td>290,567</td>
<td>305,259</td>
</tr>
</tbody>
</table>

Source: FY 2016 LME-MCO Monthly Reports

Analysis:

Alliance met the standard for FY 2016.

FY 2017 Strategy:

Alliance will continue to meet the standard in FY 2017.
14. Claims - State/Block Grant

The state requires Alliance to process 90% of claims within 30 days.

**FY 2016 Performance:**

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Proceed within 30 Days (Standard = 90%)</td>
<td>97.3%</td>
<td>98.0%</td>
<td>96.7%</td>
<td>96.9%</td>
</tr>
<tr>
<td>Clean Claims Received</td>
<td>65,745</td>
<td>63,319</td>
<td>63,803</td>
<td>66,558</td>
</tr>
<tr>
<td>Number Paid or Denied within 30 Days</td>
<td>63,980</td>
<td>62,081</td>
<td>61,682</td>
<td>64,478</td>
</tr>
</tbody>
</table>

*Source: FY 2016 LME-MCO Monthly Reports*

**Analysis:**

Alliance met the standard for FY 2016.

**FY 2017 Strategy:**

Alliance will continue to meet the standard in FY 2017.

15. Innovations

The state has established a variety of measures for consumers in the Innovations waiver program. These include the following safety-related measures, which must be met in at least 85% of cases:

- Percent of Actions Taken to Protect the Consumer
- Percentage of deaths where required LME/PIHP follow-up interventions were completed as required.
- Percentage of Level 2 or 3 incidents where required LME/MCO follow-up interventions were completed as required.

The state has set a performance measure of less than 15% of cases for the following safety-related measures:

- Percentage of beneficiaries who did not receive medication as prescribed
- Percentage of restrictive interventions resulting in medical treatment.

**Analysis:**

Alliance met the standard for all of the above measures in FY 2016.

**FY 2017 Strategy:**

Alliance will continue to meet the standards in FY 2017.

**Standard: Level 2/3 incidents reported within required timeframes**

The state requires Alliance to assure that providers report 85% of Level 2/3 incidents involving Innovations consumers within required timeframes.
FY 2016 Performance:

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 2/3 incidents</td>
<td>75.8%</td>
<td>79.5%</td>
<td>87.9%</td>
<td>85.7%</td>
</tr>
<tr>
<td>reported within</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>required timeframes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Standard = 85%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: FY 2016 Alliance Innovations Quarterly/Semi-Annual/Annual Reports

Analysis:

Alliance did not meet the standard during the first two quarters of FY 2016. QM staff implemented a successful Corrective Action Plan that returned Alliance to compliance for the last two quarters of FY 2016.

FY 2017 Strategy:

Alliance will continue to meet the standards in FY 2017.

**Standard: Medication errors resulting in medical treatment**

The state requires Alliance to assure that no more than 15% of medication errors among Innovations consumers results in medical treatment.

FY 2016 Performance:

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication errors</td>
<td>100%</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>resulting in medical</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>treatment (Standard = &lt;15%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: FY 2016 Alliance Innovations Quarterly/Semi-Annual/Annual Reports

Analysis:

Alliance did not meet the standard during the first two quarters of FY 2016. QM staff implemented a successful Corrective Action Plan that returned Alliance to compliance for the last two quarters of FY 2016.

FY 2017 Strategy:

Alliance will continue to meet the standards in FY 2017.

**Standard: Initiation of Service**

The state requires that 85% of new Innovations waiver participants receive services within 45 days of approval of their ISP.

FY 2016 Performance:

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Innovations waiver</td>
<td>68.8%</td>
<td>75.0%</td>
<td>77.4%</td>
<td>79.2%</td>
</tr>
<tr>
<td>participants receiving</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>service within 45 days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>of ISP (Standard = 85%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: FY 2016 Alliance Innovations Quarterly/Semi-Annual/Annual Reports
Analysis:

Alliance did not meet the standard during any quarter of FY 2016. QM Department staff determined that a variety of factors contribute to the performance, including processing delays by Alliance Care Coordination and Utilization Management staff, delays in waiver approvals by county Departments of Social Services, and delays in the delivery of services by Innovations providers.

FY 2017 Strategy:

In July 2017, Alliance implemented a formal Quality Improvement Program (QIP) with the goal of meeting the standard of 85%. The QIP will start with the process mapping the on-boarding of new Innovations consumers.

16. Network Gaps Analysis

Alliance is required to produce an annual Community Needs Assessment and Gaps Analysis to identify community service needs and gaps. The report informs and guides provider network development activities via a formal Network Development Plan.

FY 2016 Performance:

Alliance made progress on a number of significant needs and gaps that were identified as priorities for the FY16 Network Development Plan:

- Expanded access to Medicaid (b)(3) services such as Individual Support and Peer Support
- Added State contracts to resolve gaps identified last year
- Improved crisis capacity and access through expansion of Behavioral Health Urgent Care/Same Day Access, transition of Durham crisis services to a peer recovery model, implementation of rapid response crisis services for children and adolescents, pending addition of a new crisis facility in Wake County, and training for advanced practice paramedics and support for alternative drop-off locations
- Initiated pilot projects to improve outcomes for high risk youth and provide evidence-based treatment for youth with co-occurring IDD/MI
- Promoted evidence-based Intensive In-Home services, treatment for first episode psychosis, and integrated behavioral health/medical care
- Developed alternative service definitions and supports to improve continuity and effectiveness of care.

Analysis:

Alliance submitted its most recent Needs Assessment Report to the state on April 1, 2016. The report found the following:

- **Outpatient Services:** Alliance met all requirements, with 100% of consumers having access and choice of outpatient providers.
- **Locations-Based Services:** Alliance did not meet all requirements. Specifically, some consumers lacked access to and choice of providers of Psychosocial Rehabilitation, Child and Adolescent Day Treatment, and Opioid Treatment.
- **Community/Mobile Services:** Alliance met all requirements, with 100% of consumers having access and
choice of outpatient providers, with 100% of consumers having the required access to community/mobile services within Alliance’s catchment area.

**FY 2017 Strategy:**

Alliance submitted to the state its proposal for addressing the gaps identified in the Needs Assessment report.

Alliance also has identified the following priorities for network development that will be included in the FY17 Network Development Plan:

- Expand services to meet geographic access and choice standards
- Develop a more uniform State benefit package across the four-county Alliance area
- Expand capacity for crisis, hospital diversion and respite services for all ages/disabilities
- Increase breadth, access and quality of residential treatment and housing options
- Increase capacity to serve consumers with IDD or co-occurring IDD/MI
- Develop and enhance the continuum of care for individuals with Substance Use Disorders with specific focus on increasing access to Medication Assisted Treatment
- Improve access to services for underserved populations
- Increase availability, tracking and oversight of specialty services and evidence-based practices
- Increase availability of resources for transportation
- Increase availability of resources for employment

**17. Grievances**

Any consumer, legally responsible person and/or network provider authorized in writing to act on behalf of a consumer, is encouraged to contact Alliance if they feel that services being provided to a consumer are unsatisfactory or if the consumer’s emotional or physical well-being is being endangered by such services. Alliance staff will assist any consumer, legally responsible person and/or network provider authorized in writing to act on behalf of a consumer in filing a grievance as needed.

**FY 2016 Performance:**

<table>
<thead>
<tr>
<th>Primary Nature of Grievance</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total</th>
<th>Pct.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse, Neglect, Exploitation</td>
<td>9</td>
<td>9</td>
<td>19</td>
<td>7</td>
<td>44</td>
<td>5.3%</td>
</tr>
<tr>
<td>Access to Services - Difficulty or Inability to obtain services</td>
<td>22</td>
<td>15</td>
<td>14</td>
<td>16</td>
<td>67</td>
<td>8.0%</td>
</tr>
<tr>
<td>Administrative Issues by Provider</td>
<td>31</td>
<td>25</td>
<td>20</td>
<td>32</td>
<td>108</td>
<td>12.9%</td>
</tr>
<tr>
<td>Basic Needs</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>10</td>
<td>1.2%</td>
</tr>
<tr>
<td>Authorization/ Payment/ Billing - Provider ONLY</td>
<td>20</td>
<td>18</td>
<td>26</td>
<td>26</td>
<td>90</td>
<td>10.8%</td>
</tr>
<tr>
<td>Authorization/ Payment/ Billing - LME-MCO ONLY</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Confidentiality/ HIPAA</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>18</td>
<td>2.2%</td>
</tr>
<tr>
<td>Client Rights</td>
<td>6</td>
<td>9</td>
<td>11</td>
<td>10</td>
<td>36</td>
<td>4.3%</td>
</tr>
<tr>
<td>LME-MCO Functions (excluding Authorization/Payment/Billing)</td>
<td>15</td>
<td>23</td>
<td>14</td>
<td>21</td>
<td>73</td>
<td>8.8%</td>
</tr>
<tr>
<td>Provider Choice</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>0.5%</td>
</tr>
<tr>
<td>Quality of Care by Providers</td>
<td>114</td>
<td>56</td>
<td>75</td>
<td>102</td>
<td>347</td>
<td>41.6%</td>
</tr>
<tr>
<td>Service Coordination Between Providers</td>
<td>9</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>22</td>
<td>2.6%</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>8</td>
<td>15</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

*Source: FY 2016 Alliance Quarterly Complaints Reports*
<table>
<thead>
<tr>
<th>Investigations</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grievances that Resulted in an Investigation</td>
<td>3</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Grievances that Did Not Result in an Investigation</td>
<td>233</td>
<td>162</td>
<td>195</td>
<td>233</td>
<td>823</td>
</tr>
</tbody>
</table>

Source: FY 2016 Alliance Quarterly Complaints Reports

<table>
<thead>
<tr>
<th>Total Number of Grievances Not Investigated that Were:</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total</th>
<th>Pct.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resolved By Working with Provider</td>
<td>7</td>
<td>17</td>
<td>25</td>
<td>54</td>
<td>103</td>
<td>12.5%</td>
</tr>
<tr>
<td>Resolved By Referral to Community Resource and/ or Advocacy Group</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>Resolved by Providing Information or Technical Assistance to Complainant</td>
<td>225</td>
<td>141</td>
<td>158</td>
<td>170</td>
<td>694</td>
<td>84.3%</td>
</tr>
<tr>
<td>Resolved By Referring to an External Licensing or State Agency</td>
<td>1</td>
<td>1</td>
<td>8</td>
<td>8</td>
<td>18</td>
<td>2.2%</td>
</tr>
<tr>
<td>Referred to Another LME/ MCO for resolution</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0.2%</td>
</tr>
<tr>
<td>Resolved By Mediating With Parties</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>5</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

Source: FY 2016 Alliance Quarterly Complaints Reports

- During FY 2016, Alliance received a total of 834 grievances.
- The largest number of these (347 or 41.6%) were related to the Quality of Care of provider services.
- Only 1.3% of grievances were serious enough to require a formal investigation by Alliance or a state agency.
- Most (84.3%) of grievances that did not require investigation were resolved by providing information or technical assistance to the complainant.

**Standard: Resolution of Grievances**

The state requires that 90% of grievances be resolved within 30 days.

**FY 2016 Performance**

<table>
<thead>
<tr>
<th>Calendar Days from Receipt by LME-MCO to Completion:</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total</th>
<th>Pct.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-30 Days</td>
<td>235</td>
<td>163</td>
<td>194</td>
<td>234</td>
<td>826</td>
<td>99.0%</td>
</tr>
<tr>
<td>31-60 Days</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>8</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

Source: FY 2016 Alliance Quarterly Complaints Reports

**Analysis:**

Alliance met the standard by resolving 99.0% of grievances within 30 days.

**FY 2017 Strategy:**

Alliance will continue to meet the standards in FY 2017.

**18. Adverse Incident Reports**

The state requires Alliance to track the submission of Level 2 and 3 critical incidents reported by providers.
**FY 2016 Performance:**

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 2 Critical Incident Reports</td>
<td>546</td>
<td>545</td>
<td>669</td>
<td>718</td>
</tr>
<tr>
<td>Level 3 Critical Incident Reports</td>
<td>39</td>
<td>41</td>
<td>34</td>
<td>34</td>
</tr>
</tbody>
</table>

*Source: FY 2016 Alliance LME-MCO Monthly Reports*

**Analysis:**

QM staff reviewed the upward trend for Level 2 incidents during FY 2016. Staff determined that during Q3, PRTF providers were no longer allowed to include restrictive interventions as part of a consumer’s service plan. Therefore, all restrictive interventions are now being reported as Level 2 incidents.

**19. Surveys**

**a. Provider Satisfaction Survey**

The *2015 DHHS Provider Satisfaction Survey* was conducted by the Carolina Centers for Medical Excellence (CCME) under contract with DHHS. Survey results were released in October 2015.

**FY 2016 Performance:**

<table>
<thead>
<tr>
<th>Area/ Survey Question</th>
<th>2014 Score</th>
<th>2015 Score</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access LME/MCO staff is easily accessible</td>
<td>73.1</td>
<td>82.3</td>
<td>9.2</td>
</tr>
<tr>
<td>Access LME/MCO staff consumer referral match provider services</td>
<td>60.8</td>
<td>72.7</td>
<td>11.9</td>
</tr>
<tr>
<td>Access Satisfied with appeals process</td>
<td>46.8</td>
<td>59.2</td>
<td>12.4</td>
</tr>
<tr>
<td>Authorizations</td>
<td>86.0</td>
<td>91.5</td>
<td>5.5</td>
</tr>
<tr>
<td>Authorizations</td>
<td>77.2</td>
<td>76.9</td>
<td>-0.3</td>
</tr>
<tr>
<td>Authorizations</td>
<td>87.7</td>
<td>93.1</td>
<td>5.4</td>
</tr>
<tr>
<td>Claims</td>
<td>74.9</td>
<td>82.7</td>
<td>7.8</td>
</tr>
<tr>
<td>Claims</td>
<td>55.0</td>
<td>65.8</td>
<td>10.8</td>
</tr>
<tr>
<td>Communications</td>
<td>79.5</td>
<td>81.5</td>
<td>2.0</td>
</tr>
<tr>
<td>Communications</td>
<td>64.3</td>
<td>63.1</td>
<td>-1.2</td>
</tr>
<tr>
<td>Compliance</td>
<td>77.8</td>
<td>75.8</td>
<td>-2.0</td>
</tr>
<tr>
<td>Compliance</td>
<td>70.2</td>
<td>74.2</td>
<td>4.0</td>
</tr>
<tr>
<td>Networks</td>
<td>79.5</td>
<td>81.5</td>
<td>2.0</td>
</tr>
<tr>
<td>Networks</td>
<td>58.5</td>
<td>68.8</td>
<td>10.3</td>
</tr>
<tr>
<td>Stakeholders</td>
<td>50.9</td>
<td>56.5</td>
<td>5.6</td>
</tr>
<tr>
<td>Stakeholders</td>
<td>71.3</td>
<td>71.6</td>
<td>0.3</td>
</tr>
<tr>
<td>Training</td>
<td>63.2</td>
<td>64.2</td>
<td>1.0</td>
</tr>
<tr>
<td>Training</td>
<td>71.9</td>
<td>71.5</td>
<td>-0.4</td>
</tr>
<tr>
<td>Overall LME/MCO staff responds quickly to provider needs</td>
<td>74.9</td>
<td>74.6</td>
<td>-0.3</td>
</tr>
<tr>
<td>Overall Technical assistance is accurate and helpful.</td>
<td>82.5</td>
<td>81.2</td>
<td>-1.3</td>
</tr>
</tbody>
</table>
Overall satisfaction with the LME/MCO

<table>
<thead>
<tr>
<th>Source: 2015 DHHS Provider Satisfaction Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
</tr>
</tbody>
</table>

CCME also asked providers to identify areas where additional training and educational materials were needed:

<table>
<thead>
<tr>
<th>Source: 2015 DHHS Provider Satisfaction Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alliance 2014</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Quality Management/Reporting</td>
</tr>
<tr>
<td>Clinical Coverage Policies</td>
</tr>
<tr>
<td>Provider Monitoring</td>
</tr>
<tr>
<td>Audit/Reimbursement</td>
</tr>
<tr>
<td>Claims Processing</td>
</tr>
<tr>
<td>Enrollment</td>
</tr>
<tr>
<td>Information Technology</td>
</tr>
<tr>
<td>Appeals</td>
</tr>
<tr>
<td>Payment Policy</td>
</tr>
</tbody>
</table>

Analysis:

CCME noted that, for the second year in a row, Alliance scored the highest overall provider satisfaction rate among all LME-MCOs.

Alliance’s QM staff grouped the questions together by organization function to better evaluate individual departments, and compared each department’s performance compared to the average for all LME-MCOs. It found “Above Average” satisfaction for Access, Appeals, Authorizations, Claims, Communications and Stakeholders. It found “Average” satisfaction for Compliance, Provider Networks and Training.

In FY 2015, Alliance’s QM Department created an “Introduction to Quality Management” training in response to the Provider Survey. Alliance continued the project in FY 2016 with another training on Data and Reporting to QM Purposes.

FY 2017 Strategy:

Alliance will continue to develop QM-related trainings.

b. Consumer Perception of Care Survey

The North Carolina Mental Health and Substance Abuse Consumer Perception of Care Survey is conducted annually by the NC DHHS. The survey assesses individual consumer and family perceptions of the quality of care, provider service and LME-MCO performance. Results of the survey were released in April 2016.

Alliance’s responsibilities included: identifying providers of MH and SA services to English and Spanish-speaking consumers; calculating the number adult, youth and child consumers seen by each provider; distributing survey forms in proportion to the provider’s consumer types; and following up with providers to assure that surveys were completed and returned to DHHS.
Analysis

Alliance’s performance:

<table>
<thead>
<tr>
<th>Surveys Required by the State</th>
<th>Adults</th>
<th>Youths</th>
<th>Family</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>659</td>
<td>216</td>
<td>108</td>
<td></td>
<td>983</td>
</tr>
</tbody>
</table>

Completed Surveys Submitted by Alliance

<table>
<thead>
<tr>
<th>Surveys Required by the State</th>
<th>Adults</th>
<th>Youths</th>
<th>Family</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>610</td>
<td>285</td>
<td>180</td>
<td></td>
<td>1,175</td>
</tr>
</tbody>
</table>

Source: 2016 North Carolina Mental Health and Substance Abuse Consumer Perception of Care Survey

Alliance returned 1,175 completed surveys, exceeding its responsibility to return 983 surveys.

Alliance returned more youth and family surveys, and fewer adult surveys, than requested. Beginning with the 2017 survey, DHHS modified its survey request numbers to better reflect the consumer types of each LME-MCO.

Domain: Adult

<table>
<thead>
<tr>
<th>Element</th>
<th>Range</th>
<th>Alliance %</th>
<th>State %</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>85 - 96</td>
<td>93</td>
<td>91</td>
<td>2</td>
</tr>
<tr>
<td>Treatment Planning</td>
<td>82 - 93</td>
<td>88</td>
<td>87</td>
<td>1</td>
</tr>
<tr>
<td>Quality and Appropriateness</td>
<td>90 - 97</td>
<td>96</td>
<td>94</td>
<td>2</td>
</tr>
<tr>
<td>Outcomes</td>
<td>69 - 82</td>
<td>78</td>
<td>75</td>
<td>3</td>
</tr>
<tr>
<td>Functioning</td>
<td>71 - 84</td>
<td>78</td>
<td>77</td>
<td>1</td>
</tr>
<tr>
<td>Social Connectedness</td>
<td>68 - 80</td>
<td>75</td>
<td>74</td>
<td>1</td>
</tr>
<tr>
<td>General Satisfaction</td>
<td>89 - 96</td>
<td>93</td>
<td>92</td>
<td>1</td>
</tr>
<tr>
<td>Recovery Outcomes</td>
<td>82 - 88</td>
<td>85</td>
<td>86</td>
<td>-1</td>
</tr>
<tr>
<td>Recovery Support</td>
<td>80 - 92</td>
<td>86</td>
<td>85</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: 2016 North Carolina Mental Health and Substance Abuse Consumer Perception of Care Survey

Findings:

- Alliance was consistent with the state average in the low-ranking areas of Functioning, Social Connectedness.
- Alliance surpassed the state average in the low-ranking area of Outcomes.
- Alliance’s General Satisfaction was consistent with the state average.

