**AREA BOARD REGULAR MEETING**
4600 Emperor Boulevard, Durham, NC, 27703
4:00-6:00 p.m.

**MEMBERS PRESENT:** □ Glenn Adams, Cumberland County Commissioner, JD, □ Cynthia Binanay, Chair, MA, BSN, □ Christopher Bostock, BSIM, □ Heidi Carter, Durham County Commissioner, MPH, MS, □ George Corvin, Vice-Chair, MD, □ David Curro, BS, □ Greg Ford, Wake County Commissioner, MA, □ Lodies Gloston, MA, □ David Hancock, MBA, MPAff, □ Duane Holder, MPA, □ Curtis Massey, JD (via phone), □ Donald McDonald, MSW, □ Gino Pazzaglini, MSW, □ Pam Silberman, JD, DrPH, □ Lascel Webley, Jr., MBA, MHA, and □ McKinley Wooten, Jr., JD (exited at 5:34 pm)

**GUEST(S) PRESENT:** Denise Foreman, Wake County Manager’s Office; Mary Hutchings, Wake County Finance Department; and Yvonne French, NC DMH (Department of Mental Health, NC Department of Health and Human Services)

**ALLIANCE STAFF PRESENT:** Damali Alston, Director of Network Evaluation; Michael Bollini, Executive Vice-President/Chief Operating Officer; Denise Dirks, Administrative Assistant II; Joey Dorsett, Senior Vice-President/Chief Information Officer; Doug Fuller, Director of Communications; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Cheala Garland-Downey, Senior Vice-President/Human Resources; Amanda Graham, Senior Vice-President/Operational Effectiveness; Veronica Ingram, Executive Assistant II; Wes Knepper, Director of Quality Management; Beth Melcher, Executive Vice-President/Care Management; Ann Oshel, Senior Vice-President/Community Relations; Sara Pacholke, Senior Vice-President/Financial Operations; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Monica Portugal, Chief Compliance Officer; Robert Robinson, Chief Executive Officer; Matthew Ruppel, Director of Program Integrity; Sara Wilson, Government Relations Director; Carol Wolff, General Counsel; and Doug Wright, Director of Individual and Family Affairs

1. **CALL TO ORDER:** Chair Cynthia Binanay called the meeting to order at 4:00 p.m.

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<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
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<tr>
<td>2. Announcements</td>
<td>A. Matrix: Chair Binanay reminded Board members to return this completed form to Ms. Ingram.</td>
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<td>B. i2i December Conference: Mr. Robinson reminded Board members of this upcoming conference. Board members may contact Ms. Ingram to register.</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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<td>5. Committee Reports</td>
<td>A. Consumer and Family Advisory Committee – page 5</td>
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<td>The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Durham, Wake, Cumberland or Johnston Counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services. This month’s report included draft subcommittee minutes and supporting documents from the Steering Committee and the Durham, Wake and Johnston Committees.</td>
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<td>David Curro, CFAC Chair, presented the report. Mr. Curro shared about new phone applications, <em>Not Okay</em> and <em>Mental Health SOS</em>, which facilitate access to care. Additionally he shared about the CFAC report and CFAC retreat, both are being finalized, a recent Statewide CFAC call, and upcoming trainings for early 2019. The CFAC report is attached to and made part of these minutes.</td>
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**BOARD ACTION**
The Board received the report.
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| B. Finance Committee – page 40 | **DISCUSSION**: 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 October 4, 2018, meeting, the Statement of Net Position, budget to actual report and ratios for the period ending September 30, 2018, and recommendations to the Board to approve all presented contracts over $250,000.  
Chris Bostock, Committee Chair, presented the report. Mr. Bostock shared the net position, which is impacted by reduction in State Single Stream funding. He also shared that all State mandated ratios were met. Additionally, Mr. Bostock mentioned that per Alliance Policy G:10 Delegation to the CEO, contracts above a specified amount are brought to Finance Committee for review before being approved by the Board. The Committee report is attached to and made part of these minutes.  
**BOARD ACTION** 
A motion was made by Mr. Bostock to authorize the CEO to enter a contract for furniture for the new home office, not to exceed $750,000.00; motion seconded by Vice-Chair Corvin. Motion passed unanimously.  
A motion was made by Mr. Bostock to authorize the CEO to enter a contract with Integrated Communicated Services, Inc., for low voltage for home office space, not to exceed $411,120.00; motion seconded by Vice-Chair Corvin. Motion passed unanimously. |

6. Consent Agenda  
| A. Draft Minutes from October 4, 2018, Board Meeting – page 50  
B. Executive Committee Report – page 54  
C. Human Rights Committee Report – page 57  
D. Quality Management Committee Report – page 94 |

The consent agenda was sent as part of the Board packet. There were no comments or discussion about the consent agenda.  
**BOARD ACTION** 
A motion was made by Ms. Gloston to approve the consent agenda; motion seconded by Mr. Wooten. Motion passed unanimously. |

7. Appointment Recommendations – page 101  
| In accordance with NC General Statute 122C-118.1.d and the By-Laws of the Alliance Board, the initial terms of Alliance Board members were staggered with each initial term being considered a full term. Accordingly, the initial terms of some members were designated to end after one year, others after two, and others after three. Seats representing Wake County and Johnston County are currently vacant.  
Chair Binanay shared the Board Executive Committee’s recommendation for two applicants: Lynne Nelson for a vacant Wake County seat, with a term ending March 31, 2021, and (David) Lee Jackson for an available Johnston County seat, with a term ending November 30, 2019.  
**BOARD ACTION** 
A motion was made by Vice-Chair Corvin to recommend that the Wake Commissioners appoint Lynne Nelson to Alliance’s Board; motion seconded by Commissioner Ford. Motion passed unanimously. |
### AGENDA ITEMS:

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<td>8. Organizational Name Change with Pending Transition to Tailored Plan - page 102</td>
<td>Alliance leadership recommended a modification in the organization’s name to reflect the broadened focus on whole-person care that will accompany Alliance’s operation of a Tailored Plan. Moreover, there is a need to make this change expeditiously to accommodate production of signage for the new home office facility, which staff will begin to occupy in less than six weeks. Numerous other operational modifications also make a rapid decision necessary, including revision/reprinting of promotional/information materials, website/intranet rebranding, and revision of organizational contracts. Robert Robinson, CEO, presented the proposal: to change the agency name to Alliance Health (Alliance Behavioral Healthcare doing business as (dba) Alliance Health) effective July 1, 2019. Carol Wolff, General Counsel, reviewed the legal process for changing the agency’s name. Ms. Wolff also recommended a board resolution, informing the County Commissioners in Alliance’s catchment area, and NC DHHS (Department of Health and Human Services) Secretary and IRS (for tax forms).</td>
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<td>BOARD ACTION</td>
<td>A motion was made by Dr. Silberman to change the organization’s name to Alliance Health; motion seconded by Commissioner Carter. Motion passed unanimously.</td>
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<tr>
<td>9. Training/ Presentation: FY19 Strategic Plan Initiatives – page 103</td>
<td>Alliance leadership reviews strategic plan initiatives on a yearly basis to ensure organizational initiatives are on track and, where needed, course corrections are identified and implemented. Michael Bollini, Executive Vice-President/Chief Operating Officer, presented the current FY (fiscal year) 19 strategic plan initiatives. These initiatives are from four goals for the FY18-20 Strategic Plan: 1. Performance: optimize our business performance to meet today’s needs and prepare for the future 2. Future: influence the future policy direction related to Medicaid Reform 3. Health Outcomes: improve health outcomes of the people we serve 4. Person-Directed Health: advance person-directed health Each goal has four objectives; each objective has a number of initiatives, some of which are now part of ongoing departmental projects and tasks. Board members requested additional details for the initiatives and mentioned that this would be especially beneficial for new Board members, and how this information reflects the work staff complete. Dr. Bollini clarified Board members’ preferences for formatting of this additional information, including how Alliance manages change management.</td>
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<td>BOARD ACTION</td>
<td>The Board accepted the training/presentation.</td>
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<td>10. Legislative Update</td>
<td>Brian Perkins, Senior Vice-President/Strategy and Government Relations, and Sara Wilson, Government Relations Director; presented a legislative update. Mr. Perkins and Ms. Wilson shared about the NC Medicaid Managed Care, Standard Plan RFP (request for proposal), Hurricane Florence Recovery Package, and Election Day on November 6.</td>
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<td><strong>11. Chair’s Report</strong></td>
<td><strong>BOARD ACTION</strong>&lt;br&gt;The Board accepted the update.</td>
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<td>A. Crisis Services in Fayetteville, NC: Mr. Robinson shared about a recent decision that the board supported: to RFP crisis services provided by Cape Fear in Fayetteville, NC. This decision was made as part of the three-way agreement between Alliance, Cumberland County and Cape Fear, which included specific amounts and scope of work, and service metrics and goals. The building was given to Cape Fear by Cumberland County for the purpose of operating crisis services.</td>
<td><strong>BOARD ACTION</strong>&lt;br&gt;A motion was made by Mr. Pazzaglini to direct the CEO and/or Board Chair to draft a letter related to the following statement: Whereas the performance of Cape Fear as provider of crisis services in Fayetteville, NC, has not met quality of terms indicated in the contract and whereas community needs are unmet, and whereas Alliance will issue a RFP for crisis services, which is contingent upon access to the current crisis facility located in Fayetteville, Alliance is requesting a timely decision about the facility for crisis services at this location. Motion seconded by Mr. Bostock. Motion passed unanimously.</td>
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<td>B. Board Meeting in Johnston County: Chair Binanay discussed when the Board would hold a meeting in Johnston County.</td>
<td><strong>BOARD ACTION</strong>&lt;br&gt;A motion was made by Mr. Curro to move the December 6, 2018, Board meeting to the Johnston County, pending space availability; motion seconded by Mr. Pazzaglini. Motion passed unanimously.</td>
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<td><strong>12. Closed Session(s)</strong></td>
<td><strong>BOARD ACTION</strong>&lt;br&gt;A motion was made by Vice-Chair Corvin to enter closed session pursuant to NC § 143-318.11 (a) (1), (a) (3), and (a) (6) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1, to consult with General Counsel regarding current litigation, and to consider the qualifications, competence, and performance of an employee; motion seconded by Ms. Gloston. Motion passed unanimously.</td>
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<td>The Board returned to open session.</td>
<td><strong>13. Adjournment</strong>&lt;br&gt;All business was completed; the meeting adjourned at 6:40 p.m.</td>
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**Next Board Meeting**<br>**Thursday, December 06, 2018**<br>**4:00 – 6:00 pm**

Robert Robinson, Chief Executive Officer 12/6/2018
ITEM: Consumer and Family Advisory Committee (CFAC) Report

DATE OF BOARD MEETING: November 1, 2018

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

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

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

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

REQUEST FOR BOARD ACTION: Receive draft subcommittee minutes and supporting documents from the Steering Committee and the Durham, Wake and Johnston Committees for October. Cumberland County met after the deadline for submission of documents.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Dave Curro, CFAC Chair; Doug Wright, Director of Consumer Affairs
MEMBERS PRESENT: Connie King Jerome, Carole Johnson, Jason Phipps, David Curro, Steve Hill, Shirley Francis, Renee Lloyd, Tekeyyon Lloyd, Sharon Harris, Brianna Harris
BOARD MEMBERS PRESENT: None
GUEST(S): Rob Robinson, Alliance CEO, Brian Perkins, Alliance Government Relations
STAFF PRESENT: Doug Wright, Director of Individual and Family Affairs, Starlett Davis, Stacy Guse, Ramona Branch, Noah Swabe

Call your Dial-In Number: (605) 472-5464
Enter your Access Code: 289674.

1. WELCOME AND INTRODUCTIONS
2. REVIEW OF THE MINUTES – The minutes from the August 6, 2018, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Steve Hill and seconded by Jason Phipps to approve the minutes. Motion passed.

