
GUEST(S) PRESENT: Terri Glass, Zelos, Inc. (via video conference); Crystal Goldston, Essential Support Services, LLC; Marc Jacques, Consumer and Family Advisory Committee (CFAC); and Yvonne French, Division of Medical Assistance (DMA)

ALLIANCE STAFF PRESENT: Michael Bollini, MH/SA Care Coordination Director; Hank Debnam, Cumberland Site Director; Doug Fuller, Director of Communications; Amanda Graham, Chief of Staff; Carol Hammett, General Counsel; Veronica Ingram, Executive Assistant; Carlyle Johnson, Director of Provider Network Strategic Initiatives; Geyer Longenecker, Director of Quality Management; Ken Marsh, Medicaid Program Director; Beth Melcher, Chief of Program Development and Evaluation; Sara Pacholke, Director of Finance; Monica Portugal, Corporate Compliance Officer; Al Ragland, HR Director; Sean Schreiber, Chief Clinical Officer; and Doug Wright, Director of Consumer Affairs

1. CALL TO ORDER: Chairman William Stanford called the meeting to order at 4:05 p.m.

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<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
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| 2. Announcements | A. December NC Council Conference  
Chairman Stanford reminded Board members of the December 3-5, 2014, conference dates and to see if Ms. Ingram if they plan to attend. This conference overlaps the Board meeting scheduled for December 4, 2014. He provided additional information regarding registration and Alliance’s reimbursement for mileage and lodging.  
B. External Quality Review (EQR)  
Chairman Stanford mentioned that Alliance is currently undergoing an EQR site visit which ends Friday, November 7. This review utilizes the same criteria for other MCOs and public providers. Mr. Robinson and Ms. Graham noted aspects of this review. A report is due to Alliance by the EQRO organization within thirty days from the site review.  
C. State Provider Satisfaction Survey  
Mr. Robinson noted results from the survey; the State surveyed providers and Alliance did well. Alliance was rated number one in overall satisfaction among all North Carolina LME/MCOs. |
<p>| 3. Agenda Adjustments | There were no adjustments to the agenda. |
| 4. Public Comment | Doug Wright, Director of Consumer Affairs, noted comments for Marc Jacques, CFAC Chair, who had not arrived. He stated that Mr. Jacques wished to invite Board members to the December 1, 2014, CFAC meeting and included written comments that were placed before Board members. |</p>
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| 5. Committee Report | A. Finance Committee Report  
The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board. The Finance Committee meets monthly at 3:00 p.m. prior to the regular Board Meeting. This month’s report included the budget to actual report and ratios for the period ending July 31, 2014 and August 31, 2014, and the draft minutes of the October Finance Committee meeting.  
George Quick presented the Finance Committee report. Mr. Quick noted the final numbers for FY14 and that Alliance exceeded the financial ratios mandated by the state. He noted that the audit is in final preparation by the auditors and will be presented at the December Board meeting. He noted that there were no items needing Board approval. |
| 6. Consent Agenda | A. Draft Minutes from the August 7, 2014, Board Meeting  
B. Consumer and Family Advisory Committee Report  
C. Executive Committee Report  
D. Human Rights Committee Report  
E. Quality Management Committee Report  
The consent agenda was sent previously to Board members. There were no comments or discussion about the consent agenda. |
| 7. Media Campaign Update: “It’s Time to Re-Think” | Doug Fuller, Director of Communications, presented elements of Alliance’s media campaign “It’s Time to Re-Think”. He noted both internal and external components to include additional training for staff and commercials airing on select cable channels and at four local movie theaters. Board members viewed the commercials and discussed the topic including additional commercials in production. |

**BOARD ACTION**  
The Board received the report.  
A Motion was made by Dr. George Corvin to approve the consent agenda; seconded by Mr. Scott Taylor. Motion passed unanimously.  
The Board received the update. No additional action required.
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| 8. Strategic Planning: Staff Survey and Proposed Mission, Vision and Value Statements | Amanda Graham, Chief of Staff, introduced Terri Glass, Zelos, LLC, Director of Leadership. Ms. Glass provided information and trends identified in the recently completed Alliance staff survey. There were no comments or discussion about the staff survey. Ms. Glass reported that she was pleased with the number of staff who participated in the staff survey. She noted the feedback was constructive and helped formulate Mission, Vision and Value statements. She reminded the Board that per Alliance’s by-laws, the Mission, Vision, and Values statements must be approved by the Board. Ms. Glass reviewed the Mission, Vision and Values statements with the Board. Board members discussed the topic noting the specific verbiage chosen for each statement, how they reflect Alliance currently and in the future, and how the Values, specifically, distinguish Alliance from its competitors.  

**BOARD ACTION**  
A Motion was made by Mr. Phillip Golden to approve the Mission, Vision and Values statements as written; seconded by Ms. Lodies Gloston. Motion passed unanimously.  

9. Recommendation for Appointment to Alliance Board of Directors | As noted in the by-laws and Joint Resolution between Cumberland, Durham and Wake Counties, the Area Authority is given the task of advertising, accepting applications, interviewing and recommending appointment of prospective Board members to the respective boards of commissioners. The Executive Committee invited Board members to participate in interviews for the vacant Wake seat and on October 8, 2014 the committee interviewed McKinley Wooten.  

Chairman Stanford stated that the Executive Committee is recommending Mr. Wooten and has requested that the Board recommend Mr. Wooten to the Wake Board of County Commissioners. Board members discussed the recommendation.  

**BOARD ACTION**  
A Motion was made by Dr. George Corvin to recommend to the Wake Board of County Commissioners the appointment of McKinley Wooten; seconded by Dr. John Griffin. Motion passed unanimously.  

10. Proposed Locations of Future Board Meetings | The Executive Committee recommended that the Area Board set a schedule for the locations of future Board meetings. The proposal includes meeting at the Wake location in February, at the Johnston location in April, at the Durham location in August, and at the Cumberland location in October. All other Board meetings would be at Alliance’s corporate site. Board members discussed the topic and clarified the meeting locations.  

**BOARD ACTION:**  
A Motion was made by Mr. Christopher Bostock to approve the proposed schedule of locations for future Board meetings; seconded by Commissioner Kenneth Edge. Motion passed unanimously.
**AGENDA ITEMS:**

**DISCUSSION:**

| 11. Wake County Carry over Funding Update | The Wake County Funding Agreement included an amount of carry over funds from FY 14 into FY 15. In collaboration with Wake County, Alliance identified critical service needs that require primarily one-time assistance and, if successful, carry the potential for long-term funding.  
Chairman Stanford noted that as required in our Board policy, on October 16, 2014, Mr. Robinson sent a letter to Board members regarding services that are a natural extension of existing services. Dr. Beth Melcher, Chief of Program Development and Evaluation, provided a detailed update on the status of these programs which will be funded utilizing Wake County carry over funds. Board members discussed the topic. |
| 12. CFO and CIO Update | Al Ragland, HR Director, provided an update on the search for a Chief Financial Officer (CFO) and Chief Information Officer (CIO); he included a market analysis and recommendation to change the salary grade for these positions.  
Board members discussed the topic noting the market (Alliance’s salary grade is in the lower range), the impact of pending legislation, and possible mergers as reasons for challenges with identifying quality candidates. |
| 13. Updates | A. NC Council  
Mr. Robinson referred to Chairman Stanford’s comments on the NC Council conference.  
B. Meetings with Legislators  
Mr. Robinson noted that Medicaid reform is a priority on the upcoming legislative agenda including possibilities for MCO/ACO partnerships or public v. private managed care. Board members commented on Mr. Robinson’s meetings with local legislators and requested input regarding which legislators he’s met and upcoming meetings with legislators. Mr. Robinson noted that Alliance is considering hiring a lobbyist.  
C. Alliance Presentations at Boards of County Commissioners Meetings  
Mr. Robinson noted the positive impact from these meetings at Cumberland, Durham and Johnston counties. |

**BOARD ACTION:**

The Board received the updates. No additional action required.
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<td>14. Chairman’s Report</td>
<td>Chairman Stanford yielded his time to Marc Jacques, CFAC Chair. Mr. Jacques noted an ongoing survey that CFAC is conducting and will shared some results from these surveys; he noted the most recent CFAC meeting and requested a personal conversation with CEO, Rob Robinson, regarding Peer Respite services. Additionally, he stated appreciation for Alliance as an organization.</td>
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<td>15. Adjournment</td>
<td>With all business being completed the meeting adjourned at 5:55 p.m.</td>
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Next Board Meeting  
Thursday, December 04, 2014  
4:00 – 6:00

Robert Robinson, Chief Executive Officer  
12/4/2014  
Date Approved
ITEM: Finance Committee Report

DATE OF BOARD MEETING: November 6, 2014

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

REQUEST FOR AREA BOARD ACTION:
Accept the report.

CEO RECOMMENDATION:
Accept the report.

RESOURCE PERSON(S):
James Edgerton, Committee Chair; Robert Robinson, CEO; Jennifer Ternay, Interim CFO
1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the 9/1/2014 meeting were reviewed; a motion was made by George Quick and seconded by Vicki Shore to approve the minutes. Motion passed.

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| 3. Monthly Financial Reports           | The monthly financial reports were discussed which includes Statement of Revenue Expenses – Actual Budget for the Twelve Months Ending June 30, 2014 and Benchmark Ratios As of June 30, 2014.  
   a) Statement of Revenue Expenses – Actual Budget for the Twelve Months Ending June 30, 2014  
   b) Benchmark Ratios as of June 30, 2014. | Any changes based on the audit will be brought to the Finance Committee at the November meeting. |                              |
| 4. Review of Net Assets                | The Finance Committee reviewed the tentative restricted net assets as of 6/30/14. The results are open pending the FY14 Audit. A motion was made by George Quick and seconded by Vicki Shore to restrict the net assets as presented. |                                                                             |                              |
| 5. CFO Update                          | Rob Robinson provided an update on the CFO candidate search. The search continues however a review of the salary grade is being done and a change is being considered. |                                                                             |                              |

6. ADJOURNMENT
ITEM: Draft Minutes from the October 2, 2014, Board Meeting

DATE OF BOARD MEETING: November 6, 2014

REQUEST FOR BOARD ACTION:
Approve the draft minutes from the October 2, 2014, Board meeting.

CEO RECOMMENDATION:
Approve the minutes.

RESOURCE PERSON(S):
Robert Robinson, CEO; Veronica Ingram, Executive Assistant

GUEST(S) PRESENT: Amy Cannon, Cumberland County; Billy King, Cumberland Board of County Commissioners; Jimmy Hendley, Better Beginnings Healthcare Solutions; Betty B. George, CREST; Candace White, Clerk to Cumberland Board of County Commissioners; Dorothy M. Johnson, CFAC and NAMI; Dwayne Patterson, CREST; Gene Watts, Myrover-Reese; Greg Phillips, Fayetteville Observer; James Lawson, Cumberland County; Chairwoman Jeannette Council, Cumberland County Board of Commissioners; Jesse Brayboy, Agape Services; Lotta Fisher, Alliance CFAC; Melissa Cardinalli, Cumberland County; Michael Ball, MHSA CC Director; Michael McGuire, Alliance-Cumberland CFAC; Michael Patterson, CREST; Michael Tucker, Better Beginnings Healthcare Solutions; Mike Martin, Lighthouse; Rep. Rick Glazier, NC State House; Sally Shutt, Cumberland County; Shenae Whitehead, Carolina Outreach; and Terri Rose, Myrover Reese


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

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<td>2. Announcements</td>
<td>Chairman Stanford welcomed attendees. Commissioner Kenneth Edge introduced Cumberland County officials and Representative Rick Glazier.</td>
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A. BOARD APPLICANT INTERVIEW
Chairman Stanford advised the Board that an interview for the vacant Wake seat will occur on Wednesday, October 8, 2014, at 8:30 a.m.; this is before the 9:00 a.m. strategic planning meeting at Alliance’s corporate site. Members of the Board were also reminded of the invitation for the Strategic Planning meeting to develop Alliance’s mission, vision and values.

B. NEXT MONTH’S BOARD MEETING
Chairman Stanford reminded the Board that next month’s meeting will be at the corporate location on November 6. Additionally he stated that a schedule is being developed to hold some of the upcoming Board meetings at other Alliance community sites.

3. Agenda Adjustments | There were no adjustments.
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<td>4. Public Comment</td>
<td>Jesse Brayboy, PSR Provider, mentioned Alliance’s support especially during the merger transition with Cumberland County and that he appreciated Alliance’s efficiency. He encouraged other providers to work together as part of Alliance’s network of providers to best meet the needs of consumers.</td>
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<td>Terri Rose, representing Myover-Reese Fellowship Homes, provided information describing the services her agency provides. Additionally, Ms. Rose spoke of a positive relationship with Alliance and stated appreciation for the invitation to join Alliance’s Provider Advisory Committee (APAC) and appreciation for a smooth merger transition.</td>
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<td>Lotta Fisher, Cumberland CFAC Chair, and Michael McGuire, Cumberland CFAC Co-Chair, expressed appreciation to be in partnership with Alliance and that Alliance is holding their Area Board meetings at local sites.</td>
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<td>Shanae Whitehead, Children’s Services Coordinator with Carolina Outreach, provided information describing the services her agency provides; also, she expressed appreciation for Alliance staff and network. She encouraged continued cooperation to benefit consumers.</td>
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<td>Dorothy Johnson, representative from NAMI and member of Alliance CFAC, mentioned the NAMI walk this upcoming Sunday and reminded attendees of NAMI’s purpose and impact.</td>
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<td>5. Finance Committee Reports</td>
<td>The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board. The Finance Committee meets monthly at 3:00 p.m. prior to the regular Area Board meeting. The draft minutes of the September Finance Committee meeting were included in the Board packet. This month’s report included the budget to actual report and ratios for the period ending June 30, 2014.</td>
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<td>Finance Committee Chairman Jim Edgerton noted the Finance Committee report which included revenues and expenses. He also gave an update regarding state mandated ratios/financial guidelines and stated that Alliance has met these guidelines. Mr. Edgerton introduced Finance staff, Jennifer Ternay, Interim Chief Finance Officer, and Sara Pacholke, Finance Director. Ms. Pacholke provided additional information regarding the proposed FY 2014 year-end balance; she noted that adjustments may be made after the audit is complete.</td>
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<td><strong>BOARD ACTION</strong></td>
<td>A Motion was made by Mr. James Edgerton to approve the restricted amount of $21,657,088.00; seconded by Dr. George Corvin. Motion passed unanimously.</td>
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<td>AGENDA ITEMS:</td>
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B. Consumer and Family Advisory Committee Report  
D. Executive Committee Report  
F. Quality Management Committee Report  

The consent agenda was included in the Board packet which was previously sent to Board members. There were no additional comments or discussion regarding the consent agenda.  