Domain: Youth

<table>
<thead>
<tr>
<th>Element</th>
<th>Range</th>
<th>Alliance %</th>
<th>State %</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>72 - 95</td>
<td>82</td>
<td>79</td>
<td>3</td>
</tr>
<tr>
<td>Treatment Planning</td>
<td>68 - 85</td>
<td>71</td>
<td>73</td>
<td>-2</td>
</tr>
<tr>
<td>Cultural Sensitivity</td>
<td>82 - 98</td>
<td>90</td>
<td>90</td>
<td>0</td>
</tr>
<tr>
<td>Outcomes</td>
<td>61 - 78</td>
<td>73</td>
<td>69</td>
<td>4</td>
</tr>
<tr>
<td>General Satisfaction</td>
<td>73 - 94</td>
<td>82</td>
<td>81</td>
<td>1</td>
</tr>
<tr>
<td>Recovery Outcomes</td>
<td>73 - 87</td>
<td>82</td>
<td>81</td>
<td>1</td>
</tr>
<tr>
<td>Recovery Support</td>
<td>79 - 93</td>
<td>87</td>
<td>85</td>
<td>2</td>
</tr>
</tbody>
</table>

Source: 2016 North Carolina Mental Health and Substance Abuse Consumer Perception of Care Survey
Findings:

- Alliance was below the state average in the low-ranking area of Treatment Planning.
- Alliance surpassed the state average in the low-ranking area of Outcomes.
- Alliance’s General Satisfaction was consistent with the state average.

Domain: Family

<table>
<thead>
<tr>
<th>Element</th>
<th>Range</th>
<th>Alliance %</th>
<th>State %</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>87 - 96</td>
<td>91</td>
<td>91</td>
<td>0</td>
</tr>
<tr>
<td>Treatment Planning</td>
<td>89 - 97</td>
<td>94</td>
<td>93</td>
<td>1</td>
</tr>
<tr>
<td>Cultural Sensitivity</td>
<td>95 - 100</td>
<td>98</td>
<td>97</td>
<td>1</td>
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<tr>
<td>Child Outcomes</td>
<td>53 - 78</td>
<td>76</td>
<td>69</td>
<td>7</td>
</tr>
<tr>
<td>Child Functioning</td>
<td>56 - 78</td>
<td>76</td>
<td>70</td>
<td>6</td>
</tr>
<tr>
<td>Social Connectedness</td>
<td>80 - 91</td>
<td>90</td>
<td>87</td>
<td>3</td>
</tr>
<tr>
<td>General Satisfaction</td>
<td>86 - 97</td>
<td>95</td>
<td>92</td>
<td>3</td>
</tr>
</tbody>
</table>

Source: 2016 North Carolina Mental Health and Substance Abuse Consumer Perception of Care Survey

Findings:

- Alliance was below the state average in the low-ranking area of Treatment Planning.
- Alliance surpassed the state average in the low-ranking area of Outcomes.
- Alliance’s General Satisfaction was consistent with the state average.

FY 2017 Strategy:

Adult Access:

- Initiatives to improve access to crisis services and engagement in treatment
- Initiatives addressing quality and accessibility of mobile crisis services

Adult Outcomes/Function:

- Housing plan
- BH Urgent Care Centers
- Peer Respite and Peer Transition Teams
- Evidence-based treatment for substance use disorders

Adult Social Connectedness:

- Promotion of evidence-based Psychosocial Rehabilitation practices

Youth Outcomes/Functioning:

- Development of facility-based crisis, rapid response crisis diversion, enhanced therapeutic foster care, and wrap-around services
- Expansion of evidence-based IIH services Youth Treatment Planning:
- Person-Centered Plan Quality Improvement Program
c. Network Needs Assessment Community Survey

Alliance conducted a community survey as part of its annual Network Needs Assessment report. The survey included separate sections for Intellectual and Developmental Disabilities (IDD), Child Mental Health/Substance Abuse (Child MH/SA), Adult Mental Health and Substance Abuse (Adult MH/SA) and Traumatic Brain Injuries (TBI). Additional sections were included regarding needs and gaps in areas of housing, employment and transportation.

The survey was conducted in January 2016 and yielded a total of 573 responses. The following provides a breakdown of submissions by respondent group:

<table>
<thead>
<tr>
<th>Group</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer and Family</td>
<td>126</td>
</tr>
<tr>
<td>Provider</td>
<td>242</td>
</tr>
<tr>
<td>Stakeholder</td>
<td>72</td>
</tr>
<tr>
<td>Staff</td>
<td>133</td>
</tr>
</tbody>
</table>

Source: 2016 Network Needs Assessment Report

In addition, collective input was solicited from the following community groups and collaboratives:

- Alliance Call Center Staff (Call Center)
- Alliance Compliance Staff (Compliance)
- Alliance Hospital Partners Collaborative (Hospital Partners)
- Alliance IDD Care Coordinators (IDD CC)
- Alliance MH/SA Care Coordinators (MHSA CC)
- Alliance Provider Advisory Committee (APAC), including local PAC meetings in each county
- Alliance Provider Network Evaluators (PN Evaluators)
- Alliance Utilization Management Staff (UM Staff)
- Autism Society
- Consumer and Family Advisory Committee (CFAC)
- Cumberland, Durham and Wake Crisis Collaboratives (Crisis Collabs)
- Durham and Wake Juvenile Justice SA/MH Partnerships (Durham JJSAMHP, Wake JJSAMHP)
- Wake County Community Collaborative for Children & Families (WCCC&F)
## Results:

### Table D-1: Summary of Community Priorities

<table>
<thead>
<tr>
<th>Priority</th>
<th>IDD Survey</th>
<th>CMH/ISA Survey</th>
<th>AMH Survey</th>
<th>TBI Survey</th>
<th>CFAC</th>
<th>APAC</th>
<th>MHSA CC</th>
<th>IDD CC</th>
<th>Call Center</th>
<th>UM Staff</th>
<th>Compliance</th>
<th>Durham US/MHP</th>
<th>Wake JJS/MHP</th>
<th>WCCC&amp;F</th>
<th>Hospital Partners</th>
<th>Crisis Collaboratives</th>
<th>PN Evaluators</th>
<th>Autism Society</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
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<tr>
<td>Services for uninsured / State benefit plan limitations</td>
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<td>Evaluation &amp; Consultation</td>
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<td>Services for co-occurring IDD/MI</td>
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<tr>
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<tr>
<td>Bilingual/bicultural services (Spanish)</td>
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<td>✓</td>
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</table>

Source: 2016 Network Needs Assessment Report

### Table D-2: Summary of Populations Identified As Underserved

<table>
<thead>
<tr>
<th>Population</th>
<th>IDD Survey</th>
<th>CMH/ISA Survey</th>
<th>AMH Survey</th>
<th>TBI Survey</th>
<th>CFAC</th>
<th>APAC</th>
<th>MHSA CC</th>
<th>IDD CC</th>
<th>Call Center</th>
<th>UM Staff</th>
<th>Compliance</th>
<th>Durham US/MHP</th>
<th>Wake JJS/MHP</th>
<th>WCCC&amp;F</th>
<th>Hospital Partners</th>
<th>Crisis Collaboratives</th>
<th>PN Evaluators</th>
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<tr>
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<td>✓</td>
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</tr>
<tr>
<td>Youth engaged in sexual harm</td>
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<td></td>
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<tr>
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<tr>
<td>Substance Use Disorders</td>
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<tr>
<td>Forensic/judicial involvement</td>
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</tbody>
</table>

Source: 2016 Network Needs Assessment Report
Analysis:

The survey found that stakeholders’ highest priorities were the expansion of state-funded services for the uninsured; addressing Quality of Care concerns; and expanding residential treatment. The survey also identified the need to improve services for Spanish-speaking consumers, and consumers with co-occurring IDD/MI conditions.

FY 2017 Strategy:

The survey results were used in setting the goals for Alliance’s FY 2017 Network Development Plan.

20. Quality Improvement Projects

A QIP is an organization-wide initiative to assess and improve the processes and outcomes of health care services and delivery. Alliance must conduct various QIPs in order to meet requirements set by the state, URAC and the federal government:

- URAC: Alliance must conduct two QIPs for each of the four modules for which Alliance accredited: Call Center, Health Utilization Management, and Health Network. A QIP can focus on more than one module. One QIP must focus on consumer safety.

- State Contracts: Alliance must conduct at least 3 QIPs, of which at least one must be clinical and at least one non-clinical). QIPs shall focus on reducing the need for inpatient at community hospitals, and reducing the use of crisis and Emergency Department services.

- Federal regulations: QIPs can be clinical or non-clinical, must impact health or functional status, and reflect high-volume or high-risk populations. Examples include access to care, grievances, appeals and children with special health care needs.

QIPs are typically more resource-intensive and longer-term than other quality improvement activities. Under URAC requirements, the QIP must show sustained improvement for one year after project goals are met.

FY 2016 Performance:

During FY 2016, Alliance conducted eight QIPs:

- Crisis Services: reduce use in Wake and Cumberland Counties
- Person-Centered Plans: improve quality of PCPs
- UM Call Monitoring: improve adherence to greeting protocol
- First Responder: test crisis lines of providers after business hours
- Intensive In-Home: improve the quality of IIH services
- Care Coordination: improve adherence to procedures, reduce authorization request denials
- Access to Care: improve initiation of services for Emergent, Urgent and Routine callers
- Grievances: Reduce staff error rate in reporting system

Analysis:

Alliance met the federal, state and URAC requirements for the number and types of QIPs.
QIP Successes:

- First Responder: Continued improvement in satisfactory calls following Compliance actions
- Crisis Services: Decrease in ED admissions for behavioral health in Wake County
- Grievance: 28% decrease in errors, closing due to successfully meeting benchmark

New Issues:

- Intensive In-Home: IIH data not available until late 2017 due to start of EBP models (March 2017)
- Crisis Services: no improvement in WakeBrook CAS closures; front door closed 20% and the back door (IVC) closed 43% of the time
- MH/SA Person-Centered Plans: Little improvement in quality of MH/SA Person-Centered Plans, particularly health/safety elements
- First Responder QIP: Waiting for completion of a report of consumers actual use of crisis services to compare to test results

FY 2017 Strategy:

Alliance will continue the following QIPs which have not yet met project goals or met the URAC requirement of one year of sustained improvement:

- Crisis Services
- First Responder
- Person Centered Plans
- Intensive In-Home
- UM Call Monitoring

Alliance will split the Access to Care QIP into two separate projects:

- Access to Care – Emergent Cases: Increase the percentage of services in Emergent cases delivered within 2 hours, 15 minutes to meet the state standard
- Access to Care – Urgent and Routine Cases: Increase the percentage of services in Urgent cases delivered within 48 hours, and the percentage of Routine services delivered within 14 days, to meet the state standards

Alliance will launch two new QIPs:

- Initiate IDD Services in 45 Days: Improve the timeliness of services for individuals who recently received Innovations slots
- MH/SA Care Coordination: Improve timeliness of Care Coordination contact for individuals discharging from inpatient services.

Alliance will close the following QIPs, which have met program goals:

- Grievances
- Care Coordination
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APPENDIX A – CQI Committee and Subcommittee Charters

Approval

The Alliance FY 2017 Quality Management Program Description was reviewed and approved by the Alliance Board of Director’s Global Quality Management Committee.

Signature: ________________________________
George Corvin, MD
Chair, Alliance Global Quality Management Committee

Date: 9/1/2016
1. Introduction

a. Description of Alliance

Alliance Behavioral Healthcare is a public-sector managed care organization administering behavioral health services for the North Carolina counties of Cumberland, Durham, Johnston and Wake. Alliance authorizes Medicaid and state funds for members in the Alliance Region who need services for mental health, intellectual/developmental disabilities and substance use/addiction.

Alliance is a multi-county area authority/Local Management Entity (LME) established and operating in accordance with Chapter 122C of the North Carolina General Statutes. Alliance is a political subdivision of the State of North Carolina and an agency of local government. Additionally, Alliance operates as a regional Prepaid Inpatient Health Plan (PIHP) on a capitated risk basis for behavioral health services as described in 42 CFR Part 438.

Alliance is responsible for authorizing, managing, coordinating, facilitating and monitoring the provision of State, Federal and Medicaid-funded MH/IDD/SA services in Cumberland, Durham, Johnston and Wake Counties. The LME/MCO model developed by the State utilizes a funding strategy that includes single management of all public funding resources through a local public system manager. Under this model, Alliance receives funding from multiple Federal, State and County sources. The financing provides for coordination and blending of funding resources, collaboration with out-of-system resources, appropriate and accountable distribution of resources, and allocation of the most resources to the people with the greatest disabilities. Re-engineering the system away from unnecessary high-cost and institutional use to a community-based system requires that a single entity has the authority to manage the full continuum of care.

Alliance receives funding on a capitated per-member, per-month (PMPM) basis, which covers both treatment services and administrative costs, for the entire Medicaid Network population in the four Alliance counties. Alliance also receives a limited allocation from the Department for State-funded MH/IDD/SA services, and some competitive grant funding.

The North Carolina MH/DD/SAS Health Plan is a prepaid inpatient health plan (PIHP) funded by Medicaid and approved by the Centers for Medicare and Medicaid (CMS). The Health Plan combines two types of waivers: a 1915(b) waiver generally known as a Managed Care/Freedom of Choice Waiver, and a 1915(c) waiver generally known as a Home and Community-Based Waiver.

The NC Innovations Waiver is a 1915(c) Home and Community Based Services (HCBS) Waiver (formerly the Community Alternatives Program for Persons with Mental Retardation/Developmental Disabilities). This is a waiver of institutional care. Funds that are typically used to serve a person with intellectual and/or developmental disabilities in an Intermediate Care Facility through this waiver may be used to support the participant outside of the ICF setting.

Alliance manages a variety of County-funded programs, including but not limited to crisis and assessment centers and outpatient walk-in clinics, and is also responsible for the nationally award-winning BECOMING (Building Every Chance of Making It Now and Grown up) is program funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).
b. History of Alliance

On July 1, 2012, The Durham Center and the Wake County LME merged to create Alliance Behavioral Healthcare. The Cumberland and Johnston County LMEs contracted with Alliance to perform a variety of managed care responsibilities in those counties and their citizens became part of the Alliance region. A new corporate headquarters near the Research Triangle Park (RTP) began operations and offices were maintained in all four counties to house staff that work closely with local stakeholders.

Alliance began its managed care operations on February 1, 2013 under the Medicaid 1915 (b)/(c) waivers, with responsibility for approximately 186,000 individuals eligible for Medicaid and a total population in excess of 1.7 million. Over 900 providers were credentialed at this point and enrolled initially in the Alliance Provider Network.

In March 2013, Alliance reorganized to create a more integrated infrastructure promoting collaboration and consistency across the organization, enhancing support to the community offices, and creating a single point of accountability for each functional area.

At the end of 2013, the Cumberland County LME was in a process that was largely seamless for the citizens of that county, and its staff became employees of Alliance. At this point, more than 2,000 providers were credentialed in the network.

During the first year of operations, Alliance grew from a professional staff of 142 to nearly 350. Staff making the transition to Alliance from The Durham Center and the four LMEs in Wake, Cumberland and Johnston counties formed the nucleus and brought with them invaluable expertise and experience. From that point staffing more than doubled to accommodate MCO operations.

For Alliance, 2014 marked a year of continued evolution and a new Strategic Plan that positions Alliance to be a strong, vibrant and successful behavioral health managed care organization no matter what the future of Medicaid reform holds. The Plan includes several major goals and multiple objectives and concrete initiatives. Read more about our new mission, vision and values on the opposite page.

Critical new positions and functional units were created in response to targeted needs identified by organizational analysis and business lessons learned. These included a Chief of Staff, an expanded legal department, a Hospital Relations Director and additional care coordination liaisons to regional hospitals and crisis facilities, as well as an I/DD Clinical Director. The management of budget, finance and reimbursement was consolidated under one Director. Two additional directors in Business Operations were added to oversee budget, finance and reimbursement, as well as a Registered Nurse to review hospital claims.

A restructuring of leadership enhanced cross-collaboration across Alliance’s administrative and business and clinical operations components with a focus on improving business processes. To that end a new Director of Strategic Project Management and two new Strategic Project Architects joined the Strategic Operations Unit tasked with reviewing key organizational projects with an eye toward streamlining and reengineering processes to improve efficiency and ensure quality outcomes.

Prior to July 1, 2016, the Alliance Quality Management Department was part of the Provider Networks and Evaluation Department, with the QM Director reporting to the Chief of Provider Network Evaluation and Development. Beginning July 1, 2016, Alliance implemented a broad reorganization that created
three divisions: Care Management, Organizational Performance, and Business Operations. The Alliance Quality Management Department was repositioned as part of the Organizational Performance Division, with the QM Director reporting to the newly created position of Chief Operating Officer.

c. Alliance’s Mission

To improve the health and well-being of the people we serve by ensuring highly effective, community-based support and care.

d. Alliance’s Vision

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

e. Alliance’s Values

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

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

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

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

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

f. Guiding Principles

The Alliance philosophy is one of recovery and self-determination. Alliance believes the best outcomes are reached when individuals receive the right level of service in the right amounts at the right time. Alliance efficiently manages resources to ensure system-wide quality for its members. Services are delivered through a network of community providers and licensed practitioners, and are closely monitored for quality.

Alliance has adopted the following Recovery and Self-Determination Guiding Principles that incorporate and reflect best practices in a recovery and self-determination oriented system of care and should be used as a guide in the way all services are provided.

Principle I: Partnership (Alliance Value – Collaboration). People direct their own recovery process. Therefore, their input is essential and validated throughout the process without fear.
Principle II: Empowerment, Choice and Personal Responsibility (Alliance Values – Accountability and Integrity, Dignity and Respect). With support and education, people are independent and free to accept responsibility for their own recovery.

Principle III: Respect, Dignity and Compassion (Alliance Values – Dignity and Respect, Compassion). A person’s unique strengths, attributes, and challenges all define them. Symptoms and diagnoses are only one part of a person’s experience.

Principle IV: Hope and Optimism (Alliance Values – Innovation, Dignity and Respect, Compassion). Recovery is an ongoing process in achieving wellness. Relapse can be a natural part of the recovery process that all people can relate to and learn from.


Principle VI: Support (Alliance Values – Collaboration, Compassion, Dignity and Respect, Innovation). No person goes through life alone. We all rely on someone to talk to and having people who care. Supportive teams will collaborate to create a “safety net.”

g. Alliance Customers

Alliance’s coverage area includes a total population of 1,800,902. By far the largest county by population is Wake, exceeding the population of the other three counties combined. Wake and Durham are the most densely populated counties, reflecting their more urbanized settings. Johnston is the least densely populated county.

<table>
<thead>
<tr>
<th>County</th>
<th>Population</th>
<th>Square Miles</th>
<th>Persons per Square Mile</th>
<th>Medicaid Enrollees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumberland</td>
<td>326,328</td>
<td>652</td>
<td>501</td>
<td>61,105</td>
</tr>
<tr>
<td>Durham</td>
<td>294,460</td>
<td>286</td>
<td>1030</td>
<td>39,463</td>
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<tr>
<td>Johnston</td>
<td>181,423</td>
<td>791</td>
<td>229</td>
<td>30,932</td>
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<tr>
<td>Wake</td>
<td>998,691</td>
<td>835</td>
<td>1196</td>
<td>94,817</td>
</tr>
<tr>
<td>Alliance Total</td>
<td>1,800,902</td>
<td>2565</td>
<td>689</td>
<td>226,282</td>
</tr>
</tbody>
</table>

2014 U.S. Census Bureau Estimate, State and County QuickFacts

The service area includes both urban and rural areas but the majority of the population lives in urban areas. Because of the proximity to relatively dense population areas such as Raleigh, Durham and Fayetteville, all Alliance counties are classified as ‘metropolitan/urban’ counties according to United States Office of Management and Budget criteria.

The four counties that make up Alliance Behavioral HealthCare are racially and ethnically diverse. Across the Alliance area, the primary ethnic group is Caucasian followed by Black and Hispanic/Latino. There is some variability across region, however. Johnston has a higher percentage of white population, with Black and Hispanic/Latino populations roughly the same percentage. Compared to the state average, Alliance has a higher percentage of Hispanic/Latino population with Durham and Johnston having the highest percentage in the Alliance area.
<table>
<thead>
<tr>
<th>County</th>
<th>White</th>
<th>Black</th>
<th>Asian</th>
<th>American Indian</th>
<th>Hispanic/Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumberland</td>
<td>53.2%</td>
<td>37.6%</td>
<td>2.7%</td>
<td>1.8%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Durham</td>
<td>53.0%</td>
<td>38.6%</td>
<td>4.9%</td>
<td>1.0%</td>
<td>13.4%</td>
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<td>Johnston</td>
<td>80.4%</td>
<td>16.0%</td>
<td>0.8%</td>
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<tr>
<td>Wake</td>
<td>69.0%</td>
<td>21.3%</td>
<td>6.4%</td>
<td>0.8%</td>
<td>10.0%</td>
</tr>
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<td>NC</td>
<td>71.5%</td>
<td>21.5%</td>
<td>2.7%</td>
<td>1.6%</td>
<td>9.0%</td>
</tr>
</tbody>
</table>

Alliance’s catchment area is experiencing higher than average population growth and is challenged to meet the needs of a diverse population with important needs such as those who do not speak English, homeless individuals with mental illness and substance use disorders, and members of the military, veterans and their families.