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<td>3. Medicaid Transformation</td>
<td>Rob Robinson, CEO Alliance Behavioral Healthcare and Brian Perkins, Alliance Government Relations gave a presentation on Medicaid Transformation Updates. The main points of this presentation:</td>
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<td></td>
<td>➢ Amends NC’s Medicaid Transformation Law by authorizing integration of behavioral health services into standard plans and creating behavioral health/IDD tailored plans</td>
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<td>➢ HB 403 solidifies future role of LME/MCOs in Medicaid Transformation</td>
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<td>➢ Medicaid Transformation Timeline</td>
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<td>➢ Establishes Tailored Plans to be operated by LME/MCOs that meet a readiness review as determined by DHHS</td>
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<td>➢ Moves Medicaid recipients with “mild-to-moderate” behavioral health needs under the Standard Plans</td>
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<td><strong>4. Public Comment</strong> Individual/Family Challenges and Solutions</td>
<td>David Curro mentioned the TelaPeer app available on the App store (Apple products only). This is an app that is transforming peer support conversations. It allows peer to peer support and shared experience conversations accessible, convenient and safe for anyone, anytime, and anywhere. Vaya Healthcare is doing a CFAC Retreat in early 2019 and Alliance CFAC has made a decision to do one as well. A planning committee was established at tonight's meeting. Those on the committee are: Jason Phipps, Carole Johnson and Dave Curro. During the next in- person meeting (Dec. 3) the date, time, and place will be confirmed, and an agenda for the retreat will be completed by January 2019. For those on the Innovations waiver: GTI is Alliance’s service provider for an Employer of Record (staffing agency that is</td>
<td>Ongoing</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>5. Alliance Individual and Family Handbook</td>
<td>Doug went over the new Individual &amp; Family Handbook, and will email to everyone. Please review and see if it makes sense and is “readable”. Please forward any comments or questions to Doug Wright, or your Individual and Family Engagement Specialist.</td>
<td>N/A</td>
<td>N/A</td>
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| 6. LME/MCO updates | Doug went over the LME/MCO updates handout. Topics discussed:  
- Standard Plan Request for Proposal  
- Alliance Cares  
- JIVA Staff Training  
- I2I Initiative on Community Inclusion  
- Transportation Pilot  
- Health Literacy | N/A | N/A |
| 7. Housing subcommittee – next steps | Feedback is needed from the CFAC Housing Committees that were established in the Individual county CFAC’s. This will be addressed during your Local CFAC meeting this month. | Discussed this month (Local CFAC) and reported during December meeting. | |
| 8. State Updates | N/A | | |
| 9. Subcommittees | Dave Curro asked for this to be considered a consent agenda item from now on. | N/A | N/A |

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<td>• Quality Management</td>
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<td>10. Announcements</td>
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11. **ADJOURNMENT: 7:05pm**

The next meeting will be December 3, 2018, at 5:30 p.m.

Respectfully Submitted by:

Ramona Branch

Date Approved
HB 403: Medicaid and BH Modifications

• June 15 – NC General Assembly passed HB403 (unanimous votes in both House and Senate)
• June 22 – Governor Cooper signed measure into law
• June 22 – NC DHHS issued report on BH I/DD Tailored Plan implementation
What Does HB 403 Do?

• Amends NC’s Medicaid Transformation law by authorizing:
  o Integration of behavioral health services into Standard Plans
  o Creation of BH I/DD Tailored Plans

• Defines and solidifies the future role of LME/MCOs in Medicaid Transformation
Types of NC Managed Care Plans

• Standard Plans
  o Serve most Medicaid enrollees, including adults and children
  o Provide integrated physical health, behavioral health, and pharmacy services at launch of Medicaid managed care program

• Tailored Plans
  o Specifically designed to serve special populations with unique health care needs
  o Provide integrated physical health, behavioral health, and pharmacy services
Medicaid Transformation Timeline

• Aug. 9, 2018 - DHHS released Standard Plan RFP
• Feb. 2019 - DHHS will award Standard Plan contracts
• Nov. 2019 – Standard Plans launch in Phase 1 regions
• Feb. 2020 – Standard Plans launch in Phase 2 regions
• Tailored Plan Readiness Reviews – projected mid-year 2020
• Tailored Plan Go-Live – July 2021
HB 403 – Key Points

• Establishes Tailored Plans to be operated by LME/MCOs that meet a readiness review as determined by DHHS

• Moves Medicaid recipients with “mild-to-moderate” behavioral health needs under the Standard Plans

• DHHS required to negotiate actuarial sound capitation rates for LME/MCOs based on their new consumer population
LME/MCO Contracts with Partnering Entities

• LME/MCOs operating Tailored Plans must contract with an entity that:
  ○ Holds a Prepaid Health Plan (PHP) license
  ○ Covers the services required under Standard Plans

• DHHS recommends that this partnering entity be one of the Standard Plans
Preparing for Medicaid Transformation

Nov. 2017 – Alliance created the Advancing NC Whole Health Coalition with Trillium Health Resources and Vaya Health

- Unified voice in advocating for the public BH healthcare system in Medicaid Transformation
- Enhanced statewide presence to preserve stability and continuity of care for consumers
- Establish a combined statewide provider network
- Greater negotiating position with strategic partners
Tailored Plan

DHHS

Direct contract

Alliance

BEHAVIORAL HEALTHCARE

Physical healthcare

Co-management

PH Partner
Management of Tailored Plan Members

Co-Managed Members

Remainder of Tailored Plan Members
Evaluating Physical Health Partners

• Expertise – Experience delivering physical health and pharmacy services under Medicaid

• Infrastructure – Established local physical health and pharmacy networks

• Innovation – Advanced data analytics and technology-enabled health services

• Competitive Advantage – Strong chance of winning Standard Plan contract
Next Steps

• Standard Plan procurement process continues
• Finalize agreements with physical health plan partners
• Continue developing internal integrated care talent/expertise
• Continue dialogue with DHHS regarding Tailored Plan implementation and readiness reviews
Next Steps

• Ongoing training/education of staff, Board, CFAC, county commissioners, providers and other stakeholders

• Continue workgroup meetings with experts from Coalition and physical health plan partners
MEMBERS PRESENT: ☒Steve Hill, ☒ Dave Curro, ☒ Tammy Shaw, ☐ Latasha Jordan, ☐James Henry, ☐ Joe Kilheimer, 
☐Trula Miles, ☐ Brenda Solomon, ☒Chris Dale ☒ Dan Shaw

BOARD MEMBERS PRESENT: None

GUEST(S): ☐ Tina Barnes, ☒ Susan Hertz

STAFF PRESENT: Doug Wright, Director of Individual and Family Affairs, Ramona Branch, Individual & Family Engagement Specialist

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the September 10, 2018, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Chris Dale and seconded by Dave Curro to approve the minutes. Motion passed.

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<td>3. Public Comments</td>
<td>Dave Curro commented on Alliance’s response to the victims of Hurricane Florence in Cumberland County. Steve Hill commented on TROSA’s role in Operation Air Drop and the recognition they received as an organization.</td>
<td>Ongoing</td>
<td>N/A</td>
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<td>4. Interest in Membership/Outreach</td>
<td>N/A</td>
<td>Ongoing</td>
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| 5. Medicaid Transformation Update Presentation | Doug Wright went over the presentation on Medicaid Transformation Updates. The main points of this presentation:  
- Amends NC’s Medicaid Transformation Law by authorizing integration of behavioral health services into standard plans and creating behavioral health/IDD tailored plans  
- HB 403 solidifies future role of LME/MCOs in Medicaid Transformation  
- Medicaid Transformation Timeline | Ongoing | Ongoing |

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<td>6. Housing Subcommittee</td>
<td>Establishes Tailored Plans to be operated by LME/MCOs that meet a readiness review as determined by DHHS</td>
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<td>Standard Plan procurement process continues</td>
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<td>Finalize agreements with physical health plan partners</td>
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<td>Continue developing internal integrated care talent/expertise</td>
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<td>Continue dialogue with DHHS regarding Tailored Plan implementation and readiness reviews</td>
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<td>Continue workgroup meetings with experts from Coalition and physical health plan partners</td>
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TCLI Feedback is needed from the subcommittee group. Since Trula Miles and Brenda Solomon were not in attendance this evening, this agenda item will be added to the December meeting. Information needed includes: What works, what does not work, values, etc. Please keep this in

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>mind the next couple of weeks and be prepared to discuss at the December meeting.</td>
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| 7. LME/MCO Updates | Dave Curro went over the CFAC Steering Committee updates. Those updates included the Medicaid Transformation presentation, and TCLI housing subcommittee.  
David Curro mentioned the TelaPeer app available on the App store (Apple products only). This is an app that is transforming peer support conversations. It allows peer to peer support and shared experience conversations accessible, convenient and safe for anyone, anytime, and anywhere.  
Wallet Cards: These cards were handed out everyone. Alliance designed these cards to hand out to providers so that they can give them to Individuals to keep track of medications, appointments, and questions for future visits. Please contact Ramona or Doug if you would like a Wallet Card. | Ongoing | Ongoing |
| 8. Event Planning/Announcements | The next Steering committee meeting will be held on November 5, 2018 @ 5:30pm. This is a call-in meeting.  
Our November CFAC Subcommittee meeting, scheduled for November 12, 2018 has been cancelled due to the | Ongoing | N/A |
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<td>Veterans Day Holiday. Our next meeting will be on December 10, 2018 @ 5:30pm.</td>
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<td>Alliance CFAC has decided to do a CFAC Retreat that will take place sometime in February 2019. If you have any suggestions for this event, please reach out to Ramona or Doug.</td>
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<td>The Annual Durham CFAC Event is in the planning stages and the group has decided to host a Community Outreach Event on Trauma Informed Care. Dave Curro will be coordinating this event with an educator in the community. More details and discussion on this event at the December meeting.</td>
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<td>T-shirts were distributed tonight. Ramona has them and will bring them to the next meeting in December. If you would like yours before then, please contact Ramona @ <a href="mailto:rbranch@alliancebhc.org">rbranch@alliancebhc.org</a>, or 919.651.8821</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Susan Hertz announced that there is a new app for Mental Health SOS. It includes:</td>
<td></td>
<td></td>
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<tr>
<td>‣ Peer Support via your Trusted Contacts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>‣ Simple message to take the guesswork out of asking for help</td>
<td></td>
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<tr>
<td>‣ Immediate help with notOK’s one tap solution</td>
<td></td>
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<tr>
<td>‣ Accurate GPS location</td>
<td></td>
<td></td>
</tr>
<tr>
<td>‣ Trusted contacts are not required to download app</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please visit: <a href="https://www.notokapp.com/">https://www.notokapp.com/</a> for more information.</td>
<td></td>
<td></td>
</tr>
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</table>

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:|

| 9. ADJOURNMENT: 7:10pm the next meeting will be December 10, 2018 at 5:30 p.m. | |

Respectfully Submitted by:

Ramona Branch, Individual & Family Engagement Specialist

Date Approved

10.09.2018
## REVIEW OF THE MINUTES

The minutes from the September 11, 2018, Wake Consumer and Family Advisory Committee (CFAC) Subcommittee meeting were reviewed; a motion was made by Israel Pattison and seconded by Connie King-Jerome to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Public Comments</td>
<td>Ms. Anna Cunningham discussed the upcoming ImaginAbility Conference scheduled for February 23, 2019 at Brooks Ave. Church of Christ. She encouraged members to attend and to pass on the information to others and encourage their attendance.</td>
<td>Consider registering for and attending the conference/pass on the information to interested individuals and families.</td>
<td>February 1, 2019</td>
</tr>
<tr>
<td>LME/MCO Updates 2018</td>
<td>Carole briefly talked about the steering committee and the decision to have a retreat in February or March. The Medicaid updates were presented and will be presented there tonight. Doug passed around a wallet card developed for individuals to use for information about their health, encouraging information, questions to ask, and medication list. Everyone liked the wallet cards.</td>
<td>Receive additional information about Medicaid transformation. Wallet cards to be distributed to providers at the all provider meeting this month.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Annual Event Planning</td>
<td>The group voted on and decided to show the move, “Resilience”. Everyone seem to agree that considering our audience, this was the best choice. Will still need to set a specific date and decide on food and the facilitation of that. “A Certain Proof” and “Generation Found” were the other two movies considered.</td>
<td>Purchase movie and viewing rights – Doug Set date and decide on food, etc. – Stacy, committee, and RCNC</td>
<td>October 31, 2018 Dec. 1, 2018</td>
</tr>
<tr>
<td>Medicaid Transformation Update</td>
<td>Doug presented the attached presentation on Medicaid transformation. There was lots of discussion and questions. Specific concerns around how people will move from a Standard plan to a Tailored Plan. How the funding will work while covering such a significantly smaller number of people. Questions were answered as best we could, acknowledging that there are some questions and challenges that need to be worked out.</td>
<td>Continue to receive regular updates on the process.</td>
<td>Ongoing</td>
</tr>
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</table>
**AGENDA ITEMS:**

<table>
<thead>
<tr>
<th>ITEM</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Training/Handout</td>
<td>Doug handed out and discussed briefly the flyer on getting a good night's sleep. Good information and encouragement.</td>
<td>Rest Well!</td>
<td>Daily</td>
</tr>
<tr>
<td>Event Planning</td>
<td>CFAC Retreat – The group discussed the retreat and had some suggestions to consider for activities: Family/Caregiver support, Benefits, Role Playing (Call center, Care coordination, providers, etc.) Israel, Carole, Connie and Megan all agreed to help with the planning of the retreat.</td>
<td>Doug to set up an email group for the retreat and help get the conversation started. Will try to do most meetings via email.</td>
<td>October 31, 2018</td>
</tr>
<tr>
<td>Announcements-Opportunities</td>
<td>Israel announce that Vickie Smith from Disability Rights was retiring and an event was being held in her honor in anyone was interested in attending. See DRNC website.</td>
<td>Consider participation</td>
<td></td>
</tr>
</tbody>
</table>

3. **ADJOURNMENT:** the next meeting will be November 13, 2018, at 5:30 p.m.