**BOARD ACTION**  
A Motion was made by Mr. George Quick to approve the consent agenda; seconded by Mr. Lascel Webley, Jr. Motion passed unanimously.  

| 7. Recommendation for Reappointment to Alliance Area Board | Chairman Stanford presented the recommendation for the reappointment of Board member, Amelia Thorpe. He reminded the Board that as stated in the by-laws and pursuant to G.S. 122C-188.1.d Board members are allowed to serve up to three consecutive, three year terms. This will be Ms. Thorpe’s second term on the Alliance Board. There were no additional comments or discussion about the reappointment.  

**BOARD ACTION**  
A Motion was made by Mr. Phillip Golden to recommend Amelia Thorpe for reappointment to Alliance’s Area Board; seconded by Mr. Christopher Bostock. Motion passed unanimously.  

| 8. Board Training: Review of Performance Reporting and Reviews | Alliance is required to report and meet state performance expectations as defined in their contract in a number of areas. Beth Melcher, Chief of Program Development and Evaluation, and Geyer Longenecker, Director of Analytics and Quality Management, presented an overview of these requirements and how Alliance has met these expectations.  

Mr. Longenecker presented an overview of reporting requirements which include eighty-five separate monthly, quarterly and annual reports. He stated the types of reports requested and Alliance’s record in meeting State requirements and corrective actions put in place for areas of improvement.  

Dr. Melcher stated benchmarks from Senate Bill (SB) 208 and that Alliance meets all these benchmarks. In addition to State reports Dr. Melcher mentioned external reviews that are requirements of Alliance’s State contracts: URAC, Mercer, and Inter-Departmental Monitoring Team (IMT). The External Quality Review (EQR) is a federal Medicaid requirement. Additionally, Dr. Melcher mentioned services that impact Cumberland consumers specifically.  

### AGENDA ITEMS:

#### DISCUSSION:
There were no additional comments or discussion about the training.

#### BOARD ACTION
The Board received the training; no further action required.

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| 8. Updates   | A. External Quality Review (EQR) and Strategic Planning
Amanda Graham, Chief of Staff, provided a brief overview of the preparation and plans for the EQR visit which is part of Alliance’s contract with Division of Medical Assistance (DMA). Additionally, Ms. Graham mentioned that phase three of Alliance’s strategic planning session is next week and invited Board members to attend the Wednesday, October 8, 2014, session.

B. Alliance Presentations at Boards of County Commissioners Meetings
Robert Robinson, Chief Executive Officer, provided an update regarding Alliance’s upcoming presentations at local Boards of County Commissioners meetings. He stated that the purpose of these meetings will be to give an organizational update to the Boards of County Commissioners and to ask for their support in the coming legislative session. Mr. Robinson also thanked providers, Cumberland County officials and Commissioners for attending today’s meeting.

#### BOARD ACTION
The Board received the updates; no further action required.

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<td>9. Chairman’s Report</td>
<td>Chairman Stanford encouraged Board members to attend the strategic planning session on Wednesday, October 8. He also thanked Hank Debnam, Cumberland Site Director, Cumberland staff and guests for preparation and attending today’s meeting.</td>
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<td>10. Adjournment</td>
<td>With all business being completed the meeting adjourned at 5:07 p.m.</td>
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Next Board Meeting
Thursday, October 3, 2014
4:00 – 6:00

Robert Robinson, Chief Executive Officer

Date Approved
**ITEM:** Consumer and Family Advisory Committee (CFAC) Report

**DATE OF BOARD MEETING:** November 6, 2014

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

State statutes charge CFAC with the following responsibilities:

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

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

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

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

**REQUEST FOR AREA BOARD ACTION:**
Receive the Alliance CFAC draft minutes and Quality Management report from October 6, 2014.
CEO RECOMMENDATION:
Receive the draft report.

RESOURCE PERSON(S):
Marc Jacques, Committee Chair; Doug Wright, Director of Consumer Affairs
MEMBERS PRESENT: Marc Jacques, David Curro, Eric Hall, Lotta Fisher, Cr. Mike Martin, Faye Griffin, Sharon O’Brian, Michael McGuire, Caroline Ambrose, Kurtis Taylor; Johnetta Alston, Johnetta Alston, Israel Pattison, Doug Wright, Debra Duncan, Roanna Newton

GUEST(S) PRESENT: Geyer Longenecker, guests from UNC School of Pharmacy

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES: Minutes approved as written

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<td>Public Comment</td>
<td>None submitted</td>
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<td>5 minutes</td>
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<td>Consumer/Family challenges and solutions</td>
<td>No discussion</td>
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<td>10 minutes</td>
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<td>State Updates</td>
<td>Roanna Newton shared the State Newsletter/Update (Kerry Lynn will send out via email).</td>
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<td>5 minutes</td>
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<td>UNC Eshelman School of Pharmacy</td>
<td>Two UNC Pharmacy School students facilitated a discussion on medication, health and nutrition. They answered questions, shared a handout on medications and encouraged CFAC members to develop a relationship with their pharmacist. The group played Jeopardy (questions were pulled from the presentation). ABHC CFAC members thanked the UNC School of Pharmacy for the presentation.</td>
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<td>30 minutes</td>
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<td>Quality Management</td>
<td>Geyer Longenecker, Director of Analytics and Quality Management, discussed what Quality Management is working on. He provided a power point presentation to explain current projects in progress and trends being found based on data collected to date (copy attached). CFAC members asked many questions: What funds are available for community members with little or no insurance coverage for mental health; How can providers treating community members, within the homeless population, be compensated and encouraged to continue this necessary work; If</td>
<td>There were many more questions and it was determined that a list of questions will be compiled by Anna Cunningham and submitted for review. CFAC requested a follow-up presentation by I-DD Care Coordination.</td>
<td>30 minutes</td>
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<td>community members do not meet Medicaid criteria how can they be enrolled in services and assisted with coverage (health and mental health); Are we addressing community capacity versus consumer need; Does ABHC check needs and gaps within the waiver process (I-DD population); How does the GIS mapping work for ABHC; Where is ABHC with the CIS project?. A CFAC member asked if “secret shopper” calls to other departments, not just access, should be happening.</td>
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<td>Data Com subcommittee member: Johnetta Alston is looking at a newsletter format. CFAC members are still considering a website. CFAC would like the ability to use video conferencing for meetings.</td>
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<td>Sharon O’Brian has begun to attend the QM meetings. It is being reported that there is a need for more community feedback.</td>
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<td>ABHC Area Board reported that there was now a $20 million dollar surplus (surplus is a requirement of the state). ABHC is spending 85-86% of funds on services; the state minimum requirement is 80%. The ABHC Area board would like more community feedback (concerns, needs, positive interactions, etc.). This generated great discussion: CFAC is interested in learning more about: waitlist info- length of wait, numbers in queue, etc.; How are consumer/family challenges being addressed (peer support services);</td>
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<td>There was no update provided from the Human Rights Subcommittee.</td>
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<td>Cumberland County CFAC Subcommittee- hosted the ABHC board meeting. It was well attended. The opportunity to do this was well received.</td>
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Committee Reports
- Data Com
- Quality Management (QM)
- Area Board
- Human Rights
- County Subcommittee Updates
## AGENDA ITEMS:

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<td><strong>Durham County CFAC Subcommittee</strong>- no meeting- holiday</td>
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<td><strong>Wake County CFAC Subcommittee</strong> -the primary discussion</td>
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<td>of this meeting was the need to increase Wake/CFAC membership.</td>
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### MCO Updates

- October 6th -10th is Mental Illness Awareness week. ABHC has launched a new Mental Health Awareness campaign (movie theater commercials, TV ads, etc.)
- CCME is coming for an ABHC desk review in November 2014.
- NC Council Conference is scheduled for December 2014.

### Announcements

- State CFAC is working to have updates from local CFACs on a more consistent basis (Anna Cunningham is the Durham Representative working on this). It was suggested that a Twitter account be used for community updates.
- CFAC Brochures are now available.
- Please complete the Snapshot survey and return to Doug.
- Rob will begin to attend the CFAC meetings (schedule permitting). He will attend as an observer and a resource.
- Power of the Dream- has employment Opportunities for ABHC Consumers.
- Michael McGuire will share information on the Military Advisory Board and Veterans Consumer Advocacy board as it is made available.

## 5. ADJOURNMENT
Quality Activities at Alliance

- Quality Improvement Projects
- Performance Improvement Projects
- Quality Reviews
- Mini-Studies
- Ongoing analysis of data
- Follow up on grievances, complaints, incidents
- Surveys
- Provider Monitoring

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

- Typically more resource-intensive, longer-term, satisfy requirements of contractors and URAC
- Problem identified through ongoing data analysis
- Potential solutions have been identified
- Collect baseline and post-intervention data
- Test efficacy of interventions
FY 15 Quality Improvement Projects

Reduce Admissions to Emergency Departments (EDs) in Wake and Cumberland Counties

Goals:

- Reduce rate of behavioral health admissions to EDs by 5% and significantly reduce number of admissions of individuals with Medicaid in Cumberland & Wake

- Significantly reduce number of hours WakeBrook CAS in Wake County is on diversion (doors closed)
FY 15 Quality Improvement Projects

Reduce Admissions to Emergency Departments (EDs)

Interventions:

• Transitional Living beds in Cumberland operating, two Wake County providers awarded contract

• Efforts underway to expand hours of crisis center in Cumberland County to 24/7

• Rapid Response – provider identified and contract being finalized

• WakeBrook creating Alcohol Detox Unit
FY 15 Quality Improvement Projects

**Mystery Shopper** – Mystery review of internal and external processes, ensure consumer health/safety

*Review of recorded calls to Access & Information*

**Goals:**

- In 90% of calls, staff let caller know that call may be monitored for QA
- In 85% of calls, staff follow greeting protocol; fully assess callers seeking services; are polite & helpful
FY 15 Quality Improvement Projects

**Mystery Shopper** – Mystery review of internal and external processes, ensure consumer health/safety

**Review of recorded calls to Access & Information**

Interventions:

- Immediate follow up with Director of Call Center, recommendations made
- Staff training and coaching
- Action plan created and tracked
FY 15 Quality Improvement Projects

Mystery Shopper – Review of UM calls

Goals:

- 85% of calls follow greeting protocol
- 85% of staff are polite & helpful

Interventions:

- Staff training and coaching
- Action plan created and tracked

Serving Durham, Wake, Cumberland and Johnston Counties
FY 15 Quality Improvement Projects

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

Goals:

- 75% of quality elements are met or partially met
- At least 55% of health and safety quality elements are met or partially met

Interventions:

- Feedback letters sent to providers
- Training on person-centered elements of planning and crisis plan
FY 15 Quality Improvement Projects

First Responder – test crisis lines of providers

Goals: 100% of calls answered within 30 seconds, 95% of providers return calls in 1 (follow up) hour, 100% of staff answering calls are QPs or who have access to QP

Interventions:

- Providers assigned to “Tiers” based on last year’s performance
- Written feedback to providers after calls
- Refer to Compliance possible
## FY 15 Quality Improvement Projects

### First Responder

#### Results (Quarterly & Bi-Annual Tiers):

<table>
<thead>
<tr>
<th>Year 2 Goals</th>
<th>August 2014</th>
<th>Benchmark</th>
<th>Benchmark Met?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calls answered within 30 seconds</td>
<td>Met Goal: 37 (of 40)</td>
<td>93%</td>
<td>100%</td>
</tr>
<tr>
<td>Respond to voicemail within 1 hour</td>
<td>Met Goal: 4 (of 16)</td>
<td>25%</td>
<td>95%</td>
</tr>
<tr>
<td>Staff identify as QPs or have access to QPs (Live answers)</td>
<td>Met Goal: 19 (of 19)</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Serving Durham, Wake, Cumberland and Johnston Counties
**Inter-Rater Reliability** – test consistency between UM Care Managers

**Goal**: 80% agreement

**Interventions**: Training on procedures, group & individual supervision, beta-testing an online tool, changing how test is administered.

**Results:**

- **MH/SA UM** – July 2014 – 89% agreement
- **I/DD UM** – Participated in September 2014
FY 15 Quality Improvement Projects

Intensive In-Home – Improve quality of IIH services

Goals: Increase number of providers offering EBPs, reduce use of crisis services & law enforcement involvement, reduce suspensions/expulsions and mental health symptoms.

Interventions:

- Provider meeting to gather feedback on barriers to offering Evidence-Based Practices (EBPs)
- RFP conducted for high-quality providers
FY 15 Quality Improvement Projects

Intensive In-Home

- Project delayed due to RFP, continuing project in FY 15

- Re-Evaluation:
  - Pull data for another sample of youth receiving services after new contracts implemented (Fall 2014)
  - Monitor fidelity of models used by providers
FY 15 Quality Improvement Projects

Care Coordination – *Improve Services*

**Goals:**

- **MH/SA:**
  - Significantly increase community tenure
  - Reduce recidivism to community hospitals
  - Increase adherence to procedures
FY 15 Quality Improvement Projects

Care Coordination – *Improve Services*

**Goals:**

**I/DD:**

- Significantly reduce number of authorization requests denied/reduced
- 85% of new Innovations waiver participants receive services within 45 days of ISP approval
- Reduce number of clinical consultations
FY 15 Quality Improvement Projects

Care Coordination

Interventions:

- MH/SA: To be determined
- I/DD: Training/coaching of Care Coordination staff
FY 15 Quality Improvement Projects

Access to Care – *Improve initiation in services*

Goals:

- Increase consumer initiation in services based on need:
  - Emergent: 97%
  - Urgent: 82%
  - Routine: 75%
FY 15 Quality Improvement Projects

Access to Care

Interventions:

- Address technical issues of aggregating accurate data
- Identify means to collect valid data sources for Emergent & Urgent appointments
- Training of Call Center staff to address inconsistencies in data entry
- Identify and create action plan to address gaps in services
Gaps Analysis

- Updated report completed in October 2014.
- **Conclusions:**
  - Recruiting providers in rural areas may be challenging.
  - Actively develop and recruit culturally competent services and providers for the Hispanic/Latino population.
  - Cumberland County providers: knowledge of trauma informed care; collaborations with DSS, law enforcement, and the court system.
Gaps Analysis

• Increase the penetration rate for substance abuse services.
• Increase the number of psychologists, marriage and family therapists, and addiction counselors.
• Standardize provider expectations and offer training or provider collaboratives to improve quality.
• Review Residential services to determine whether additional lower cost options should be developed.
Gaps Analysis

- Engage consumers in continuous and integrated treatment to reduce health care emergencies.
- Study the residential and housing continuum to determine projected needs, capacity, and quality and address needs across the network.
Next report will be completed in April 2015

Analysis will include results of:

- Perception of Care Survey (completed in August 2014)
- Provider Survey (scheduled for Fall 2014)
- Geomapping (see examples):
  - 30 mile/30 minute requirement
  - Consumer choice of providers
Performance Reports

- Reports to DMA and DMH
  - Total of 85 separate monthly, quarterly and annual reports
  - Performance measurements
  - Performance standards
Performance Reports