**h. Alliance Providers**

Alliance depends on a strong and diverse network of agencies and group practices, licensed independent practitioners and hospitals to provide the range of high-quality services and supports required by the densely-populated Alliance region. Alliance has credentialed providers and most organization types available in each county, as well as prescribers and licensed practitioners. Providers by categories are as follows:

- 1,849 licensed professionals
- 281 agencies
- 291 outpatient practices
- 37 Hospitals/Residential Treatment Facilities

Services available in the network include a broad array of Medicaid and State-funded care, and providers served 39,560 Medicaid consumers and 17,492 with State funds in FY 2015.

The following table provides a summary of service expenditures for FY16:

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
<th>% of Total</th>
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<tbody>
<tr>
<td>Medicaid</td>
<td>$419,717,116</td>
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<tr>
<td>State</td>
<td>$58,851,040</td>
<td>11%</td>
</tr>
<tr>
<td>Local</td>
<td>$36,758,095</td>
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</tr>
<tr>
<td>Total</td>
<td>$515,326,251</td>
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</tbody>
</table>

Contracts between Alliance and MH/IDD/SA providers create reciprocal partnerships designed to ensure an integrated system of quality services and supports is available to Cumberland, Durham, Johnston and Wake County residents. All contracts between Alliance and providers contain requirements that promote person and family-centered treatment, sound clinical and business practices, and delivery of high quality services within Alliance’s System of Care.
As the Alliance system of care evolves, Alliance will use performance indicators, outcome measures and other factors to determine selection and retention of providers in its network; however, consumer access to care will remain the primary determining factor.

The continual self-assessment of services, operations, and implementation of Quality Improvement Plans to improve outcomes to consumers is a value and expectation that Alliance extends to its providers. Providers are required to be in compliance with all quality assurance and improvement standards outlined in North Carolina Administrative Code as well as in the Alliance Contract. These items include:

- The establishment of a formal continuous Quality Improvement Committee to evaluate services, plan for improvements, assess progress made towards goals, and implement quality improvement projects and follow through with recommendations from the projects. This does not apply to LIPs.
- The assessment of need as well as the determination of areas for improvement should be based on accurate, timely, and valid data. The provider’s improvement system, as well as systems used to assess services, will be evaluated by Alliance at the provider’s qualifying review.
- The submissions of accurate and timely data, as requested, including claims for services delivered, no later than the deadline set by Alliance. Assessment of program fidelity, effectiveness, and efficacy shall be derived from data and any data requested. Providers shall be prepared to submit any and all data, reports, and data analysis upon request.
- Meeting performance standards set by Alliance and by the NC Health and Human Services for behavioral health services.

2. Purpose of the Alliance QM Program

Quality Management plays a major role in ensuring Alliance has well-established and evaluated processes for the timely identification, response, reporting, and follow-up to consumer incidents and stakeholder complaints about service access and quality.

Alliance must meet a variety of Quality Management requirements. These are set by Alliance’s contracts with the state of North Carolina; by the federal government’s Medicaid waiver process; and by the URAC accreditation requirements.

Alliance also must ensure that its employees and providers are fully compliant with critical incident and death reporting laws, regulations, and policies, as well as event reporting requirements of national accreditation organizations. QM, along with the Medical Director and/or designees, shall review, investigate, and analyze trends in critical incidents, deaths, and take preventive action to minimize their occurrence with the goals of improving the behavioral healthcare system, behavioral healthcare access, and consumer and provider outcomes.

The purpose of the Alliance Quality Management Operations Plan is to provide a systematic method for continuously improving the quality, efficiency and effectiveness of the services managed by Alliance for enrollees served. The plan also encompasses internal quality and effectiveness of all MCO processes.
3. Purpose of the Quality Management Plan

The Quality Management Plan outlines the quality management structure and activities throughout the organization. The plan describes the process by which the organization monitors, evaluates and improves organizational performance, to ensure quality and efficient outcomes for enrollees served. It also describes how administrative and clinical functions are integrated into the overall scope and purpose of the Quality Management Department.

The Quality Management Program Description is updated and reviewed annually thereafter. Progress toward performance improvement goals are evaluated yearly.

4. Goals and Objectives of the QM Program

The Quality Management program plays a major role in ensuring Alliance is successful at meeting performance outcomes and contract requirements. The goals listed below are of particular focus to the QM staff and organization-wide QM activities.

- To ensure individual consumers receive services that are appropriate and timely;
- To transition local systems toward treatment with effective practices that result in real life recovery outcomes for people with disabilities, as possible;
- To provide for easy access to the System of Care;
- To ensure quality management that focuses on health and safety, protection of rights, achievement of outcomes, accountability, and that strives to both monitor and continually improve the System of Care;
- To empower consumers and families to set their own priorities, take reasonable risks, participate in system management, and to shape the system through their choices of services and providers;
- To empower Alliance to build local partnerships with individuals who depend on the system for services and supports, with community stakeholders, and with the providers of service; and
- To demonstrate an interactive, mutually supportive, and collaborative partnership between the State agencies and Alliance in the implementation of public policy at the local level and realization of the State’s goals of healthcare change.

5. Principles and Strategies of the QM Program

Alliance’s Quality Management program is based on the principles of Continuous Quality Improvement. These principles are confirmed and improved via accreditation by URAC.
a. Continuous Quality Improvement

Alliance’s quality program begins with Quality Assurance (QA), which is a major activity of Alliance’s QM Department. QA involves ongoing activities that ensure compliance with rules, regulations, and requirements. Examples of the QA activities conducted by Alliance include internal audits or reviews, performance measurement, provider monitoring, and consumer satisfaction surveys.

QA allows Alliance to identify opportunities for Quality Improvement (QI), which involves continuously monitoring, analyzing, and improving of systems and procedures throughout the agency, i.e., “Continuous Quality Improvement” or CQI.

Alliance has implemented a Plan/Do/Study/Act model for CQI:

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

A goal of the CQI process is ensuring quality Care for Consumers. This is achieved by:

- Evaluating evidence-based practices
- Ensuring equal/easy access to services
- Maintaining client rights
- Obtaining consumer feedback
- Aligning agency policies and procedures with Federal, State, contract and accreditation expectations

Another goal of the CQI process is contributing to Alliance’s viability as an ongoing organization. This is done via:

- Risk management
- Using data and outcomes measures to gauge success
- Constant data analysis results in higher-quality services

b. Accreditation

Alliance also demonstrates its commitment to Continuous Quality Improvement via accreditation by URAC, a national accreditation organization. The URAC accreditation process is an evaluative, rigorous, transparent and comprehensive process in which a health care organization undergoes an examination of its systems, processes, and performance by an impartial external organization (accrediting body) to ensure that it is conducting business in a manner that meets predetermined criteria and is consistent with national standards.

Alliance has achieved URAC accreditation in four areas: Utilization Management, Call Center, Health Network, and Credentialing.
The Health Utilization Management is the evaluation of the medical necessity, appropriateness, and efficiency of the use of health care services, procedures, and facilities under the provisions of the applicable health benefits plan. URAC’s Health Utilization Management Accreditation ensures that all types of organizations conducting utilization review follow a process that is clinically sound and respects consumers’ and providers’ rights while giving payers reasonable guidelines to follow.

The Health Call Center provides triage and health information services to the public via telephone, website, or other electronic means. URAC’s Health Call Center Accreditation ensures that registered nurses, physicians, or other validly licensed individuals perform the clinical aspects of triage and other health information services in a manner that is timely, confidential, and includes medically appropriate care and treatment advice.

The Health Network is made up of contracted physicians and other health care providers. URAC’s Health Network Accreditation standards include key quality benchmarks for network management, provider credentialing, quality management and improvement, and consumer protection.

The Credentialing Department reviews new and current providers to assure that providers meet all required standards of licensure, legal standing and performance. Alliance has initiated a recredentialing process to assure that all current providers are reviewed at least every three years.

6. Oversight of QM Program Activities

Oversight of Alliance’s quality management activities and the Continuous Quality Improvement process is the responsibility of the Alliance Board of Directors, the Board’s Global Quality Committee, and the Alliance CQI Committee and its various subcommittees.

a. Board of Directors

Alliance is governed by a Board of Directors which is responsible for overseeing the operations of Alliance and its efforts to provide effective services for children and adults with psychiatric, intellectual/developmental disabilities, or substance use/addiction needs. The Alliance Board consists of community stakeholders that are appointed by their respective County Commissioners, and the Board selects one additional member from Johnston County, which has a contract with Alliance to manage services in that county. Service providers cannot serve as Board members.

b. Global QM Committee

The Global QMC is the standing committee that is granted authority for Quality Management by the MCO. The QMC reports to the Alliance Board of Directors. The Alliance Board of Directors Chairperson appoints the Quality Management Committee, which consists of five voting members — three Board members and two members of the Consumer and Family Advisory Committee (CFAC). Other non-voting members include at least one MCO employee and two provider representatives.

The MCO employees typically assigned include 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; and other staff as designated. The Global QMC meets at least six times 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. Furthermore, the Committee evaluates the effectiveness of the QM Program and reviews the QM Plan annually.

c. Alliance Committees

Quality activities at Alliance are overseen internally by the Continuous Quality Improvement Committee and its subcommittees, which focus on program/provider improvement, appropriateness and effectiveness of care and services, integration of healthcare efforts, high-risk and high-cost factors, and utilization of evidence-based practices in the care continuum. Decisions are determined by this committee based on input and feedback from committees, staff and stakeholders.

The current CQI subcommittees are:

- Budget and Finance
- Clinical Care Management
- Community Relations
- Compliance
- Information Technology
- Provider Networks Management
- Utilization Management

Each CQI committee has created a charter defining its purpose, responsibilities, relationships and membership (see Appendix A). Responsibilities include developing data and reports on the committee’s areas of responsibility; identifying risks and opportunities; reporting these risks/opportunities to the CQI Committee; and updating the CQI Committee on progress towards resolving the identified issues.

d. External Reviews

In addition to internal review by the Alliance Board and the CQI Committee, Alliance's Quality Management program is routinely assessed by external review organizations:

**DHHS Intra-departmental Monitoring Team:** The North Carolina Department of Health and Human Services' Intra-departmental Monitoring Team (DHHS IMT) is responsible for oversight of Alliance on behalf of the state of North Carolina. The DHHS IMT consists of staff members from the Division of Medical Assistance (DMA) and the Division of Mental Health, Developmental Disabilities, and Substance Abuse (DMH). The DHHS IMT conducts an annual review of Alliance in conjunction with consulting firm Mercer. The annual review includes a desk review of key documents and an on-site review of the administrative, financial, clinical and quality operations.

**External Quality Review (EQR):** Under federal law, Alliance must undergo annual external quality review. DHHS contracts with an external quality review organization (EQRO) to conduct the annual review. Alliance completed its first EQR in November 2014. Alliance will undergo its next EQR in January 2017.
URAC: Alliance is accredited by URAC in the areas of Health Network, Utilization Management, Health Call Center and Credentialing (recently received in August 2014). URAC required reaccreditation reviews every three years and conducts compliance checks more frequently. During FY 2017, Alliance will undergo reaccreditation by URAC for all modules.

7. QM Department Organization

The Alliance QM Department consists of a QM Director, who oversees two teams: Quality Review and Quality Assurance. In addition, the QM Director oversees a Power Analyst and a Statistical Research Assistant.

The QM Director reports directly to the Chief Operating Officer. Alliance's Medical Director provides collaboration and guidance. The Medical Director meets weekly with the QM Director to review quality-related issues.

8. QM Department Staff

QM Director: The QM Director manages a Quality Management Department and works closely with all internal departments, sites, boards of directors, CFACs and other external entities as required. The QM Director is involved with overseeing internal and external quality improvement activities throughout the Alliance area. The QM Director develops and designs measurement tools for meeting contractual performance criteria and accreditation requirements. The QM Director produces written and oral presentations and reports for a variety of internal and external audiences are developed. The QM Director works closely with the Alliance IT Department to develop and/or design reports for other departments and staff to streamline data collection and reporting processes. The QM Director oversees organizational and provider assessments, measurements, and research when applicable and/or necessary. The QM Director develops and implements policies and procedures to ensure compliance with regulatory requirements related to quality improvement, outcome monitoring, and evaluation of services and programs.

Quality Review: The QR Manager oversees the Quality Improvement Projects to ensure appropriate type and number according to URAC and contracts; monitors by accuracy of QIPs, timeliness and correct process flows to ensure the QIPs are completed on time and are accurate; and implements Performance Improvement Projects (PIPs) as identified. The QR Manager also manages quality improvement activities required by contract including PCP reviews, quality audits, certain survey projects, and committee reviews of the data; ensures that analyses and reports are accurate, thorough, and professional; is responsible for overall supervision of all unit employees; and participates in network management, and other program, evaluation activities. The Quality Review Manager currently oversees a team of five Quality Review Coordinators.

Quality Assurance: The QM Quality Assurance Manager manages the daily/weekly/monthly data processes, such as Incident Reporting and Analysis (IRIS), NC-TOPPS, NC-SNAP, Utilization Management and Call Center Statistics, network monitoring, DHSR notification process and the grievance process. The Grievance Reporting requirements and staff assigned to the grievance reporting process are managed by the Quality Assurance Manager. Quality Assurance ensures that analyses and reports are accurate and professional with charts/graphs to facilitate stakeholder input and decision making. The Quality Assurance Manager works closely with the IT Department to facilitate implementation of reports to be automated. As requested, the Quality Assurance Manager coordinates and/or assists with other data
analyses/processes/reports; this may include assistance with the strategic planning and/or the provider capacity study process. The Quality Assurance Manager ensures contract requirements for Innovations Health and Safety measures, NC-SNAP, NC-TOPPS, incidents, and complaints. The Quality Assurance Manager responsible for overall supervision of the team. The Quality Assurance Manager currently oversees a team of seven Quality Assurance Analysts.

**Power Analyst:** The Power Analyst reviews business workflows for Alliance departments and sites; develops processes and key data elements in order to develop specified reports for the MCO; works closely with IT staff to provide content and context to reports; writes specifications and develop reports independently and/or with IT assistance; develops required Business Intelligence charts, graphs, and other Report formats as required by management. The Power Analyst works with IT staff to ensure the data elements and desired outcome of the BI tools are accurate; conducts Quality Assurance testing on IT projects as they apply to reporting, data collection, and analyses; creates databases as required by the QM Director, and other management staff; develops enhancements for Alpha as staff identify data issues; and serves as liaison between departments and IT to coordinate data automation efforts.

**Statistical Research Assistant:** The Statistical Research Assistant develops reports, databases, spreadsheets, and surveys; develops maps specific to requests from QM and Provider Network; develops required Business Intelligence charts, graphs, and other Report formats as required by the QM Director; analyzes data for QM Department such as claims data, residential capacity and utilization, DHSR findings, and Quality of Care Concerns tracking; works with QM Director and managers to facilitate survey and other quality improvement studies/projects, such as the NCI state project, Perception of Care surveys, and provider capacity surveys across counties in the catchment area; and helps coordinate, manage survey dissemination, tracking and analysis.

**9. Data and Reporting Systems**

**AlphaMCS:** Alliance has contracted with AlphaMCS of Wilmington, NC to provide database and processing support. The AlphaMCS system’s features include Patient Management; Service Provider Management; Claims Processing; Quality Management; Provider Agency Portal; Reporting; Care Coordination; and EDI. The AlphaMCS system is fully web accessible. The QM Department also is actively involved with the development of new AlphaMCS features and reports. QM staff participates in a weekly AlphaMCS user group teleconference; beta tests new features and reports; and produces AlphaMCS reports for QM and other departments.

**State:** QM Department staff has access to important online reporting systems run by NC DHHS. These include the NC Treatment Outcomes and Program Performance System (NC-TOPPS), which collects quality data from providers; and the Incident Response Improvement System (IRIS), which is used by providers to report Level II and Level III incidents.

**Internal:** The QM Department also uses internal database and reporting systems developed by Alliance's IT Department. These include the BI Report System, which provides access to routine reports. QM staff works directly with the IT Department to design, develop and test new BI reports. During FY 2016, Alliance expanded its internal reporting capabilities via contracts with CMT and MicroStrategy. CMT provides reports combining Alliance’s encounter data with pharmaceutical and primary care data for Alliance’s consumers. MicroStrategy provides advanced analytic tools allowing a broad range of reporting.
10. QM Program Relationships

Continuous Quality Improvement must be ongoing and pervasive. The Alliance QM Program is the responsibility of all staff, and the QM Department has ongoing relationships with all Alliance departments and stakeholders. All Alliance stakeholders – from each staff member, to whole departments, to consumers and providers, to the Alliance Board - contribute to the CQI process.

a. Alliance Staff

During its first four years of operation, Alliance grew from a professional staff of 142 to nearly 450 working at its corporate site in Durham, a dedicated call center facility, and four county offices. The QM Department routinely informs staff of quality-related development via updates at all-staff meetings, posting on Alliance SharePoint sites, and updated policies and procedures.

b. Departments

Administration: Alliance's Administration Department is led by the Alliance Chief Executive Officer and his staff. The QM Department assists the CEO with routine reports; ad hoc reports requested by the state and external stakeholders; and special presentations to the Alliance Board of Directors and county commissioners. The QM Department is represented on Alliance's Executive Leadership Team by the Chief Operating Officer.

Medical Affairs Department: The Medical Affairs Department is headed by the Alliance Medical Director and includes Alliance's Peer Advisors. The QM Department meets regularly with the Medical Affairs team to review quality improvement activities. The Medical Affairs team and QM Department have worked together to implement IRR testing of Call Center and UM staff.

The Medical Director serves as co-chair of the CQI Committee. The Medical Director and QM Director meet weekly to review quality activities.

Provider Networks Management and Development Department: QM staff assist Provider Networks by developing reports and data sets for Provider Networks staff, reviewing provider contracts, identifying quality issues with providers undergoing recredentialing, and conducting program evaluation studies.

Utilization Management Department: Alliance’s UM Department reviews and approves Service Authorization Requests (SARs) from providers for Medicaid, IDD and IRPS services. At the request of UM Department leadership, the QM Department’s Quality Review Team reviews UM activities and documentation. The QR team also participates in the development and administration of Inter-Rater Reliability testing of UM staff to determine the accuracy and consistency of reviews. The QM Director and other QM staff are members of the UM Committee.

Care Coordination: Alliance provides Care Coordination services to all Innovations enrollees and to high-risk MH/SA consumers with a history of crisis care or other high-cost treatment. During FY 2014, Care Coordination and QM Department collaborated on studies focusing on the accuracy of Care Coordination documentation and the effectiveness of services. During FY 2015, the QM Department initiated a formal Quality Improvement Project (QIP) on CC services.
**Access Department:** Overseen by the Alliance Chief Clinical Officer, the Alliance Access Department is the first point of contact for consumers seeking services. The QM Department receives routine reports from the Access Department on average speed to answer, abandonment rate and service levels, and includes these reports in Alliance's monthly reporting to the state. The QR team also consults with Access on Inter-Rater Reliability testing of Access staff to determine the accuracy and consistency of communications with consumers and conducts oversight of the delegated contractor for roll-over calls.

**Business Operations:** The Finance Department manages Alliance's financial activities and claims processing. Finance Department staff assist the QM Department with the development of reports for quality reviews. The Chief Financial Officer is a member of the CQI Committee.

**Community Relations:** The Community Relations Department works with federal/state/local agencies, providers and consumer advocacy groups to improve the delivery of care. QM Department staff assist Community Relations by developing reports required by block grant programs, participating in CQI activities and evaluation with crisis services providers and jail programs, and participating on county-wide Crisis Collaboration provider groups. In particular, QM staff works directly with Community Relations’ Crisis and Incarceration Manager.

**Information Technology:** The Information Technology Department works with Alliance's IT vendor AlphaMCS to test new features, develops internal database systems, creates reports, supports the Alliance data network, and maintains Alliance's computers. The IT Department also trains Alliance’s Business Analysts. The QM Department’s Business Analyst is in routine contact with the IT Department to evaluate new database features and reports. The QM Director discusses IT developments as a member of the IT Committee.

**Compliance:** The Office of Compliance encourages ethical and sound ways to do business in compliance with federal and state law, contractual requirements, policies and accreditation standards. Compliance provides training and manages Alliance’s policies and procedures, conducts internal audits, monitoring and investigations to prevent, detect and remediate non-compliance. The Office of Compliance Program Integrity Unit conducts fraud and abuse prevention and detection activities and reports suspected credible allegations of fraud to DMA PI. The QM Department provides Compliance with the results of any analyses finding evidence of non-compliance or fraud and abuse by providers or Alliance staff. The QM Department also informs Compliance of trends in complaints, grievances and incidents involving providers.

**c. Consumers**

Consumers are represented at Alliance via the Consumer and Family Advisory Committee, or CFAC, which is made up of consumers and family members 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 the Board of Directors.