Respectfully Submitted by:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doug Wright</td>
<td></td>
</tr>
</tbody>
</table>
How many times did you hit the snooze button this morning? We all crave sleep, but too many nights we fall short of the seven or eight hours we need to thrive. An estimated 50 to 70 million Americans suffer from a chronic sleep disorder, according to the Institute of Medicine.

In today’s overscheduled society, sleep may feel like a luxury, when in fact it’s a necessity. Sleep is vital to our health, safety and overall well-being. Sleep recharges the brain, allowing it to learn and make memories. Insufficient sleep has been linked to car crashes, poor work performance, and problems with mood and relationships. Sleep deprivation also raises the risk of high blood pressure, heart disease, diabetes, obesity, depression and stroke.

Seeing a Psychologist About Sleep Disorders

In many cases, people experience insomnia because they develop a pattern of behavior that interferes with good sleep habits. Sleeping difficulties are often connected to underlying problems such as stress, depression or anxiety.

It is a good idea to consult with a physician or another medical professional to learn if medical issues may be contributing to your sleep difficulties and treat related medical problems. Seeing a psychologist may also help you address sleep problems. Psychologists can help people change their behaviors and manage the thoughts, feelings and emotions that can interfere with a healthy night’s sleep. Licensed psychologists have the professional training and skills to treat individuals suffering from depression and anxiety, which have been linked to sleep problems like insomnia.

In working with a psychologist, you can expect to talk about your overall physical and emotional health, as well as your health beliefs and behaviors. A psychologist will help you identify any underlying stressors and behaviors that may be interfering with sleep.

A psychologist may ask you to keep a sleep diary with information about your routines and behaviors. This can help the psychologist identify patterns of behavior that might be interfering with sleep. For instance, if you have a habit of exercising at night or watching TV in bed, your psychologist can help you take a look at how your routines impair sleep, and help you find alternatives. The psychologist may also teach you relaxation techniques to help you learn to quiet your mind and unwind before bed.

Understanding Insomnia

Insomnia is a common sleep disorder that occurs in 30 million Americans, according to the Institute of Medicine. A person with insomnia has trouble falling or staying asleep. When sleepless nights persist for longer than a month, the problem is considered chronic. Often, people with chronic insomnia see the problem come and go, experiencing several days of good sleep followed by a stretch of poor sleep.

Studies show that people with insomnia who learn to recognize and change stressful thoughts sleep better than those who take sleeping pills to treat their insomnia.

Whatever the cause, you’re more likely to rest if you adopt healthy sleep behaviors. Much like diet and exercise, sleep is a basic building block to health.
Sleeping Better

Consider the following steps that can be helpful in changing unhealthy habits and improving your sleep.

Create a relaxing sleep environment. Keep your bedroom dark, cool and as quiet as possible and keep electronics such as a computer, TV and phones out of your bedroom. Exposure to stimulating objects and lights from computer and TV screens can affect levels of melatonin, a hormone that regulates your body’s internal clock.

Don’t discuss or deal with stressful or anxiety-inducing situations right before bedtime. Just as exercise can increase energy levels and body temperature, discussing difficult topics will increase tension and may provoke a racing heartbeat. Protect the quality of your sleep by dealing with any stressful topics long before bedtime.

Set a sleep schedule. Maintain a regular sleep routine. Go to bed and get up at the same times each day, even on the weekends. Don’t go to bed too early. If you hit the sack before you’re sleepy, you may lie in bed awake and start to feel anxious. That will only make it more difficult to drift off.

Limit naps. Late afternoon naps can interfere with nighttime slumber.

Maintain a regular exercise routine. Research shows that exercise increases total sleep time, particularly the slow-wave sleep that’s important for body repair and maintenance. However, don’t exercise too late in the day. Working out close to bedtime can boost energy levels and body temperature, making it harder to fall asleep.

Avoid late night meals and alcohol consumption. Skip heavy meals before bed and limit alcohol. Even if a cocktail seems to help you fall asleep, it can interfere with sleep quality and disrupt sleep later in the night.

Curb nicotine and caffeine use. These stimulants can make it harder to fall asleep and stay asleep, especially if consumed late in the day.

Schedule downtime before bed. Setting aside time to unwind and quiet your mind will help you get into a sleepy state of mind. Meditating, doing breathing exercises, taking a bath and listening to relaxing music are great ways to calm down at night.

Don’t check the clock. Tallying how much sleep you’re losing can create anxiety and make it harder to fall asleep.

Take notes. If you can’t stop your stream of thoughts, get up and write them down. Tell yourself you can check the list in the morning, so there’s no need to keep worrying tonight.

DEPRESSION AND SLEEP

Depression is one of the most common mental illnesses. More than 16 percent of Americans experience major depressive disorder during their lifetime, according to the National Institute of Mental Health. And depression and sleep problems often go hand in hand.

Many people with depression experience hypersomnia, a condition in which they sleep more than normal. On the other end of the sleep spectrum, insomnia is also common among people with depression. In fact, research suggests that people with insomnia are 10 times as likely to suffer from clinical depression.

Some people develop sleep problems first, and then go on to experience depression. In others, depression occurs before signs of sleep disorders. In either case, sleep difficulty is just one of many reasons to seek treatment for depression.

Depressed people typically feel hopeless and guilty. They often lose interest in routine activities and withdraw from family and friends. They may have thoughts of suicide. Treatment can address both depression and the sleep problems that go along with it.
**MEMBERS PRESENT:** ☐ Jason Phipps, Cassandra Williams-Herbert, Dorothy Best, Albert Dixon, Leanna George, LaDeana Dexter

**BOARD MEMBERS PRESENT:** None

**GUEST(S):** CJ Lewis, Human Services Consultant II, NC DHHS

**STAFF PRESENT:** Doug Wright, Director of Individual and Family Affairs, Noah Swabe, Individual and Family Engagement Specialist, Rebecca Fescina, Community Education Specialist

### 1. WELCOME AND INTRODUCTIONS

### 2. REVIEW OF THE MINUTES – The minutes from the August 21, 2018, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by LaDeana Dexter and seconded by Leanna George to approve the minutes. Motion passed.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>3. Public Comment</td>
<td>Community Education Specialist, Becky Fescina introduced herself and explained her role. Becky discussed upcoming events and how CFAC could possibly assist in the events. Informed the CFAC on upcoming events Mule Days 10-27-18, Turkey Trot 11-17-18, and Gobble Wobble 11-17-18. Becky briefly discussed a grant awarded to Johnston County Schools and Alliance for suicide prevention.</td>
<td>CFAC members can contact Noah Swabe to coordinate assisting with upcoming events.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>4. Community Events/Outreach-Becky Fescina</td>
<td>Consolidated Handbook with Coalition the link has been sent to all members of the CFAC. Doug Wright explained Alliance has worked with the coalition to make the Individual and Family Handbooks as close to each other as possible. Giving members continuity. Members were encouraged to review the handbook and send comments to Doug Wright. Jason Phipps offered feedback on the handbook. Jason made a few suggestions on wording of certain sections. The CFAC did reiterate the need for 24 hour crisis services in Johnston County. Also a need for a detox facility in Johnston County. Ladeana asked about transportation resources and if the resource for Johnston County was also JCATS. Ladeana explained there have been major problems with JCATS. Ladeana explained members of the community have lost their provider due to JCATS lack of organization and not keeping appointments. Doug Wright encouraged members of the community do file a complaint with JCATS. Doug also</td>
<td>Members will review the handbook and send any comments or concerns to Doug Wright. If a grievance needs to be filed members can contact Noah Swabe to file grievance.</td>
<td>Ongoing</td>
</tr>
<tr>
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<tr>
<td>6. State Updates</td>
<td>CJ Lewis of Department of Health and Human Services discussed the draft service definition for Peer Support and Family Peer Support. Informed CFAC members on upcoming open forums about family peer support draft.</td>
<td>CJ will send information to Noah Swabe to be sent out to the CFAC.</td>
<td>11-20-18</td>
</tr>
<tr>
<td>7. LME/MCO Updates</td>
<td>Medicaid Transformation - See training</td>
<td>Continue to update CFAC</td>
<td>Ongoing</td>
</tr>
<tr>
<td>8. Johnston County Charter Draft/Housekeeping</td>
<td>Review Draft Charter submitted by Jason Phipps. CFAC members reviewed the draft. There was some question and need for clarification on the roles of Chair and Co-Chair. It was the understanding that the chair and co-chair worked together as equals. That no one chair had more power than the other. There were some feelings that this system was no longer being followed and that the chair had more power than the co-chair. Members agreed that the chair and co-chair are equal. Members discussed ways to more effectively communicate. The draft was accepted pending a change in wording on officers.</td>
<td>Members will work on communicating effectively through email and phone. All members will be included in all conversations.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>9. Fall Community Outreach</td>
<td>The CFAC wants to host a post-holiday event. Focused on managing stress following the holidays. It was agreed to look into dates 1-19-19 and 1-26-18. The venue will be the Medical Mall pending availability. CFAC will work with the Johnston County Child Community Collaborative on the event. Discussion will continue on possibly showing a movie, providing food, and possible activities.</td>
<td>Noah Swabe will check the availability of the Medical Mall on the dates decided. Cassandra will discuss the event with the Child Collaborative. Members will continue discussion about event details throughout the month.</td>
<td>11-20-18</td>
</tr>
<tr>
<td>10. Training</td>
<td>Medicaid Transformation - Doug Wright Director of Individual and Family Affairs discussed Medicaid transformation. Reviewed a presentation given by Alliance CEO Rob Robinson at the Alliance CFAC Steering Committee meeting. Explained relationships between Alliance and commercial plans. Reviewed the expected time line of implementation on standard and tailored plans.</td>
<td>Alliance staff will continue to update the CFAC on Medicaid transformation as it develops.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>11. Announcements</td>
<td>Dorothy Best and Albert Dixon discussed a situation within their community. Dorothy and Albert along with several residents have discussed the situation with the provider.</td>
<td>Noah will follow up with Dorothy and Albert. Noah will gather information</td>
<td>10-19-18</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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<tr>
<td>parties report nothing has been done about the situation. Doug Wright encouraged Dorothy and Albert to contact Noah Swabe and file a grievance against the provider.</td>
<td>and file grievance against the provider.</td>
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12. **ADJOURNMENT:** Motioned by Ladeana, Seconded by Leanna
13. **Next Meeting:** November 20, 2018, at 5:30 p.m.
14. **Schedule:**
   - December 18, 2018 at 5:00pm
   - January 15, 2019 at 5:00 p.m.
   - February 19, 2019 at 5:00 p.m.
   - March 19, 2019 at 5:00 p.m.
   - April 16, 2019 at 5:00 p.m.
   - May 21, 2019 at 5:00 p.m.
   - June 18, 2019 at 5:00 p.m.

Respectfully Submitted by:
Name, Purpose, Membership and Objectives/Activities

1. **NAME:** The name of this sub-committee of the Alliance CFAC, shall be The Alliance Johnston Consumer and Family Advisory Committee (CFAC). Referred to hereafter as Johnston CFAC.

2. **PURPOSE:** The Johnston CFAC shall support the work of the Alliance CFAC and Alliance BHC to help improve the local service provisions and array. Johnston CFAC is responsible for gathering information, disseminating information, and reporting to Alliance CFAC Steering Committee concerns specific to Johnston County and overall system concerns regarding the following statutory requirements:
   i. Review, comment on, and monitor the implementation of the local business plan.
   ii. Identify service gaps and underserved populations.
   iii. Make recommendations regarding the service array and monitor the development of additional services.
   iv. Review and comment on the area authority or county program budget.
   v. Participate in all quality improvement measures and performance indicators.
   vi. Submit to the State Consumer and Family Advisory Committee findings and recommendations regarding ways to improve the delivery of mental health, developmental disabilities, and substance use disorders.