Focus of Performance Reports:

- Mental Health services
- Substance Abuse services
- Intellectual/Developmental Disabilities (I/DD)
- Medicaid/State/County/Block Grant Funding
- Crisis System
- Justice System
Performance measured in the areas of:

- Call Center
- I/DD wait list
- Incidents
- Persons served
- Community psychiatric hospitalization
- Care Coordination
- Emergency Department utilization
Performance measured in the areas of:

- Authorization requests
- Claims
- Complaints/grievances
- Program integrity
## NC DHHS LME/MCO Performance Summary

**July 2014 Report**

### DMA Performance Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Standard</th>
<th>Alliance</th>
<th>Cardinal</th>
<th>Center</th>
<th>Cape</th>
<th>Coastal</th>
<th>Care</th>
<th>Eastport</th>
<th>EGBH</th>
<th>Partners</th>
<th>Sandhills</th>
<th>Slow Mountain</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Community Inpatient Readmits assigned to Care Coord.</td>
<td>85%</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Total % of Auth Requests Processed in Required Timeframes</td>
<td>95%</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>% Routine Auths Processed in 14 Days</td>
<td>95%</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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<td>Y</td>
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<tr>
<td>% Expedited/Inpt Auths Processed in 3 Days</td>
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<td>Y</td>
<td>Y</td>
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<td>Y</td>
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<td>Y</td>
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<tr>
<td>% of Claims Processed within 30 Days</td>
<td>90%</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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<td>Y</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>% of Complaints resolved in 30 days</td>
<td>90%</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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</table>

### DMH Performance Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Standard</th>
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<th>Center</th>
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<tbody>
<tr>
<td>Total % of Auth Requests Processed in Required Timeframes</td>
<td>95%</td>
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<td>N</td>
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<td>Y</td>
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<tr>
<td>% Routine Auths Processed in 14 Days</td>
<td>95%</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>% Expedited/Inpt Auths Processed in 3 Days</td>
<td>95%</td>
<td>Y</td>
<td>Y</td>
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<td>Y</td>
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<td>Y</td>
</tr>
<tr>
<td>% of Claims Processed within 30 Days</td>
<td>90%</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>% of Complaints resolved in 30 days</td>
<td>90%</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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<td>Y</td>
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</table>

### Combined Performance Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Standard</th>
<th>Alliance</th>
<th>Cardinal</th>
<th>Center</th>
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<th>Sandhills</th>
<th>Slow Mountain</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of calls Abandoned</td>
<td>&lt;5%</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>% Answered within 30 seconds</td>
<td>95%</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>

Yellow Highlights indicate the MCO did not meet the Standard for one or two consecutive months.
Pink Highlights indicate the MCO did not meet the Standard for 3 or more consecutive months.
ITEM: Executive Committee Report

DATE OF BOARD MEETING: November 6, 2014

BACKGROUND:
The Executive Committee sets the agenda for Area Board meetings and acts in lieu of the Area Board between meetings. Actions by the Executive Committee are reported to the full Area Board at the next scheduled meeting. Attached are the minutes from the September 16, 2014, meeting.

REQUEST FOR AREA BOARD ACTION:
Accept the report.

CEO RECOMMENDATION:
Accept the report.

RESOURCE PERSON(S):
William Stanford, Area Board Chair; Robert Robinson, CEO
Tuesday, September 16, 2014  EXECUTIVE COMMITTEE MEETING

APPOINTED MEMBERS PRESENT: ☒ Cynthia Binanay, ☒Christopher Bostock, ☒George Corvin, MD, ☒James Edgerton, ☒William Stanford, Chair ☒Scott Taylor (exited at 5:08), ☒Lascel Webley, Jr.

BOARD MEMBER(S) PRESENT: Phillip Golden

GUEST(S): KaRae’ Carey, Applicant for vacant Wake seat

STAFF PRESENT: Amanda Graham, Chief of Staff; Carol Hammett, General Counsel; Veronica Ingram, Executive Assistant; Rob Robinson, CEO

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the August 19, 2014, Executive Committee meeting were reviewed; motion made by Mr. Bostock and seconded by Mr. Webley to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIMEFRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. October 2, 2014, Board Meeting Draft Agenda</td>
<td>Mr. Robinson reviewed the draft agenda for the October Board meeting which will be at Alliance’s Cumberland site. Committee discussed topic specifically the proposed trainings. A Motion was made by Mr. Taylor to approve the agenda with the following change: postpone the Open Meetings Law training and extend the Performance Update training; seconded by Mr. Webley. Motion passed unanimously.</td>
<td>Ms. Ingram will update the agenda and communicate the changes to staff.</td>
<td>9/17/2014</td>
</tr>
<tr>
<td>4. Update: Staff Open Meetings Law Training</td>
<td>Ms. Hammett advised Board members that Alliance employees who staff their committee recently received this training; a similar training for Board members is forthcoming. Board discussed meeting at alternate Alliance locations for the remainder of FY 2015. Mr. Robinson stated that he will draft a schedule and will present the recommendation at the October Executive Committee. A Motion was made by Mr. Webley to hold future Executive Committee meetings on the third Tuesday of each month; seconded by Mr. Bostock. Motion passed unanimously.</td>
<td>Mr. Robinson will draft a schedule of proposed meeting locations for the remainder of FY 2015.</td>
<td>10/21/2014</td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
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</tr>
<tr>
<td>5. Board Meetings and Committee Meetings Attendance Update</td>
<td>Mr. Robinson provided an update of current attendance. He and Chairman Stanford noted that there were no concerns or issues at this time.</td>
<td>Ms. Ingram will provide an update at the October Executive Committee meeting.</td>
<td>10/21/2014</td>
</tr>
</tbody>
</table>
| 6. Board Members Terms Update | Mr. Robinson provided an update of the current Board roster and terms. The Committee discussed the topic and decided to add re-appointment of Board members to the October Board agenda. | A. Ms. Ingram will update the agenda.  
B. Mr. Robinson will contact Board members whose terms are due for re-appointment.  
C. Mr. Robinson will take appropriate action to get Board members reappointed. | A. 9/17/2014  
B. None specified. |
| 7. CFO Update | Mr. Robinson provided an update to the Committee regarding the search for a CFO; he noted that salary range could be a crucial part of the search for a CFO and additional IT staff. Committee discussed topic. | Ms. Ingram will include topic on next month’s Executive Committee agenda.  
Mr. Robinson will provide a plan to address issues with hiring a CFO at the next Executive Committee meeting detailing concerns. | 10/21/2014 |
<p>| 8. Strategic Plan | Ms. Graham mentioned the next phase of the strategic plan which is scheduled for October 7 and 8. Board members are invited to participate on October 8; part of this time will be used to revise the Mission/Vision statement. | Ms. Ingram will include this item on the October Executive Committee agenda. | 10/8/2014 |
| 9. Johnston County | Mr. Robinson provided an update regarding a recent meeting with Johnston County officials. Committee discussed topic including potential next steps. Ms. Hammett and Mr. Robinson are working on a draft inter-local agreement | None specified. | N/A |
| 10. Legislative Plan | Mr. Robinson stated that we are waiting to receive confirmation to determine if key legislators will be able to attend the legislative breakfast. If not, he will meet with legislators individually. | Mr. Robinson will provide an update at the October meeting. | None specified. |
| 11. Litigation Update | Ms. Hammett mentioned that there are ten pending cases; four are from the RFP process with an expected final hearing in October. Two are expected to be dismissed; one is awaiting a final determination. One is pending a final hearing. | None specified. | N/A |</p>
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. BOCC Meetings</td>
<td>Mr. Robinson reminded the Committee of upcoming dates for an Alliance presentation at the Durham, Cumberland and Johnston county BOCC meetings on October 6. He invited Board members to attend.</td>
<td>None specified.</td>
<td>N/A</td>
</tr>
<tr>
<td>13. Hospital ER</td>
<td>Ms. Binanay requested input regarding Alliance’s facilitation of crisis placement and clarification of hospital liaison positions. Committee discussed topic and potential next steps including an update from Alliance staff and resources available for consumers/family members regardless of their insurance carrier.</td>
<td>Mr. Robinson will find a time to present ER diversion methods at an upcoming Board meeting.</td>
<td>10/21/2014</td>
</tr>
<tr>
<td>Treatment of Mentally</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ill</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>14. Cost of Peer</td>
<td>Ms. Binanay requested input regarding who offers and supports this training and the fee for this training.</td>
<td>Ms. Graham will follow up on this item.</td>
<td>10/21/2014</td>
</tr>
<tr>
<td>Support Training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Wake Applicant(s)</td>
<td>A. Committee discussed applicants and proposal to reschedule applicant, McKinley Wooten’s interview, per his request, to 3:30 p.m. on November 6, 2014 or before the strategic planning meeting on October 8, 2014, at 8:30 a.m. The Committee noted a preference for the October 8 date. B. Additionally, Mr. Robinson provided an update on an application. Alliance staff do not recommend interviewing the candidate due to conflict of interest as applicant is currently employed with a contracted provider. Committee discussed topic and decided to not interview applicant.</td>
<td>A. Ms. Ingram will contact applicant with proposed new interview date on 10/8/2014. B. Ms. Ingram will inform applicant of committee’s decision.</td>
<td>A. 9/17/2014 B. 9/24/2014</td>
</tr>
<tr>
<td>Update</td>
<td>A.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Interview of</td>
<td>Committee met and interviewed Board applicant, Dr. KaRae’ Carey. Adam Brink-Larson.</td>
<td>None specified.</td>
<td>N/A</td>
</tr>
<tr>
<td>Board Applicant,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KaRae’ Carey</td>
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</tbody>
</table>

17. ADJOURNMENT
ITEM: Human Rights Committee Report

DATE OF BOARD MEETING: November 6, 2014

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. The Committee is currently chaired by Mr. Scott Taylor. Draft minutes for September 23, 2014, meeting are attached.

REQUEST FOR AREA BOARD ACTION:
Accept the report.

CEO RECOMMENDATION:
Accept the report.

RESOURCE PERSON(S):
Scott Taylor, Committee Chair; Doug Wright, Director of Consumer Affairs; May Alexander, QM Data Manager
## 1. WELCOME AND INTRODUCTIONS

## 2. REVIEW OF THE MINUTES – Ms. Binanay motioned and Ms. Gloston seconded that the minutes from 7-22-14 be approved. Approved unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership Interviews – Marie Dodson, Leanna George</td>
<td>Doug explained to the committee that Leanna George had withdrawn her name for consideration. Her family obligations are changing and her confidence in Ms. Dodson to represent Johnston County helped her to make her decision. Ms. Dodson was given the opportunity to talk about why she wanted to participate on the committee and why she thought it was important. Committee members ask a few questions of Ms. Dodson with very satisfactory answers. Mr. Taylor explained that the committee could only make recommendation to the Chairman of the Board of Directors for Alliance and that he was the appointing authority. Ms. Dodson thanked the committee for their time and hung up. The committee agreed by consensus that a recommendation should be made to the Chair for consideration of Ms. Dodson. Scott Taylor will make recommendation to Bill Stanford. September 24, 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grievances and Incidents – annual review/department updates</td>
<td>May Alexander presented the 2014 full year reports for grievances and incidents, the committee ask questions and gave her feedback on what they would like to see more of in this fiscal year. They pointed out items such as abuse and neglect where they would like staff to present more information. May will take the feedback, review with compliance the requests and update moving forward. Doug to send out electronic copies of May’s presentations. September 29, 2014</td>
<td></td>
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</tr>
</tbody>
</table>
Committee Procedure

Doug presented the committee with its procedure and the edits it had requested. Lodies Gloston moved for approval, Dan Shaw seconded and the motion carried unanimously.

Doug will forward the procedure to the Compliance Officer for review and CEO approval.

September 29, 2014

Training – Monthly starting at slide 22

The committee participated in annual training covering slides 22 through slide 38. Information was presented on conflict of interest and confidentiality, duties of the Alliance Consumer and Family Advisory Committee, the state CFAC, self-advocacy and how to be an effective self-advocate.

Continue training beginning at slide 39 titled Self-Determination.

November 25, 2014

5. ADJOURNMENT
ITEM: Quality Management Committee Report

DATE OF BOARD MEETING: November 6, 2014

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

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

In FY 15, members of the committee are: George Corvin, MD, Committee Chair (Area Board Member); Lascel Webley, Jr. (Area Board Member); Joe Kilheimer (CFAC-Durham member), Sharon O’Brian (CFAC member); Phil Golden (Area Board Member); Ann Akland (Area Board Member); Amy Neufeld (MH/SA Provider representative); and Lakisha Perry-Green (I/DD Provider representative).

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

The final minutes and materials from the September meeting are attached. At the September meeting, the committee, along with CEO, Rob Robinson, discussed the findings from the Area Board member survey to be presented at the September Board meeting. The committee agreed to broad recommendations to be presented. The committee reviewed and approved the FY 15 Quality Improvement Projects, evaluation of the QM Department, and the revised Quality Management Plan.
Plan. The committee reviewed data from the Innovations program: 99% of plans reflect consumer needs/goals, while only 63% of new recipients receive services within 45 days. Thus, QM is conducting a root cause analysis of the low% receiving timely care and incorporated it into the Care Coordination QIP. The committee also reviewed the “Operational Dashboard” data—a snapshot of Alliance’s operational performance such as number of incidents and complaints, readmissions to hospitals, percent of claims paid within 30 days, etc. Dashboard data will be presented on a quarterly basis. Finally, the committee received an overview of monitoring and auditing activities over the last fiscal year.

REQUEST FOR AREA BOARD ACTION:
Accept the report.

CEO RECOMMENDATION:
Accept the report.

RESOURCE PERSON(S):
Geyer Longenecker, Director of Analytics and Quality Management
**Welcome and Introductions:** George Corvin, Committee Chair, welcomed everyone.