Members of the Alliance CFAC collaborated in the choosing of providers to assume the services previously provided by Wake County and participated in Alliance’s Board Budget Retreat. They carried their concerns to local legislators about the needs of our communities and served as respected voices at the State CFAC level.
Quality Management Department staff routinely update all CFAC members on Alliance’s quality improvement activities. Two CFAC members also serve as voting members on the Board’s Global Quality Management Committee.

d. Providers

The Alliance Provider Advisory Council (APAC) includes representatives from each county within the Alliance catchment area and all age and disability areas. The APAC provides input to Alliance on development and implementation of its Local Business Plan, identification of needs and gaps, and other areas in which provider input is critical. The APAC also coordinates provider feedback from local Provider Advisory Councils in each county.

Quality Management Department staff routinely updates APC on Alliance’s quality improvement activities that impact providers. Two providers serve as non-voting members of the Board’s Global Quality Management Committee. In addition, the QM Department enrolls providers to participate on advisory committees for quality improvement programs that can benefit from provider input.

The QM Department also informs providers of its activities via presentations at All-Provider meetings, notices in provider communications, and postings on the Alliance web site. QM staff also provides technical assistance for providers on NC-TOPPS and IRIS submissions, and the creation of quality management plans.

11. QM Program Activities

The Alliance QM Program involves a wide range of quality-related activities that are focused on all aspects of Alliance's activities.

a. Quality Improvement Projects

QIPs are formal, long-term initiatives that focus on one or more clinical or non-clinical area(s) with the aim of improving health outcomes and beneficiary satisfaction. Alliance is required to conduct QIPs both under its contracts with DMA and DMH, and also as part of URAC accreditation. Federal regulations also set requirements for QIPs:

- **URAC:** Alliance must conduct two QIPs for each module for which Alliance accredited: Core, Call Center, Health Utilization Management, and Health Network. A QIP can focus on more than one module. One QIP must focus on consumer safety.

- **State Contracts:** Alliance must conduct at least 3 QIPs, of which at least one must be clinical and at least one non-clinical. QIPs shall focus on reducing the need for inpatient at community hospitals, and reducing the use of crisis and Emergency Department services.

- **Federal regulations:** QIPs can be clinical or non-clinical, must impact health or functional status, and reflect high-volume or high-risk populations. Examples include access to care, grievances, appeals and children with special health care needs.
QIPs are typically more resource-intensive and longer-term than other quality improvement activities. Under URAC requirements, the QIP must show sustained improvement for one year after project goals are met.

QIPS are identified by tracking routine performance reports, conducting special quality reviews, reviewing reports from Alliance’s CQI subcommittees, and surveying Alliance staff, providers and consumers/families.

A QIP is launched with consultation from the CQI Committee and the Global QM committee when a problem and potential solution have been identified through ongoing data analysis. Data is initially collected to establish a statistical baseline, interventions are implemented, and post-intervention data are collected.

Each QIP is managed by a QM Department staff member who serves as Project Lead. Decisions are made by a dedicated Project Advisory Team consisting of subject matter experts. The team includes a member of Alliance’s Medical Affairs department if the QIP addresses clinical issues.

**FY 2017 QIPs**

Alliance will have nine active QIPs during FY 2017:

1. First Responder: Increase the answer rate and timeliness of calls to crisis lines of providers after business hours
2. Access to Care – Emergent Cases: Increase the percentage of services in Emergent cases delivered within 2 hours, 15 minutes to meet the state standard
3. Access to Care – Urgent and Routine Cases: Increase the percentage of services in Urgent cases delivered within 48 hours, and the percentage of Routine services delivered within 14 days, to meet the state standards
4. Improve Crisis Services: Reduce the use of Crisis Services in Wake and Cumberland Counties
5. Initiate IDD Services in 45 Days: Improve the timeliness of services for individuals who recently received Innovations slots
6. MH/SA Care Coordination: Improve timeliness of Care Coordination contact for individuals discharging from inpatient services.
7. Intensive In-Home: Reduce the use of crisis services, reduce behavioral health interference with daily activities, and decrease severity of mental health symptoms
8. Person Centered Plans: Improve the percentage of completed quality and safety elements required in PCPs
9. UM Call Monitoring: Increase the percentage of UM calls to providers that adhere to Alliance’s greeting protocol as required by URAC

b. Performance Improvement Projects

Performance Improvement Projects are short-term activities addressing a problem identified through ongoing data analysis. The PIP may involve additional data analysis to understand root causes. PIPs are typically less resource-intensive, shorter-term, or more targeted than QIPs. Like QIPs, a PIP may involve multiple interventions.

PIPs under way for FY 2017 include:

- Improving NC-TOPPS submissions
- Reviewing provider incident reporting
- Improving the accuracy of provider email addresses

c. Clinical Practice Guidelines:

Alliance uses clinical guidelines that have been reviewed by the Alliance Clinical Advisory Committee and approved for use by the medical director as part of the medical necessity determination process.

The QM Department has developed process to assess provider compliance with the clinical practice guidelines adopted by Alliance. This process involves: identifying two or more milestone elements in a clinical practice guideline; determining provider compliance via data analysis or record reviews; informing providers of any compliance issues via training and other communications; and identifying outlier providers for focused training.

In FY 2017, the QM Department will focus on provider compliance with clinical practice guidelines for (1) ADHD in children and (2) schizophrenia in adults.

d. Quality Reviews

A Quality Review involves a review of a process or documentation against best practice standards. Quality Reviews are identified through ongoing data analysis, as a contract requirement, or upon request by a department. QM staff will create a review tool based on standards, and rate performance as met/not met/partially met against standards. Staff will then create recommendations or an action plans, and re-evaluate with additional quality review.

Quality reviews to be conducted by QM staff during FY 2017 will focus on Person-Centered Plans, and documentation of at-risk supported employment consumers.

e. Studies

A study focuses on a concern identified through ongoing data analysis. QM staff may conduct in-depth data analysis to gain a better understanding of the problems and root causes. Studies typically are less resource-intensive, short-term and targeted. A study may evolve into PIP or QIP.
f. Ongoing Analysis of Data

QM staff develop a report to closely monitor performance data associated with a contract performance measure, HEDIS measures or program requirement. QM staff currently conduct ongoing analyses of crisis data, management reports, utilization, STR, MCO operations, financial, performance of network, and System of Care data.

g. Surveys

QM staff develop and disseminate surveys to gather and incorporate feedback. Surveyees include consumers, providers, Area Board members and stakeholders. QM staff also review the findings of surveys conducted by the state and other external parties. These include the annual Perception of Care survey and Provider Satisfaction Survey conducted by the state, and the Provider ECHO Survey conducted as part of the federal EQR process. The QM Department works with the relevant departments and committees to develop, implement and track improvements identified in the survey results.

h. Provider Network

Alliance is required under its state contract to conduct an annual evaluation of its provider network. The evaluation must identify any gaps in coverage or choice for consumers. Alliance’s Provider Network Department then creates an annual development plan based on the evaluation’s findings.

QM staff support the evaluation process via analysis of provider locations and consumer access, and the creation of “geomaps” illustrate gaps in coverage.

Also at the request of the Provider Network Department, QM staff conducts numerous evaluations of provider programs to further assess the effectiveness of Alliance’s provider network. During FY 2017, for example, QM staff will be evaluating pilot programs for enhanced Intensive In-Home services, and the effectiveness of a new Rapid Response program for youths.

12. Grievances

A grievance is an expression of dissatisfaction about any matter other than decisions regarding requests for Medicaid services. Alliance’s goal is to use a fair, impartial and consistent process for receiving, investigating, resolving and managing grievances filed by consumers or their legal guardians/representatives concerning Alliance staff or Network Providers.

Examples of a grievance may include but are not limited to grievances about quality of care, failure of the provider or Alliance to follow Client Rights Rules; failure of providers to provide services in the consumer’s PCP or ISP including emergency services noted in the crisis plan and interpersonal issues such as being treated rudely. Consumers, or a network provider authorized in writing to act on behalf of a consumer, may file a grievance.

The QM Department's Data Management Team is responsible for processing grievances submitted from within and outside Alliance. Grievances first are designated as Medicaid-related or non-Medicaid-related depending on consumer eligibility.
Medicaid: QM staff will notify, in writing by U.S. mail, the complainant within five (5) working days of receiving the grievance to acknowledge receipt of the grievance and communicate whether the grievance will be initially addressed informally or by conducting an investigation. Alliance’s initial response to a grievance shall be to attempt to resolve the issue through informal dialogue and to reach agreement between the parties.

Alliance will seek to resolve grievances expeditiously and provide written notice by U.S. mail to all affected parties no later than ninety (90) calendar days of the date Alliance received the grievance. Alliance may extend the timeframe by up to fourteen (14) calendar days if the client requests extension or there is a need for additional information and the delay is in the best interest of the client.

Non-Medicaid: QM staff will notify in writing by U.S. mail the complainant within five (5) working days of receiving the grievance regarding whether the grievance will be initially addressed informally or by conducting an investigation. Alliance’s initial response to a grievance shall be to attempt to resolve the issue through informal dialogue and to reach agreement between the parties. Alliance will seek to resolve grievances expeditiously and provide written notice by U.S. mail to all affected parties no later than fifteen (15) calendar days of the date Alliance received the grievance. If the grievance is not resolved within fifteen (15) working days, then QM staff will send a letter to the complainant updating progress on the grievance resolution and the anticipated resolution date.

13. Incidents

Providers must implement procedures that ensure the review, investigation, and follow up for each incident that occurs through the Providers’ internal quality management process. This includes:

- A review of all incidents on an ongoing basis to monitor for trends and patterns.
- Strategies aimed at the reduction/elimination of trends/patterns.
- Documentation of the efforts toward improvement as well as an evaluation of ongoing progress.
- Internal root cause analyses on any deaths that occur.
- Mandatory reporting requirements are followed.
- Entering Level II and III incidents into the State’s Incident Response Improvement System (IRIS).

An incident is an event at a facility or in a service/support that is likely to lead to adverse effects upon a consumer. Incidents are classified into several categories according to the severity of the incident. All Category A and B Providers serving consumers in the Alliance catchment area are required to report Level II or Level III incidents to Alliance within seventy-two (72) hours of the incident. The report also must be reported in the state’s web-based Incident Response Improvement System (IRIS). All crisis providers are required to report incidents that occur during the provision of crisis services.

The QM Department’s Data Management Team is responsible for tracking incident reporting by network providers. The goal is a uniform and consistent approach for the monitoring of and response to incidents which are not consistent with the routine operations of a facility or service or the routine care of a client enrolled in the Alliance network.

Upon receipt, QM staff reviews all incidents for completeness, appropriateness of interventions and achievement of short and long term follow up both for the individual consumer, as well as the Provider’s
service system. If questions/concerns are noted when reviewing the incident report, QM staff will work with the provider to resolve these.

If concerns are raised related to consumer’s care, services, or the provider’s response to an incident, an onsite review of the Provider may be arranged. If deficiencies are found during the review process, the provider will be required to submit and implement a plan of correction. QM staff will provide technical assistance as needed and appropriate to assist the Provider to address the areas of deficiency and implement the plan.

14. Provider Monitoring

Alliance is required under its state contract to routinely monitor its providers to assure compliance with state and federal regulations, and patient rights requirements. Prior to July 1, 2016, Alliance’s Provider Monitoring team was part of the QM Department. Under the most recent reorganization, Provider Monitoring is part of the Provider Network Department.

The QM Department continues to work closely with Provider Monitoring. Most importantly, the QM Department is responsible for recommending a special provider monitoring when QM has found a series of grievances or incidents that raise issues of provider performance or consumer safety.

15. Over/Under Utilization

Service over/under utilization may indicate poor quality and potentially inefficient care. To ensure the appropriate provision of services, Alliance implements a program that monitors a broad range of data to determine variations in the use of service across providers and levels of care. The UM Committee, a CQI subcommittee, and Clinical operations leadership are responsible for detecting over and under-utilization and analyze claims (encounter) data and authorization data on a monthly basis to determine utilization patterns. Data analysis will identify the potential need for further review. Data reviewed includes:

- Average Length of stay in inpatient and residential facilities
- Provider treating multiple family members individually
- Consumers receiving multiple services
- High cost/high utilized service trends
- Low use of evidenced based services
- Inpatient Readmissions
- High volume of authorized units compared to billing
- Higher than average costs per treatment episodes

In the event that data analyses identify questionable patterns, Alliance may contact Providers to review their medical records in order to identify the reasons particular practice patterns are different from the norm. Although this could be a function of the Provider’s case mix severity, it could also indicate potential problems that need to be resolved.
Clinical Operations leadership may refer to the UR Manager for a record review or may refer cases to the Compliance Department for a further review. Responses to validated utilization issues include, training and technical assistance, increased monitoring or referral to the Special Investigations unit if the over-utilization appears to be driven by wasteful practice of fraudulent billing. Alliance also may initiate internal action plans to ensure more appropriate service management by the clinical operations department if utilization issues are related to poor oversight and care coordination.

16. Training

Alliance provides timely and reasonable training and technical assistance to providers on a regular basis in the areas of State mandates and initiatives, or as a result of monitoring activities related to services for which the provider has a contract with Alliance. A wide variety of links to web-based resources of potential interest to the Provider Network can be found on the Alliance website at:

www.AllianceBHC.org/Providers/Provider-resources.

Training of both internal and external stakeholders is an essential part of Alliance’s quality program. In particular, the QM Department plays a significant role in developing training to inform stakeholders and staff of quality processes in general, and processes actively subject to quality improvement activities.

During FY 2016, the QM Department provided training for Alliance staff on crisis plan development, PCP and ISP development, and complaints and grievance submissions. The QM Department also trained providers on PCP/Crisis Plan development, QM program development, Plan of Corrections, and Incident Reporting.
APPENDIX A – CQI Committee and Subcommittee Charters

1. Continuous Quality Improvement Committee

Purpose

The CQI Committee is the venue for the review and assessment of all performance data and quality activities for Alliance. The CQI Committee meets at least monthly to review clinical and provider network performance data and review operations.

Responsibilities

As a committee within the Alliance CQI structure, the CQI Committee is responsible for identifying and reporting:

- Key areas of risk or concern for the committee;
- Reports or data that support/identify these areas being considered a risk/concern;
- An analysis of the risk/concern, including how long has been a concern, the impact on Alliance departments, or the organization as a whole;
- Committee response to the area of risk/concern, including action steps, timeframes, and when CQI Leadership Team will receive an update;
- How issues identified in your committee are communicated to other affected committees;
- The results of any Quality Improvement activities implemented to address risk or concern.

The CQI Committee is responsible for the implementation and evaluation of the Alliance Quality Management Plan, monitoring of quality improvement goals and activities and identifying opportunities for improvement within the provider network and Alliance operations.

Data Reporting/Review

The committee examines data and information for trends to identify areas of risk for the organization and areas where there has been or needs to be performance improvement.

Relationships

The committee reviews state reports, information and reports to be shared with the board of directors. Information reviewed with strategies for improvement are shared with the Global Quality Management Committee of the Board for additional review, feedback, recommendations and approval.

Membership

The committee is composed of:

- Alliance CEO
- Medical Director
- Chief of Staff
- Compliance Officer
- Chief Clinical Officer
2. Budget and Finance Committee

**Purpose**

The primary charge of this committee is to provide an internal review of expenditures, allocations, trends, and an overall financial picture of the agency in regards to services and programs. It also ensures a fair system is in place for allocating or de-allocating dollars.

**Responsibilities**

As a committee within the Alliance CQI structure, the Budget and Finance Committee is responsible for identifying and reporting to the CQI Leadership Team:

- Key areas of risk or concern for the committee;
- Reports or data that support/identify these areas being considered a risk/concern;
- An analysis of the risk/concern, including how long has been a concern, the impact on Alliance departments, or the organization as a whole;
- Committee response to the area of risk/concern, including action steps, timeframes, and when CQI Leadership Team will receive an update;
- How issues identified in your committee are communicated to other affected committees;
- The results of any Quality Improvement activities implemented to address risk or concern.

The Committee acts as the recommending body to the CFO as to the manner in which funds should be distributed or de-allocated by reviewing financial/service data and reports. The Committee prevents one sole authority, namely the CFO, from having a programmatic or service impact to the Community without input from key stakeholders such as clinical operations, provider networks, consumer affairs and local sites.

The committee’s responsibilities include but are not limited to:

- Review data reports
- Provides an internal review of expenditures, allocations, trends, and an overall financial picture of the organization
- Discuss concerns about specific programs or services
- Discuss new allocations or budget reductions
- Ensure recommendations for financial adjustments adhere to policies and procedures, strategic plan, gap/needs assessment, and organizational priorities
- Discuss specific actions taken in Claims or UM that have impact to the community

**Data Reporting/Review**
• Progress on state fund drawdown
• Claim trends
• Medicaid expenses by level of care
• Per Member Per Month (PMPM) budget adherence
• Specific services compared to previous months, authorizations, or other data elements
• Financial reports:
  • Incurred But Not Reported (IBNR)
  • Rate variance reports
  • Month end financial statements
• Over and underutilization of budgeted funds

Relationships

The Chair of the B&F Committee reports to the CQI Committee and is a member of ELT as well as the Corporate Compliance Committee. The Director of Budget and Financial Analysis if a member of the UM Committee to allow for representation from a budget perspective.

Membership

The Budget and Finance Committee is a mandatory committee made up of representatives from Clinical, Quality Management, and local sites. There is no limit on terms as this is a management tool in the financial stability of the agency. All members are voting members. A majority of members represents a voting quorum.

Chair:

Chief Financial Officer

Members:

Chief Clinical Officer
Chief of Network Development and Evaluation
Chief of Community Relations
Director of Consumer Affairs
Director of Budget and Financial Analysis
Membership may also include MCO Contractors.

3. Clinical Care Management Team

Purpose

The primary charge of the CCMT is to review all adverse incidents that may affect the health and safety of consumers.

Responsibilities
As a committee within the Alliance CQI structure, the Clinical Care Management Team is responsible for identifying and reporting to the CQI Leadership Team:

- Key areas of risk or concern for the committee;
- Reports or data that support/identify these areas being considered a risk/concern;
- An analysis of the risk/concern, including how long has been a concern, the impact on Alliance departments, or the organization as a whole;
- Committee response to the area of risk/concern, including action steps, timeframes, and when CQI Leadership Team will receive an update;
- How issues identified in your committee are communicated to other affected committees;
- The results of any Quality Improvement activities implemented to address risk or concern.

The committee’s responsibilities include but are not limited to:

- Oversee the activities of the Mortality/Morbidity subcommittee by reviewing deaths and other significant adverse events.
- Conduct root cause analyses related to death and other serious incidents.
- Review incident reports and incident trends to identify potential consequences to consumer health and safety.
- Identify gaps in utilization of Best Practices and make recommendation for the development or adoption of Clinical Guidelines to the Clinical Advisory Committee.
- Review cases of concern referred to Alliance or elicited by Alliance staff.
- Conduct case conferences for complex clinical cases identified by outside regulatory bodies.
- Assist in the identification of substandard practice among the network provider and refer those to Quality Management and/or Compliance Committees for further action.

Data Reporting/Review:

- Mortality/morbidity (Level III Incident Reports)
- NC DHSR and other regulatory body reports and findings
- QM generated data regarding care concerns and incident trends.

Relationships:

The committee reports to the CQI Committee. The committee’s membership enhances communications among the represented Alliance departments.

Membership:

CCMT committee is chaired by the Medical Director. All members are voting members. A majority of members represents a voting quorum. Membership is cross-departmental and includes the following:

- Chief Clinical Officer
- Associate Medical Director
- UM Director MHSA
- UM Director IDD
- Provider Networks Staff
4. Community Relations Committee

Purpose

The committee reviews relations with community partners, identifies issues and concerns, and creates systemic solutions.

Responsibilities

As a committee within the Alliance CQI structure, the Community Relations Committee is responsible for identifying and reporting to the CQI Leadership Team:

- Key areas of risk or concern for the committee;
- Reports or data that support/identify these areas being considered a risk/concern;
- An analysis of the risk/concern, including how long has been a concern, the impact on Alliance departments, or the organization as a whole;
- Committee response to the area of risk/concern, including action steps, timeframes, and when CQI Leadership Team will receive an update;
- How issues identified in your committee are communicated to other affected committees;
- The results of any Quality Improvement activities implemented to address risk or concern.

Data Reporting/Review

- Care reviews
- Services received by Alliance consumers involved in the jail system
- Housing assistance received by Alliance consumers
- Child and family team activities
- SOC collaboratives activities

Relationships

The committee reports to CQI committee. It receives input from the Community Advisory Committee(s).

Membership

The Community Relations Director chairs this committee. All members are voting members. A majority of members represents a voting quorum.

Members include:

- Community Relations staff
- Director of Community Affairs
5. Corporate Compliance Committee

Purpose

The Corporate Compliance Program is designed to monitor adherence to applicable statutes, regulations and program requirements as well as to identify, prevent, reduce, and correct violations of legal and ethical conduct. The Corporate Compliance Committee assists the Chief Compliance Officer with the development of Alliance Compliance efforts and oversees the implementation in order to evaluate the effectiveness of the program.