3. **MEMBERSHIP:** Members must be consumers or former consumers of Mental Health, Intellectual/Developmental Disabilities or Substance Use Disorder Services in Johnston County, or a family member of such a consumer.
   a. **Conflict of Interest:** Every member will be required to complete and sign a “Conflict of Interest Disclosure Statement” annually and voluntarily update it as needed. Conflict of interest is a situation in which the personal or professional concerns of a committee member affect his or her ability to put the welfare of the committee or the organization before their personal/professional benefit.
   b. **Committee Membership:** Candidates must attend at least two (2) consecutive meetings and express an interest in becoming a member. The candidate will present themselves to the Johnston CFAC for membership and the Johnston CFAC will vote on the candidate.
   c. **Member Duties/Responsibilities**
      i. Members are responsible for promoting Johnston CFAC, community outreach, and recruit new members as needed.
         i. Members are responsible for arranging their own transportation to all events, meetings, workshops, etc.
         ii. Members are responsible for being prepared to actively participate in each meeting, to the best of their ability, by reading materials that may have been distributed prior to the meeting.
         iii. Members are responsible to notify the chair, co-chair, or secretary in the event he or she is unable to attend the regular monthly Committee meeting.
         iv. The Johnston CFAC will be comprised of current or past consumers and family members representing: As closely as possible equally the disability groups, and the needs of child consumers and family members and adult consumers, and the race and ethnic composition of the catchment area.
   a. **TERMS:** Terms of serving on the Johnston CFAC shall be for three, three year consecutive terms or a total of nine consecutive years.
      i. Resignation of members. Any member may resign in writing to either of the committee officers. The resignation will be effective upon delivery to the co-chair.
THE ALLIANCE JOHNSTON COUNTY
CONSUMER AND FAMILY ADVISORY COMMITTEE (CFAC)

CHARTER DRAFT VERSION #2

ii. Meeting Requirements. Any member missing three consecutive meetings without cause or notification of the Chair, Co-chair, or Secretary may be subject to removal from the Committee.

iii. Committee Composition (numbers). The Johnston CFAC shall comprise of members that reside in Johnston County, who are eighteen years of age and older. Every effort will be made to recruit members to achieve equal representation across all three disciplines (MH, IDD, and SUD). Members of the public are welcome and will be encouraged to attend and participate.

iv. Special Circumstances – If a committee member has reached the limit of service, nine consecutive years, and wishes to continue to serve on CFAC they must withdraw from the committee for a minimum of one month. The member will then be eligible to re-apply for committee membership. The request will be reviewed at the next CFAC general meeting where the other members will vote on reinstating the member making the request. If the member rotating off of the committee serves on any sub-committees or represents Johnston County CFAC in the community or is an officer of the CFAC committee, those activities would also have to be suspended while not on the committee. If the applicant wishes to continue in those roles in the community, the CFAC membership would need to confirm those appointments.

The Johnston CFAC will achieve their responsibility by doing the following:

i. Hosting at least one community wide forum to receive input about the Mental Health, Intellectual and Developmental Disability, and Substance Use Disorder Service System.

ii. Participate in community events with the Alliance Community Relations Department at least three times per year.

iii. Recruit new members for CFAC

iv. Receive training and/or presentations from Alliance staff or provider agencies around relevant information and services.

v. Annually in June elect a Chairperson and Co-Chairperson to facilitate the meetings and lead their efforts.

Officers
1. OFFICERS: Officers of the Committee will be the Executive Committee consisting of:
   a. Chairperson
   b. Co-Chair
   c. Secretary - Maybe elected from the current membership or assumed by Alliance support staff.

2. OFFICER DUTIES
   a. Chair acts as presiding officer of the Committee.
   b. Co-Chair shall act as presiding officer of the committee if the Chair is unavailable.
   c. Secretary records and maintains minutes of all meetings.

3. Election and term of office. Officers of the Johnston CFAC will be elected by a majority vote of the Committee at a regular meeting of the Committee preceding the next fiscal year (beginning July 1). An officer will hold office for a term of two years, coinciding with the fiscal year of July 1st—June 30th or until the successor of such office will have been duly elected and qualified, or until the death, resignation, disqualification, or removal from office of such offer. An officer may not hold office for more than two consecutive terms.
The chair shall appoint a Committee on Nominations that will nominate Committee Officers and present the nominations to the Committee prior to the expiration of the terms of Committee officers, or upon the occurrence of vacancies.

Removal of Officers. Any officer of the Committee may be removed with or without cause, by vote of a majority of the Committee, at a special meeting called for such purpose.

Resignation of Officers. Any officer of the Committee, may resign by giving written notice thereof to the Chair.

Special allowances. The terms of office may be extended for one additional term, if no successor has been identified within the membership, and approved of the membership by a simple majority.

Meetings

1. On the third (3rd) Tuesday of each month at 521 North Brightleaf Boulevard, Smithfield, NC 27577.
2. The Chairperson will construct an agenda with the assistance from Alliance BHC Staff.
3. A quorum will consist of 50% of membership present (either in person or on the phone).
4. The Chairperson or Designee will facilitate the meeting.
5. The Chairperson will encourage attendance of the Alliance CFAC meetings either in person or by teleconference.
6. Steering Committee Meetings will be held monthly alternating from telephonic and in person/teleconference on the first Monday of each month. The chair and one or two other members will participate either in person or via teleconference.

Committees

The chair or co-chair may appoint members to represent the Johnston CFAC on local committees in the community that they feel the presence of CFAC members would be beneficial. Members representing CFAC by such an appointment are eligible for a stipend consistent with Alliance policy.

Stipends/Mileage/Conferences

1. Johnston CFAC members may receive a stipend, as detailed in Alliance Operational Procedure #3501 - CFAC Stipends.
2. Community Events/Outreach: CFAC members who participate in special events will receive a stipend with the understanding he/she will be required to staff the event table/booth for a minimum two-hour shift not including set up and dismantling.
3. Conferences, seminars, workshops, or classes.
   a. Members will not receive a stipend to attend conferences, seminars, workshops, or classes paid for and approved by the Alliance CFAC and Alliance BHC management.
   b. Members will receive mileage at the Alliance reimbursement rate from 521 North Brightleaf Boulevard to attend a conference, seminar, and workshop or class paid for and approved by the Alliance CFAC and Alliance BHC management.
   c. Members are responsible to register, if at all possible, during early bird registration and participation must be approved by the Alliance CFAC and Alliance BHC management. Members must attempt to apply for a scholarship if offered. Event attendees are responsible to notify a member of the Executive Committee as soon as possible if they are unable to attend the event for any reason.
d. Event attendees are responsible upfront for their own transportation, meals, parking fees, and accommodations unless provided by the event. Receipts must be presented for reimbursement of parking fees, breakfast, lunch, and dinner. Reimbursement is at NC State allowed rates.

e. Late registration must be approved by the Alliance CFAC and Alliance BHC management, with the understanding that the attendee may have to pay for the event fee out of their personal funds. Reimbursement will follow as soon as possible.

f. Event attendees are responsible to provide a report and/or handouts at the following regularly scheduled Alliance CFAC Steering Committee meeting so that the information can shared with all of Alliance’s CFAC members.
ITEM: Finance Committee Report

DATE OF BOARD MEETING: November 1, 2018

BACKGROUND: The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Board. The Finance Committee meets monthly at 2:30 p.m. prior to the regular Board Meeting. This month’s report includes the draft minutes from the October 4, 2018, meeting, the Statement of Net Position, budget to actual report and ratios for the period ending September 30, 2018, and recommendations to the Board to approve all presented contracts over $250,000.

REQUEST FOR BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Chris Bostock, Committee Chair; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer
Finance Committee Meeting
Thursday, November 1, 2018
2:30-4:00 pm

AGENDA

1. Review of the Minutes – October 4, 2018

2. Monthly Financial Reports as of September 30, 2018
   a. Summary of Savings/(Loss) by Funding Source
   b. Statement of Revenue and Expenses (Budget & Actual)
   c. Senate Bill 208 Ratios
   d. DMA Contractual Ratios

3. Non-Medicaid Report as of September 30, 2018

4. Approval of Contract(s)

5. Adjournment
1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the September 6, 2018, meeting were reviewed; a motion was made by Mr. Gino Pazzaglini and seconded by Mr. Lascel Webley to approve the minutes. Motion passed unanimously.

AGENDA ITEMS: DISCUSSION: NEXT STEPS: TIME FRAME:

3. Monthly Financial Reports The monthly financial reports were discussed which includes the Summary of Savings/(Loss) by Funding Source, the Statement of Revenue and Expenses, Senate Bill 208 Required Ratios, and DMA Contract Ratios as of August 31, 2018. Ms. Pacholke discussed the monthly reports. We have a loss of $4,305,000 year to date. A portion of this is due to large recoupments from Medicaid, which were made in error. The State is working on correcting them and expects the adjustments to be on the October file. As of August 31, 2018, we need approximately $3,100,000 from fund balance to offset the state loss. The loss will continue to grow during FY19 due to legislative cuts. Alliance is meeting all SB208 and DMA contractual ratios.

4. Contract(s) Approval Ms. Pacholke went over three contracts that are over $250,000, which need Board approval in accordance with policy G-10. After review of the proposed contracts the following motions were made to recommend to the Board:
   a. A motion was made by Mr. Lascel Webley and seconded by Chair Cynthia Binanay to recommend approving a $320,000 contract with Prest Associates for peer review services. The motion passed unanimously.
   b. A motion was made by Mr. Lascel Webley and seconded by Mr. Gino Pazzaglini to recommend authorizing the CEO to enter into a contract for audio visual equipment and installation at 5200 W. Paramount Parkway, Morrisville, NC in an amount not to exceed $410,000 in accordance with GS-143-129(e)(3). The motion passed unanimously.
   c. A motion was made by Mr. Lascel Webley and seconded by Chair Cynthia Binanay to recommend authorizing the CEO to enter into a contract for mental health outreach and supportive counseling for survivors of Hurricane Florence in an amount not to exceed $600,000 after formally bidding out the services in accordance with Uniform Guidance unless an exception

Present three recommendations to the Board for approval. 10/4/18 Board Meeting

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
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<tbody>
<tr>
<td>5. Financial Review</td>
<td>Ms. Goodfellow and Ms. Pacholke presented a financial review that included:</td>
<td>Present three recommendations to the Board for approval.</td>
<td>10/4/18 Board Meeting</td>
</tr>
<tr>
<td></td>
<td>1. Summary of June 30, 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Alliance focused on three objectives during the year. 1) Do not grow fund balance, 2) Be more aggressive with non-Medicaid spending so we can utilize more of Wake County allocated funds and 3) Spend all of the Alliance held Cumberland Fund Balance. All three objectives were met during the year. As of June 30, 2018 Alliance has a loss of $8,655,808. This brings total fund balance from $121,591,747 to $112,935,938.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Reinvestment Plan Recommendations</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. In recommending a reinvestment plan we looked at finding a way to combine the following: a realistic reinvestment plan with, minimal detriment to the solvency standards with, continued investment to meet community needs and, tailored plan implementation investment and, avoid significant loss over the next two fiscal years.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Option 1 had a reinvestment plan of $41.4M and we were below the higher and lower solvency range. This would potentially cause Alliance to receive a corrective action to save more.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Option 2 had a reinvestment plan of $18.7 and we were in between the solvency standard ranges.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Option 2 was recommended, however it was discussed that both options have a negative financial forecast by fiscal year 2021.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. A motion was made by Chair Cynthia Binanay to commit $46,918,513 as of 6/30/18 which includes:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. $18,769,500 Reinvestment Plan (1 year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. $25,141,196 Legislative Reductions (1 year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. $3,007,817 Intergovernmental Transfer (1 year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. A motion was made by Mr. Lascel Webley and seconded by Chair Cynthia Binanay to submit $41,539,500 three year reinvestment plan to DMA which includes:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. $18,769,500 (Year 1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. $11,335,000 (Year 2)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Item b. is an allowable exception to formal bidding law. We are procuring through TiPS-USA as the group purchasing program. Item c. currently falls under Uniform Guidance requirements, however the State has stated they are working with FEMA on an exception.
6. **ADJOURNMENT**: next meeting will be November 1, 2018, from 2:30 p.m. to 4:00 p.m.