**Review of the Minutes** – August 7, 2014 Minutes were read and Approved.

<table>
<thead>
<tr>
<th>Agenda Items: Old Business: (Geyer)</th>
<th>Discussion:</th>
<th>Next Steps:</th>
<th>Time Frame:</th>
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<tr>
<td><strong>Area Board Survey</strong></td>
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<td>• Rob Robinson, CEO, attended the first part of the meeting to review the survey findings and recommendations to be presented at the September 4 Board meeting. The committee agreed that the presenters should emphasize the report’s broader recommendations, and note that future actions could include alternatives to the specific items listed in the report.</td>
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<td>• The committee will ask Rob more insight into the ways Alliance staff can better inform the Board.</td>
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<tr>
<td><strong>FY15 Quality Improvement Projects</strong></td>
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<tr>
<td>• The committee reviewed and approved the FY15 QIPs; there were no objections.</td>
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<td>• Alliance QM staff will review existing reports and seek input from the Board as to what information it specifically wants to see.</td>
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<tr>
<td><strong>QM Department Evaluation</strong></td>
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<tr>
<td>• The committee reviewed and approved the 2013 QM Department Evaluation; there were no objections.</td>
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<td>• This is a living document which will be updated and reviewed at each GQMC meeting.</td>
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<td><strong>QM Program</strong></td>
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<td>• The committee reviewed and approved the FY 2015 QM Program; there were no objections.</td>
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<td>• Geyer reported that the EQR process site visit is scheduled for November 5-7, 2014. The date for submitting EQR information is the 2nd week of October</td>
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**New Business: Membership:**

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<td></td>
<td>Dr. Corvin noted the committee’s low attendance, and sought input on how to increase attendance.</td>
<td>• Review Board policies and procedures with legal counsel regarding meeting frequency, membership commitment, attendance requirements, use of teleconferencing, and voting requirements.</td>
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**DATA REVIEW:**

**Innovations Performance Measures:**
The committee reviewed Alliance’s FY 2013 Q3 report (Oct. 1, 2013 – March 31, 2014) to the state on the Innovations waiver project.
- New Innovations recipients: 161
- % of plans in which services/supports reflect consumer needs/goals: 99% (347/351)
- % of new Innovations recipients receiving services within **45** days (Jan-Mar 2014): 63% (15/24)
- Provider Measures
- Health/Safety Measures

**Operational Dashboard:**
The committee reviewed the LME-MCO Monthly Report summary for December 2013 – February 2014. Highlights included: An 11% increase in Medicaid members;
- Decrease in MH readmissions to community hospitals;
- 98% of claims processed within 30 days
- Geyer reported that the State has made prevalence rates a focus for the future and has started to review national standards.

**Results of Audits/Monitoring Activities (Alison Rieber):**
- Alison reviewed the development of the state’s Routine Monitoring Process and the tools developed by a DHHS/LME-MCO/Provider workgroup to ensure consistent

**TIME FRAME:**
- N/A
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<tr>
<td>regulatory compliance measures to monitor providers across the state.</td>
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<td>• Committee discussion focused on the outcomes of provider monitoring, provider perceptions of the monitoring process, and the challenges in initiating reviews of LIPs as now required by the state.</td>
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<tr>
<th>UPCOMING MEETINGS:</th>
<th>(Dates are final, items are tentative):</th>
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<tr>
<td>▪ October 2, 2014 – Service patterns, costs, and linkage to medical home for high cost/risk &amp; Medicaid Quad II &amp; IV; Training &amp; TA Report; Update on FY 15 QIPs (incl. access to care, use of EBPs, outcomes)</td>
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<td>▪ November 2014 – Cancel due to EQR visit</td>
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<td>▪ December 4, 2014 – Update on FY 15 QIPs, Report on Crisis Services, Operational Dashboard (see above)</td>
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<td>▪ January 1, 2015 – Cancel due to holiday. Happy New Year!</td>
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<td>▪ February 5, 2015 – TBD</td>
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<td>▪ March 5, 2015 – Update on FY 15 QIPs, Operational Dashboard</td>
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<td>▪ April 2015 – Cancel (Spring recess)</td>
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<td>▪ May 7, 2015 – FY 16 QIP proposals</td>
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<td>▪ June 4, 2015 – Quality Management Plan, Evaluation of Quality Management Department, final reports of FY 15 QIPs</td>
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<p>| NEXT MEETING: | October 1, 2014, 5:30-7:00p – Conference Room 208 | | |
| ADJOURNMENT | | | |</p>
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Thursday, September 04, 2014  GLOBAL QUALITY MANAGEMENT COMMITTEE

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<tr>
<th>Project Name (Areas of Focus, Status, Requirements Met)</th>
<th>Project Description</th>
<th>Data Source(s)</th>
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| Care Coordination (Clinical, MCO-wide) | **Concern:** Since February 1, 2014, Alliance has served over 4,500 unduplicated consumers in MH/SA Care Coordination, which includes providing linkage to services, supports and resources in an effort to optimize clinical outcomes, decrease recidivism to crisis facilities, and foster longer periods of community tenure. As of 4/01/14, over 1,500 consumers have active cases in MH/SA Care Coordination. The impact of Care Coordination services to consumers is currently unknown. In January 2014, QM conducted a brief documentation review analyzing the Care Coordinators’ adherence procedures for outreach and contact with consumers (called Intensity Level Checklists). That review yielded an average rate of 61% adherence across all four counties. These results have been a catalyst to revamping and redefining interventions and caseload size.  
**Need:** Determine which Care Coordination interventions are making the biggest impact on consumer outcomes.  
**QI Project:** Re-evaluate adherence to Care Coordination model (Intensity Level Checklists). Evaluate additional criteria including: number of consumers discharged from care coordination returning to care coordination, inpatient re-admission rates of consumers actively receiving care coordination, active treatment engagement prior to discharge from care coordination, linkage for barriers to engagement (housing, transportation, etc.), connection | Care Coordination caseload spreadsheets, Alpha PIE notes, Alpha authorization and/or claims reports | June 1, 2014 – June 30, 2015 | LME/MCO POC: QR Coordinator  
Additional Resources: QM Team members, Care Coordination, Medical Director or Asst. Medical Director, Chief Clinical Officer |
and/or referral to primary care physicians, number of days in care coordination, number of days community tenure, active provider/treatment engagement prior to care coordination, active provider follow-up and engagement post crisis discharge, number of consumers followed in care coordination with wrong contact information, number of consumers not engaging in treatment services with frequent crisis re-admissions, providers not meeting engagement standards post discharge from a crisis facility, number of consumers entering care coordination receiving an enhanced service, and number of consumers in care coordination with a primary substance abuse diagnosis not engaging in treatment services to determine effectiveness of current model. Additionally, a survey will be distributed to providers and consumers for input on what’s working best. The interventions to improve adherence may include training, coaching, and direct supervision of Care Coordinators, along with considering a change in the intensity of Care Coordination contact depending on individual consumer needs.

**Goals:**

- Reduce crisis admissions of consumers connected with Care Coordination.
- Increase adherence to Care Coordination procedures.

*Expand project to include I/DD Care Coordination.*
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<td><strong>Reduction of Admissions to Emergency Rooms</strong>&lt;br&gt;(Clinical, reduce ER use-local-Cumberland and Wake Counties)</td>
<td><strong>Concern:</strong> Although Alliance’s overall average rate of consumers admitted to Emergency Rooms (ER) is lower than the state average, the total number presenting and the care our consumers receive are concerning. Additionally, Alliance is responsible for paying for admissions directly related to Medicaid consumers’ behavioral health disorders. Cumberland &amp; Wake County continued to show an increase in the number of consumers admitted to the ER throughout FY 14. (Did not meet FY14 benchmarks).&lt;br&gt;&lt;br&gt;<strong>Need:</strong> Reduce ER admissions, particularly for high risk individuals (Medicaid recipients with unstable medical conditions, frequent utilizers of crisis services)&lt;br&gt;&lt;br&gt;<strong>New QI Project Suggestions:</strong>&lt;br&gt;&lt;br&gt;<strong>Target interventions in Wake and Cumberland Counties:</strong>&lt;br&gt;1. Promote recent expansion of Crisis &amp; Assessment Centers&lt;br&gt;2. Evaluate impact of newly-created Transitional Living services as a step down to crisis services&lt;br&gt;3. Improve quality/accountability/utilization of crisis services&lt;br&gt;4. Consider replication of High Utilizers of Emergency Services (HUES) model in Wake &amp; Cumberland</td>
<td>NC DETECT Mobile Crisis Management (MCM) Providers monthly, and semi-annual service reports Crisis Facility Providers 23-hour chairs and facility based monthly utilization reports Housing Data (TBD)</td>
<td>July 1, 2014-June 30, 2015</td>
<td>LME/MCO POC: QR Coordinator Additional Resources: QM team members, Care Coordination, Alliance Medical Director, Housing Specialists in Cumberland and Wake sites, Crisis &amp; Incarceration Manager. Requires substantial staff resources</td>
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<td>Project Name (Areas of Focus, Status, Requirements Met)</td>
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<td>counties (contingent housing data supports model or modified version).</td>
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<td><strong>Identified Barriers Past and/or New Needs:</strong></td>
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<td>1. Consistency and standardization of data tracking for data sources (i.e., MCM; and crisis facilities)</td>
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<td>2. Available software and/or data analysis program that will allow for prompt, clean data retrieval.</td>
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<td>3. Availability of housing data for Wake &amp; Cumberland counties that show chronically homeless adults receive a significant percentage of the costly emergency care. (HUES model)</td>
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<td><strong>Goal:</strong> Reduce # of admissions and overall rate of admissions to ERs in Wake and Cumberland Counties</td>
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<td>Project Name</td>
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| Inter-Rater Reliability (Non-Clinical, Improve Clinical Quality, URAC UM (MH/SA and I/DD–MCO)) | **Concern:** Alliance needs to maintain a high-level of reliability between UM Care Managers to support the quality of their decision-making. Discrepancies detected during a reliability study can highlight areas that require clinical discussion and consensus or, at the very least, checks of UM activity against published standards.  
**Need:** As per Medicaid and URAC requirements, Alliance needs to conduct a study of inter-rater reliability of UM Managers’ service authorization decisions at least quarterly. Data from previous QIP indicated that Care Managers did not achieve benchmark of 80% agreement for UM Department. Thus, the project needs to continue.  
**QI Project:** Conduct inter-rater reliability studies of UM MH/SA and I/DD Care Managers using a tool consisting of at least five vignettes, questions about policies and procedures, and questions about clinical decisions. The tool includes background information on the Care Manager, such as years of UM experience and areas of expertise to determine if factors impact results. A small group from Project Advisory Team will consider the use of an online system to more efficiently conduct and analyze results. Studies are conducted in a group setting to monitor for answer-sharing, reduce responder fatigue, and allow respondents to ask clarifying questions before inserting scores. Care Managers who score below 80% will receive one-on-one supervision to address concerns. Additional variances will be addressed through training or other interventions. At the end of study, QM will... | Scoring Tool  
SPSS spreadsheets and analysis  
Possible online system to conduct studies | Studies will take place quarterly: May 1, 2014 – June 30, 2015 | LME/MCO POC: QM Review Mgr.  
Additional Resources: QR Coordinators, UM staff, Alliance Medical Dir.  
Requires minimal to moderate staff resources |
determine if results have significantly changed due to interventions.
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| First Responder Evaluation of Providers (Clinical -MCO Catchment Area) | **Concerns:**  
- Even after the RFP allowed only providers selected for their clinical competency to remain in the network, the rates of unreturned crisis calls has not decreased. Only 1 of the 5 benchmarks for Crisis Response from the previous QIP was met.  
- The previous monitoring tool did not fit mobile crisis.  
- Difficultly obtaining accurate information about crisis numbers for providers.  
**Objectives:**  
Primary: Improve response rate for live answers and calls returned within 1 hour.  
Secondary: Create list of crisis numbers for active EB MH/SA providers.  
Secondary: Collect data on frequency of Comprehensive Crisis Plan use.  
**QI Project:** Alliance’s QM Department will conduct first responder studies of enhanced services providers on a tiered basis based upon results from previous QIP.  
Tiered monitoring of crisis lines:  
**Annually** – no issues on any of the Jan or Aug calls (called at least 2x). Roughly 25% of providers from previous QIP (Done 2nd Quarter)  
**Bi-Annually** – Issues on only one call (called at least 2x) (or those with no issues that were called | Crisis plans for active consumers with active providers will be reviewed as the source of 1st responder numbers. Providers will be called at various times during non-business hours. Standardized tools will be utilized to better ensure objective, quantitative and qualitative data. (Separate tools for EB MH/SA, Mobile Crisis, and IDD providers) | Calls will take place during the time period of July 1, 2014 through June 30, 2015 according to the schedule set by the tiered monitoring system. | LME/MCO POC: QR Coordinator  
Additional Resources: QM Team members, Contract Mgrs, Alliance Medical Dir.  
**Other factors to consider**  
Review grievance data for instances of complaints about 1st responders.  
Review records of crisis facilities for evidence of provider response to requests for information telephonically. |
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|                  | x2 in Aug) Roughly 50% of providers from previous QIP (Done 1st and 3rd Quarters)  
Quarterly – Issues on more than one call.  
Roughly 25% of providers from previous QIP  

If providers in the Annual or Bi-Annual monitoring tier had a negative result they would be added to the quarterly monitoring for the remainder of the QIP.  

Crisis numbers will be obtained by reviewing Crisis Plans (Basic and Comprehensive) for consumers receiving services that have first responder requirements. Data obtained would include telephonic answer rate, telephonic response time, face to face response time, and credentials of staff serving as first responders (at a minimum). Separate monitoring tools will be developed for Enhanced Benefit MH/SA providers and Mobile Crisis providers in order to tailor questions to the expectations of the service.  

**Interventions:**  
Offer Additional PCP/Crisis Plan Trainings  
Crisis Coverage added as an item to routine provider monitoring tool  
Refer poor performers to compliance (need to set thresholds for making referral)  
Post RFP: some providers were not selected to continue with services | | | | |
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</table>
| **Mystery Shopper-Access Center & UM**  
URAC Call Center & HUM  
*Continue Access call monitoring at request of Call Center Director and to ensure Alliance is meeting URAC requirement for two QIPs per accredited module (Call Center & HUM)* | **Concern:** The Access Center is typically an individual’s portal of entry into the public behavioral health system. It is critical that the initial experience be positive to ensure consumers continue with needed treatment. Alliance’s modified contract with a private company for call overflow coverage is another reason for the project (ProtoCall). We plan to monitor the performance of the contractor closely. Results from monitoring recorded calls will help inform decisions about extending the contract.  
Our Utilization Management department works closely with providers to ensure needed services are reviewed in a fair and timely manner. Providers have suggested that we review our internal authorization processes to ensure we are operating in an efficient way.  
**Need:** The call monitoring has proven to assist in determining areas of inconsistency as well as what Access staff are doing well. Additional monitoring of the sub-contractor, Protocall, will continue as well. This monitoring has assisted internal and external staff with the enhanced ability to locate gaps in performance measures and to assist in heighten the overall quality of interactions between community stakeholders (callers) and Alliance. Additionally, we would like to implement a “mystery review” of our own authorization and UM procedures due to feedback we received from provider staff. | Score Sheet  
Call monitoring software (Oaysis)  
Alpha (UM Authorizations) | July 1, 2014 – June 30, 2015 | QR Coordinator  
Director of Access Center  
UM-MH/SA and I/DD |
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<tr>
<td><strong>QI Project:</strong> On a quarterly basis, listen to a random sample of approximately 30 calls to Alliance Access Center and Protocall sample (undetermined number due to call volume). Random sample of at least six days, within day and night shift, during a quarter will be used in the sample.</td>
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<td>Continue to review a random sample of MH/SA PCPs until improvement in health/safety elements are sustained.</td>
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<td>Expand project to include review of UM authorization process.</td>
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<td><strong>Access to Care</strong>&lt;br&gt;URAC-Call Center &amp; Health Network&lt;br&gt;(Clinical, MCO-wide)&lt;br&gt;New Project</td>
<td><strong>Concern:</strong> Alliance Access staff link members to the appropriate services requested. If an appointment has been scheduled and the member attends, the Provider indicates the appointment has been completed. If a member does not attend appointment, the “pending” appointment information (that the appointment was not completed) is designed to automatically notify Access Center staff that the appointment was not completed. It is a concern that this notification has not been reliable in notifying Access staff that follow-up with the member is in order. Additionally, Alliance has not consistently met the state benchmark for linking consumers with care needed within 48 hours.&lt;br&gt;&lt;br&gt;<strong>Need:</strong> In order to ensure that consumers follow up on scheduled appointments, Call Center contact consumers who miss appointments. This follow-up includes two (2) phone calls and a contact letter.&lt;br&gt;&lt;br&gt;<strong>QI Project:</strong> In order to ascertain what has prevented or has caused Access staff to not be notified of an appointment missed by a member, a review of “pending” call activity will occur. Due to the nature of the activity, a quarterly review will occur (estimation of 20-30 pending calls a month). QM is also proposing a review of network providers to determine and implement an intervention to address problems resulting from over-capacity of needed services.</td>
<td>ALPHA (pending call report)&lt;br&gt;Network Capacity Studies</td>
<td>July 1, 2014 – June 30, 2015</td>
<td>QR Coordinator&lt;br&gt;Director of Access Center; Supervisors of Access Center; QM Business Analyst; Network Development Team; Alliance Medical Director or Asst. MDs</td>
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2013 Quality Management Evaluation

Revised August 31, 2014
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PURPOSE

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

HISTORY

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

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

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

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

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

QUALITY MANAGEMENT FOCUS

Alliance’s Quality Management Department is involved in important health and safety activities. Department staff processes grievances and incidents, addressing quality of care concerns, and tracks fraud and abuse issues.