Responsibilities

The responsibilities of the Committee include but are not limited to:

- Analyzing the organization’s regulatory obligations;
- Developing and recommending standards of conduct and policies and procedures that promote compliance;
- Developing and monitoring internal systems and controls to carry out standards, policies and procedures as part of the organization’s daily operations;
- Determine the appropriate strategy and approach to promote compliance and detection of potential risk areas through various reporting mechanisms;
- Determine methodology to conduct the annual risk assessment, overseeing the process and determine the levels of risk as part of formulating the annual Compliance Work Plan;
- Review major provider compliance violations to determine provider sanctions;
- Review and approve provider corrective actions for major out of compliance issues;
- Monitor findings of internal and external reviews for the purpose of identifying risk areas or deficiencies requiring preventive and corrective action; and
- Annually evaluate the effectiveness of compliance efforts, determine if adjustments need to be made to the Compliance Plan, and set forth the annual Compliance Report.

As a committee within the Alliance CQI structure, the Corporate Compliance Committee is responsible for identifying and reporting to the CQI Leadership Team:

- Key areas of risk or concern for the committee;
- Reports or data that support/identify these areas being considered a risk/concern;
- An analysis of the risk/concern, including how long has been a concern, the impact on Alliance departments, or the organization as a whole;
- Committee response to the area of risk/concern, including action steps, timeframes, and when CQI Leadership Team will receive an update;
- How issues identified in your committee are communicated to other affected committees;
- The results of any Compliance activities implemented to address risk or concern.

Regular Agenda Items:
Quarterly Reports (may include for example):

- Exclusions Checks
- Billing Audits Scores by Provider
- Summary of Claims Audits
- HIPAA Activities and Actions
- Internal Audits and Results
- Grievances Trends (by region, type, provider, etc.)
- POC Trends (by region, type, provider, etc.)

Provider Violations Review, Sanctions and Recoupment:
- Fraud, Waste, and Abuse
- Health and Safety
- Quality of Care
- Integrity of documentation and billing practices

Credible Allegations of Fraud (if allowed to be reported)
- DMA action
- Alliance action

Relationships

The committee reports to the Continuous Quality Improvement Leadership Team, including matters of significant non-compliance such as fraud and abuse.

Committee Membership and Terms

The Corporate Compliance Committee is formed representative of the clinical and administrative operations of Alliance. The Chief Compliance Officer serves as the chair of the committee and does not vote on any matters, unless the vote is required to break a tie.

Committee members will serve one-year terms with no limitations on the number of terms a member can serve. The make-up of the committee will be re-evaluated at the end of each fiscal year. For the sake of consistency and knowledge of responsibilities and actions of the committee, no more than 50% of committee members may resign from the committee in the same year. New members will be nominated by their department head and will be selected by majority vote by the current committee. The Chief Compliance Officer should be consulted on the selection of membership.

Meeting Structure

1. Calling the meeting to order
2. Reviewing and approving an agenda
3. Ensuring there is a recorder and having minutes taken
4. Reviewing and approving minutes from previous meeting
5. Calling for motions, a seconder and voting on items when appropriate
6. Adjournment
When quorum is present (Chair plus 50% of members present) the chair can call the meeting to order. When quorum is not met a meeting cannot be called to order nor can any decision be made, issues voted on or minutes taken. Minutes should simply reflect that the meeting was cancelled due to quorum not being met.

**Meeting Time**

The Committee meets Mondays at 1:30 PM as frequently as necessary. In order to meet important time frames for certain actions, the Committee may review and vote on actions by electronic means, as long as the response from the members is at least 50%. Reviewing and voting by electronic means may only be initiated by the Chief Compliance Officer. Minutes at the next meeting must reflect any decisions made by electronic voting, the date of the voting, and the number of votes.

**Confidentiality**

Committee members will sign a confidentiality form agreeing to keep items discussed during meetings confidential as required and as appropriate in order to protect the integrity of the committee and the organization.

**Membership**

Chair:
Chief Compliance Officer

Members:
Senior Psychologist
Chief of Network Development and Evaluation
Quality Management Data Manager
Medicaid Program Director
Chief Financial Officer
Director of Customer Services

6. Information Technology Strategic Prioritization Committee

**Purpose**

The purpose of the Information Technology Strategic Prioritization Committee shall be to discuss and develop the Alliance IT strategy, to oversee the Business Intelligence data governance structure and to assist in prioritizing all IT reporting, application development and business intelligence initiatives. The committee will develop and maintain the required corporate governance and participate in an advisory role for Alliance Behavioral Healthcare concerning its corporate IT investments, operations and strategy as it relates to technology and information systems. In this role the committee is responsible for performing its duties in accordance with this Charter and to meet the requirements of and report to the Alliance Executive Leadership Team. In addition, this group will have a reporting obligation to the CQI (Continuous Quality Improvement) Committee on areas of risk or areas needing improvement pertaining to IT projects, initiatives or operations.

**Responsibilities**
The Committee’s role is to report to the Alliance Executive Leadership Committee on a monthly basis and provide discussion and recommendations on matters covered by this Charter.

The Committee will review and make recommendations to the Alliance Executive Leadership Team relative to:

- The IT strategic alignment for key initiatives of the company related to information technology, application development, business intelligence, security, data management and internal and external reporting.
- The financial, tactical and strategic benefits of all proposed major IT related projects and technology decisions.
- Alliance’s IT programs and their effectiveness in support of the Company’s business objectives and strategies.
- The utilization and management of all systems developed by external vendors, to include but not be limited to, AlphaMCS, Care Management Technologies, MicroStrategy and the State Reporting Systems.
- Future trends in technology or Information System Management that may affect the Alliance’s business initiatives and strategic plans.
- Engage internal and external advisors as required to carry out the committee’s oversight responsibilities.
- Report back monthly to the CQI committee listing areas of risk, concern or any topics requiring improvement that pertain to IT projects, strategic initiatives or day to day IT operations. These reports will provide detailed analysis, level of risk to the department or entire organization and a high level action plan to correct any deficiencies.

Relationships

The chairperson of the IT committee is the Chief Information Officer (CIO) and reports to the CEO. The CIO is also a member of the Alliance Executive Leadership Team. The various team members on this committee represent the key departments within the organization and participate on the decision making committees and groups housed at the Alliance Corporate Headquarters.

Membership

The committee is chaired by the Chief Information Officer.

Members include:

- Chief Information Officer
- Chief of Network Development and Evaluation
- Chief Financial Officer
- Chief Clinical Officer
- Chief Strategy Officer
- Chief Community Relations Officer
- Director of Information Technology Applications Development
- Director of Information Technology Reporting
• Director of Quality Management

**Role of a committee member**

The committee members are selected to leverage the experiences, expertise, and insight of key individuals throughout the organization and they are committed to supporting and sustaining the all corporate IT initiatives. The committee members are not directly responsible for managing project activities but provide support and guidance for the internal departments and individuals in those roles.

Committee members should:

• Understand the strategic implications and outcomes of initiatives being pursued through project outputs.
• Appreciate the significance of the project for some or all major stakeholders and represent their interests.
• Be an advocate for broad support for the outcomes being pursued in the project.
• Ensure the project meets the requirements of the business owners and key stakeholders.
• Advise the committee on ways to balance conflicting priorities and resources.
• Provide guidance to the project team and users of the project’s outputs.

**Meetings**

The committee shall meet as often as deemed appropriate to carry out its responsibilities under this charter, but no less frequently than once per month. The committee currently meets on a monthly basis at the Alliance corporate headquarters. The chairperson of the committee, in consultation with the other committee members, shall determine the frequency and length of the committee meetings and shall set meeting agendas consistent with this charter.

The committee shall maintain and make available to the CEO and Executive Leadership Team copies of the meeting minutes, along with any other reports or documents summarizing the details of each meeting. These documents shall be maintained on the corporate SharePoint site for easy access.

The chairperson of the committee may call a meeting of the IT committee at any time if requested by any member of the committee. All meetings may be conducted in person, by telephone or other form of real time electronic communication.

The committee, at its discretion, may include in its meetings members of Alliance’s Management Team, Senior Management team, corporate associates or other third parties as deemed appropriate by the committee to conduct its business.

The committee may delegate its authority to any subcommittees or to the chairperson of the committee when appropriate and deemed in the best interests of Alliance Behavioral Healthcare.

**7. Provider Network Management Committee**
Purpose

The primary charge of this committee is to review provider-related data, identify and address service gaps, and explore network trends.

Responsibilities

As a committee within the Alliance CQI structure, PNMC is responsible for identifying and reporting to the CQI Leadership Team:

- Key areas of risk or concern for the committee;
- Reports or data that support/identify these areas being considered a risk/concern;
- An analysis of the risk/concern, including how long has been a concern, the impact on Alliance departments, or the organization as a whole;
- Committee response to the area of risk/concern, including action steps, timeframes, and when CQI Leadership Team will receive an update;
- How issues identified in your committee are communicated to other affected committees;
- The results of any Quality Improvement activities implemented to address risk or concern.

The Provider Network Management Committee’s responsibilities include:

- Review data reports and develop response to negative’s trends
- Identify and review provider-related QIPs
- Recommend provider surveys and training
- Identify network gaps
- Review Network Development Plan status
- Examine the implications of state and federal funding changes on the services that are provided within the community
- Make recommendations on how to address service needs from a system and network perspective.
- Review credentialing program activities including number of providers credentialed and de-credentialed.

Data Reporting/Review

- Network Development Plan initiative completion rate
- Provider Departures and Additions
- Provider Monitoring Failure
- Credentialing/Re-credentialing/De-credentialing
- Number Served Per Capita by Service by County
- Penetration Rate by Service by County
- Access and choice of provider (geomapping)
- Provider surveys
- Trends in provider-related grievances and incidents
- Single Case/Out of Network Agreements
Relationships

The Committee receives data and information from the network development plan and key performance indicators. The Committee makes recommendations to the Chief of Network Development and Evaluation and the CQI Leadership Committee on actions needed to address quality issues and network performance. The committee also provides input into the annual gaps and needs assessment.

Membership

The PNMC is chaired by Director of Provider Network Strategic Initiatives. This committee meets at least quarterly. All members are voting members. A majority of members represents a voting quorum.

Member representation is from the following areas:

- Access
- Community Relations
- Utilization Management
- Care Coordination: IDD and MH/SA
- Consumer Affairs
- Quality Management
- Crisis Services
- Provider Network

8. Utilization Management Committee

Purpose

The purpose of the Utilization Management committee is to ensure that consumers have appropriate access to behavioral health services; service utilization and projected expenditures are within expected ranges; trends, issues and utilization drivers are identified; responses are implemented; and effectiveness of responses are measured.

Responsibilities

As a committee within the Alliance CQI structure, the Utilization Management Committee is responsible for identifying and reporting to the CQI Leadership Team:

- Key areas of risk or concern for the committee;
- Reports or data that support/identify these areas being considered a risk/concern;
- An analysis of the risk/concern, including how long has been a concern, the impact on Alliance departments, or the organization as a whole;
- Committee response to the area of risk/concern, including action steps, timeframes, and when CQI Leadership Team will receive an update;
- How issues identified in your committee are communicated to other affected committees;
- The results of any Quality Improvement activities implemented to address risk or concern.

Roles and Functions of the UM Committee include:
• Review of the Utilization Management Plan and the Annual Evaluation
• Monitoring clinical performance metrics, related to the functions of Utilization management Departments, Access and Information Center and Care Coordination departments.
• Review utilization of crisis services and post discharge linkage.
• Review recommended state and Medicaid benefit plans that are approved by the Medical Director.
• Review and adopts Medical Necessity Criteria that is required by the NC Division of Medical Assistance Clinical Coverage Policies annually and as these criteria are updated based on the Division of Medical Assistance. This review requires final approved by the Medical Director.
• Reviews and approves of clinical action plans and initiatives that have been implemented by Clinical Operations.

Data Reporting/Review

To accomplish the roles and functions noted above, the Committee examines targeted data elements to:

• Ensure that service utilization expenditure are within expected ranges
• Identify trends and drivers of service utilization (including crisis services) to inform risk and areas of quality improvement
• Detect over and under-utilization
• Implement response(s) to areas of risk
• Measure effectiveness of responses
• Monitor for standard performance measures through the use of the Clinical Operations Dashboard
• Review of Budget to actual financial report – Medicaid and State
• Ad-hoc reports as created or requested by the committee

Data elements may evolve as the needs of the Committee change and new areas of risk are identified. At this time, the Clinical Operations Dashboard includes:

• Quality of Care
• SARs processing volume with percentages of those denied or partially denied for both internal as well as external Peer Reviewers
• Number of SARs issued to Out-of-Network providers
• Service Trends of daily census, average Length of Stay for IIH, PRTF, BH LT Residential, ICF-MR and FCB. Inpatient readmission rates both at 7 and 30 days are also reported through the dashboard.
• Call Center Statistics
• Appeals statistics
• Crisis Services utilization data will be added to the dashboard and monitored.

Relationships

The committee serves as a subcommittee to communicate and coordinate quality improvement efforts to and with the CQI.
Membership

The Utilization Management committee is co-chaired by the Medical Director and the Utilization Management Director.

All members are voting members. A majority of members represents a voting quorum.

Membership is inclusive of a cross-departmental representation including:

- Chief Clinical Officer
- Director of Budget and Financial Analysis
- Provider Networks representative
- I/DD Clinical Director
- Director of MH/SA Care Coordination
- Director of I/DD Care Coordination
- Associate Medical Director
- Senior Psychologist
- Utilization Review Manager
- Director of Quality Management and Research
- Quality Review Manager
- QM Data Manager
Incident Trends Report
FY 2016
August 2016
FY16 Incident Statistics

• There were 2,975 incidents (2,716 incident reports) occurring for consumers. 1,504 incident reports involved children, and 1,212 incident reports involved adults.

• The highest number of incidents for two consumers was 18.

• Of the 9 consumers with the highest number of incidents (over 10), all are children/adolescents.
  o There were two child consumers with 18 incidents each. Both received Child and Adolescent Day Treatment. For one consumer, all 18 incidents involved a restrictive intervention. This child has been moved to a higher level of care. For the other consumer, 11 of the 17 were restrictive interventions and 6 were consumer behaviors.
  o 58% of the incidents involving the other 7 child consumers with more than 10 incidents were restrictive interventions, 26% were consumer behaviors, 27% were categorized as “other”, 3% were abuse/neglect, and 1% were injuries.
There were 272 less incidents and 196 less incident reports received in FY16 than in FY15. 55% of the incident reports involved children in FY16 compared to 61% in FY15, while 45% involved adults in FY16 compared to 39% in FY15. All counties saw a decrease in both Level 2 and Level 3 incident reports in FY16, with the exception of Cumberland County who saw an increase in Level 3 incident reports (from 19 to 23).
FY16 Level 2 Incidents by Population

**Background:** Level 2 incidents are monitored to ensure consumer and community safety.

**Trend and Analysis:** More than half of the Wake County restrictive interventions (63%) are from one day treatment provider. This same provider accounts for 19% of the total consumer behaviors and 15% of “other” incidents in Wake County. 3 separate providers accounted for 42% of the allegations of abuse/neglect in Wake County. 36% of Durham County’s “other” incidents came from one provider and 30% of their consumer behaviors from another provider. Technical assistance and analysis happen in real time and provider issues are addressed as they happen.
**FY16 Level 3 Incidents by Population**

**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:** Data is shown by percent of population so that rates across counties are comparable. The column numbers are the actual events. One provider accounted for 32% of the allegations of abuse in Wake County.
IIH had the highest percentage of incidents reported with 21% (463 incidents). Child Day Treatment was the next highest accounting for 14% of reported incidents (310 incidents), followed by Child Residential Level III with 12% (262 incidents).
Residential Supports Level 4 and ICFDD’s both had the most incidents reported in FY16 with 17% (85 incidents) each. .5600C’s were the next highest with 15% (73 incidents) reported, followed by Day Supports with 12% (59 incidents).
There was less than a 2% change in incidents reported over the fiscal year
There was a moderate decrease in Level 3 incidents in Wake County; all other counties stayed consistent.
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, Terminal Illness/Natural Cause (Opioid)
  - Restrictive Intervention
  - Consumer Injury
  - Abuse/Neglect/Exploitation – includes all sexual assaults
  - Medication Error
  - Behavior
  - Other
FY16 Grievance Analysis

QM Data Management
Grievance Overview

- FY16 yielded 869 complaints
- 76 complaints were regarding ABH
- Topics discussed in this report:
  - Nature of Issue
  - Source
  - Service Breakdown
  - ABH Concerns
  - Actions Taken For Confirmed Issues
  - Resolution Status
<table>
<thead>
<tr>
<th>Nature of Issue</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Services</td>
<td>366</td>
</tr>
<tr>
<td>Administrative Issues</td>
<td>112</td>
</tr>
<tr>
<td>Authorization/Payment/Billing</td>
<td>93</td>
</tr>
<tr>
<td>LME/MCO Functions</td>
<td>75</td>
</tr>
<tr>
<td>Access to Services</td>
<td>69</td>
</tr>
<tr>
<td>Abuse, Neglect, Exploitation</td>
<td>45</td>
</tr>
<tr>
<td>Client Rights</td>
<td>38</td>
</tr>
<tr>
<td>Service Coordination Between Providers</td>
<td>24</td>
</tr>
<tr>
<td>Confidentiality/HIPAA</td>
<td>18</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
</tr>
<tr>
<td>Basic Needs</td>
<td>10</td>
</tr>
<tr>
<td>Provider Choice</td>
<td>4</td>
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</table>
## Grievance Source

<table>
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<tr>
<th>Source</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCO Staff</td>
<td>298</td>
</tr>
<tr>
<td>Consumer</td>
<td>203</td>
</tr>
<tr>
<td>Parent/Guardian</td>
<td>165</td>
</tr>
<tr>
<td>Provider</td>
<td>70</td>
</tr>
<tr>
<td>Family Member</td>
<td>58</td>
</tr>
<tr>
<td>Consumer Advocate/Rep.</td>
<td>34</td>
</tr>
<tr>
<td>Anonymous</td>
<td>24</td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
</tr>
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<td>Attorney</td>
<td>1</td>
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</table>

![Pie chart showing the distribution of grievance sources with MCO Staff at 34%, Consumer at 23%, Parent/Guardian at 19%, Provider at 8%, Family Member at 7%, Anonymous at 3%, Attorney at 0%, and Other at 2%]
*12% of complaints, or 108, fell under “unknown,” “not service related,” or “other.”
I/DD Service Breakdown

*12% of complaints, or 108, fell under “unknown,” “not service related,” or “other.”
ABH Concerns

- 76 complaints involved ABH
  - 15 were confirmed issues
    (there was a legitimate concern to address)
  - 30 were confirmed nonissues
    (there was a legitimate concern but ABH followed appropriate policies or procedures in handling the issue)
  - 31 were unconfirmed
    (the complaint could not be validated or invalidated)
• The 15 confirmed ABH issues resulted in the following actions:

<table>
<thead>
<tr>
<th>Corrective Actions</th>
<th>8</th>
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<tbody>
<tr>
<td>Referral and/or TA by an ABH Dept</td>
<td>6</td>
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<tr>
<td>Corporate Compliance</td>
<td>1</td>
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261 of 869 concerns were confirmed issues and resulted in the following actions:

<table>
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<tr>
<th>Actions Taken For Confirmed Issues</th>
<th>Number</th>
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<tr>
<td>Provider Initiated Corrective Actions</td>
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<tr>
<td>Revert Claims</td>
<td>33</td>
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<tr>
<td>Referral and/or TA by an ABH Dept.</td>
<td>21</td>
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<tr>
<td>Corporate Compliance</td>
<td>15</td>
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<tr>
<td>Hospital Relations</td>
<td>9</td>
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<tr>
<td>No Longer In Network</td>
<td>8</td>
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<tr>
<td>External Referral (DSS/DHSR)</td>
<td>5</td>
</tr>
<tr>
<td>Medical Consult</td>
<td>3</td>
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</table>

- Revert Claims: 33
- Referral and/or TA by an ABH Dept.: 21
- Corporate Compliance: 15
- Hospital Relations: 9
- No Longer In Network: 8
- External Referral (DSS/DHSR): 5
- Medical Consult: 3
Resolution Status

• All 869 complaints were resolved in the following time frames:

<table>
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<th># of Days</th>
<th># of Concerns</th>
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<tr>
<td>0-15</td>
<td>766</td>
</tr>
<tr>
<td>16-30</td>
<td>94</td>
</tr>
<tr>
<td>30+</td>
<td>9</td>
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</table>