Respectfully Submitted by:

Sara Pacholke, SVP-Financial Operations  
Date Approved
### ASSETS

**Current Assets**
- Cash and cash equivalents: $27,082,422.93
- Restricted cash: 0.00
- Short term investments: 59,445,582.03
- Due from other governments: 18,562,933.17
- Accounts receivable, net of allowance for uncollectible accounts: 34,910.58
- Sales tax refund receivable: 178,869.88
- Prepaid expenses: 2,505,523.61
- **Total Current Assets**: $107,810,242.20

**Noncurrent Assets**
- Restricted Cash: 45,101,707.77
- Other assets: 416,882.14
- Capital assets, net of accumulated depreciation: 4,526,437.15
- Deferred Outflows of Resources: 6,347,979.30
- **Total Other Assets**: $56,393,006.36

**Total Assets**: $164,203,248.56

### LIABILITIES

**Current Liabilities**
- Accounts Payable and Other Current Liabilities: 3,083,679.90
- Claims and other service liabilities: 43,645,082.17
- Unearned Revenue: 2,629,230.11
- Current portion of accrued vacation: 624,208.01
- Other Current Liabilities: 984,530.17
- **Total Current Liabilities**: $50,966,730.36

**Noncurrent Liabilities**
- Net Pension Liability: 7,133,553.00
- Accrued Vacation: 1,168,450.77
- Deferred Inflows of Resources: 201,921.00
- **Total Long-Term Liabilities**: $8,503,924.77

**Total Liabilities**: $59,470,655.13

### NET POSITION

- Capital Assets at Beginning of Year: 4,409,429.01
- Restricted: 43,027,793.18
- Unrestricted: 65,498,716.79
- **Net Revenue over Expenses**: ($8,203,345.55)
- **Current Year Change in Net Position**: ($8,203,345.55)
- **Total Net Position**: $104,732,593.43
- **Total Liabilities and Net Position**: $164,203,248.56
### Summary of Savings/(Loss) by Funding Source as of September 30, 2018

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Fund Balance</th>
<th>Revenue</th>
<th>Expense</th>
<th>Savings/(Loss)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Waiver Services</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$(4,257,678)</td>
</tr>
<tr>
<td>Federal &amp; State Grants</td>
<td>4,057,431</td>
<td>8,846,486</td>
<td>12,903,917</td>
<td>0</td>
</tr>
<tr>
<td>Local Grants</td>
<td>-</td>
<td>8,466,792</td>
<td>8,472,800</td>
<td>$(6,008)</td>
</tr>
<tr>
<td>Administrative</td>
<td>-</td>
<td>14,241,319</td>
<td>14,123,547</td>
<td>117,772</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$4,057,431</td>
<td>$125,013,219</td>
<td>$133,216,565</td>
<td>$(4,145,915)</td>
</tr>
</tbody>
</table>

- Less Amount from Fund Balance: $ (4,057,431)
- Net Savings/(Loss): $ (8,203,346)

### Fund Balance as of September 30, 2018

<table>
<thead>
<tr>
<th>Fund Category</th>
<th>June 30, 2018</th>
<th>Change</th>
<th>September 30, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment in Fixed Assets</td>
<td>4,409,429</td>
<td>117,008</td>
<td>4,526,437</td>
</tr>
<tr>
<td>Restricted - Risk Reserve</td>
<td>43,027,793</td>
<td>2,073,914</td>
<td>45,101,708</td>
</tr>
<tr>
<td>Restricted - Other</td>
<td>9,489,261</td>
<td>1,866,429</td>
<td>11,355,690</td>
</tr>
<tr>
<td>Committed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legislative Reductions</td>
<td>25,141,196</td>
<td>(4,057,431)</td>
<td>21,083,765</td>
</tr>
<tr>
<td>Intergovernmental Transfer</td>
<td>3,007,817</td>
<td>(751,954)</td>
<td>2,255,863</td>
</tr>
<tr>
<td>Reinvestment</td>
<td>18,769,500</td>
<td>(295,426)</td>
<td>18,474,074</td>
</tr>
<tr>
<td><strong>Total Committed</strong></td>
<td>46,918,513</td>
<td>(5,104,811)</td>
<td>41,813,702</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>9,090,942</td>
<td>(7,155,886)</td>
<td>1,935,056</td>
</tr>
<tr>
<td><strong>Total Fund Balance</strong></td>
<td>112,935,938</td>
<td>(8,203,346)</td>
<td>104,732,593</td>
</tr>
</tbody>
</table>
### Statement of Revenue and Expenses (Budget and Actual) - As of September 30, 2018

<table>
<thead>
<tr>
<th></th>
<th>Original Budget</th>
<th>Current Period</th>
<th>Q1</th>
<th>Year to Date</th>
<th>Balance</th>
<th>% Received/Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Grants</td>
<td>$39,827,390.00</td>
<td>$3,742,671.97</td>
<td>$8,466,791.72</td>
<td>$8,466,791.72</td>
<td>$31,360,598.28</td>
<td>21.26%</td>
</tr>
<tr>
<td>State &amp; Federal Grants</td>
<td>43,802,180.00</td>
<td>2,652,258.29</td>
<td>8,846,485.71</td>
<td>8,846,485.71</td>
<td>34,955,694.29</td>
<td>20.20%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>362,034,028.76</td>
<td>31,206,225.52</td>
<td>93,458,622.95</td>
<td>93,458,622.95</td>
<td>268,575,405.81</td>
<td>25.81%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$445,663,598.76</td>
<td>$37,601,155.78</td>
<td>$110,771,900.38</td>
<td>$110,771,900.38</td>
<td>$334,891,698.38</td>
<td>24.86%</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Administration</td>
<td>437,754.19</td>
<td>33,274.00</td>
<td>99,820.71</td>
<td>99,820.71</td>
<td>337,933.48</td>
<td>22.80%</td>
</tr>
<tr>
<td>LME Administrative Grant</td>
<td>4,359,385.00</td>
<td>363,283.00</td>
<td>1,089,849.08</td>
<td>1,089,849.08</td>
<td>3,269,535.92</td>
<td>25.00%</td>
</tr>
<tr>
<td>Medicaid Waiver Administration</td>
<td>49,368,276.65</td>
<td>4,253,890.65</td>
<td>12,741,941.97</td>
<td>12,741,941.97</td>
<td>36,626,334.68</td>
<td>25.81%</td>
</tr>
<tr>
<td>Miscellaneous Revenue</td>
<td>500,000.00</td>
<td>102,071.70</td>
<td>309,706.87</td>
<td>309,706.87</td>
<td>190,293.13</td>
<td>61.94%</td>
</tr>
<tr>
<td><strong>Total Administrative Revenue</strong></td>
<td>$54,665,415.84</td>
<td>$4,752,519.35</td>
<td>$14,241,318.63</td>
<td>$14,241,318.63</td>
<td>$40,424,097.21</td>
<td>26.05%</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>$500,329,014.60</td>
<td>$42,353,675.13</td>
<td>$125,013,219.01</td>
<td>$125,013,219.01</td>
<td>$375,315,795.59</td>
<td>24.99%</td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Services</td>
<td>$39,827,390.00</td>
<td>$3,742,671.97</td>
<td>$8,466,791.72</td>
<td>$8,466,791.72</td>
<td>$31,360,598.28</td>
<td>21.27%</td>
</tr>
<tr>
<td>State &amp; Federal Services</td>
<td>43,802,180.00</td>
<td>2,652,258.29</td>
<td>8,846,485.71</td>
<td>8,846,485.71</td>
<td>34,955,694.29</td>
<td>20.20%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>362,034,028.76</td>
<td>31,206,225.52</td>
<td>93,458,622.95</td>
<td>93,458,622.95</td>
<td>268,575,405.81</td>
<td>25.81%</td>
</tr>
<tr>
<td><strong>Total Service Expenses</strong></td>
<td>$445,663,598.76</td>
<td>$37,601,155.78</td>
<td>$110,771,900.38</td>
<td>$110,771,900.38</td>
<td>$334,891,698.38</td>
<td>24.86%</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational</td>
<td>7,011,007.67</td>
<td>1,103,205.08</td>
<td>1,974,721.02</td>
<td>1,974,721.02</td>
<td>5,036,286.65</td>
<td>28.17%</td>
</tr>
<tr>
<td>Salaries, Benefits, and Fringe</td>
<td>40,203,716.73</td>
<td>4,008,678.18</td>
<td>11,353,127.34</td>
<td>11,353,127.34</td>
<td>28,850,589.39</td>
<td>28.24%</td>
</tr>
<tr>
<td>Professional Services</td>
<td>6,950,691.44</td>
<td>337,916.70</td>
<td>795,698.68</td>
<td>795,698.68</td>
<td>6,154,992.76</td>
<td>11.45%</td>
</tr>
<tr>
<td>Miscellaneous Expense</td>
<td>500,000.00</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>500,000.00</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Administrative Expenses</strong></td>
<td>$54,665,415.84</td>
<td>$4,752,519.35</td>
<td>$14,241,318.63</td>
<td>$14,241,318.63</td>
<td>$40,424,097.21</td>
<td>26.05%</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$500,329,014.60</td>
<td>$46,251,972.37</td>
<td>$133,216,564.56</td>
<td>$133,216,564.56</td>
<td>$367,112,450.04</td>
<td>26.63%</td>
</tr>
</tbody>
</table>

**CHANGE IN NET POSITION**

|                | ($3,898,297.24) | ($8,203,345.55) | ($8,203,345.55) |
**Senate Bill 208 Ratios - As of September 30, 2018**

### Current Ratio

**Current Ratio** = Compares current assets to current liabilities. Liquidity ratio that measures an organization’s ability to pay short term obligations. The requirement is 1.0 or greater.

#### Current Ratio Graph

![Current Ratio Graph]

### Percent Paid

**Percent Paid** = Percent of clean claims paid within 30 days of receiving. The requirement is 90% or greater.

#### Percent Paid Graph

![Percent Paid Graph]
**Defensive Interval** = Cash + Current Investments 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 requirement is 30 days or greater.

**Medical Loss Ratio (MLR)** = Total Services Expenses plus Administrative Expenses that go towards directly improving health outcomes divided by Total Medicaid Revenue. The requirement is 85% or greater cumulative for the rating period (7/1/17-6/30/18).
ITEM: Draft Minutes from the October 4, 2018, Board Meeting

DATE OF BOARD MEETING: November 1, 2018

REQUEST FOR BOARD ACTION: Approve the draft minutes from the October 4, 2018, meeting.

CEO RECOMMENDATION: Approve the minutes.

RESOURCE PERSON(S): Robert Robinson, CEO; Veronica Ingram, Executive Assistant II
MEMBERS PRESENT: ☒Glenn Adams, Cumberland County Commissioner, JD (via phone), ☒Cynthia Binanay, Chair, MA, BSN, ☒Christopher Bostock, BSIM, ☒Heidi Carter, Durham County Commissioner, MPH, MS (via phone; exited at 5:17 pm), ☒George Corvin, Vice-Chair, MD, ☒David Curro, BS, ☒Greg Ford, Wake County Commissioner, MA, ☒Lodies Gloston, MA (via phone), ☒Duane Holder, MPA (via phone), ☒Curtis Massey, JD, ☒Donald McDonald, MSW (entered at 4:09 pm), ☒Gino Pazzaglini, MSW, ☒Pam Silberman, JD, DrPH, ☒Lascel Webley, Jr., MBA, MHA (entered at 5:00 pm), and ☒McKinley Wooten, Jr., JD

GUEST(S) PRESENT: Janet Conner-Knox, A Caring Heart, LLC; Denise Foremen, Wake County Manager’s Office; Yvonne French, NC DMH (Department of Mental Health); and Mary Hutchings, Wake County Finance Department

ALLIANCE STAFF PRESENT: Damali Alston, Director of Network Evaluation; Michael Bollini, Executive Vice-President/Chief Compliance Officer; Joey Dorsett, Senior Vice-President/Chief Information Officer; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Amanda Graham, Senior Vice-President/Operational Effectiveness; Veronica Ingram, Executive Assistant II; Ken Marsh, Medicaid Program Manager; Beth Melcher, Executive Vice-President/Care Management; Ann Oshel, Senior Vice-President/Community Relations; Sara Pacholke, Senior Vice-President/Financial Operations; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Monica Portugal, Chief Compliance Officer; Robert Robinson, Chief Executive Officer; Sara Wilson, Government Relations Director; Carol Wolff, General Counsel; and Doug Wright, Director of Individual and Family Affairs

1. CALL TO ORDER: Chair Cynthia Binanay called the meeting to order at 4:02 p.m.

AGENDA ITEMS:  

<table>
<thead>
<tr>
<th>DISCUSSION:</th>
</tr>
</thead>
</table>

2. Announcements

A. Matrix: Ms. Ingram distributed a form to board members. Chair Binanay asked Board members to complete this form noting areas of expertise and community connections; she asked that Board members return completed forms to Ms. Ingram.

B. All-Staff Training on September 28: Mr. Robinson provided an update from the recent all-staff training; he mentioned that the training theme was change management.

C. Cape Fear: Mr. Robinson mentioned that conversations are continuing with key stakeholders regarding use of facility-based crisis services in Cumberland County.

3. Agenda Adjustments

There were no adjustments to the agenda.

4. Public Comment

There were no public comments.

5. Committee Reports

A. Consumer and Family Advisory Committee – page 4

The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Durham, Wake, Cumberland and Johnston Counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services. This month’s report included draft minutes from the Durham and Wake Subcommittee meetings.

Dave Curro, CFAC Chair, presented the report. Mr. Curro expressed concerns for and extended condolences to those affected by Hurricane Florence. Additionally, he shared that CFAC members will utilize CFAC T-shirts during community events. He shared about ongoing education about the Department of Social Services (DSS) and accessing benefits through DSS. The CFAC report is attached to and made part of these minutes.

BOARD ACTION

The Board received the report.
**AGENDA ITEMS:**

<table>
<thead>
<tr>
<th>B. Finance Committee – page 71</th>
</tr>
</thead>
<tbody>
<tr>
<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 September 6, 2018, meeting; the budget to actual report and ratios for the period ending August 31, 2018; and recommendations to the Board to approve all presented contracts over $250,000.</td>
</tr>
</tbody>
</table>

Chris Bostock, Committee Chair, presented the report. Mr. Bostock noted a year-to-date (YTD) loss of 4.3 million primarily due to the reduction in State Single Stream funding. He shared that State mandated ratios were met. He mentioned that per Alliance Policy G-10: Delegation to the CEO, the Finance Committee provides preliminary review of contracts over a specified amount; Mr. Bostock provided the Finance Committee’s recommendation for three contracts. The Finance Committee report is attached to and made part of these minutes.