Grievances: Alliance’s Quality Management Department manages grievances for the agency, reports on grievances at least quarterly, and coordinates with all other departments to ensure grievances are resolved to the best of abilities and the complainants’ satisfaction.

- 1,535 grievances were received between February and December of 2013 (931 related to State Block Grant funded services and 604 related to Medicaid funded services).
- The majority of grievances concerned providers and quality of care.
- The average percent of grievances processed within 30 days (DHHS requirement) was 93% overall, exceeding the required average of 90%.
- The majority of grievances were resolved by Alliance staff within 15 days.

**Incidents:** Alliance’s Quality Management Department also manages incidents for the agency.
- 2,652 Incidents were reported in 2013
- 82% of providers were reporting incidents per required timeframes
- 93% of incident reports submitted by providers were complete
- 89% of providers responded properly to incidents occurring in with their consumers
- 94% of providers categorized incidents properly
- 93% of providers ensured that consumers involved in incidents were effectively protected

Alliance provided training and technical assistance to providers on meeting incident reporting and handling requirements. Overall, providers were meeting incident reporting requirements. Reporting of incidents within required timeframes is an emphasis for FY14 and FY15 in the training given to provider staff.

Analyses were conducted on the types of incidents. There were 119 deaths reported in 2013 in the following categories:
- 13 Accidents
- 3 Suicides
- 65 Terminal Illness or Natural Deaths
- 38 Categorized as Unknown

All deaths and other serious incidents have root cause analyses conducted by senior medical and clinical staff. During this reporting time period, there were no significant trends or findings among providers related to serious incidents.

**Fraud and Abuse:** The Alliance Behavioral Healthcare Compliance Department staff analyzes data, monitors providers that are suspected of committing fraud or abuse, and meets regularly with senior leadership of Alliance to make determinations related to the findings. During 2013, there were 58 fraud and abuse cases under investigation, six of which were referred to the Division of Medical Assistance Program Integrity Division for further investigation. Some of these cases resulted in provider contracts being terminated.

**Protection of Rights:** Alliance Behavioral Healthcare hired a Director of Consumer Affairs to directly assist consumers who identify a possible violation of rights. There is coordination between Grievance Management staff and Consumer Affairs, as a grievance of a violation of rights would need to be filed. Alliance also has a standing Human Rights Committee, where incident, grievance, and human rights issues are discussed.

**PERFORMANCE STANDARDS**

Alliance’s Quality Management Department tracks the agency’s performance and whether Alliance is meeting or exceeding CMS, DMA and Alliance-defined minimum standard performance levels.

**Call Center:**
- During 2013, 35,215 calls were received.
- Only 1.7% of calls were abandoned. This met the DHHS standard of 5%.
- 98.8% of calls were answered within 30 seconds. This met the DHHS standard of 95%.

**Community Psychiatric Hospitalization:**
- During 2013, there were 760 admissions to Community Psychiatric hospitals.
- A total of 56 were readmitted within 30 days.
- Of these readmissions, 53 (93%) were assigned to Care Coordination. This met the DHHS standard of 85%.

**Authorizations:**
- 59,869 routine Medicaid requests for authorization for treatment were received.
- 95% overall of the routine Medicaid authorizations were approved.
- 99% of Medicaid authorizations were processed within 14 days. This exceeded the 95% required by DHHS.
- 2,244 expedited Medicaid requests for authorization for treatment were received.
- 99.9% overall of the expedited Medicaid authorizations were processed within 3 days. This exceeded the 95% required by DHHS.
- 267 Medicaid appeals for denied authorizations were processed. Of these, 17 (7%) were overturned due to consumer appeals.
- 16,460 routine State funded requests for authorization for treatment were received.
- 100% of the routine State funded authorizations were processed within 14 days. This exceeded the 95% required by DHHS.
- 2,277 expedited State funded requests for authorization for treatment were received.
- 99.9% overall of the expedited State funded authorizations were processed within 3 days. This exceeded the 95% required by DHHS.
- 66 State funded appeals for denied authorizations were processed. Of these, 10 (16%) were overturned due to consumer appeals.

**Claims:**
- 2,006,117 Medicaid claims were received during 2013.
- 15% of the Medicaid claims were denied, primarily due to provider errors. The latter 6 months (July through December) of 2013 averaged 12% denied, decreasing as providers were provided technical assistance.
- 99.9% of Medicaid funded claims were processed within 30 days. This exceeded the DHHS requirement of 90%. The average processing time for Medicaid claims was 4 days.
- 536,218 State funded claims were received between February 1, and December 31, 2013.
- 27% of the State funded claims were denied, primarily due to provider errors.
- 99% of State funded claims were processed within 30 days (exceeds requirement of 90%). Average processing time was 6 days.

**Senate Bill 108:** Alliance met or exceeded all requirements of Senate Bill 208 governing the performance of LME-MCOs.
- Financial reports were submitted in accordance with the Medicaid contract.
- The ratio of current assets to current liabilities was 1.35 for 2013, exceeding the 1.0 requirement.
- 99% of claims were paid in a timely manner. Training and technical support were supplied to providers to ensure submission of error-free claims.
- HIPAA-required data files were successfully sent and received.
PERFORMANCE IMPROVEMENT PROJECTS

Alliance’s Quality Management Department is charged with developing and implementing performance improvement projects using data from multiple sources that focus on clinical and non-clinical areas.

Quality Improvement Projects conducted in 2013 were:
- Inter-Rater Reliability for Utilization Management (UM) and the Access and Information Line
- Improving Intensive In-Home Services
- Mystery Caller/Review of the Alliance Access and Information Staff
- Reducing Visits of Consumers with Primary MH/DD/SA diagnoses to Emergency Rooms
- Evaluation and Improvement of the First Responder Crisis Response System

Inter-Rater Reliability for UM and the Access and Information Line

**Background and Issues:** Alliance needs to maintain a high level of inter-rater reliability among UM Managers and Call Center (Access and Information Line) staff to ensure consistency of their decision-making. Discrepancies detected during an inter-rater reliability study can highlight areas that require clinical discussions and consensus, and checks of UM and Call Center activity against published standards.

**Goals:**
1. Consistency between UM raters and Master increases to and maintains at an average of 80% or higher by December 2013.
2. Consistency between Call Center staff and their supervisor to be a minimum average of 60% by December 2013.

**Results:**
1. 75% average agreement between MH/SA UM staff and Master. Goal not met.
2. 60% agreement was met in all studies conducted with Call Center staff. Goal met.

**Interventions:**
1. Provision of coaching and training UM staff who score below 80% agreement on the study.
2. Conduct a debriefing of UM vignettes in group supervision to ensure all Care Managers and Peer Reviewers understand how items are rated.

Improving Intensive In-Home Services

**Background and Issues:** The Intensive In-Home (IIH) service is authorized more than any other Medicaid service for children in the Alliance catchment area. A substantial number of IIH requests, particularly in Durham County, have been referred to the Quality Management Department by UM Managers as Quality of Care concerns that might involve the safety of the consumer and/or family.

**Goals:**
1. Increase the number of network providers delivering IIH services using best or promising family and system models.
   a. Desired Outcomes of Providers:
i. Use of inpatient and crisis services, during IIH and after, will decrease compared to pre-IIH service provision.
ii. The percent of youth reporting school suspension/expulsion will decrease compared to pre-IIH service provision.
iii. The percent of youth with juvenile justice involvement will decrease compared to pre-IIH service provision.
iv. The percent of youth with behaviors that interfere with daily activities will decrease compared to pre-IIH service provision.
v. The percent of youth with mental health symptoms severity will decrease compared to pre-IIH service provision.

Results: Baseline data of providers using best practices were collected in April and May of 2013. Alliance issued Requests for Proposal (RFPs) were issued to limit providers to those offering best practices (with evidence) beginning in September of 2013. Therefore, data have not been collected yet to show results. This will occur in the summer or early fall of 2014.

Mystery Caller/Review

Background and Issues: Alliance is required to perform screening/triage/referral (STR) functions on a 24/7/365 basis, which is operated by the Alliance Access and Information Center (aka Call Center). The Access staff are often a person’s first contact with the MCO. This QIP is designed to gage appropriate judgment and courtesy of the Call Center staff when providing information and screening to individuals calling.

Goals:
1. At least 90% of Call Center staff reminds callers that calls may be monitored for quality assurance purposes.
2. At least 75% of Call Center staff follows protocol for answering calls.
3. At least 85% of the calls are rated as positive.
4. At least 85% of Call Center staff are rated as calm, polite, and friendly.
5. At least 75% of calls answered by the delegated agency for roll over calls will comply with Alliance’s procedures for answering calls.

Results:
1. 85% of Call Center staff reminds callers that calls may be monitored for quality assurance purpose. Goal not met.
2. 95% Of Call Center staff were rated as calm, polite, and friendly. Goal met.
3. 100% of staff in this sample followed protocols. Goal met.
4. 100% of calls were rated as positive (in the sample used). Goal met.
5. 75% of the calls answered by the delegated agency complied with Alliance’s procedures. Goal met.

Interventions:
1. Call Center staff received training on all procedures, particularly stating that the calls may be monitored for quality assurance purposes. Supervisors to ensure Call Center staff use the appropriate scripts.

Reducing Visits of Consumers with Primary MH/DD/SA diagnoses to Emergency Rooms
Background and Issues: Alliance’s overall average rate of individuals with MH/DD/SA diagnoses presenting to the emergency departments (EDs) is lower than the state average; however, the actual numbers of people presenting to the EDs are concerning. To meet goals of improving quality of life and recovery for people served, ED admissions should be reduced.

Goals:
1. Reduce the number of MH/DD/SA related admissions to EDs by 10% for Cumberland County, and 5% in Durham, Johnston, and Wake Counties.

Results:
1. Per the 4th Quarter FY13 (September – June 2013) NC DETECT report shows that all counties had increases in ED admissions. Goal not met.

Interventions:
Barriers experienced during Fiscal and Calendar Year 2013 were the transition of outpatient services in all counties, over-capacity admissions to the Wake County crisis facility, reduction of State Psychiatric Hospital beds, and delays in opening the Wake inpatient unit operated by the University of North Carolina Healthcare System, as well as closer of the Cumberland County crisis facility in that timeframe.

Recommendations:

a. Development and implementation of standardized data collection tools across all four counties.

b. Formalize data entry procedures to minimize human error and duplication of data input.

c. Address systematic ways to reduce the frequency of diversions at the Wake Crisis Facility.

d. Discuss the creation of additional state hospital beds across the Alliance catchment area.

e. Continue to support the expansion of hours at Cumberland County’s Crisis Facility.

f. Deliberate on ways to link community level diversion data to the overall reduction of ED utilization.

g. Continuation of monthly and/or quarterly collaborative meetings initiated and/or chaired by the Alliance Crisis and Incarceration Manager.

h. This QIP will be continued in Cumberland and Wake Counties.

Evaluation and Improvement of the First Responder Crisis Response System

Background: As part of the contract with the NC DHHS, Alliance is responsible for program integrity and monitoring activities, as well as routinely testing First Responder capacity and quality throughout the coverage area. Currently, there is no target or goal required by DHHS or URAC (Alliance’s accrediting body) for First Responder testing, but since it is a required activity, Alliance wants to ensure that providers are meeting appropriate criteria as a First Responder.

Goals:
1. 100% of test calls are answered within 30 seconds (either by a person or voicemail).
2. Of the providers that do no answer calls within 30 seconds by a person, 95% of those agencies will respond to a voicemail message from Alliance staff within 2 hours after the message is left.
3. 100% of provider staff answering the calls directly or returning calls are at least a Qualified Professional, as defined by NC General Statutes.
4. At least 85% of Mobile Crisis providers are able to be on-site within 1 hour of being dispatched.
5. 100% of Mobile Crisis providers are able to be on-site within 2 hours of being dispatched.
**Results:**
1. 91% of test calls were answered within 30 seconds. Goal not met.
2. 36% of provider staff responded to voice mail within 2 hours. Goal not met.
3. 86% of provider staff who answered or returned calls were Qualified Professionals. Goal not met.
4. 100% of Mobile Crisis providers were able to be on-site within 1 hour of the dispatch. Goal met.
5. 100% of Mobile Crisis providers were able to be on-site within 2 hours of the dispatch. Goal met.

**Interventions:**
1. Providers that did not meet the goals were sent letters from the Quality Management Director to notify them about what they needed for improvement.
2. Training was provided in December of 2013 by Alliance staff to First Responder providers, at the All Provider meeting and all training materials were posted on Alliance’s web site.
3. Re-test calls were conducted in September 2013 and there was an increase in goals met, particularly calls answered in 30 seconds, and responses to voice mail.

**Recommendations:**
1. First Responder numbers should be gathered from consumer crisis plans rather than direct outreach to providers.
2. Increased frequency of testing and feedback to providers should occur when issues are identified.
3. A standardized feedback tool will be developed and implemented.
4. Collect additional data to determine if the RFP process impacted First Responder performance.
5. Additional training to be provided to First Responders to clarify expectations, specifically about accepting blocked numbers and the importance of being able to leave messages on crisis lines.
6. A system and criteria for referrals to other Alliance departments will be developed.
7. Mobile Crisis providers should be tested separately and with different tools.
8. Quality Management is recommending a continuation of the project for at least one more year as the provider network stabilizes.