*The State requires all complaints to be resolved in 30 days or less

*Only 1 resolution was appealed*
<table>
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<tr>
<th>Reporting Category</th>
<th>Definition</th>
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<tr>
<td>Abuse, Neglect and Exploitation</td>
<td>Any allegation regarding the abuse, neglect and/or exploitation of a child or adult as defined in APSM 95-2 (Client Rights Rules in Community Mental Health)</td>
</tr>
<tr>
<td>Access to Services</td>
<td>Access to Services as any complaint where an individual is reporting that he/she has not been able to obtain services</td>
</tr>
<tr>
<td>Administrative Issues</td>
<td>any complaint regarding a Provider’s managerial or organizational issues, deadlines, payroll, staffing, facilities, etc.</td>
</tr>
<tr>
<td>Authorization/Payment Issues/Billing</td>
<td>Any complaint regarding the payment/financial arrangement, insurance, and/or billing practices regarding providers</td>
</tr>
<tr>
<td>PROVIDER ONLY</td>
<td></td>
</tr>
<tr>
<td>Basic Needs</td>
<td>Any complaint regarding the ability to obtain food, shelter, support, SSI, medication, transportation, etc.</td>
</tr>
<tr>
<td>Clients Rights</td>
<td>Any allegation regarding the violation of the rights of any consumer of mental health/developmental disabilities/substance abuse services. Clients Rights include the rights and privileges as defined in General Statutes 122C and APSM 95 -2 (Client Rights Rules in Community Mental Health)</td>
</tr>
<tr>
<td>Confidentiality/HIPAA</td>
<td>Any breach of a consumer’s confidentiality and/or HIPAA regulations.</td>
</tr>
<tr>
<td>LME/MCO Functions</td>
<td>Any complaint regarding LME functions such as Governance/ Administration, Care Coordination, Utilization Management, Customer Services, etc.</td>
</tr>
<tr>
<td>Provider Choice</td>
<td>Complaint that a consumer or legally responsible person was not given information regarding available service providers.</td>
</tr>
<tr>
<td>Quality of Care – PROVIDER ONLY</td>
<td>Any complaint regarding inappropriate and/or inadequate provision of services, customer services and services including medication issues regarding the administration or prescribing of medication, including the wrong time, side effects, overmedication, refills, etc.</td>
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<tr>
<td>Service Coordination between Providers</td>
<td>Any complaint regarding the ability of providers to coordinate services in the best interest of the consumer.</td>
</tr>
<tr>
<td>Other</td>
<td>Any complaint that does not fit the above areas.</td>
</tr>
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Performance on URAC Standards

Follow Up to April 2016 presentation
Global Quality Management Committee
Core Standards

Evidence of meeting standards (not presented at April meeting):

Core 1 & 2: QM Plan (Geyer will present)

Core 9: Delegation Oversight:

Full Delegates:

PREST (Peer Reviews) – 100% compliance, review of quality (including IRR) – no concerns (UM Committee-8/2016)

ProtoCall (Call Center roll over) – 100% compliance, next review scheduled for Sept
Core Standards

Core 17 – 24: QM Plan & Evaluation (Geyer will present)

Core 35, 38: Complaints & consumer safety (May will present)

HUM 19-22, Core 12, Core 34, HCC 10: See quarterly Performance Standards Dashboard (last reported to GQMC in August 2016)
Network Management

CR 13: Credentialing review of new Innovations providers (July 2016) = 100% met
Health Utilization Management (HUM)

HUM 12 & 13: Inter-Rater Reliability studies

Results: IDD UM – (2/15)=85%, (5/15)=89%, (3/16)=88%
MH/SA UM – (6/15)=89%, (9/15)=93%, (12/15)=95%, (6/16)=95%

HUM 24: Adverse letter review, most recent review conducted in March 2016

Results: 100% met
Health Utilization Management (HUM)

HUM 38-40: Appeals Process Timeframes & Notification, most recent audit in June and November 2015
Health Call Center (HCC)

HCC 13-16: Review completed, needs to be reviewed by UM Committee in September 2016
ITEM: Data Analytics Update

DATE OF BOARD MEETING: October 6, 2016

BACKGROUND: Provide the Board with an update on the Alliance Data Analytics Project

REQUEST FOR AREA BOARD ACTION: Accept the update.

CEO RECOMMENDATION: Accept the update.

RESOURCE PERSON(S): Michael Bollini, Interim Chief Operating Officer/Chief Strategy Officer; Joey Dorsett, SVP – Chief Information Officer
Data Analytics Program Update

Presentation to the Alliance Board of Directors
October 6, 2016
"By rethinking the X axis we're seeing these numbers in a whole new light."
Data Analytics Agenda

1. Where We Started
2. Data Analytics Initiatives
3. Advanced Analytics
4. Demo of MicroStrategy Tool
Where We Started

1. In 2015 One of Alliance’s Strategic Plan Goals was to become a Data Informed Organization
2. Alliance Had Created a Tabular Data Store and Various Views for Reporting
3. Grid Reports Provided Information to Meet Departmental and State Requirements
4. Reporting Required IT Development to Access Needed Data
Where We Started

5. Enhanced Reporting Capabilities Were Needed to Support our Advanced Reporting Initiatives
   
a) Improved Data Visualizations
   • Dashboards and Scorecards
   • Visual Insights

b) Self Service Reporting to Allow Business Users to be Able to Create Their Own Reporting
   • Data Discovery
   • Pixel-Perfect Reports and Dashboards
c) Alliance Needed Other Tools Capable of Performing Advanced Analytics

- Enhanced Exploration Capabilities
- Predictive Analytics
- Population Health Analytics
- Risk Stratification
- Advanced Statistical Function Capabilities
Where We Started

6. Purchased MicroStrategy Solution to Provide Enterprise Class Reporting Solution

7. Employed Intellicog Consulting Group to Assist with Software Implementation and Data Modeling

8. Began Creation of Alliance Enterprise Data Warehouse from Key AlphaMCS Data Domains
Where We Are Heading
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<th>Req Due Date</th>
<th>Type Of Request</th>
<th>Request Description</th>
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<th>Developer</th>
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<td>Servajet Handli</td>
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<td>Development In Progress</td>
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Dashboard Presentation

Call Center Management

This dashboard displays key performance indicators of the Call Center. Statistics are updated at 6 AM and at 6 PM every day based on data gathered from Mitel Contact Center.

Agent Group KPI - Current Month

- 3,701 ACD Calls Handled
- 13.90% Occupancy Rate
- 03:38 Avg ACD True Talk Time

Call Center KPI - Current Month

- 95.79% Answer rate
- 00:07 Avg Speed of Answer

Download printable documents

Agent Performance Report

Agent Time Percentages

Home | Calls in time | Calls by Period | Interflowed Calls | Abandoned Calls | Calls digest

Page 193 of 247
Data Analytics Initiatives

1. Extend Data Fluent Culture at Alliance Behavioral Healthcare
   a) Be an Information Driven Organization
   b) Develop Innovative Solutions to Data and Reporting Need
   c) Develop Organization Wide Analytics Training and Support Infrastructure
Data Analytics Initiatives

d) Fully Develop Data Analytics Department to Support Departmental and Corporate Data Discovery Initiatives

e) Hire Additional Talent in Key Roles to Allow Alliance to Support Our Analytical Requirements
Data Analytics Team

- Director of Data Architecture
  - Manager of Enterprise Reporting
    - BI Developers (5)
  - Data Architect
  - Data Integration Developer
  - MicroStrategy Administrator

- Director of Strategic Analytics
  - Business Power Analysts (3)
Data Analytics Initiatives

f) Develop Self Service Analytics Capability
   • Extend MicroStrategy’s Use as an Enterprise Reporting Tool
   • Provide Governed Access to Data Within Enterprise Data Warehouse
   • Expand Organizational Access to Analytics Capabilities
Data Analytics Initiatives

2. Continue to Enhance the Capabilities of the Alliance Enterprise Data Warehouse
   
a) Work on Data Preparation and Cleaning  
b) Ensure Data Integrity of Information Sources  
c) Integrate Additional Internal and Mediware Data Domains  
d) Import Key External Data Sources  
e) Work to Eliminate Silos of Data Across Organization  
f) Integrate Advanced Analytics Data Sources when Available
Enterprise Data Warehouse

Reports, Dashboards and Scorecards

Advanced Analytics

Data Integrity

External Datasets

Internal Datasets

Data Preparation and Cleansing

Dimensional Data Model

1

2

3

4

5
Advanced Analytics
Information Optimization

Traditional Business Intelligence

Descriptive Analytics

Diagnostic Analytics

Predictive Analytics

Prescriptive Analytics

Foresight

Insight

Advanced Analytics

Value

Difficulty

What Happened?

Why did it happen?

What will happen?

How can we make it happen?
Advanced Analytics

1. Implement Advanced Analytics Program
   a) Pilot Teradata Aster Analytics and John Hopkins Adjusted Clinical Grouper (ACG) Software Solutions
   b) Provide Better Care for Individuals and Populations While Targeting Reduced Per-Capita Costs
Advanced Analytics

c) Provides a Comprehensive Patient Clinical Profile Using Predictive Analytics that –

- Group and Model Patient Level Statistics
- Provide Insights to Coordination of Care and Care Utilization
- Determine the Likelihood of Hospitalization and Readmissions

d) Additional Future Benefits Could be Derived When Alliance Gains Access to the NC Health Information Exchange (HIE) Data
Advanced Analytics Examples

1. Population Health Profiling
   a) Allows Comparing the Morbidity Patterns of One or More Groups of Patients Across Regions
   b) Can Access the Differences in Health Status and Identify the Future Health Care Needs of Our Special Needs Patients
   c) Compares Differences in Health Care Services and the Effect on the Patient Populations
Advanced Analytics Examples

2. Care Management Analysis
   a) Allow Alliance to Better Target Case and Disease Management Activities
   b) Helps Identify Patients in Need of Care Management Intervention Before They Become High Utilizers
Questions?
ITEM:  Local Business Plan

DATE OF BOARD MEETING:  October 6, 2016

BACKGROUND:  North Carolina statute requires the creation of a Local Business Plan. This presentation will provide an update on the 2013-2016 plan and an overview of the 2016-2019 plan which incorporates the previously approved network development plan based on the Alliance needs and gaps analysis.

REQUEST FOR AREA BOARD ACTION:  Approve the proposal.

CEO RECOMMENDATION:  Approve the proposal.

RESOURCE PERSON(S):  Carlyle Johnson, Ph.D., Director of Provider Network Strategic Initiatives
Local Business Plan Update

Presentation to the Alliance Board
October 6, 2016
Local Business Plan

• Required by General Statute 122C.115.2

• Involvement of consumers, families and other stakeholders

• We utilize Needs and Gaps Analysis and Network Development Plan process to seek input and involvement and identify initiatives

• Requires CFAC involvement and Board approval
Local Business Plan

• Includes statewide initiatives identified by the State and local initiatives identified by Alliance

• In effect for three fiscal years
2013-16 Plan Update: Statewide Initiatives

• Transitions to Community Living
  o Approximately 1330 individuals provided in-reach (as of June 30, 2016)
  o 74 housed and 27 moved in under 90 days
  o Alliance has increased partnerships with community partners
  o Hired a new Housing Director
2013-16 Plan Update: Statewide Initiatives

• ACTT/Supported Employment
  o 11 ACTT teams offered by seven providers
  o All teams meet required fidelity standards
  o 823 individuals being served by an ACTT team
  o Three providers have met Supported Employment fidelity and two in process of meeting fidelity
  o 387 consumers served across all SE teams with 145 in the TCLI Priority Population
2013-16 Plan Update: Statewide Initiatives

• Crisis service enhancement
  o Local crisis collaboratives in each county
  o Cape Fear (Cumberland) has opened a crisis facility with IVC capacity
  o Developing second crisis facility in Wake

• IDD waitlist
  o All new slots allocated in 2014 filled, which added 227 new waiver participants
2013-16 Plan Update: Statewide Initiatives

• Closer to Home (reduction in PRTF use)
  o Average daily census decreased from 138 youth per day to under 80
  o No children in out-of-state placement beyond border facilities for the past two years
  o Implemented residential specialty programs and evidenced based community interventions and therapies
Complex Physical and Behavioral Health (CCNC PROACT)

- Partnered with local CCNC networks to develop integrated teams to work with individuals with high behavioral health and medical needs
- Conducting a pilot project with CCNC Central office, CCWJC and Central Regional Hospital focused on joint agency engagement and post discharge coordination
2013-16 Plan Update: 
Local Initiatives

• Open Access (Access to Care)
  o 10 outpatient providers reported offering "open access"
  o Served on State committees to define BH Urgent Care Tiers to standardize service expectations
  o Developing pilot for a comprehensive behavioral health urgent care center

• Jail initiatives (diversion and post-linkage)
  o Support expansion of CIT training in all counties
  o Implement CTI
2016-19 Plan: Statewide Initiatives

• Resilient Child and Family
  o Expansion of Enhanced Therapeutic Foster Care and Trauma Informed Therapeutic Foster Care
  o Implement Family Oriented EBPs within Intensive In-home
  o Intensive Wrap-Around for children
2016-19 Plan: Statewide Initiatives

• Opioid and prescription drug abuse
  o Purchase of Naloxone/Narcan to address accessibility and partner with NC Harm Reduction Coalition
  o Collaboration and partnership with Cumberland County’s L.E.A.D. (Law Enforcement Assisted Diversion) program to get heroin and other opioid users with low-level criminal offenses into treatment as an alternative to arrest
2016-19 Plan: Statewide Initiatives

• Integrated care
  o Three projects to place a behavioral health clinician in a primary care setting
  o One pilot provides primary care consultation to an ACCT team
  o New pilot will provide care coordination in a primary care clinic serving individuals with severe and persistent mental illness
2016-19 Plan: Statewide Initiatives

• Crisis Solutions Initiative
  o Alliance to pilot a BH Urgent Care clinic
  o Alliance will seek to improve the quality and effectiveness of its mobile crisis teams
  o Continue reimbursement of first responders for crisis diversion
  o Explore opportunities for developing a regional child facility based crisis capacity
2016-19 Plan: Statewide Initiatives

• Recovery is Possible
  o Implement a Peer Respite service
  o Create at least one Peer Transition Team
2016-19 Plan: Local Initiatives

• Expand access to facility based crisis services
  o Develop a second facility based crisis program in Wake County
  o Plan and develop regional crisis facility for children

• Technology-assisted homes
  o Upfit a group home for adults with IDD with an array of independence enabling technology and safety monitoring devices
  o Teach individuals and families to use the technology
2016-19 Plan: Local Initiatives

• Implement EBPs in Therapeutic Foster Care
  o Identify and contract for EBPs
  o Implement National Traumatic Stress Network Child Welfare training and Parent Resource Curriculum

• Crisis Respite Facility for IDD
  o Contract with provider to create capacity for facility based crisis services for individuals with IDD and significant behavior issues
### LME Name: Alliance Behavioral Healthcare

#### 1. Alliance Statewide Initiative: Resilient Child and Family

GS 122C-115.2 Administrating Function Addressed with Initiative (select all that apply):

|---|---|---|---|---|---|---|---|---|

LME plan for addressing issue and achieving goals

Alliance has initiated multiple projects to support youth to remain successfully in their communities and in family settings. These include:
1. Expansion of Enhanced Therapeutic Foster Care to 24 beds - Alliance will issue an RFP to identify an additional provider of this service; 2. Implement Family Oriented EBPs within Intensive In-home - Alliance has required all IIH teams to implement to fidelity the evidence-based/promising practices of Strengthening Families or Eco-systemic Family Therapy; 3. Intensive Wrap-Around for Children - Alliance will develop an in-lieu of service definition and contract with providers to offer this service; 4. Expand Trauma Informed Therapeutic Foster Care - Alliance will provide training for therapeutic foster care families.

#### 2. Alliance Statewide Initiative: Opioid and Prescription Drug Abuse

GS 122C-115.2 Administrating Function Addressed with Initiative (select all that apply):

|---|---|---|---|---|---|---|---|---|

Alliance Behavioral Healthcare (ABH) has been increasingly concerned about opioid prescribing and opioid-related deaths in our local catchment area. In response, ABH convened an Opioid/Benzodiazepine Subcommittee of staff and stakeholders. The group discussed areas of potential impact and identified four major areas of focus targeting the following: Physicians/Prescribers, Providers, Consumers/Families and Policy/Advocacy. Initiatives include:
1. Purchase of $100,000 worth of Naloxone/Narcan to address accessibility of Naloxone. This investment in our communities includes partnership with NC Harm Reduction Coalition ($75,000) which will provide education regarding Naloxone and distribute Naloxone kits free of charge to providers, consumers and their families within our catchment area. Additionally ABH has partnered with UNC Crisis Facilities ($25,000) to provide Naloxone kits for consumers. 2. Collaboration and partnership with Cumberland County’s L.E.A.D. (Law Enforcement Assisted Diversion) program geared toward getting heroin and other opioid users with low level criminal offenses into treatment as an alternative to arrest. 3. Active participation in community efforts to combat opioid crisis 4. Internal Staff Education 5. Approved and adopted Clinical Practice Guidelines to support evidence-based practice 6. Provide education to providers/prescribers in our network regarding NC Medical Board’s Safe Opioid Prescribing Initiative 7. Provider specific outreach, education and technical assistance to review concerning cases, prescribing practices inconsistent with best practice, Level III incidents including overdose deaths 8. Proposal to host educational programs with CME available with Behavioral Health and Primary Care providers.
3 **Alliance Statewide Initiative: Integrated Care**

GS 122C-115.2 Administrative Function Addressed with Initiative (select all that apply):

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LME plan for addressing issue and achieving goals

Alliance is using a multipronged approach to address integrated care. To improve health outcomes in our high risk populations, Alliance is addressing whole health needs through care coordination. MH/SA care coordination is developing a standardized healthcare screening to assure that health needs are recognized and addressed in a consistent manner. Integrated Healthcare Teams for individuals with high behavioral and physical health needs continue in Durham and Cumberland counties. Using CMT data analytics, Alliance will be analyzing gaps in care and developing target goals for healthcare in accordance with DHHS proposed and HEDIS metrics. To understand integrated care models and identify promising approaches to improving whole health care, Alliance is conducting integrated care pilot projects. Three projects place a behavioral health clinician in a primary care setting, two adult settings, rural and urban, and one pediatric setting. To address the needs of individuals with severe and persistent mental illness, one pilot provides primary care consultation to an ACCT team. A new pilot will provide care coordination in a primary care clinic which serves individuals with severe and persistent mental illness. Goals include: 1) Finalize healthcare screening tool for care coordination, pilot and develop outcomes, implement standardized process throughout Alliance MH/SA care coordination. 2) Complete first year evaluation of pilot projects to identify requirements for successful implementation. Utilize outcome data to identify promising practices for further study or replication. 3) In accordance with DHHS proposed and HEDIS metrics set specific health care targets and utilize data analytics to develop reliable reporting in order to develop clinical strategies to improve outcomes.

4 **Alliance Statewide Initiative: Crisis Solution Initiative**

GS 122C-115.2 Administrative Function Addressed with Initiative (select all that apply):

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LME plan for addressing issue and achieving goals

Alliance is working on four projects associated with the crisis solutions initiative. 1) Alliance will pilot a Behavioral Health Urgent Care clinic. This will include the potential creation of an in lieu of service definition and alternative cost model. We anticipate beginning with a pilot project in Durham 2) Alliance will also seek to improve the quality and effectiveness of its mobile crisis teams by creating a more focused scope of work and centralizing dispatch of mobile crisis. These changes will be achieved through an RFP process to identify providers; 3) Alliance will continue the reimbursement of first responders for crisis diversion. 4) Alliance will explore opportunities for developing a regional child facility based crisis capacity to better meet the needs of youth in crisis and decrease wait times in emergency departments.
5 **Alliance Statewide Initiative: Recovery is Possible**

**GS 122C-115.2 Administrative Function Addressed with Initiative (select all that apply):**

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LME plan for addressing issue and achieving goals

Alliance will implement a Peer Respite service and create at least one Peer Transition Team. This will include identification of models, creation of service definitions and scopes of work, and the identification of providers to offer the services.

1 **Alliance Local Initiative: Expand Access to Facility Based Crisis Services**

**GS 122C-115.2 Administrative Function Addressed with Initiative (select all that apply):**

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LME plan for addressing issue and achieving goals

Alliance will develop a second facility based crisis program in Wake Co. to address access and capacity issues in that county. A provider has been identified through an RFP process and a facility has been secured. Estimated implementation will be FY 18. Alliance will also begin planning and development of a regional crisis facility for children.

2 **Alliance Local Initiative: Technology Assisted Homes**

**GS 122C-115.2 Administrative Function Addressed with Initiative (select all that apply):**

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LME plan for addressing issue and achieving goals

In order to expand opportunities for community living and reduce spending related to direct care staffing Alliance will upfit a group home for adults with IDD with an array of independence enabling technology and safety monitoring devices and cover related monthly expenses. Individuals and families will learn to use the technology in the supported home and then those technology devices will be installed in community residences.
In an effort to improve the overall treatment quality of Therapeutic Foster Care, the Alliance Therapeutic Foster Care Collaborative has adopted three goals for FY16. 1) Reduce the number of youth moves within therapeutic foster care, 2) Use Evidence Based and Evidence Informed Practices that focus on strengthening the interventions done by the therapeutic parents, and 3) become a Trauma Informed Network.