**BOARD ACTION**

A motion was made by Mr. Massey to authorize the CEO to enter into a contract with PREST Associates for $320,000 for peer review services; motion seconded by Mr. Wooten. Motion passed unanimously.

A motion was made by Dr. Silberman to authorize the CEO to enter into a contract for audio-visual equipment and installation at 5200 West Paramount Parkway, Morrisville, NC in an amount not to exceed $410,000 in accordance with NC GS 143-129 (e) (3); motion seconded by Mr. Curro. Motion passed unanimously.

A motion was made by Mr. Bostock to authorize the CEO to enter into a contract for mental health outreach and supportive counseling services for those impacted by Hurricane Florence in an amount not to exceed $600,000 after formally bidding out the services in accordance with uniform guidance unless an exception applies, in anticipation of receiving an allocation letter; motion seconded by Dr. Silberman. Motion passed unanimously.

<table>
<thead>
<tr>
<th>6. Consent Agenda</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Draft Minutes from September 6, 2018, Board Meeting – page 79</td>
</tr>
<tr>
<td>B. County Commissioners Advisory Board Report – page 84</td>
</tr>
<tr>
<td>C. Executive Committee Report – page 86</td>
</tr>
<tr>
<td>D. Quality Management Committee Report – page 89</td>
</tr>
</tbody>
</table>

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

**BOARD ACTION**

A motion was made by Mr. Wooten to approve the consent agenda; motion seconded by Mr. Bostock. Motion passed unanimously.

<table>
<thead>
<tr>
<th>7. Training/ Presentation(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Hurricane Florence Disaster Response – page 144</td>
</tr>
</tbody>
</table>

Sean Schreiber, Senior Vice-President/Provider Networks and Evaluation, and Ann Oshel, Senior Vice-President/Community Relations, provided an overview and summary of Alliance actions regarding disaster response activities during Hurricane Florence to include helping to ensure that our members and our providers were prepared for the storm. Also, they shared additional steps implemented to ensure the safety of high-risk members and that services to members and the community were available. A summary of ongoing support efforts was also provided.
### AGENDA ITEMS:

<table>
<thead>
<tr>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board members requested clarification regarding providers’ emergency plans; additionally they requested specifics on how many Alliance staff supported specific shelters. The presentation is attached to and made part of these minutes.</td>
</tr>
</tbody>
</table>

### BOARD ACTION

The Board accepted the presentation; no additional action required.

#### B. Financial Review/Commitments – page 161

Alliance is requesting that the Board vote on financial commitments so that the final audited financial statements reflect those commitments. Kelly Goodfellow, Executive Vice-President/Chief Financial Officer, and Sara Pacholke, Senior Vice-President/Financial Operations, presented a financial review, recommendations, and potential long-term financial impact.

Ms. Pacholke shared the summary of savings and loss, and net position summary. Ms. Goodfellow mentioned the current reinvestment plan, which was approved by the board at the June 7, 2018, Board meeting; she reviewed the financial forecast and goals and how these items were used to develop the recommendations presented.

### BOARD ACTION

A motion was made by Mr. Bostock to commit $46,918,513 as of June 30, 2018, which includes $18,769,500 in reinvestment plan for one year; $25,141,196 in legislative reductions for one year; and $3,007,817 in intergovernmental transfers for one year; motion seconded by Mr. Webley. Motion passed unanimously.

A motion was made by Mr. Bostock to submit $41,539,500 in a three-year reinvestment plan to DMA, which includes $18,769,500 in year one; $11,335,000 in year two; and $11,335,000 in year three; motion seconded by Dr. Silberman. Motion passed unanimously.

#### 8. Closed Session(s)

### BOARD ACTION

A motion was made by Mr. Curro to enter closed session pursuant to NC § 143-318.11 (a) (3) to consult with General Counsel regarding current litigation; motion seconded by Mr. McKinley Wooten. Motion passed unanimously.

The Board returned to open session.

#### 9. Adjournment

With all business being completed the meeting adjourned at 5:53 p.m.

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**Next Board Meeting**

**Thursday, November 01, 2018**

4:00 – 6:00 pm
ITEM: Executive Committee Report

DATE OF BOARD MEETING: November 1, 2018

BACKGROUND: The Executive Committee sets the agenda for Board meetings and acts in lieu of the Board between meetings. Actions by the Executive Committee are reported to the full Board at the next scheduled meeting. Draft minutes from the October 16, 2018, meeting are attached.

REQUEST FOR BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Cynthia Binanay, Board Chair; Robert Robinson, CEO

(Back to agenda)
APPOINTED MEMBERS PRESENT: ☒ Cynthia Binay, MA (Board Chair); ☒ Christopher Bostock, BSIM (Previous Board Chair, Finance Committee Chair) – via phone; ☒ George Corvin, MD (Board Vice-Chair); ☒ Dave Curro, BS (Quality Management Committee Chair); ☒ Lodies Gloston, MA (Policy Committee Chair) entered at 4:26 pm; ☒ Donald McDonald, MSW (Network Development and Services Committee Chair); ☒ Lascel Webley, Jr., MBA, MHA (Audit and Compliance Committee Chair); and ☒ McKinley Wooten, Jr., JD (Human Rights Committee Chair)– exited at 6:21 pm

APPOINTED, NON-VOTING BOARD MEMBERS PRESENT: Gino Pazzaglini

BOARD MEMBERS PRESENT: None

GUEST(S): None

STAFF PRESENT: Veronica Ingram, Executive Assistant II; Robert Robinson, CEO; and Carol Wolff, General Counsel

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the September 18, 2018, Executive Committee meeting were reviewed; a motion was made by Mr. Dave Curro and seconded by Mr. Lascel Webley to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Updates</td>
<td>a) MEDICAID REFORM/NC LEGISLATION: Mr. Robinson reported that during the recent special session, NC legislators voted to approve $5 million dollars in State Single stream funding for MCOs impacted by Hurricane Florence. This additional funding will reimburse work by MCOs and provider agencies during Hurricane Florence.</td>
<td>a) None specified.</td>
<td>a) N/A</td>
</tr>
<tr>
<td></td>
<td>b) BOARD VACANCIES/RECRUITMENT: Chair Binay mentioned that the Committee will meet with two candidates today.</td>
<td>b) None specified.</td>
<td>b) N/A</td>
</tr>
<tr>
<td></td>
<td>c) PHOENIX TRIP UPDATE: Mr. Robinson shared about a recent trip to Arizona to learn about their operations as a state Medicaid system. This is one of the programs that the State of North Carolina reviewed to develop the model for NC Medicaid transformation.</td>
<td>c) None specified.</td>
<td>c) N/A</td>
</tr>
<tr>
<td></td>
<td>d) ALLIANCE NAME CHANGE: Mr. Robinson recommended changing the organization’s name as part of the movement to become a Tailored Plan. Committee members discussed benefits of this proposed change, potential next steps, and the impact of the name change on contracts, marketing, etc.</td>
<td>d) Topic will be addressed at the November 1, 2018, Board meeting.</td>
<td>d) 11/1/18</td>
</tr>
</tbody>
</table>

COMMITTEE ACTION:
A motion was made by Mr. McKinley Wooten to recommend to the Board, changing the agency’s name to Alliance Health (contingent upon additional review of next steps). Motion seconded by Mr. Dave Curro; motion passed unanimously.

4. Board Applicants | a) APPLICANT FOR A VACANT SEAT REPRESENTING WAKE COUNTY: The Committee met with the applicant. | Ms. Ingram will add the recommendations | 10/17/18 |

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

<table>
<thead>
<tr>
<th>COMMITTEE ACTION:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A motion was made by Vice-Chair George Corvin to recommend to the full Board that the Board forward Lynne Nelson’s application to the Wake Board of County Commissioners for appointment to Alliance Board. Motion seconded by Ms. Lodies Gloston; motion passed unanimously.</td>
<td></td>
<td>to the November Board agenda.</td>
<td></td>
</tr>
<tr>
<td>b) APPLICANT FOR A VACANT SEAT REPRESENTING JOHNSTON COUNTY: the Committee met with the applicant.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMMITTEE ACTION:**
A motion was made by Vice-Chair George Corvin to recommend that the Executive Committee support David Lee Jackson’s application and appointment to Alliance’s Board. Motion seconded by Mr. Dave Curro. Motion passed unanimously.

5. November 1, 2018, Area Board Draft Agenda
The Committee reviewed the draft agenda and provided input. Ms. Ingram will forward the Committee’s input to staff. 10/17/18

6. Closed Session
COMMITTEE ACTION
A motion was made by Mr. McKinley Wooten to enter closed session pursuant to NC § 143-318.11 (a) (1), (a) (3), and (a) (6) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1, to consult with General Counsel regarding current litigation, and to consider the qualifications, competence, and performance of an employee. Motion seconded by Ms. Lodies Gloston. Motion passed unanimously.

The Committee returned to open session.

None specified. N/A

7. **ADJOURNMENT:** the next Committee meeting will be November 20, 2018, at 4:00 p.m.

Respectfully Submitted by:

Robert Robinson, CEO. Date Approved

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

DATE OF BOARD MEETING: November 1, 2018

BACKGROUND: The Human Rights Committee shall include consumers and family members representing mental health, developmental disabilities and substance abuse.

The Human Rights Committee functions include:

1) Reviewing and evaluating the Area Authority’s Client Rights policies at least annually and recommending needed revisions to the Area Board.
2) Overseeing the protection of client rights and identifying and reporting to the Area Board issues which negatively impact the rights of persons serviced.
3) Reporting to the full Area Board at least quarterly.

The Human Rights Committee shall meet at least quarterly.

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

The Human Rights Committee is a Board Committee with at least 50% of its membership being either consumers or family members that are not Board Members. All members and the chair are appointed by the Chair of the Alliance Board of Directors. Draft minutes for the October 17, 2018, meeting are attached.

REQUEST FOR BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): McKinley Wooten, Committee Chair; Doug Wright, Director of Individual and Family Affairs; Todd Parker, QM Incident and Grievance Manager
1. **WELCOME AND INTRODUCTIONS**

2. **REVIEW OF THE MINUTES** - The minutes from the July 9, 2018, meeting were reviewed; a motion was made by Dr. Michael Teague and seconded by Curtis Massey to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
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<tbody>
<tr>
<td>3. Compliance</td>
<td>Doug reviewed the compliance presentation prepared by Matt Ruppel and attached. McKinley Wooten ask if we could have Matt come in and walk us through how an investigation might escalate to the state and possible legal action.</td>
<td>Ask Matt to come back and walk through how a case might escalate, example.</td>
<td>January 10, 2018</td>
</tr>
<tr>
<td>4. Incidents and Grievances</td>
<td>Doug Reviewed the Incident and grievance presentations prepared by Todd Parker for FY18 and attached. Some of the information was shared in different format trying to drill down as specifically as possible.</td>
<td>Present information in January for the first quarter of FY19.</td>
<td>January 10, 2018</td>
</tr>
<tr>
<td>5. Annual Policy review</td>
<td><strong>Advanced Directives</strong> – Discussed the policy in general and saw no substantial changes needed. We did have a conversation around the word “Enrollees” being used to describe the people we serve. Doug had suggested that we consider “Member” and be as consistent as we could throughout the other policies. Curtis Massey wants us to make sure that the word “Enrollee” doesn’t have any legal significance before making any recommendations. Cynthia Binanay also brought up the importance of Advance Directives and ask about what Alliance was doing to encourage their use. Doug reviewed the actions that we have taken by collaborating with BeBe Smith, Dr. Marvin Schwartz and NAMI NC. <strong>Confidentiality</strong> – This policy was reviewed with no substantial changes needed. The same issue of how to refer to the people we serve. This document uses “client”.</td>
<td>Doug will check with Carol Wolff on the use of specific terminology such as enrollee, client, and consumer and see if there is any reason that could not be changed. Concerns and considerations to be forwarded to the Policy Committee for review.</td>
<td>October 25, 2018; Due before November 27, 2018</td>
</tr>
</tbody>
</table>
### AGENDA ITEMS:

<table>
<thead>
<tr>
<th>ITEM</th>
<th>DISCUSSION</th>
<th>NEXT STEPS</th>
<th>TIME FRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Dignity, privacy, and humane care - This policy was reviewed with no substantial changes needed. The same issue of how to refer to the people we serve. This document uses “client”. <strong>Choice</strong> - This policy was reviewed with no substantial changes needed. The same issue of how to refer to the people we serve. This document uses “consumer”. There was a formatting problem with the second paragraph under number II, the paragraph begins with “For Medicaid…”</td>
<td>None</td>
<td>N/A</td>
</tr>
<tr>
<td>6.</td>
<td>Johnston County How’s it going? Doug reported that we are fully staffed in Johnston County and things seem to be going well. We were awarded jointly with the school system a grant for some suicide prevention so we are working with them on that. Ann Oshel is giving the county commissioners a short update next week at their meeting. Dr. Michael Teague wanted to bring to the attention of the committee the high rate of automobile deaths among young people in Johnston County.</td>
<td>None</td>
<td>N/A</td>
</tr>
</tbody>
</table>

7. **ADJOURNMENT**: next meeting will be January 10, 2019 from 4:00 p.m. to 5:30 p.m.