**UTILIZATION**

During 2013, Alliance began assessing the utilization of high-acuity services.

**Emergency Room (ED) Admissions:** Alliance uses claims data to track emergency room admissions and readmissions for Medicaid recipients with a primary diagnosis of mental health, substance abuse, or developmental disability. The data presented here are from the North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC-DETECT) reports provided on a quarterly basis. The data listed in the outcomes section are by fiscal year, as this is how they are reported.

NC-DETECT is North Carolina's statewide surveillance system that is developed and maintained through a partnership between the North Carolina Division of Public Health and the Carolina Center for Health Informatics in the Department of Emergency Medicine at the University of North Carolina at Chapel Hill. NC DETECT currently receives emergency department data from civilian hospitals via the North Carolina Hospital Association.
**Outcomes:**

- Total Emergency Department admissions for individuals with a primary mental health or substance abuse disorder in the Alliance four counties for FY 2013 totaled 19,374. This was slightly less than the two previous fiscal years. The developmental disability ED admissions category was so low it was not captured by NC-DETECT.

- Alliance ranks as the third lowest among current LME’s/MCO’s in rank per 10,000 lives, at 12th among 15, and 110 admissions per 10,000 lives. The Healthy Carolina 2020 target for mental health is 100.

- The average monthly ED admissions for a primary diagnosis of mental illness were 1,171. For a primary diagnosis of substance abuse disorders or conditions the average monthly admissions were 443. These totals are very closely aligned with FY 2012 admissions for all four counties.

**Hospital Admissions and Bed Day Utilization:** Hospital admissions and bed days utilized are tracked for eligible recipients in State Psychiatric Hospitals and community hospitals with which Alliance has a contract. The NC DHHS has not set a desired outcome for hospital admissions, but has set an outcome for hospital readmissions that are assigned to a Care Coordinator (85%). Admissions to State hospitals in the Alliance catchment area are slightly higher than the state average, with a total for FY2013 as 742. Although Wake County has the highest admissions, which is expected as it is the largest county by population, Durham had the highest rate per 10,000 eligible consumers.
State Psychiatric Hospital Admissions FY 2013:
Data source: NC Division of MH/DD/SAS

Bed Day Utilization Rates (State Psychiatric Hospitals):
Data source: NC Division of MH/DD/SAS

Alliance bed day utilization in State psychiatric hospitals was the highest among the LME’s/MCO’s in FY2013. Senior and clinical management at Alliance are studying reasons why this is occurring to determine if these data are true baseline, or if other factors are impacting admissions.
Community Hospital Admissions: Data for hospital admissions are delineated by payer source and location. Data for community hospital admissions are derived from claims paid for Medicaid recipients, and authorizations for uninsured individuals because Alliance does not pay for the uninsured, but is responsible for outpatient care.

Data Source: Alpha

The community hospital admissions during February through December of 2013 have more than doubled over this period of time. Factors leading to this are increased hospital capacity in Wake County, due to Dorothea Dix State Psychiatric Hospital closing, and increased crisis facility capacity in Wake County.

Community Hospital Readmissions: Medicaid readmissions totaled 116 during 2013. The readmission rate within 30 days (averaged by month) was 9%. Readmissions tend to vary significantly from month to month. It is important to know that individuals readmitted to a hospital are assigned a Care Coordinator over 90% of the time.

Uninsured Hospital Readmissions totaled 151 during 2013. The readmission Rate within 30 days (averaged by month) was 10%. As with Medicaid recipient readmissions within 30 days, the uninsured population readmissions can vary drastically from month to month, with an average of 10% for the 11 months. Although not an outcome the state has indicated for LME’s/MCO’s, care coordinators are assigned to uninsured individuals who are readmitted at least 90% of the time. The full MCO Report to DHHS is Attachment D in this document.

APPROPRIATENESS OF CARE

Alliance’s Quality Management Department is responsible for assessing the quality and appropriateness of care furnished to enrollees with behavioral health care needs.

During 2013, Alliance conducted a series of reviews of the quality of services provided in the four-county catchment area. Particular attention was paid to Intensive In-Home services, which were a leading area
of utilization. The reviews determined that providers needed to better meet the needs of consumers and families by using evidence-based practices and follow fidelity of those practices.

Alliance determined that service needs would be better realized by issuing a Request for Proposals (RFPs) for services. The RFP process targeted service area gaps to increase capacity and the quality of youth mental health and substance abuse services; reduce over-utilization of Intensive In-Home services; reduce the number of out-of-state residential placements of youth; increase intensive needs of adults with serious and persistent mental illness; and improve quality of life.

**Surveys**

Another effort regarding accountability is to survey consumers about satisfaction with services and to survey providers about their satisfaction with Alliance processes.

**Consumer Perception of Care Survey**

**Overview:** The North Carolina Mental Health and Substance Abuse Consumer Perception of Care Survey provides information on the quality of care in each LME/MCO’s catchment area, based on the perceptions of individuals and families who have received Medicaid or state-funded mental health and/or substance abuse services. The NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) instructed the LME/MCO’s on gathering the data and provided the surveys.

**Methodology:** DMH/DD/SAS allocated 1,450 surveys to Alliance Behavioral Healthcare LME/MCO with instructions to disseminate the survey materials to providers contracted with the MCO. Providers were to, in turn, distribute the survey materials to LME/MCO consumers, and return the completed surveys to the LME/MCO by July 12, 2013. To meet state and federal standards, Alliance Behavioral Healthcare was required to return at minimum of 400 completed surveys.

**Providers:** Providers eligible to participate were those that served at least 25 LME/MCO consumers and provided and billed for publically funded services within 60 days of the survey’s administration. The 30 providers who received surveys were randomly selected from a list of eligible providers generated from claims data for the months of May and June of 2013.

**Consumers:** Eligible participants were any active LME/MCO consumer who received publically funded services, Medicaid or IPRS, for behavioral health issues during the past 12 months. The number of surveys providers received varied from 20-140 based proportionally on the unduplicated client count LME/MCO consumers served by the participating providers.

**Survey Instrument:** Three survey instruments were used in the FY2014 administration:

1. The 2013 North Carolina Consumer Perception of Care Survey (Adults, all ages)
2. The 2013 North Carolina Consumer Perception of Care Survey (12-17 years of age)
3. The 2013 North Carolina Consumer Perception of Care survey for Families (YSS, families of children 0-11 years of age)

Surveys were distributed in both Spanish and English for each of the three instruments.

Each instrument included the following four sections:
I. **Background Information:** consumer demographic information, primary reason for seeking services, length of time served by provider, help seeking practices (Adults and Adolescents), number of hospitalizations (Adults and Adolescents), height and weight (Adults only)

II. **Perception of Care:** consumer perception of care, provider staff, and quality of life outcomes related to services received

III. **MCO/Network Provider:** consumer perception of routine and emergent services provided by MCO staff

IV. **Comments:** additional consumer feedback and request for follow-up from DMH/DD/SAS

Consumers 18 years and older were asked to respond to an additional section that addressed consumer physical health:

V. **Physical Health:** general perception of health, recent routine physical and/or dental examinations, medical conditions, tobacco use, physical activity

Consumers used a five-item Likert-type scale to demonstrate their level of agreement with the surveys’ statements (e.g., “Strongly Agree”, “Agree”, “I am Neutral”, “Disagree”, “Strongly Agree”, “N/A”). The survey instrument also included yes/no, multiple choice, and short answer questions to best capture the consumers’ background information, physical health, and perception of the MCO/network provider.

**Consumer Privacy:** Identifying consumer information (ex. name, social security number) was not included in any of the survey material. Providers were asked to offer consumers a sealable envelope and privacy while completing their surveys. Providers were also instructed to assure consumers that survey participation is voluntary and their responses will have no repercussion on the services they receive.

Twenty-nine providers returned 563 completed consumer surveys during the designated collection period, with a 38.7% response rate.

**Conclusions:**

1. Alliance Behavioral Healthcare had a successful return rate of this survey with 563 (of 1,450) surveys returned for a 38.7% return rate.

2. A high percentage of all respondents indicated satisfaction with services overall, and that they would continue with their current providers and refer to friends or family if asked. A high percentage also indicated feeling respected by and understood by their providers.

3. A moderate percentage of consumers are utilizing the ED for physical health care services. According to consumer self-report, 21% of children, 16% of adolescents, and 37% of adult participants have visited the ED at least once in the past 12-months primarily for physical health treatment. Adult consumers are also seeking ED treatment in large numbers for behavioral health problems. Sixteen percent (16%) of adult consumers reported receiving treatment for mental health symptoms within the past 12-months and 5% visited the ED for health problems around substance use. Both of these consumer groups visited the ED an average of 3 times in the past year.

**Recommendation:** Alliance Behavioral Healthcare should develop strategies to engage consumers in continuous and integrated treatment to reduce health care emergencies.
Alliance may consider a collaboration effort with hospital emergency department staff to improve discharge planning in order to direct consumers to more appropriate levels of care as well as to reduce inappropriate hospital admissions.

Provider Satisfaction Survey

The Provider Satisfaction Survey was conducted in partnership with The Division of Medical Assistance (DMA). This was an electronic survey via Survey Monkey, and letters were sent to all providers in the Alliance Network, along with an announcement in the Alliance Weekly Bulletin. Unfortunately, there was a low response rate. During the time that the survey was administered, Alliance was in transition with providers, especially in Wake County. It is likely that this transition had an effect on the response rate of 92 agencies.

The following is a summary of the results:

**Length of time as a Provider:** 83% indicated 5 or more years

**Provider Type:**
- 92% were agencies, and 7% were Licensed Individual Practitioners

**Types of Services Provided:**
- Community: 51
- Outpatient: 45
- Residential: 41
- Inpatient: 1
- ICFM/R: 6
- Innovations: 38

**Priority Populations Served:**
- Adult I/DD: 40
- Child I/DD: 28
- Adult Mental Health: 41
- Child Mental Health: 41
- Adult SA: 29
- Child SA: 15

* These are actual numbers indicated by providers. Some providers serve more than one population.

The strongest areas in which providers were satisfied were:
- Provider Network staff keeps providers informed of changes
- Provider Network staff are knowledgeable
- Provider Network meetings are informative and meet needs
- Claims are processed timely and are accurate
- Information Technology trainings are informative and meet needs
- LME staff are accessible for information, referrals, and appointments

There were a few areas that needed attention:
- Responding more quickly to provider needs
- Responding to local community stakeholders
- Training on claims and billing
• Ensuring Provider Network staff give accurate information

DEMOGRAPHICS

During 2013, Alliance has focused on expanding access to all demographic groups, care settings and types of services.

Alliance Behavioral Healthcare population demographics are mixed across the four counties, with portions of each county having some rural areas, and large sections of Cumberland, Durham, and Wake with populous cities. Wake County historically has been below the statewide average of poverty percentages, and has the lowest poverty rate of the 4 county region as of June of 2013. The Hispanic population in Alliance’s four counties is higher than the state average and has continued to grow over the past decade (US Census Bureau, 2012).

Demographics:
2012 U.S. Census Bureau Estimates

<table>
<thead>
<tr>
<th>County</th>
<th>Population</th>
<th>Poverty Rate</th>
<th>Square Miles</th>
<th>Rural/Urban</th>
<th>Persons per Square Mile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumberland</td>
<td>324,049</td>
<td>16.8%</td>
<td>652</td>
<td>Mix</td>
<td>490</td>
</tr>
<tr>
<td>Durham</td>
<td>279,641</td>
<td>18.0%</td>
<td>286</td>
<td>Urban</td>
<td>936</td>
</tr>
<tr>
<td>Johnston</td>
<td>174,938</td>
<td>16.1%</td>
<td>791</td>
<td>Rural</td>
<td>213</td>
</tr>
<tr>
<td>Wake</td>
<td>952,151</td>
<td>10.9%</td>
<td>860</td>
<td>Urban</td>
<td>1079</td>
</tr>
<tr>
<td>Total</td>
<td>1,730,779</td>
<td>16% Ave</td>
<td>2589</td>
<td>Mix</td>
<td>2718 (average=680)</td>
</tr>
</tbody>
</table>

Ethnicity:

<table>
<thead>
<tr>
<th>County</th>
<th>White</th>
<th>Black</th>
<th>Asian</th>
<th>American Indian</th>
<th>Hispanic/Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumberland</td>
<td>53.7%</td>
<td>37.0%</td>
<td>2.5%</td>
<td>1.7%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Durham</td>
<td>53.0%</td>
<td>38.8%</td>
<td>4.9%</td>
<td>1.0%</td>
<td>13.4%</td>
</tr>
<tr>
<td>Johnston</td>
<td>80.9%</td>
<td>15.7%</td>
<td>7.7%</td>
<td>0.6%</td>
<td>13.0%</td>
</tr>
<tr>
<td>Wake</td>
<td>69.6%</td>
<td>21.4%</td>
<td>5.8%</td>
<td>0.8%</td>
<td>10.0%</td>
</tr>
<tr>
<td>N. Carolina</td>
<td>71.9%</td>
<td>22.0%</td>
<td>2.5%</td>
<td>1.5%</td>
<td>8.7%</td>
</tr>
</tbody>
</table>

Will not equal 100% due to more than one race being reported Source: US Census Bureau, 2012 QuickFacts

Medicaid Eligible¹:

<table>
<thead>
<tr>
<th>County</th>
<th>Under 18</th>
<th>Adult (18+)</th>
<th>Total Medicaid¹</th>
<th>Total Population²</th>
<th>Medicaid Eligible as % of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumberland</td>
<td>24,141</td>
<td>32,994</td>
<td>57,135</td>
<td>324,049</td>
<td>17.6%</td>
</tr>
<tr>
<td>Durham</td>
<td>22,342</td>
<td>19,100</td>
<td>41,432</td>
<td>279,641</td>
<td>14.8%</td>
</tr>
<tr>
<td>Johnston</td>
<td>14,525</td>
<td>13,544</td>
<td>28,069</td>
<td>174,938</td>
<td>16.0%</td>
</tr>
<tr>
<td>Wake</td>
<td>46,352</td>
<td>37,924</td>
<td>84,286</td>
<td>952,151</td>
<td>8.9%</td>
</tr>
<tr>
<td>Total</td>
<td>107,360</td>
<td>103,562</td>
<td>210,922</td>
<td>1,730,779</td>
<td>14.3%</td>
</tr>
</tbody>
</table>

¹Source: NCDHHS Authorized Medicaid Eligibles by County Report Month June 2013 (all categories)
²US Census Bureau 2012 Population Estimates
### Medicaid Prevalence June 2013:

<table>
<thead>
<tr>
<th>Diagnosis Category</th>
<th># of Persons Receiving Services</th>
<th>% Receiving Services</th>
<th>Unduplicated Count of Medicaid Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>MH</td>
<td>11,751</td>
<td>6.2%</td>
<td>189,657</td>
</tr>
<tr>
<td>I/DD</td>
<td>2,211</td>
<td>1.2%</td>
<td></td>
</tr>
<tr>
<td>SA</td>
<td>1,045</td>
<td>.6%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Unduplicated</strong></td>
<td><strong>14,386</strong></td>
<td><strong>7.6%</strong></td>
<td><strong>189,657</strong></td>
</tr>
</tbody>
</table>

Source: Alpha, June 2013, unduplicated Medicaid

### State Funded Prevalence 2013:

<table>
<thead>
<tr>
<th>Diagnosis Category</th>
<th># of Persons Receiving Services</th>
<th>% Receiving Services</th>
<th>Unduplicated Count of State Funded</th>
</tr>
</thead>
<tbody>
<tr>
<td>MH</td>
<td>3,111</td>
<td>1.2%</td>
<td>261,408</td>
</tr>
<tr>
<td>I/DD</td>
<td>989</td>
<td>.4%</td>
<td></td>
</tr>
<tr>
<td>SA</td>
<td>1,176</td>
<td>.4%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Unduplicated</strong></td>
<td><strong>5,190</strong></td>
<td><strong>2.0%</strong></td>
<td><strong>261,408</strong></td>
</tr>
</tbody>
</table>

Source: ‘Alpha, June 2013, unduplicated counts & DMH/DD/SAS

Given the growth of the Hispanic population that qualifies for Medicaid, Alliance’s System of Care has steadfastly worked with the Provider Network to enhance cultural competence and offer bi-lingual therapists for this population. The latest Alliance Provider Capacity Study shows that while there are services specific to this population; more could be provided in Durham and Johnston counties, particularly.