To meet these goals, there are four main initiatives:

- Incorporate EBP's in provider contracts by FY17. Five practices have been adopted and Alliance is supporting training efforts.
- Implement the CCW database to track moves and youth outcomes by agency and home.
- Implement the National Traumatic Stress Network Child Welfare training and the Parent Resource Curriculum by conducting Trainer Training.
- QM TFC Moves Project, an effort for QM to analyze the data to develop recommendations for improvement.

In order to decrease both ED and inpatient lengths of stay for individuals with IDD, Alliance will develop a specialized crisis respite capacity. Alliance will contract with provider New Hope to create six bed capacity for facility based crisis services for individuals with IDD and significant behavior issues. This will be implemented in early 2017.
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**Statewide Initiative: Transition to Community Living**

GS 122C-115.2 Administrative Function Addressed with Initiative (select all that apply):

- Planning
- Provider Network Dev.
- Service Management
- Financial Management
- Service Monitoring
- Evaluation
- Collaboration
- Access

**Issue:**

Individuals who meet the definition of need per the Department of Justice (DOJ) Settlement Agreement should be provided access to community-based supported housing.

**Reasons for Action**

Per the DOJ Settlement Agreement, priority for the receipt of Housing Slots will be given to the following individuals: A. Individuals with SMI (Severe Mental Illness) who reside in an adult care home determined by the State to be an Institution for Mental Disease (IMD). B. Individuals with SPMI (Severe and Persistent Mental Illness) who are residing in adult care homes licensed for at least 50 beds and in which 25% or more of the resident population has a mental illness. C. Individuals with SPMI who are residing in adult care homes licensed for between 20 and 40 beds and in which 40% or more of the resident population has a mental illness. D. Individuals with SPMI who are or will be discharged from a State psychiatric hospital and who are homeless or have unstable housing; and E. Individuals diverted from entry into adult care homes pursuant to the preadmission screening and diversion provisions of Section III(F) of the DOJ Agreement. Data utilized to measure goals: DOJ data tracked per DOJ Agreement requirements, by consumer, service, and housing.

**Measurable Goal(s) please specify if these are short term (< 1yr.) or long term (> 1yr.) - Listed as ST for Short term and LT for Long term**

1. (ST) Perform inreach services to a minimum of 150 people either already in Adult Care Homes or transitioning from hospital settings by June 30, 2014.
2. (ST) Of the individuals identified who meet the criteria, 50% will transition into housing within 90 days unless there are barriers beyond the control of the MCO (i.e. no housing available but diligent outreach has occurred) by June 30, 2014.
3. (ST) At least 50% of individuals identified and who meet the DOJ definition/criteria will have an advocate assigned to work them on an ongoing basis by June 30, 2014.
4. (LT) A minimum of 30% of individuals meeting criteria will be diverted from entry into Adult Care Homes by December 31, 2014.

**LME plan for addressing issue and achieving goals**

DOJ document can be found at: http://www.ncdhhs.gov/mhddsas/providers/dojsettlement/nc-settlement-olmstead.pdf
1. Alliance Behavioral Healthcare will identify barriers encountered with Adult Care Homes in-reach or the PASRR process and determine if a county specific/facility specific issue or an MCO issue. Based on findings, develop action plans to address the findings within 7 calendar days. Action plans will be enacted upon within 14 calendar days. 2. The status of individuals approved for housing and progress toward goal of transition within 90 days will be assessed to ensure compliance. Barriers will be identified and will be acted upon (those that can be addressed under the control of the MCO). Alliance leadership will be informed of barriers that are systemic (statewide). 3. Resources will be identified, such as advocates, in each community that can be assigned to the individuals. 4. Individuals not diverted from Adult Care Homes and reasons will be identified. At this time, most reasons are due to inappropriate PASRR submitted, medical complications, already in placement, family or consumer refusal, or issues with the PASRR process. Issues will be documented and tracked in order to problem solve improvements.

UPDATE TO GOAL 7/1/2016

As of June 30, 2016 approximately 1330 individuals have been provided in-reach to in the TCLI program. 74 have been housed and 27 moved in under 90 days. 93 individuals are receiving tenancy support and approximately 54 have been diverted from adult care homes. Availability of housing has been a significant barrier. To address this barrier Alliance has increased partnerships with community partners and hired a new Housing Director. Examples of furthering housing partnerships include working with local governments and housing authorities to increase the priority access for persons involved with TCI, negotiating with a supportive housing provider for housing locator services, and hosting numerous landlord networking events. In partnership with Housing Finance Agency and DHHS new risk mitigation tools and an increased subsidy cap have been developed that can be used to increase housing options and capacity.
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**Statewide Initiative: ACTT/Supported Employment**

GS 122C-115.2 Administrative Function Addressed with Initiative (select all that apply):

- Planning [ ]
- Provider Network Dev. [ ]
- Service Management [ ]
- Financial Management [ ]
- Service Monitoring [ ]
- Evaluation [ ]
- Collaboration [ ]
- Access [ ]

Alliance Behavioral Healthcare comprises a 4 county area with variations in local provider network capacity, service utilization, housing and crisis resources. A primary objective is to develop a robust provider network and consistent approach to Assertive Community Treatment (ACTT) services and Supported Employment throughout the Alliance catchment area. Via preliminary findings the current ACTT teams across the catchment area are not operating at full capacity or might not be meeting fidelity to the model criteria for ACTT.

**Issue:**

A geo map of the ACT Teams in the Alliance Behavioral Healthcare 4 counties is attached.

**Reasons for Action**

Two important components of the state's DOJ settlement are the development of high fidelity Assertive Community Treatment (ACT) teams and implementation of evidence-based Supported Employment services for adults with mental health and substance abuse diagnoses. These services are expected to help consumers transition to and maintain housing and services in the least restrictive setting within their community. This initiative aligns with Alliance's current participation in statewide implementation of the DOJ settlement, and with Alliance's overall goals of ensuring robust provider network capacity and adherence to evidence-based practices throughout the Alliance catchment area. Expected outcomes include increased access to competitive employment, increased length of community tenure without rehospitalization, and decreased crisis services utilization. Additional expected performance and quality measures include accessibility of each service and availability of high fidelity services in each county. Data to be utilized: ACTT Fidelity Reviews; Supported Employment Engagement; Claims data - Alpha.

**Measurable Goal(s) please specify if these are short term (< 1yr.) or long term (> 1yr.) -Listed as ST for Short term and LT for Long term**

1. **(ST)** Increase the number of consumers engaged in competitive employment by 20% by June 30, 2014.
2. **(ST & LT)** At least 50% of providers in the Alliance geographic area will be following fidelity to the models of care (ACTT and Supported Employment) by June 30, 2014, 75% doing so by June 30, 2015.
3. **(ST)** Alliance will have contracted with at least 2 additional providers to provide Supported Employment for individuals with MH/SA by June 30, 2014.
4. **(LT)** Consumers who have utilized ACTT services for at least 12 months will have at least a 50% decrease in crisis events by June 30, 2015.
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<td>LME plan for addressing issue and achieving goals</td>
<td>promote the objectives of the DOJ settlement regarding Supported Employment and ACT services</td>
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<td>2. Alliance will develop a Supported Employment and ACT workgroup to improve internal and external communication and planning efforts for these services.</td>
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<td>3. Alliance will develop and issue a Request for Proposals (RFP) for Supported Employment and Long Term Vocational Supports for Cumberland, Durham, Johnston and Wake that will include expected projected outcomes for consumers served.</td>
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**UPDATE TO GOAL 7/1/2016**

Alliance developed provider collaboratives for ACT and for Supported Employment. At the present time Alliance has 11 ACTT teams offered by 7 different providers. All ACT Teams meet required fidelity standards. 823 individuals are being served by an ACTT team. In partnership with providers we have developed an approved ACTT Step Down Medicaid service definition to better support transition to lower levels of care.

Supported Employment/IPS: Alliance went through an RFP process to identify providers for IPS. Alliance has had an ongoing IPS Provider Collaborative since the RFP for this service in 2013. Membership of the group has expanded to include not only IPS providers and relevant Alliance staff, but representation from VR and DMH to ensure a cross-functional perspective is obtained related to service provision. Provider Network staff also attends each agency's local IPS Advisory Group. Alliance PN staff also attends the VisionQuest/Office of Disability Employment Practice (ODEP) calls and meetings with DMH and the ODEP national consultant. The focus of this group is to look at reimbursement options for IPS, in particular the movement to outcome-based reimbursement methods.

Alliance is also in the process of creating an IPS database with an interfacing provider portal feature to ensure that reporting for the purpose of the TCLI settlement is more accurate. This includes obtaining supporting documentation to verify Priority Population status and verifying that IPS services were delivered for those that are counted as is required by the settlement. Alliance currently has 3 providers that have met fidelity to IPS: Easter Seals UCP (Team 1-Wake/Durham), Community Partnerships Inc. (serves Wake and Durham), and Johnston County Industries (serves Johnston and some Wake). Two providers that are in process of meeting fidelity: Monarch (serves Wake and Durham) had a fidelity review in May, 2016, but has not received their score. Employment Source, dba Service Source (serves Cumberland) has not had a fidelity review and does not have a review scheduled at this time.

Easter Seals has a second team that is scheduled for a fidelity review in September, 2016 (Team 2-Cumberland/Johnston). Their first team has already been through fidelity and was also selected as Dartmouth pilot site and we anticipate that the second team will score well at the initial review. The most recent report to the state showed 387 total consumers served across all teams with 145 in the TCLI Priority Population.
LME Name: Alliance Behavioral Healthcare

Statewide Initiative: Crisis Services/ ED Wait Times

GS 122C-115.2 Administrative Function Addressed with Initiative (select all that apply):

- Planning
- Provider Network Dev.
- Service Management
- Financial Management
- Service Monitoring
- Evaluation
- Collaboration
- Access

Issue:

Alliance Behavioral Healthcare serves a four (4) county region where there has been a historic disparity in the range of crisis services available within each of the communities. The lack of adequate crisis resources has led to the over-utilization of emergency departments, extended ED wait times and at times increased admission rates to the State Psychiatric and Community hospitals.

See attached Hospital, ED and Crisis Data

Reasons for Action

Based on historical data, both Wake and Durham counties have low emergency department (ED) utilization for behavioral health reasons. This low ED utilization rate was due to a strong crisis continuum that included 24/7 access to crisis and assessment centers and strong community support related to emergency department diversions. Adding to the effectiveness of these centers is their ability to accept and manage consumers on involuntary commitment. In Wake County the crisis and assessment center at Wakebrook, was operated by Wake County and a facility based crisis/non-hospital detoxification unit was operated on the same campus by a contracted provider. This arrangement created issues with the facility based crisis center not always being operated at targeted capacity. As part of Cumberland County’s service divestiture plan (required to be part of the waiver operations), the walk-in clinic and outpatient services provided by the LME were divested to the Cumberland County Health Department. The Health Department was unable to provide adequate crisis walk-in capacity and the Cape Fear Valley ED became the primary crisis assessment site for the county. This historically had served consumers during non-regular business hours and weekends. In Johnston County, crisis and assessment services had previously been provided by the LME during regular business hours and the Johnston Memorial ED provided crisis services after typical business hours and weekends. Johnston County divested the outpatient program and crisis and assessment services to the Johnston County Health Department and that department has since maintained capacity for walk-in crisis and assessment services. Data to be utilized: NC-DETECT; Alliance Claims (Alpha); HEARTS

Measurable Goal(s) please specify if these are short term (< 1 yr.) or long term (> 1 yr.) All measurable goals use baseline data from FY13 (as of June 30, 2013).

Listed as ST for Short term and LT for Long term

1. (ST) Decrease ED admissions in Cumberland County by 30% between July 1, 2013 and June 30, 2014 (Based on NC-DETECT and Claims Data). 2. (ST) Decrease the number of times the Wakebrook Crisis Facility is on Diversion by 40% between July 1, 2013 and June 30, 2014 (based on Wakebrook Admissions Data). 3. (ST) Decrease the number of Durham County consumers admitted to CRH by 30% by January 1, 2014 (based on HEARTS data). 4. (ST) Decrease ED readmission rates in all Alliance EDs by 25% between July 1, 2013 and June 30, 2014 (NC-DETECT and Claims Data). 5. (ST) Improve the percentage of follow up appointments occurring within 7 days post inpatient stays by 30% by January 1, 2014 (Alpha and claims data). 6. (ST) Improve the percentage of follow up appointments occurring within 5 days post crisis facility stays by 30% by January 1, 2014 (Alpha and claims data).
2013-2016 Local Business Plan Statewide Initiatives

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**LME plan for addressing issue and achieving goals**

1. Each county will have a local crisis collaborative with representation from local hospitals/EDs, the MCO, Law Enforcement, EMS, Crisis Facilities, network providers, shelters and other key stakeholders that meets monthly to identify and address issues and barriers and develop collaborative plans and agreements. The groups will receive data reports regarding the use of the crisis system and identify trends and needs.

2. In collaboration with Cumberland County and Cape Fear Valley Health System, a 24/7 crisis and assessment center that can receive consumers on IVC will be developed. Funding has been allocated for this project and implementation is underway.

3. Facility based crisis/non-hospital detoxification beds at Cape Fear Valley Hospital will be expanded from 8 to 16 beds, and will have 24 hours access. Funding has been allocated and planning is underway.

4. Improve connections to outpatient and follow-up psychiatric services for consumers leaving the EDs and inpatient services.
   A. Develop an open access outpatient/psychiatric clinic within the Cape Fear Valley Health System. Will improve post ED and Inpatient connection to aftercare. Funding has been allocated and Cape Fear has begun hiring and offering limited appointments, should be fully operational within 4 months.
   B. Expand use of open access and walk-in clinics in the four Alliance communities with a goal of discharge follow-up available within 24 hours. (See Local Initiative on Open Access)
   C. Implement Wake Crisis Facility/ACTT pilot Alliance wide. Currently, the Wakebrook crisis facility contacts ACTT providers directly when they have determined that a consumer has a history of accessing crisis and inpatient services and have a SPMI and the consumer is not service linked. The ACTT teams come to the assessment center before the consumer leaves to enhance engagement.
   D. Improve the rate in which EDs and crisis facilities contact Alliance Access and Information Center to determine if consumers presenting at these facilities are linked with providers or need a provider post discharge.
      i. Provide education and continued outreach to EDs and crisis facilities.
      ii. Ensure accurate call coding in the Alliance MIS system to better track all calls from these facilities in order to report progress and ensure facilities are following established protocols.
      iii. Ensure each community has Alliance ED liaisons that are available to assist in the linkage of high utilizers to services and to assist EDs with system navigation.

**UPDATE TO GOAL 7/1/2016**

Each county has maintained a local crisis collaborative with representation from local hospitals/EDs, the MCO, Law Enforcement, EMS, Crisis Facilities, network providers, shelters and other key stakeholders. Cape Fear Valley Health System currently operates a Tier 3 crisis response and stabilization facility with the ability to receive consumers on IVC. Alliance is in the process of developing a pilot a Tier “2.5” Behavioral Health Urgent Care Center to provide open access to walk-in appointments and enhanced assessment capacity. This also offers an opportunity to develop alternative funding mechanisms for this type of service. Alliance has assigned care coordinators in each inpatient hospital and ED to assist with system navigation, discharge planning, and community linkage. We are in the process of developing a second facility based crisis center in Wake Co. to reduce Wakebrook diversions by developing increased capacity.
LME Name: Alliance Behavioral Healthcare

**Statewide Initiative:** Closer to Home-PRTF

GS 122C-115.2 Administrative Function Addressed with Initiative (select all that apply):

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**Issue:** Historically a large number of child and adolescent consumers from the Alliance region, particularly from Wake County, have been referred to and placed in out of state PRTFs. Lack of availability or expertise of in-state PRTFs has been a contributing factor to this issue. It should be noted that Alliance currently has 19 children receiving services in an out of state facility, down from 31 summer of 2012.

**Reasons for Action**

The ability to monitor and provide appropriate levels of care oversight is diminished when a child is in an out of state facility. Distance presents a significant challenge to family involvement in treatment and creates barriers to developing a treatment team that can support a consumer and their family post discharge. Oftentimes, the length of stay for children in out of state facilities is significantly longer than those treated locally. Data to be utilized to track goals: PRTF claims; Care Coordination data - Alpha

**Measurable Goal(s) please specify if these are short term (< 1yr.) or long term (> 1yr.) -Listed as ST for Short term and LT for Long term**

1. (ST) Reduce the number of children referred to out of state placements by 75% by June 30, 2014
2. (ST) By October 31, 2014, less than 5% of children from the Alliance region will be served in out of state facilities, excluding border facilities
3. (ST) By October 31, 2014, less than 10% of children from the Alliance region will be served in a border facility
4. (LT) By January 1, 2015, no more than 2% of authorizations for PRTF services will be for an out of state PRTF

**LME plan for addressing issue and achieving goals**

Alliance will identify populations of youth typically referred to out of state facilities for treatment. Currently, children with sexually aggressive behavior and children with I/DD and significant mental health issues are placed out of state at higher rates than other groups of youth. Alliance will work with in network PRTFs and has developed a working relationship with Strategic Behavioral Healthcare (a local PRTF in Wake County), to develop more specialized programming. Strategic has recently opened 12 beds to serve youth with sexually aggressive behavior. Alliance will explore expanding a contract with Timber Ridge (also local), a level III residential provider that is operating a specialized program for sexually aggressive youth. Alliance has entered into a contract with Rapid Resources for Families for IAFT services that are evidenced based for enhanced treatment of children in foster care. The program is being used as a diversion from PRTF levels of care as well as a stepdown from PRTF. The IAFT providers have specialty areas that will help reduce both in state and out of state PRTF placements. Alliance will expand the use of this program over the coming year. All children in a PRTF level of care have an Alliance Care Coordinator that participates in monthly treatment teams and is actively engaged in discharge planning with the facilities. All requests for out of state PRTF placements are reviewed by the Alliance Chief Clinical Officer and must be approved by an Alliance psychiatrist peer reviewer within the UM Department. All youth in a PRTF placement for longer than 6 months will receive a case review by an Alliance psychiatrist. Alliance will also provide ongoing education to judges, local offices of Juvenile Justice and Social Services regarding the types of mental health issues that are most effectively addressed by PRTF level of care.
LME Name: Alliance Behavioral Healthcare

UPDATE TO GOAL 7/1/2016

Alliance has successfully reduced the overall number of children who receive Psychiatric Residential Treatment Facility services significantly over the past three years. Our average daily census of children in this service has decreased from a high point of 138 youth in this level of care per day to a sustained average of under 80 for almost 2 full years. Additionally, other than in border facilities that offer specialty programming, no children have been in an out of state placement for the past two years.

Alliance has implemented a number of residential specialty programs and evidenced based community interventions and therapies to better address the needs of higher risk children within our community.

Statewide Initiative: IDD Waitlist

GS 122C-115.2 Administrative Function Addressed with Initiative (select all that apply):

|----------|-----------------------|--------------------|----------------------|--------------------|------------|--------------|--------|

Historically, waiver slot allocation for individuals with Intellectual and/or Developmental Disabilities has not kept pace with demand and potentially eligible individuals are waiting a long length of time before enrollment in NC Innovations. Additionally, the accuracy of wait list information is compromised by the long lapse in time from initial request for service and waiver enrollment.

Reasons for Action

Currently, Alliance has identified 1,793 individuals to be potentially eligible and waiting for an Innovations slot to become available, almost half of whom have been waiting longer than five years, and approximately 20 new names are added to the waitlist each month. Waiver funding is made available statewide for the number of individuals specified in the approved waiver. Slots are allocated by DMA to each PIHP and DMA remits to the PIHP a monthly capitated payment for each individual enrolled in the NC Innovations Waiver. Funding is distributed on a per capita basis, geographically among the Alliance four counties. Individuals who are waiting for a slot on Alliance’s Registry of Unmet Needs may only be enrolled when (1) vacated slots are available at the end of the waiver year (July 31st); (2) criteria is met and Reserve Capacity slots are available; or (3) the North Carolina General Assembly provides more funding and CMS approves a request to serve additional people. Reserve Capacity slots are set aside by the PIHP for CAP/C Age Out; Statewide DI; Money Follows the Person; and Emergencies. Available slots, as allocated by the state or vacated during the waiver year, are assigned based on length of time waiting. Criteria for enrollment in Reserve Slots is set according to waiver policy. Data Source: Alpha Slot Tracker
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Measurable Goal(s) please specify if these are short term (< 1yr.) or long term (> 1yr.) Listed as ST for Short term and LT for Long term

1. **(ST)** By March 1, 2014, remove 227 individuals from the Registry of Unmet Needs by enrolling them in available new and vacated slots.
2. **(ST)** By June 30, 2014, contact each remaining individual on the Registry of Unmet Needs to verify or update contact information, continued potential ICF Level of Care eligibility, and connection to B3/IPRS services and community resources.
3. **(LT)** By July 1, 2015, reduce wait time for waiver slot allocation to less than five years across all four counties.