Respectfully Submitted by:

Doug Wright, Director of Individual and Family Affairs

Date Approved
Special Investigations Unit

- Responsible for identification, detection, and prevention of fraud, waste, and abuse in the provider network
  - Data Analytics
  - Hotline
  - Member Surveys
  - Investigation
  - Training/Education
Special Investigations Unit

• Embedded in the Office of Compliance

• Director of Program Integrity
  • Certified Fraud Examiner

• Special Investigations Supervisor
  • Accredited Healthcare Fraud Investigator

• Special Investigators
  • 2 Licensed Clinical Social Workers
  • 1 Licensed Professional Counselor/Certified Fraud Examiner
Special Investigations Unit

- Disposition of cases
  - No action
  - Grievance/Complaint
  - Technical Assistance
  - Compliance Committee
  - Division of Health Benefits Office of Compliance and Program Integrity
Special Investigations Unit

- FY18
  - 146 cases opened
  - 67 investigations initiated
  - 16 referrals to the Office of Compliance and Program Integrity
Provider Actions/Sanctions

- Provider compliance issues are submitted for review by the Corporate Compliance Committee (CCC)
- The CCC may issue actions and/or sanctions against the provider
- The provider has the right to request reconsideration of the CCC decision
Provider Actions/Sanctions

- Actions/Sanctions were issued to 150 providers* in FY18 (based on issue date)
  - 13 Warning/Educational Letters
  - 82 Plans of Correction
  - 6 Probations
  - 99 Recoupments
  - 1 Recredentialing Denial
  - 1 Network Suspension
  - 4 Referral Suspensions
  - 3 Contract Terminations/Non-Renewals
- SIU cases resulted in actions/sanctions against 11 providers
Questions?

Presented by
Matt Ruppel, MSW, CFE
Director of Program Integrity
Office of Compliance
FY2018

- 2528 Reports were entered into NC-IRIS for 1657 ABH members
- 1484 reports involved Children, 1044 involved adults
- 298 fewer reports were submitted during FY2018 than FY2017 (2826)

LEVELS
- 2316 Level 2 reports (325 fewer than FY2017)
- 212 Level 3 (27 more than FY2017)

*Increase in Level 3 reports most likely due to change in requirements to report Allegations of Abuse as Level 3
The largest number of Level 2 reports (641) submitted during Q1.
The largest number of Level 3 reports (75) submitted during Q4.
Incident Levels by County

Wake County submitted the largest number of Level 2 (1233) and Level 3 (124) reports in FY2018.
Adults vs. Children (By Quarter)

- 59% of reports submitted were for Children
- 41% of reports submitted were for Adults
• 1652 incidents involving MH/SUD members were submitted during FY2018
• Reports represented 80 different service types.
• The top 3 MH/SUD services with incidents are represented above:
  – High Risk Intervention Level III Residential Services (Children/Adolescents)
  – Psychiatric Residential Treatment Facilities (Children/Adolescents)
  – Intensive In-Home Services (Children/Adolescents)
463 incidents involving IDD consumers were submitted during FY2018

- Reports represented 30 service categories
- The top 3 service categories represented were:
  - (ICF-MR): Intermediate Care Facility-MR (26%)
  - Residential Supports Level 4 – (21%)
  - (.5600 C): Supervised Living for Adults with I/DD – 91 (20%)
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, Opioid
  - Restrictive Intervention
  - Consumer Injury
  - Abuse/Neglect/Exploitation – includes all sexual assaults
  - Medication Error
  - Behavior
  - Other
FY18 Annual Complaint Analysis

QM Quality Assurance
Overview

- FY18 yielded 825 entries
- 73 were regarding ABH (143 in FY17)
- Topics discussed in this report:
  - Nature of Issue
  - Source
  - Service Breakdown
  - ABH Concerns
  - Actions Taken For Confirmed Issues
  - Resolution Status
# Nature of Issue Definitions

<table>
<thead>
<tr>
<th>Reporting Category</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abuse, Neglect and Exploitation</strong></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><strong>Access to Services</strong></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><strong>Administrative Issues</strong></td>
<td>any complaint regarding a Provider’s managerial or organizational issues, deadlines, payroll, staffing, facilities, etc.</td>
</tr>
<tr>
<td><strong>Authorization/Payment Issues/Billing PROVIDER ONLY</strong></td>
<td>Any complaint regarding the payment/financial arrangement, insurance, and/or billing practices regarding providers</td>
</tr>
<tr>
<td><strong>Basic Needs</strong></td>
<td>Any complaint regarding the ability to obtain food, shelter, support, SSI, medication, transportation, etc.</td>
</tr>
<tr>
<td><strong>Clients Rights</strong></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><strong>Confidentiality/HIPAA</strong></td>
<td>Any breach of a consumer’s confidentiality and/or HIPAA regulations.</td>
</tr>
<tr>
<td><strong>LME/MCO Functions</strong></td>
<td>Any complaint regarding LME functions such as Governance/ Administration, Care Coordination, Utilization Management, Customer Services, etc.</td>
</tr>
<tr>
<td><strong>LME/MCO Authorization/ Payment/Billing</strong></td>
<td>Any complaint regarding the payment/financial arrangement, insurance, and/or billing practices of the LME/MCO</td>
</tr>
<tr>
<td><strong>Provider Choice</strong></td>
<td>Complaint that a consumer or legally responsible person was not given information regarding available service providers.</td>
</tr>
<tr>
<td><strong>Quality of Care – PROVIDER ONLY</strong></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>
</tr>
<tr>
<td><strong>Service Coordination between Providers</strong></td>
<td>Any complaint regarding the ability of providers to coordinate services in the best interest of the consumer.</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>Any complaint that does not fit the above areas.</td>
</tr>
</tbody>
</table>
Nature of Issue

- 42% were related to the Quality of Services*
- 8% were related to Abuse, Neglect or Exploitation
- 2% were related to Client Rights
- 1% were related to Confidentiality/HIPAA
Source – who submitted the concern?

- 38% submitted by MCO staff
- 25% submitted by Members
- 24% submitted by Guardians
- Concerns submitted by Members/Guardians considered Grievances
36% were related to Enhanced Services
   • (Intensive In Home, ACTT, Day Treatment, Psychosocial Rehabilitation)
24% were related to Basic Services
   • (Outpatient Therapy, Medication Management, Group Therapy, etc.)
10% were related to SA Services
8% were related to Crisis Services
A total of 18% were related to Enhanced Services
- 18% - Residential Services
- 6% - Assertive Community Treatment Team
- 5% - Intensive In Home Services
A total of 211 complaints were related to Basic Services

- 43% - Outpatient Services
- 15% - Clinical Intake
- 14% - Psychiatric Services
A total of 120 complaints were related to SUD services

- 40% - Peer Support Services
- 10% - Substance Abuse Comprehensive Outpatient Treatment
- 8% - Substance Abuse Intensive Outpatient Treatment
- 8% - Opioid Treatment
A total of 68 complaints were related to Crisis Services

- 41% Inpatient Crisis Services
- 19% Mobile Crisis Management Services
- 16% Facility-Based Crisis Services
A total of 129 complaints were related to I/DD Services

- 51% - Inpatient NC Innovations Services
- 10% - Respite Services
- 9% - Development Therapy Services
ABH Complaints

- 73 entries involved ABH
  - 12 were confirmed – Resulted in ABH taking corrective action
    (there was a problem to address)
  - 33 were nonissues
    (there was an issue but ABH followed appropriate policies or procedures in handling the issue)
  - 2 were compliments
    (compliment about ABH staff was submitted)
  - 20 were for tracking
  - 6 were undetermined - information not sufficient to make a determination
239 of the 825 entries were confirmed issues and resulted in the following actions:

- Provider Initiated Corrective Actions: 215
- Referral and/or TA by an ABH Dept.: 12
- External Referral (DSS/DHSR): 4
- Revert Claims: 6
Complaints were resolved in the following time frames:

<table>
<thead>
<tr>
<th>Resolution Status</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-15</td>
<td>580</td>
</tr>
<tr>
<td>16-30</td>
<td>242</td>
</tr>
<tr>
<td>30+</td>
<td>3</td>
</tr>
</tbody>
</table>

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

The purpose of this policy is to ensure that Alliance Behavioral Healthcare (Alliance) complies with regulatory requirements surrounding Advanced Directives and Advanced Instructions for Mental Health Treatment.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to distribute written information regarding Advance Directives and Advanced Instructions for Mental Health Treatment policies to adult Enrollees, including a description of applicable State and Federal laws. Written information regarding Advance Directives and Advanced Instructions shall cover the following topics:

1. Enrollee rights under State law;
2. Alliance policies respecting the implementation of those rights, including a statement of any limitation regarding the implementation of Advance Directives and Instructions as a matter of conscience;
3. Information on the Advance Directive and Instructions policies of Alliance; and
4. The Enrollee's right to file a grievance with the State Certification and Survey Agency or the Division of MH/IDD/SA Services concerning any alleged noncompliance with the Advance Directive or Instructions laws.

In compliance with 42 CFR 438.3(j) and N C GS 122C Article 3, Part 2, the written information provided to Enrollees shall reflect changes in State law as soon as possible, but no later than 90 days after the effective date of the change.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to protect each client’s right to privacy and to safeguard the confidentiality of identifiable health information.

II. POLICY STATEMENT

All clients of Alliance Behavioral Healthcare shall be assured that their right to privacy and the confidentiality of their identifiable health information will be safeguarded. No staff member, volunteer, student or other person associated with Alliance Behavioral Healthcare shall use or disclose any information except as provided by these policies and procedures as authorized by the General Statutes of the State of North Carolina 122C Parts 52-56, Client Right to Confidentiality, the Federal Regulations 42 CFR Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, and the Health Insurance Portability and Accountability Act (HIPAA) regulations in 45 CFR. Any violation of this policy shall be grounds for disciplinary action, including termination of employment or termination of other services with Alliance.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement the provisions of this policy.
I. PURPOSE

The purpose of this policy is to ensure that clients’ rights are respected and protected by all providers in the Alliance Behavioral Healthcare Provider Network.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare that every person served has a right to dignity, privacy and humane care that must be respected and protected. Providers in the Alliance Behavioral Healthcare Provider Network shall assure basic human rights to each client. All programs operated by providers shall comply with the clients’ rights standards set forth in G.S. 122C, Article 3.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
# BOARD OF DIRECTORS
## POLICIES & PROCEDURES

<table>
<thead>
<tr>
<th>TITLE:</th>
<th>Consumer Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOARD POLICY #:</td>
<td>CR-3</td>
</tr>
<tr>
<td>LINES OF BUSINESS:</td>
<td>Service Access</td>
</tr>
<tr>
<td>RESPONSIBILITY:</td>
<td>Board of Directors, Chief Executive Officer</td>
</tr>
<tr>
<td>REFERENCE(S):</td>
<td>122C-141</td>
</tr>
<tr>
<td>URAC STANDARDS:</td>
<td>CORE, v. 3.0, Standards 4, 12 &amp; 39; N-NM, v. 7.0, Standard 6</td>
</tr>
<tr>
<td>APPROVAL DATE:</td>
<td>6/7/2012</td>
</tr>
<tr>
<td>LATEST REVISION DATE:</td>
<td>3/1/2018</td>
</tr>
<tr>
<td>LATEST REVIEW DATE:</td>
<td>3/1/2018</td>
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</tbody>
</table>

## I. PURPOSE

The purpose of this policy is to advocate and support an individual’s right to make informed choices about service provision.

## II. POLICY STATEMENT

It is the policy of the Area Authority to promote and encourage choice when consumers seek services from Alliance Behavioral Healthcare. Alliance Behavioral Healthcare shall ensure that each consumer seeking services receives the following:

- i. information necessary to make an informed choice about service;
- ii. information about the range of other services available and;
- iii. information about their right to receive services in a way that is non-coercive and protects their right to self-determination.