Prevalence and performance data indicate that individuals with substance abuse issues are not staying in treatment long enough (DMH/DD/SAS 2nd Quarter 2013 Community Progress Report). Results from an Alliance Quality Improvement Study regarding substance abuse services indicates that providers should be following the specific modalities and staffing criteria set forth in the DHHS Service Definitions for Substance Abuse Intensive Outpatient (SAIOP) and Substance Abuse Community Outpatient Treatment (SACOT). Therefore, RFPs were distributed and selected in December of 2013 in order to improve quality of care in this area.

### NETWORK PROVIDERS

**Transition of Local Providers**

In July 2012, Alliance Behavioral Healthcare was formed with merging Durham and Wake County Area Authorities into one. Cumberland and Johnston counties at that time were contracted with Alliance to perform a variety of managed care responsibilities in those counties. In December of 2013, Cumberland County merges with Alliance, creating a network of over 2,000 credentialed providers.

In order to develop and maintain a provider network that promotes recovery, the types of services provided, models and best practices used by providers, and availability of these services that are close to home, was considered when choosing providers. With this aim in mind, Alliance depends on a strong and diverse network of agencies and group practices, licensed independent practitioners and hospitals to provide the range of high-quality services and supports required by the densely-populated Alliance region. To meet that goal, Alliance considered over 2,000 provider applications in the credentialing, enrollment, and contracting process.

The Consumer and Family Advisory Committees (CFACs) and Provider Advisory Council, representing the 4 counties comprising the region, provided input into the requests for proposal process to choose highly qualified providers to assume the services previously provided in Wake and Cumberland Counties.
Additional services were provided in Durham County throughout this process in 2013. Following is the status of Medicaid and state funded providers and individuals served for 2013, reported by funding sources (The full Provider Capacity, Community Needs Assessment and Gaps Analysis 2014 is Attachment C of this document):

### Medicaid Providers and Individuals Served

<table>
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<tr>
<th>Service</th>
<th>Alliance Providers</th>
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*Intake, assessment, evaluation, medication management, counseling, therapy, testing. LIPs are included in the outpatient only number.
**Unduplicated

State Funded Providers and Individuals Served

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*Intake, assessment, evaluation, medication management, counseling, therapy, testing

**Unduplicated

**PROVIDER MONITORING**

Alliance’s QM Department also oversees routine provider monitoring as required by the state. In April 2013, DHHS notified Alliance that Gold Star Monitoring was to begin. Alliance was instructed to inform providers of routine monitoring four weeks in advance. Alliance began initial monitoring on June 1. Alliance conducted the initial monitoring using 10 samples because it allowed Alliance to monitor more providers and let providers test themselves against the new tools with more limited risk.

Alliance initially chose to monitor agencies based on the type of service. The agency then switched its focus to smaller agencies within the catchment area because of concerns regarding multiple LME/MCOs monitoring the same agency.
Between June and December 2013, Alliance monitored 67 agencies. A total of 63 did not pass the initial review and required follow-up for the following reasons:

- Patient Rights (28)
- Records (11)
- Personnel (10)
- Post Payment (10)
- All other reasons (5)

Eight agencies (12%) obtained an overall score of less than 85% indicating a variety of issues across multiple areas. Two agencies have failed to bring their score up to 85% at 60 day follow up and were referred to the compliance committee.

A total of 31 agencies required recoupment (66% of all agencies monitored). The average recoupment was $428.00.

**ACCESS TO CARE**

Alliance believes that the services available through its network of providers should reflect its commitment to support outcomes of recovery, resiliency and self-determination for the individuals served. Alliance must seek not only to develop a continuum of services that support these outcomes, but must assure that best practice and evidence-based models are offered, that adequate capacity is available, and that providers are fiscally-viable.

During 2013, Alliance Behavioral Healthcare successfully implemented new and enhanced strengths that Alliance Behavioral Healthcare has been recognized for include a diverse service array among the four county areas, low rates per capita of emergency room admissions, provision of a variety of crisis services in each county, local community inpatient psychiatric units, specialized care coordination for individuals with high risk needs, and recovery-focused programs.

Areas identified in FY13 that need enhancements included augmenting the provision of trauma focused care, reducing lengths of stay in emergency rooms, improving discharge planning from inpatient and crisis facilities, providing additional supportive employment, reducing hospitalizations of individuals with complex physical and behavioral health problems, and improving the quality of child and youth programs. These previously identified gaps and needs are major goals for Alliance to continue throughout the next two years in its Local Business Plan.

Alliance Behavioral Healthcare has a long-standing commitment to the System of Care (SOC) approach as a way of doing business. SOC values and principles reflect a collaborative foundation for comprehensive, person and family-centered, strength-based treatment planning.

Alliance’s unique SOC philosophy utilizes a fully-integrated adult and child model that encompasses the entire life span and the array of supports a person or family needs to be successful in their community.

Each of the Alliance communities supports a strong and thriving Community Collaborative comprised of family members, public and private partners, and other stakeholders. Each Community Collaborative
identifies system priorities to improve the quality of life and outcomes for vulnerable citizens and families.

**Achievements in 2013:**

- The Alliance SOC was endorsed by the NC Department of Health and Human Services to offer our innovative “Introduction to System of Care” training to care providers and community partners.
- Care Reviews for children and adults brought together teams of service providers, friends and family to coordinate the comprehensive care that leads to better outcomes.
- Three nationally-certified trainers in Mental Health First Aid, an evidence-based curriculum that reduces stigma, increases community awareness of the signs and symptoms of mental illness, and teaches skills on how to help someone who may be developing a mental health problem.
- Mental Health 101 training was provided to hundreds of first responders and public school personnel.
- BECOMING, a Durham County award-winning, federally-funded System of Care Initiative collaborated with Durham Public Schools to host Real World Youth teaching over 200 youth budgeting, banking and life skills to help them make the transition to adulthood.
- 3,000 children, youth and community members participated in BECOMING’s National Children’s Mental Health Awareness Day activities.
- BECOMING conducted outreach to 750 people at 25 community trainings and workshops.

**Transitions to Community Living Initiative:** Alliance implemented the Transitions to Community Living Initiative to offer adults with mental illness housed in adult care homes and State facilities the option of more community-based, less restrictive care settings as part of North Carolina’s settlement with the U.S. Department of Justice.

During the first five months of the initiative Alliance staff processed over 170 screenings/referrals for individuals to enter adult care homes. These screenings were sent from 15 hospitals. In-reach services were provided to over 200 individuals in 17 adult care homes and five adult mental health supervised living group homes. Some 23 individuals were approved for housing slots with seven actually moving into independent housing by June 30, 2013.

**Housing:** Safe, secure, affordable housing is fundamental to recovery. The Independent Living Initiative provides one-time, short-term financial assistance to adults served by Alliance while working with providers to develop sustainable housing plans. This can include help with rent and security deposits, emergency utility payments, and start-up costs for moving into permanent housing. Stable housing empowers people to improve decision-making skills, become an active member of the community, and successfully address behavioral health issues. Homeless children spend their formative years without the basic resources needed for mental, physical, emotional, and social development. The services and support provided by Alliance gives them the residential stability they need to have more productive school and social outcomes.

In Durham County, two additional long-term supported housing programs funded by the U.S. Department of Housing and Urban Development served 26 homeless parents and children and four chronically-homeless individuals. Almost 50% of the participants in the Housing and Urban Development funded programs were under the age of 12.
ACCOUNTABILITY

Accountability can be defined in many ways. It is being used in this report as Alliance being accredited, passing finance audits, state and other reviews. In addition, monitoring of the provider network is a component of accountability. Quality Management is interwoven across functions in the agency, with Quality Improvement Projects (QIPs) being a mechanism to ensure quality services and processes are being conducted.

Alliance has passed all financial audits conducted between February 1 and December 31, 2013.

Alliance was newly accredited for Provider Network and Call Center functions, and reaccredited in Utilization Management January 1, 2014. The NC DHHS conducted periodic reviews of Alliance being ready to carry out functions appropriately as a managed care organization, and each was passed appropriately.

Monitoring of the provider network occurs in several ways; Provider Network Evaluators conduct on site reviews to ensure providers are meetings quality measures predetermined by DHHS, as well as by the Alliance Compliance Department conducting audits and reviews to determine if fraud, waste and abuse have occurred.

Another mechanism to ensure quality is via the Quality Improvement Projects (QIPs) and Performance Improvement Projects (PIPs) that are managed by the Quality Management Department.

EMPOWERING CONSUMERS AND FAMILIES

Alliance works closely with the individual county CFAC’s as well as the Alliance CFAC, to gather input and feedback into processes, including serving on committees such as the Quality Management Committee, the Human Rights Committee, and consumers have a representative on the Board of Directors of Alliance. In addition, Alliance collaborated with the CFAC in choosing providers to assume the services previously provided by Wake County and participated in Alliance’s Board Budget Retreat. CFAC members carried their concerns to local legislators about the needs of the communities and served as respected voices at the State CFAC level.

As part of the Quality Management projects that occur throughout the year, CFAC members and other stakeholders are asked to be volunteers for mystery caller and other survey projects.

BUILDING COMMUNITY PARTNERSHIPS

Alliance assembled a vibrant, engaged CFAC and Provider Advisory Council (PAC) representing the four counties in the region. Existing CFACs and PACs in each county continue to meet locally and offer feedback to the corporate advisory groups.

The 24-hour Alliance Access and Information Center processed 90,000 calls from consumers, community, and hospital-based behavioral and general healthcare providers, and other stakeholders and partners. Alliance professionals in the Access and Information Center play an important role in coordinating care and ensuring that individuals are engaged in appropriate treatment. They serve as critical liaisons to hospital emergency departments, resulting in shorter stays or diversion to less-intensive settings when appropriate.
Alliance reached thousands of stakeholders and partners across the region by sponsoring over 100 opportunities to learn about the mergers, Medicaid Waivers and managed care operations.

Additionally, UNC Health Care and Cape Fear Valley Health System partnered with Alliance to assume operation of the Crisis and Assessment Centers in Wake and Cumberland counties.

One of the most important aspects of promoting recovery is to reduce emergency department (ED) and inpatient psychiatric admissions. Alliance embedded Care Coordinators in hospital EDs to monitor admissions of people with a primary behavioral health diagnosis, facilitated shorter stays, and ensured linkages to follow-up care upon discharge. These interventions assist with increasing the likelihood of successful outcomes for consumers.

Partnerships were developed with UNC Health Care and Cape Fear Valley Health System in the latter months of calendar year 2013 to assume operation of the Crisis and Assessment Centers in Wake and Cumberland Counties, strengthening crisis capacity in those communities.

In addition, Crisis Intervention Team (CIT) training was provided that teaches police officers, firefighters, emergency responses technicians, and other emergency room responders the skills to recognize and respond appropriately to individuals in behavioral health crisis. This has resulted in over 1,400 first responders being trained throughout 2013.

**Outcomes:**
- ED admissions decreased 9% during the first three quarters of FY13 from the same period the previous year, including admissions of high-utilizers of ED services.
- An initiative that provides intensive care coordination to Durham County’s top 25 high-utilizers reduced their ED admissions (of the 25 cohort) by 80% with a six-month cost savings of $186,000.
- Alliance met established goals of 7% or less for readmissions to State Psychiatric Hospitals within 30 days, and 17% or less for readmissions within 180 days.

Another aspect of promoting recovery is to have appointments readily available when needed, particularly after being discharged from a crisis facility or hospital. Appropriate routine care that is readily available can prevent emergency room admissions. Alliance developed an Open Access model that allows consumers to see a psychiatrist and obtain needed medications the same day they call for assistance. In Wake County, the model was successfully adopted by the agency that assumed adult outpatient care previously provided by Wake County Human Services, and by most of the larger outpatient providers there. This Open Access model has been adopted by larger practices in Durham County as well. Alliance is currently working with Cape Fear Valley Health System in Cumberland County to implement the same model.

**Outcomes:**
- Among Wake County providers accepting electronic referrals for the Open Access model, the average time for an appointment to be scheduled decreased from 17 days to less than five days.
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INTRODUCTION

Description of Alliance

Alliance Behavioral Healthcare was created on July 1, 2012 with the merger of the Durham Center and the Wake County LME. On February 1, 2013, Alliance begins managed care operations under the Medicaid 1915 (b)/(c) waivers in Durham, Wake, Cumberland and Johnston Counties, with responsibility for approximately 186,000 individuals eligible for Medicaid and a total population in excess of 1.7 million. Over 900 providers are credentialed and enrolled initially in the Alliance Provider Network. At the end of FY 2013, Alliance merges with the Cumberland County LME in a process that is largely seamless for the citizens of that county, and its staff become employees of Alliance. The network now includes over 2000 credentialed providers.

Alliance has the second largest Medicaid population among the 10 MCOs in North Carolina:

<table>
<thead>
<tr>
<th>MCO</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardinal</td>
<td>345,073</td>
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<tr>
<td>Alliance</td>
<td>222,721</td>
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<tr>
<td>Eastpointe</td>
<td>200,945</td>
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<tr>
<td>Centerpointe</td>
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<td>Partners</td>
<td>157,328</td>
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<tr>
<td>ECBH</td>
<td>104,952</td>
</tr>
</tbody>
</table>

Alliance's Mission Statement

Alliance pursues a community effort dedicated to supporting the lives of citizens affected by mental illness, developmental disabilities, and substance abuse by assuring a collaborative, accessible, responsive, and efficient system of services and supports. An overlying philosophy of Alliance Behavioral Healthcare is to be an organization whose management focuses on its responsibility to maintain a fiscally sound agency, but will never permit this focus to undermine its responsibility to the delivery of exceptional care to those in need.