**LME plan for addressing issue and achieving goals**

Individuals access the NC Innovations Waiver through the uniform portal process. Alliance utilizes its IDD Eligibility Review Committee, under leadership of clinical and medical staff, to assure that individuals requesting waiver services are carefully screened for potential eligibility according to the state definition of ICF Level of Care, eligibility for Reserve Capacity slots, and referred and connected to B3 or IPRS funded services as quickly as capacity and/or funding become available. If the individual has Medicaid the individual receives any medically necessary Medicaid service. Requests for new or additional IDD services are processed by Alliance’s Access and Information Department’s team of IDD Access Coordinators. Alliance submits a wait list report quarterly to DMA and DMH. At least annually, each individual on the Registry of Unmet Needs is contacted by an IDD Access Coordinator to update demographic information and gather updated assessments and information about changes in needs. Referrals for additional services or supports are made as deemed necessary and available. A Slot Tracking Excel spreadsheet is used to track transfers, terminations, Reserve Capacity, and newly allocated slots. Slots are distributed on a per capita basis, geographically among Alliance’s four counties. Within each county, slots are allocated by date and time of referral. When new or vacated slots are available, the IDD Access Coordination Team contacts those individuals who have been waiting longest and initiates the Level of Care review by a trained independent credentialed provider. Once the Level of Care process is complete, an IDD Care Coordinator is assigned and the ISP is developed and submitted to UM for approval. Services start within 45 days of ISP approval date. The contract between the newer waiver sites, such as Alliance, allows for the expansion of Medicaid B3 services. Several of these services will help address needs of individuals with IDD. Alliance will study these services and work with our existing providers and recruit new providers to our network in order to offer B3 options to individuals served through Alliance. Priority for these services will be given to those on the existing waitlist, then to those deemed eligible through the process outlined above. The Alliance Business Operations Department will determine funding levels available for new B3 services. It is anticipated that some individuals on the waitlist who are receiving support through state funded services can transition to B3 services, leaving the limited state funded services available for individuals on the waitlist who do not have Medicaid. The availability of this greater array will help reduce the number of individuals awaiting services or provide a level of support while awaiting an Innovations slot.

**UPDATE TO GOAL 7/1/2016**
LME Name: Alliance Behavioral Healthcare

Alliance has either contacted or attempted to contact every individual or family members of individuals on our Registry of Unmet needs to ensure that we have the most up to date contact information and determine if individuals want to remain on the registry or have moved away and no longer need to be on the list. This is important for both filling our annual rollover slots in an expeditious fashion and maintaining an accurate account of need for our communities. Alliance was successful in filling all new slots that were allocated to us in 2014 which added 227 new waiver participants.

We have made significant improvements to workflow process and the assistance that is available through our IDD Access staff to help families understand the waitlist process and gather information needed to go on the Innovations Registry of Unmet Needs. We continue to explore other non-waiver services that could be made available to individuals on the waitlist. We have expanded the use of B-3 services and have developed a Child START team to help address the needs of children with IDD and behavior issues. This service and support is available to children on the Innovations registry.
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<td><strong>Local Initiative:</strong> Preventable Readmission Options and Care Transitions (PROACT)</td>
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**GS 122C-115.2 Administrative Function Addressed with Initiative (select all that apply):**

- [x] Planning
- [ ] Provider Network Dev.
- [x] Service Management
- [ ] Financial Management
- [ ] Service Monitoring
- [x] Evaluation
- [ ] Collaboration
- [ ] Access

**Behavioral health issues can have a significant impact on physical health issues and physical health issues can negatively impact an individual’s behavioral health issues.** Behavioral and emotional disorders can diminish an individual’s attention to their overall health, impact important preventative health strategies such as making and keeping routine health care appointments adversely affect follow-up and aftercare for an illness and can lead to poor compliance related to the care of more chronic health conditions. Often these individuals seek primary health services through local emergency departments when symptoms worsen or become exacerbated. Additionally, oftentimes individuals seeking services in an emergency department may present with a physical health complaint, yet the true reason for the visit can be attributed to a behavioral health issue. As a result, the appropriate treatment and follow up is often missed. These individuals tend to have high overall healthcare costs based on the usage of emergency departments and because more expensive healthcare interventions are required as a result of non-compliance. These issues require an integrated approach to the overall care management for these individuals. This issue impacts the State Performance Indicator of “Medical Care Coordination.” The average percent of consumers served by Alliance who have received a preventive health visit in the past 12 months is 86%. The statewide average is 90%, which is the Alliance goal. Data source: NC-TOPPS; claims data; CCNC data.

**Issue:**

**Reasons for Action**

There are several reasons to integrate behavioral and physical health care management for this population. Studies have revealed that in general individuals with serious and persistent mental illness have an average life expectancy of up to 25 years less than individuals without a persistent mental illness. Individuals with co-occurring physical health and behavioral health issues are high utilizers of emergency room services and tend to have higher inpatient readmission rates on medical floors and psychiatric units or hospitals. Individuals with primary behavioral health related issues tend to use emergency departments to address physical health care needs at higher rates than those without an identified mental illness. In general, based on national data, this population has an average of eight (8) or more emergency department visits per year, primarily for physical health complaints oftentimes across multiple hospitals. This population also is at risk for adverse medication events if there is no coordination between their physical health and behavioral healthcare prescribers. Currently, MCOs only receive ED claims for consumers whose primary reason for an ED visit was coded a behavioral health disorder. Oftentimes, individuals with depression, anxiety, trauma, and substance abuse present complaining of physical symptoms that can be attributed to these conditions, however based on coding and billing practices, the ED claims for these visits are sent to general Medicaid and not Alliance for payment, therefore we miss these individuals as high users through typical MCO data mining activities and in turn miss the opportunity to better manage care.

**Measurable Goal(s) please specify if these are short term (< 1yr.) or long term (> 1yr.) -Listed as ST for Short term and LT for Long term**
LME Name: Alliance Behavioral Healthcare

1. (ST) Reduce ED admissions of consumers with both behavioral health and physical health conditions by 25% by June 30, 2014. 2. (LT) Reduce ED admissions of consumers with behavioral health and physical health conditions by 50% by June 30, 2015. 3. (ST) Reduce readmissions to EDs within 90 days by 30% by June 30, 2014. 4. (LT) Reduce readmissions to EDs within 90 days by 50% by June 30, 2015. 5. (ST) Ensure all consumers identified as part of this population receive a medication review within 5 days of inpatient or ED discharge, by June 30, 2014.

LME plan for addressing issue and achieving goals

Alliance will implement an integrated care management model with the local CCNC networks that focuses on the PROACT population, which is described above. The integrated care model will include specific interventions, timeframes for interventions and benchmarks for all consumers identified as being in the PROACT population. This planning and model development is currently underway. Alliance and CCNC will develop a management and oversight structure for the initiative. Distinct PROACT teams comprised of Alliance staff and local CCNC staff will be formed to manage this population in each Alliance/CCNC region. Alliance will enter into formalized agreements with both the state CCNC and local CCNCs that will detail all responsibilities, expected practices, case assignment, discharge processes and expected outcomes for the initiative. Alliance will identify staff within our existing Care Coordination units to assign to PROACT Teams. Roles for all PROACT members will be developed and will outline role specific tasks. Alliance will work with CCNC to develop and implement formal data sharing arrangements that will inform target populations and improve outcome monitoring, including developing efficient ways to exchange data. Alliance and local CCNCs will educate stakeholders in the initiative and develop needed agreements to work with stakeholders to meet the needs of the target population and initiative goals. In conjunction with local CCNCs, Alliance will complete a review of all consumers that have been identified as falling within the priority population based on CCNC analytics. This will include a review of all consumer history in Alpha and the CCNC CHMIS system. Alliance and CCNC will develop standard operating procedures for the team in relationship to interactions with other CCNC and Alliance staff and activities. The roles of Alliance and CCNC psychiatrists, CCNC pharmacists, Alliance ED and Inpatient Liaisons, CCNC practice embedded care managers, Alliance UM and Access to Care Center staff will be delineated as well. In addition to cost reduction data, Alliance, in collaboration with CCNC, will develop a mechanism to evaluate the effectiveness of the program.

UPDATE TO GOAL 7/1/2016
Local Initiatives for 2013-2016 LBP

| LME Name: | Alliance Behavioral Healthcare |

Alliance developed relationships with CCNC’s Central Office and local networks which facilitate joint collaboration and improve overall care coordination. Examples of current joint collaborative efforts include communication through CMIS systems related to case specific crisis, ED admissions and discharge planning needs and joint community meetings with local hospital ED’s related to care coordination needs for high risk populations. In addition, Alliance partnered with the local networks; Carolina Collaborative Community Care (4C), Community Care of Wake and Johnston County (CCWJC), and Northern Piedmont to develop integrated teams to work with individuals with high behavioral health and medical needs. Teams have developed workflows which combine interventions, tasks and time frame expectations from CCNC’s Standardized Work Plan and Alliance’s Care Coordination Intensity Levels. Staff composition for the integrated teams vary depending on the CCNC local network with a minimum of (1) nurse from the respective CCNC network and (1) MH/SA Care Coordinator from Alliance. Pharmacy staff support/resources for medication reconciliations were also provided to each team through their respective CCNC Networks. Alliance and CCNC have two active Integrated Health Care Teams; one with 4C in Cumberland County and the other with Northern Piedmont in Durham County. Alliance is conducting a pilot project with CCNC Central office, CCWJC and Central Regional Hospital focused on joint agency engagement and post discharge coordination. Workflows and communication processes for the CRH Pilot Project continue to be monitored and refined. It has not been possible to measure outcomes as physical health data was not available for over a year due to the NC Tracks transition. Alliance has purchased CMT in order to better understand and evaluate care gaps with our consumers.
## Local Initiatives for 2013-2016 LBP

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### Local Initiative: Open Access (Access to Care)

**GS 122C-115.2 Administrative Function Addressed with Initiative (select all that apply):**

- [ ] Planning
- [ ] Provider Network Dev.
- [ ] Service Management
- [ ] Financial Management
- [ ] Service Monitoring
- [ ] Evaluation
- [ ] Collaboration
- [ ] Access

### Issue:

Prior to the merger of the Wake LME and the Durham Center, which initially formed Alliance Behavioral Healthcare, the majority of state funded outpatient behavioral health services were provided by Wake Health and Human services in Wake County. Additionally, prior to the inter-local agreement between Cumberland and Alliance, the majority of outpatient behavioral health services were provided by the Cumberland County Area Authority. These entities could no longer provide direct services based on the county relationships with Alliance. As a result, all services provided by these entities needed to be divested. A second divestiture of services needed to occur as a result of the merger of Cumberland Area Authority with Alliance. The divestitures created access to care issues during the time that providers were ramping up to accept a greater volume of consumers. In both Cumberland and Wake counties, the divesting agencies stopped accepting new referrals sooner than anticipated and before adequate capacity was available in these communities. Longer wait times for initial assessments were creating delays in regard to consumers’ ability to access medication evaluations, necessary follow-up, and increases in the no-show rate for first appointments. Beyond issues related to divestiture, timely access to psychiatry care had been an issue in Wake and Cumberland counties. As a result of these issues, Alliance's access percentages have slipped below the state’s average timely access to care performance criteria. Data utilized: Access to Care (STR) data - Alpha.

### Reasons for Action
Local Initiatives for 2013-2016 LBP

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<td>1. (ST) By June 30, 2014, at least 75% of outpatient service providers will offer open access/same day appointments within all Alliance regions. 2. (ST) By June 30, 2014, 95% of consumers contacting Alliance for routine services will have an appointment within 5 business days from their request for services. 3. (ST) By June 30, 2014, the no-show rate for first appointments will be less than 30%. 4. (LT) By June 30, 2015, the no-show rate for first appointments will be less than 15%.</td>
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Alliance believes that services need to be available to consumers when they need them. It is difficult at times for individuals to ask for help and the longer the wait for services after seeking them the more likely it is that an individual will end up not accessing services. No show rates for services begin to spike when appointments are not available in a timely manner. In fact, no show rates may go as high as 50% when a consumer cannot be seen within several days of a request for service. Alliance network providers were reporting these high no-show rates, which was supported by internal data. Often, these providers did not have first appointments available for 7 to 10 days of the times consumers called seeking services. High no-show rates waste the clinical capacity of providers and can lead to fiscal instability. Beyond access issues for consumers who called seeking services, a greater impact was being experienced by the local crisis facilities and EDs and consumers leaving inpatient units. While consumers leaving an inpatient facility or those referred by a crisis facility receive priority status for an initial assessment, access to prescribers was limited. Consumers were leaving facilities on medications and their prescriptions would run out prior to seeing a prescriber. Additionally, EDs and crisis facility physicians were less likely to divert consumers back to the community or take a consumer off of involuntary commitment if they could not be seen by a prescriber within a few days. For these reasons, Alliance began exploring other models that would allow more immediate access to an assessment and psychiatric services. In Durham, Alliance has shared a strong historic relationship with an outpatient psychiatric clinic where consumers are seen by a prescriber for their initial appointment. Based on the network make-up in the other communities this model was not an option. The service divestitures in Cumberland and Wake County provided the opportunity to begin implementing best practices related to service access such as open access and same day prescriber appointments, both with existing providers as a way to capitalize on their current capacity and with the providers who would assume the roles of the divesting programs.
A complete evaluation of average time from referral to first appointment in all Alliance covered counties will be conducted. Alliance staff will meet with key service providers that offer assessments in order to review capacity to accept new consumers, review barriers and review resource needs. Alliance will arrange for training and ongoing consultation on the Open Access model to providers in the Alliance catchment area. Alliance will prioritize Open Access with same day physician appointments within the catchment area, and recruit providers to the network who have demonstrated successful implementation of open access, or those who outline how they will implement this model if awarded a contract to serve Alliance consumers. For providers that use Open Access, Alliance will set-up Open Access times and days in the Alpha scheduler for providers to ensure appointments are used, and report utilization of these appointments. In addition, Alliance will prioritize Open Access with same day physician services to consumers seen in an ED, leaving an inpatient unit or post crisis and assessment center visit. Staff will ensure Open Access providers have sufficient service codes in contract to address multiple assessment appointments within the same day. Education will be provided for local emergency departments and crisis facilities about Open Access on how to refer directly to Open Access providers or how to access these appointments through the Alliance Access and Information Center. An FRI will be released for additional outpatient services in Cumberland county with Open Access being a requirement for a successful response. A routine meeting schedule will be developed with Open Access providers to ensure Alliance is utilizing Open Access appointments and address barriers or issues as they arise.

**UPDATE TO GOAL 7/1/2016**

Initial focus of this initiative needed to be on defining what “Open Access” meant and comprised. A survey of 10 outpatient providers who reported offering “open access” in the Alliance area identified a range of operating hours, how services were accessed (walk in vs reserved slots), and how quickly a prescriber was seen. Alliance has served on state committees to define Behavioral Health Urgent Care Tiers to standardize service expectations. An FY16 Crisis Services QIP focused on intervention at expanding after-normal business hour's availability to consumers needing this level of care and one of our larger outpatient practices offering “open access” to allow availability of evening hours 2 days/week (Mon/Thur. with soft close at 5PM and hard close at 7PM). They are expected to continue this expansion in FY17 and Alliance is gathering utilization data. Recently Alliance has initiated work to pilot a comprehensive behavioral health urgent care center (tier II) supported by a proposed in lieu of service definition and alternative cost model. This initiative will continue throughout FY 17.
### Local Initiatives for 2013-2016 LBP

**LME Name:** Alliance Behavioral Healthcare  
**Local Initiative:** Jail Initiatives (Diversions and Post Linkages)

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**Consumers are sometimes taken to jails as a first responder destination rather than to a crisis facility or by having mobile crisis units contacted. This is due in part to many law enforcement personnel still not being trained in Crisis Intervention techniques (CIT), although it has been offered for several years in each of the Alliance Behavioral Healthcare counties. Another issue regards a need for improved follow up post incarceration to ensure consumers are connected to services and to reduce recidivism (crisis events and incarceration).**

**Issue:**

**Reasons for Action**

Alliance Behavioral Healthcare wants to ensure that the maximum number of individuals in each community receive CIT training because training has proven to be effective in jail diversion, increasing referrals to community-based services and crisis centers, and promotes decreased utilization of jails for misdemeanor and non-violent offenses. In addition, the Alliance Community Relations team wants to include all types of Law Enforcement Officers (LEOs) and First Responders that may have contact with individuals with MH/IDD/SA in various settings, such as community, detention, schools, and facilities because there is an increase in the number of effective and respectful interactions between individuals with MH/IDD/SA and CIT trained LEOs; consumers improve their access to treatment resources via CIT LEO, and safety for CIT LEO and individuals with MH/IDD/SA increases due to a use of CIT skills, verbal de-escalation, and decreased use of physical interventions. Data utilized to track goals: CIT training logs; incarceration data system developed.

**Measurable Goal(s) please specify if these are short term (< 1yr.) or long term (> 1yr.) - Listed as ST for Short term and LT for Long term**

1. **(ST)** Alliance Behavioral Healthcare will provide a minimum of four CIT classes during FY14 for Durham, Wake, and Cumberland Counties. A minimum of two classes will be held in Johnston County. A minimum of twenty individuals will attend each CIT class. 2. **(ST)** There will be a minimum of four different first responder types attending CIT classes during FY14. Examples would be police officers from the universities/社区 colleges, city police officers, County Sheriff’s Departments, and general first responders such as EMS and fire department personnel. 3. **(ST)** By June 30, 2014, Alliance will develop a central repository for data collection from the four counties regarding incarcerations, recidivism, and diagnostic information that can be standardized for reporting data. During FY14, base line data will be collected as part of this process.

**LME plan for addressing issue and achieving goals**
Local Initiatives for 2013-2016 LBP

LME Name: Alliance Behavioral Healthcare

Alliance will maintain, develop, and collaborate with the CIT Leadership Committee in each community using the SAMHSA’s GAINS model (located at this web site) - gainscenter.samhsa.gov. Data will be reviewed from every CIT class to engage the CIT Leadership Committee in a continuous quality improvement process. To improve consumers’ access to treatment resources via CIT LEO, training will enhance safety for CIT LEO and individuals with MH/IDD/SA increases due to a use of CIT skills, verbal de-escalation, and decreased use of physical interventions. The CIT Leadership Committee will ensure all LEO types are invited to participate and engage in CIT training and the CIT culture of community policing. Data will be reviewed to obtain information from every CIT class to show engagement in the CIT Leadership Committee. The Alliance Provider Network needs to know when consumers are incarcerated so that consumers can re-engage in treatment upon release. Alliance will use the data reports to identify system trends and patterns, interpret and integrate the facts, and stimulate change. This will be done by working closely with IT and QM to use technology to develop auto-generated reports decrease staff time manually collecting data. Data will be maximized to gather information from the various internal and external group meetings to interpret and integrated the facts, and stimulate change.

UPDATE TO GOAL 7/1/2016

Alliance hosts CIT training and other jail diversion efforts in Wake, Durham and Johnston counties. In Cumberland County the Sheriff’s Office hosts CIT classes and other jail diversion activities. Similarly, in Wake, Durham and Johnston counties Alliance actively assists in the identification of persons with behavioral health issues who are currently detained and in need of post release treatment. In all four counties Alliance employs a Jail Liaison who works with jail mental health services and other stakeholders to improve treatment outcomes and reduce recidivism. In all counties CIT classes consist of all law enforcement municipalities, telecommunicators, EMS, Sheriff’s Office and often campus police departments.

Wake CIT has completed four classes a year for the last three years of CIT for a total of 12 classes. Wake also held two Telecommunicator classes in 2014 and two in 2015 and held one specialized Veterans in Crisis training in 2015. Wake County has a post release referral process for those high utilizers of our jail. They are engaged while in jail in an attempt to establish a relationship before they are released. Fellowship Health Resources is the contract provider who provides this service as well as other jail mental health and forensic outpatient programs. Wake recently began a pre-conviction deferral pilot program to assist with people who have a history of mental health treatment or those who have not been able to maintain consistent treatment who have been charged with misdemeanors. As of June 2016 the Durham CIT Partnership has trained 706 First Responders. Between 2014 and 2015 eight trainings were conducted. Alliance is also participating in conversations with stakeholders on developing pre-conviction court strategies as well.

In an attempt to identify those with the most intensive treatment needs, Alliance has begun importing CJ Leads data into our Alpha system and then cross references those booked into county jails who have a history of treatment, particularly crisis episodes. This generates a daily report in which a Care Coordinator will work in tandem with the Jail Liaison and providers to ensure the person is linked to the most appropriate services and supports or re-engage a person that a provider has been unable to locate. This expedites the coordination and communication between Alliance and the jail for higher risk consumers who often account for higher rates of recidivism.
| LME Name: Alliance Behavioral Healthcare |   |   |   |   |