For Medicaid funded services, consumers shall be provided with a choice of at least two provider agencies from which they may elect to receive services. (May not apply to some highly specialized services)

## III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
ITEM: Global Quality Management Committee Report

DATE OF BOARD MEETING: November 1, 2018

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 consisting of Board members and consumers and/or their family members. Other non-voting members include at least one MCO employee and at least two provider representatives. 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 Chief Medical Officer, who has ultimate responsibility of oversight of quality management; the Quality Review Manager, who staffs the committee; 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. Further, the Committee evaluates the effectiveness of the QM Program and reviews and updates the QM Plan annually. The QM Committee shall review statistical data and provider monitoring reports and make recommendations to the Board of Directors or other Board committees. The QM Committee serves as the Board's Monitoring and Evaluation Committee charged with the review of statistical data and provider monitoring reports. The goal of the QM Committee is to ensure quality and effectiveness of services and to identify and address opportunities to improve Alliance operations and local service system with input from consumers, providers, family members, and other stakeholders. The draft minutes and materials from previous the meeting are attached.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Dave Curro, Committee Chair and Wes Knepper, Quality Management Director
**VOTING MEMBERS PRESENT:** ☒ David Curro, Committee Chair (Area Board); ☒ Cynthia Binanay (Area Board Chair); ☐ Duane Holder (Area Board); ☒ Pam Silberman (Area Board); ☒ Joe Kilsheimer, MBA (CFAC);

**NON-VOTING MEMBERS PRESENT:** ☒ Diane Murphy (Provider Representative, I/DD); ☒ Dava Muserallo (Provider Representative, MH/SUD)-via Phone; ☒ Beat Steiner-via Phone, (Provider Representative, Integrated Care); Israel Pattison (CFAC)

**STAFF PRESENT:** ☒ Wes Knepper, LPC (Quality Management Director); ☐ Damali Alston (Director of Network Evaluation); ☐ Vacant (Chief Medical Officer); ☒ Doug Wright (Director Individual & Family Affairs); ☐ Tina Howard, MA (Quality Review Manager); ☒ Linda Losniecki, (Executive Assistant)

**GUEST(S) PRESENT:** Yvonne French (Director & Liaison DMH/DD/SAS); Mary Hutchings (Wake Co. Internal Audit)

**REVIEW OF THE MINUTES:** Motion made by Pam Silberman to approve the September 6, 2018 meeting minutes, seconded by Joe Kilsheimer, minutes were approved.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Welcome &amp; Introductions:</td>
<td>Welcome: Dave Curro opened the meeting and welcomed guests.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Old Business:</td>
<td>None.</td>
<td></td>
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<tr>
<td>3. New Business:</td>
<td><strong>Performance Dashboard (Wes)</strong>&lt;br&gt;The Performance Dashboard is colored coated. The areas in “red” represents benchmarks not met. The Contract Performance Metrics are the super measures. Doing well with DMA, meeting the Medicaid measures. Continue to struggle with uninsured DMH measures. There are many interventions in place to increase the numbers.</td>
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<td></td>
<td><strong>Access to Care Report:</strong> The quarterly numbers are increasing. The numbers reflect “paid for” claims for the care accessed. With the Transportation Pilot launching this may increase the benchmark numbers. Wes is currently working on a new prototype report to easily show the monthly numbers.</td>
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<td></td>
<td>Wes will have the full Innovations measures to share at the next meeting. <strong>Choosing Performance Measures (Wes)</strong></td>
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</tbody>
</table>
How the State Measures Alliance.

The Clinical Indicator Project is clinical outcomes from consumers receiving treatment. The Secretary would like five measures submitted to DHHS for review by December 1. Of the five suggestions, three will be chosen. Wes obtained some suggested measures from the group:

- Depression Remission at 6 months
- Adherence to Antipsychotic meds and diabetes screening for people with MH diagnosis
- Disorders who are using antipsychotic meds
- TCLI measurements
- Working with physical health
- Re-hospitalization—This will be a penalty measure
- Initiation and Engagement measures

Resolution needed to who will the data be collected for and who is going to do it. This could be done by the Providers, they have easier access. Summarizing the suggested outcomes: Functional Outcomes, Limited Scope and Focusing on a Higher Risk Population. Priority will be given to measures included in the contract first and then any additional measures will be developed after.

### Oversight of Utilization – Over/Under Utilization (Wes)

Alliance Overviews
- Reasons for under or over utilization from CFO
- Budget Finance Committee meets to come up with solutions with input from QM if need be.

### Training Report (Wes)

Tabled. ODL Out-of-Office this week.

<table>
<thead>
<tr>
<th>Upcoming Meeting:</th>
<th>Next meeting is scheduled for November 1, 2018 (Time: 2:00 – 3:30 pm)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location:</strong></td>
<td>Home Office</td>
</tr>
<tr>
<td><strong>E-mail:</strong></td>
<td>any comments, questions and new suggestions to Wes at:</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:wknepper@alliancebhc.org">wknepper@alliancebhc.org</a></td>
</tr>
<tr>
<td><strong>Adjournment:</strong></td>
<td>Meeting adjourned at 3:30 p.m.</td>
</tr>
</tbody>
</table>
Choosing Quality Measures

Think Long Term

Most uses of quality measurement are multiyear by nature. Discussing quality measurement as a multiyear venture from the beginning helps define realistic expectations and resource requirements.

Collecting quality measurement data for the first time is always a challenge. Therefore, consider designating the first year as a pilot year for which results are not published. This helps avoid publication of results that are more reflective of initial data collection problems than of quality. Publishing first-year results of uncertain quality may well undermine long-term plans.

Consider All Available Measurement Tools

You may want to adopt an entire measurement set. Conversely, you may want to pick and choose among one or a number of measurement sets. Measures in different sets assess differing aspects of child health. Use of selected measures from different sets may provide the more complete or varied assessment you seek.

Think Fewer Measures

Consider using fewer rather than more measures in your first years. This can lay the groundwork for later expansion of the number of measures collected, by demonstrating the feasibility and usefulness of quality measurement activities without overly taxing the resources of all parties involved.

Develop a Plan

The collection, analysis, and use of quality measurement data are demanding, resource-intense activities for State staff as well as health plans and providers. Resources are always stretched. A clear focus on intended uses and information needs will help ensure that you collect only data that will be usable and useful.

Factors to Consider

Many factors are involved in choosing which quality measures to use, whatever the intended purpose. Here are some key considerations:

Making Comparisons

Do you plan to use quality measurement results to make comparisons? If so, what are you comparing? Credible comparisons of quality measurement results can be made only where specifications of data elements, data collection, and data analysis procedures are:

- Rigorous.
- Precise.
- The same for all results being compared.

If you want to make broad comparisons across numerous entities or geographic areas, the use of measures that have rigorous and precise specifications is more likely to yield results that can be credibly compared.
Databases and Benchmarks

Do you want to be able to compare your results with an established database of comparable results? Do you want information on how your plan or program ranks with its counterparts? If so, you may want to use measures for which national databases and/or benchmarking information exist. Note that such information may exist only for selected measures in any given measurement set.

Trends Over Time

Do you plan to use quality measurement results to track trends over time? If so, will you track the results of one entity or more? If only one entity is involved, almost any quality measure can be used, provided that a rigorous and highly precise set of specifications is developed and followed with each measure production cycle for:

- Data elements.
- Data collection.
- Data analysis.

If multiple entities are involved, the use of measures with rigorous and precise specifications is more likely to yield results that can be trended simultaneously and used credibly in trend line comparisons.

Service Delivery Systems

Careful consideration of what service delivery systems you have will help steer you to the measures that will produce the best results for:

- Managed care.
- Primary care case management.
- Fee for service.
- All of the above.

Also consider whether you intend to compare results across or within service delivery systems.

Unit of Analysis

Measures are often more suited to one type of unit of analysis than others. Consideration of the following questions will help you choose measures that will produce the best results. Do you plan to collect quality measurement data:

- On a statewide level?
- For managed care organizations?
- For a primary care case management program?
- For a fee-for-service program?

Staff Experience and User Support

Assess the following:

- Does your staff have experience and expertise in quality measurement and data management?
- Is this area a new one for you and your staff?
- Do you anticipate needing extensive, explicit specifications concerning data elements, data collection, and analytical procedures?
Factors such as your own staff resource base or the availability of other local expertise may affect the value of and need for user support. Find out how much user support is offered with various measurement sets and the terms under which it is available. Measurement sets vary in whether they:

- Are backed up by extensive user support resources.
- Include user groups, with varying forms of participation.
- Offer more or fewer types of resources.
- Are free of charge or entail costs.

**Costs**

Regardless of the level of in-house expertise, there are unavoidable costs associated with quality measurement. Here are some of the costs you will have to consider:

- Staff resources.
- Senior-level oversight and leadership involvement.
- Staff training (if needed).
- Outside expertise (if needed).
- For measures not in the public domain, the costs of the measure specifications, software, etc.
- Collection and validation (where needed) of the quality measurement data.

*Examples:*

*Survey-based measure*—the costs of drawing a sample and administering the survey.
*Nonsurvey instruments*—the costs of identifying and verifying administrative data or conducting medical records reviews.

- Analysis of the data and preparation of results.
- Preparation of reports and costs of dissemination, if public dissemination is planned.

When assessing your costs, it is important to remember that quality measurement initiatives may reduce costs through identification of opportunities for cost-effective quality improvement.
Some of the Ways that Alliance Monitors Utilization

The following Quality Committees are also charged with monitoring utilization:

- CQI – reviews authorization data monthly
- Budget and Finance Subcommittee– monitors spending compared to budget
- Provider Network Management Subcommittee – monitors provider network (i.e. availability and quality of services, network adequacy, etc.)
- Utilization Management Subcommittee – monitors clinical utilization patterns according to the UM plan described below.

UM Plan Priorities:

- High Priority Goals and Initiatives
  - Alliance Complete Care: Use well-planned population health principles to increase overall community tenure for the individuals we serve
  - High Intensity Youth
  - Individuals with Complex Needs
  - Care Coordination Transformation and Electronic Care Management Tool Implementation (Jiva)
  - Expand Dashboard for UM Committee
  - Improve Consumers’ Adherence to Prescribed Medications
- Continuing Goals and Initiatives
  - Increase use of Family-Based Intensive Interventions and Specialized Services for High-Risk Youth
  - Decrease Length of Stay in Therapeutic Foster Care for Adolescents
  - Medical-Behavioral Integration
  - Ensure Timely Access to Least restrictive Medically Necessary Services
  - Provide the Right Level of Services and Supports for Individuals
  - Provide the Highest Quality Services and Supports Available
  - Maintain Low Consumer Appeals Rates

Some Basic Utilization Metric (updated daily):

- Authorization Requests
- Denial Rate
- Processing Times
- Out of Network Authorizations
- By Some Service Lines
  - Length of Stay
  - Average Daily Census
- Readmission Rates
ITEM: Appointment Recommendation(s) for Alliance Board of Directors

DATE OF BOARD MEETING: November 1, 2018

BACKGROUND: In accordance with NC General Statute 122C-118.1.d and the By-Laws of the Alliance Board, the initial terms of Alliance Board members were staggered with each initial term being considered a full term. Accordingly, the initial terms of some members were designated to end after one year, others after two, and others after three. Seats representing Wake County and Johnston County are currently vacant. The Board Executive Committee is recommending Lynne Nelson for a vacant Wake County seat, with a term ending March 31, 2021, and D. Lee Jackson, for an available Johnston County seat, with a term ending November 30, 2022.

REQUEST FOR AREA BOARD ACTION: Recommend to the Wake Board of County Commissioners the appointment of Lynne Nelson; support the appointment of D. Lee Jackson by the Johnston Board of County Commissioners.

CEO RECOMMENDATION: Recommend to the Wake Board of County Commissioners the appointment of Lynne Nelson; support the appointment of D. Lee Jackson by the Johnston Board of County Commissioners.

RESOURCE PERSON(S): Cynthia Binanay, Board Chair; Robert Robinson, CEO
ITEM: Organizational Name Change with Pending Transition to a Tailored Plan

DATE OF BOARD MEETING: November 1, 2018

BACKGROUND: Alliance leadership is recommending a modification in the organization’s name to reflect the broadened focus on whole-person care that will accompany our operation of a Tailored Plan. Moreover, there is a need to make this change expeditiously to accommodate production of signage for the new home office facility, which staff will begin to occupy in less than six weeks. Numerous other operational modifications also make a rapid decision necessary, including revision/reprinting of promotional/information materials, website/intranet rebranding, and revision of organizational contracts.

REQUEST FOR AREA BOARD ACTION: Approve the proposal.

CEO RECOMMENDATION: Accept the proposal.

RESOURCE PERSON(S): Robert Robinson, CEO; and Doug Fuller, Director of Communications
ITEM:  Alliance FY19 Strategic Plan Initiatives

DATE OF BOARD MEETING:  October 4, 2018

BACKGROUND:  Alliance leadership reviews strategic plan initiatives on a yearly basis to ensure organizational initiatives are on track and, where needed, course corrections are identified and implemented. This training will review our current FY 19 strategic plan initiatives.

REQUEST FOR AREA BOARD ACTION:  Accept the report.

CEO RECOMMENDATION:  Accept the report.

RESOURCE PERSON(S):  Michael Bollini, PhD, Executive Vice-President/Chief Operating Officer