Alliance’s Vision

Alliance is a community with energy and momentum that embraces people with disabilities as equal partners and valued citizens. Alliance believes that when citizens with disabilities reach their full potential, the entire community benefits.

What Alliance Values
Discovering ways to nurture community strengths in order to accomplish what none of us can do alone;
Involving stakeholders for the advancement of all citizens in our diverse community;
Partnerships with community agencies that assure that best practices are applied through person-centered planning;
Community resources that offer enduring ways to support people with disabilities;
Community partners that leverage dollars and develop in-kind partnerships to respond to the mental health, developmental disabilities and substance abuse services needs of all citizens;
Advocacy efforts that challenge the MH/DD/SAS delivery system to improve continuously;
Accountability of all parties in the system;
Exemplary practices that lead to meaningful outcomes and are cost effective;
High consumer and family satisfaction;
Collaboration with our community partners and stakeholders;
Building community capacity that includes the identification of existing community resources and gaps.
Services and supports that are consumer and family friendly, age appropriate and culturally competent;
The flexibility of the MH/DD/SAS system to provide programs and supports when needed, at the level needed and in the amount necessary, so people may enter and exit components of the system as their needs change and without fear of re-entry complications;
Ongoing community education that assists in the elimination of stigma and discrimination.

Alliance Behavioral Healthcare upholds the highest integrity for the staff, enrollees, families, providers, and all other stakeholders to ensure that enrollees receive:
Access to high quality clinical and human services
Best practice programs and innovative ideas to shape and trend services, outcomes, and community needs
The highest level of customer service to address needs

Alliance Customers

The four counties that make up Alliance Behavioral HealthCare are racially and ethnically diverse. A greater percent of racial and ethnic minorities live in Durham and Johnston Counties, as compared to the rest of the state. Fifty-four percent (54%) of residents identified themselves as non-white or as multiracial, as compared to 32% of all North Carolinians who self-identify as non-white or multiracial.

The total population for the Alliance catchment area for calendar year 2011 was estimated to be 1,700,652 (US Census Bureau, State and County QuickFacts, 2011 http://quickfacts.census.gov). The chart below shows the breakdown of population by county in contrast to the Medicaid population.
The Medicaid populations as a percentage of the total population vary from a low of 8.24% in Wake County to a high of 15.46% in Johnston. Due to the overall size of Wake County within the catchment area, the average number of Medicaid eligibles is about 11% of the total population. Alliance Staff

Alliance Staff

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

Alliance Providers

Alliance depends on a strong and diverse network of agencies and group practices, licensed independent practitioners and hospitals to provide the range of high-quality services and supports required by the densely-populated Alliance region. To meet that goal, Alliance considered over 2000 provider applications in a credentialing, enrollment and contracting process that can take up to 20 hours per provider.

Alliance assembled a vibrant, engaged Consumer and Family Advisory Committee (CFAC) and Provider Advisory Council representing the four counties in its region. Existing CFACs and PACs in each county continue to meet locally and offer feedback to the corporate advisory groups.

Members of the Alliance CFAC collaborated in the choosing of providers to assume the services previously provided by Wake County and participated in Alliance’s Board Budget Retreat. They carried their concerns to local legislators about the needs of our communities and served as respected voices at the State CFAC level.

PURPOSE OF THE ALLIANCE QM PROGRAM

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

Quality Management will play a major role in ensuring the MCO has well established and evaluated processes for the timely identification, response, reporting, and follow-up to consumer incidents and stakeholder complaints about service access and quality. Alliance must ensure that its employees and the provider staff of its Provider Network are fully compliant with critical incident and death reporting laws, regulations, and policies, as well as event reporting requirements of national accreditation organizations. QM, along with the MCO Medical Director and/or designees, shall review, investigate, and analyze trends in critical
incidents, deaths, and take preventive action to minimize their occurrence with the goals of improving the behavioral healthcare system, behavioral healthcare access, and consumer and provider outcomes.

PURPOSE OF QUALITY MANAGEMENT PLAN

The Quality Management (QM) Plan outlines the quality management structure and activities throughout the organization. The plan describes the process by which the organization monitors, evaluates and improves organizational performance, to ensure quality and efficient outcomes for enrollees served. The Quality Management Plan describes how administrative and clinical functions are integrated into the overall scope and purpose of the Quality Management Department. The Quality Management Program Description is updated and reviewed annually thereafter. Progress toward performance improvement goals are evaluated yearly.

GOALS AND OBJECTIVES OF THE QM PROGRAM

The Quality Management Department’s ongoing goals mirror many of the goals of the Medicaid Waiver. While Quality Management will play a major role in ensuring Alliance is successful at meeting performance outcomes and contract requirements, the goals listed below are of particular focus due to direct involvement of QM staff and organization-wide QM activities.

1. To ensure the allocation of the most resources to individuals with the greatest disabilities;
2. To transition local systems toward treatment with effective practices that result in real life recovery outcomes for people with disabilities, as possible;
3. To promote community acceptance and inclusion of individuals with disabilities; to provide outreach to people in need of services; to promote and ensure accommodation of cultural values in services and supports; and to serve people in their local communities wherever possible;
4. To provide for easy access to the System of Care;
5. To ensure quality management that focuses on health and safety, protection of rights, achievement of outcomes, accountability, and that strives to both monitor and continually improve the System of Care;
6. To empower consumers and families to set their own priorities, take reasonable risks, participate in system management, and to shape the system through their choices of services and providers;
7. To empower Alliance Behavioral Healthcare – to build local partnerships with individuals who depend on the system for services and supports, with community stakeholders, and with the providers of service; and
8. To demonstrate an interactive, mutually supportive, and collaborative partnership between the State agencies and Alliance – in the implementation of public policy at the local level and realization of the State’s goals of healthcare change.
PRINCIPLES AND STRATEGIES OF THE QM PROGRAM

Continuous Quality Improvement

There are four main assumptions that the MCO should embrace to encourage a quality culture within the value chain:

- To understand that it is better to prevent errors than to fix them
- To detect defects for early prevention
- To reduce testing and audit processes to reduce costs
- To determine root causes of errors and problems as they occur

Continuous Quality Improvement demands that staff and providers answer three basic questions:
1. Are we doing the right things?
2. Are we doing things right?
3. How can we be certain that we do things right the first time, every time?

Experts in the quality management field agree that one of the most complex challenges related to quality management and improvement is how to maximize quality and outcomes given economic constraints. One method to meet this challenge is the collaborative quality management life cycle. Questions that are continually asked in this process are: When do we delay action? How do we act early on? What are the costs to errors and barrier? Can we deliver services on time and in a quality manner?

Quality management is a lifecycle activity that affects everyone involved in a project. Having data stored in one central location that all staff can utilize assures accuracy and consistency. Instead of different department staff each individually completing an analysis or report, and possibly duplicating efforts, the collaborative cycle can reduce time and costs related to project development, analysis and utilization.

This cycle ensures accuracy of the data – as long as quality management staff is involved in every aspect of planning, testing, and production of reports. This requires support from senior leadership in the entire lifecycle.

Accreditation

Alliance also demonstrates its commitment to continuous quality improvement via accreditation by URAC, a national accreditation organization. The URAC accreditation process is an evaluative, rigorous, transparent and comprehensive process in which a health care organization undergoes an examination of its systems, processes, and performance by an impartial external organization (accrediting body) to ensure that it is conducting business in a manner that meets predetermined criteria and is consistent with national standards.
Alliance has achieved URAC accreditation in three areas: Utilization Management, Call Center, and Health Network.

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

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

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

In August 2014, Alliance will complete the process for URAC accreditation in a fourth area, Credentialing.

OVERSIGHT OF QM PROGRAM ACTIVITIES

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

Board of Directors

Alliance is governed by a Board of Directors that is responsible for comprehensive planning, budgeting, implementing and monitoring of community-based mental health, developmental disability and substance abuse services to meet the needs of individuals in the Alliance region. The Alliance Board consists of community stakeholders from Durham and Wake counties that are appointed by their respective County Commissioners, as well as representation from Cumberland and Johnston counties. Service providers do not serve as members of the Board.

Global QM Committee

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

The MCO employees typically assigned include the Director of the Quality Management (QM) Department, who has the responsibility for overall operation of the Quality Management Program; the MCO Medical Director, who has ultimate responsibility of oversight of quality management; and other staff as designated. The Global QMC meets at least quarterly each fiscal year and provides ongoing reporting to the Alliance Board. The Global QMC approves the MCO’s annual Quality Improvement Projects, monitors progress in meeting Quality Improvement goals, and provides guidance to staff on QM priorities and projects. Further, the Committee evaluates the effectiveness of the QM Program and reviews the QM Plan annually.

Alliance Committees

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

Continuous Quality Improvement Committee

The CQI Leadership Team is the internal review venue for the assessment and review of all data for Alliance. This committee is composed of the Alliance CEO, Medical Director, Chief of Staff, Compliance Officer, Chief Clinical Officer, Chief of Network Development and Evaluation, Chief Finance Officer, Chief Information Officer, Director of Analytics and Quality Management, Chief of Community Relations, and Director of Consumer Affairs. Agendas and minutes are recorded. The CQI Committee meets at least monthly to review clinical and provider network performance data and review operations. The CQI Committee is responsible for the implementation and evaluation of the Alliance Quality Management Plan, monitoring of quality improvement goals and activities and identifying opportunities for improvement within the provider network and Alliance operations. This committee examines data and information for trends, to identify areas of risk for the organization, and to areas where there has been or needs to be performance improvement. This committee also reviews state reports, information and reports to be shared with the board of directors, and quality reports. Information reviewed with strategies for improvement are shared with the Global Quality Management Committee of the Board for additional review, feedback, recommendations and approval.
Subcommittees of the CQI Committee

Budget and Finance Committee: The Budget and Finance Committee exists for the purpose of providing an internal review of expenditures, allocations, trends, and an overall financial picture of the agency in regards to services and programs. It also assures a fair system is in place for allocating or de-allocating funds. The Committee acts as the recommending body to the Chief Financial Officer (CFO) as to the manner in which funds should be distributed or de-allocated by reviewing financial/service data and reports. The Committee prevents one sole authority, namely the CFO, from having a programmatic or service impact to the community without input from key stakeholders such as Senior Management, Clinical, Quality Management, and local sites. The B&F Committee is a mandatory committee comprised of representatives from Clinical Operations, Network Operations, Quality Management, and local sites.

Community Relations Committee: This committee discusses community relations issues and concerns, and brainstorms on systemic solutions. The committee takes input from the Community Advisory Committee(s) to problem solve and submit requests through the CQI and/or leadership for approval. The Community Relations Director Chairs this committee.

Corporate Compliance Committee: This committee consists of senior level staff to review and evaluate organizational and network compliance to applicable state and federal regulations and contract requirements. Committee membership includes representatives from Quality Management. It is chaired by the Corporate Compliance Officer and reports matters of significant non-compliance trends such as fraud and abuse to the Continuous Quality Improvement Leadership Team. This committee meets at least monthly.

Clinical Care Management Team: This committee consists of senior level clinical staff and has representation from QM and Provider Networks and meets at least monthly to review consumer deaths, serving as a mortality/morbidity committee, and conducting root cause analyses related to death and other serious incidents. CCMT will alert the CQI Leadership Team of concerning trends or potential risks identified through the review of these events and make recommendations to enhance consumer safety. Other responsibilities include reviewing cases of concern referred to the MCO or elicited by MCO staff and conducting case conference for complex clinical cases. This committee is chaired by the Medical Director.

Utilization Management Committee: This is a cross-functional committee with membership comprised of representatives from all clinical departments, Senior Clinical Staff, QM, Provider Networks, and Finance. The committee monitors the effectiveness of measures outlined in the UM Plan, including utilization risk indicators, compliance with key URAC and waiver performance measures, and monitors for outliers and over and underutilization and monitors progress. The committee also reviews both UM and Call Center IRR studies. The Committee makes recommendation for corrective actions and monitors the effects of corrective action plans when trends, areas of risk or out of compliance are detected.
**Provider Network Management Committee:** This committee meets at least monthly. The primary charge of this committee is to review provider related data, identify and address service gaps, explore trends and make policy recommendations based upon this information. Additionally, the Provider Network Management Committee examines the implications of state and federal funding changes on the services that are provided within the community and makes recommendations on how to address these issues from a system and network perspective. All significant findings and recommendations are sent to the CQI Leadership Team.

**Crisis Continuum Committee:** This committee is charged with reviewing Alliance's crisis management network, identifying issues in the crisis continuum of care, and implementing efforts to improve the quality of that care. This committee meets at least monthly.

**IT Committee:** The committee meets monthly to review the development of internal data systems; oversee Alliance’s relationship with its external IT vendor, AlphaCMA; assess data integrity; and implement quality activities addressing IT issues. This committee meets at least monthly.

**External Reviews**

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

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

**External Quality Review (EQR):** Under federal law, Alliance must undergo annual external quality review. DHHS contracts with an external quality review organization (EQRO) to conduct the annual review. Alliance is scheduled to undergo its first EQR in November 2014.

**QM DEPARTMENT ORGANIZATION**

The Alliance QM Department consists of a QM Director, who oversees three teams: Quality Review, Data Management and Provider Review. In addition, the QM Director oversees a Business Analyst and a Statistical Research Assistant. The QM Director reports directly to the Chief of Program Development and Evaluation. Alliance's Medical Director provides collaboration and guidance.
QM DEPARTMENT STAFF

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

Quality Review: The QR Manager oversees the Quality Improvement processes to ensure appropriate type and number according to URAC and contracts; implements Performance Improvement Projects (PIPs) as identified; monitors by accuracy of QIPs, timeliness and correct process flows to ensure the QIPs are completed on time and are accurate; manages the accreditation process for the URAC Core, Call Center, and Health Network Standards; and ensures that the MCO obtains and maintains URAC accreditation.

The QR Manager also ensures contract requirements for PCP reviews, quality audits, Inter-rater reliability, certain survey projects, committee reviews of the data, and collaboration with other MCO departments are met; ensures that analyses and write-ups to are accurate and professional; is responsible for overall supervision of all unit employees; oversees the coordination of the MCO Strategic Planning Process, and/or Network Capacity Studies by working with Department and site Directors, QM staff, QM Director and external stakeholders; and oversees the Credentialing Reviews/Audits and processes.

The Quality Review Manager currently oversees a team of four Quality Review Coordinators.

Data Management: The QM Data Manager manages the daily/weekly/monthly data processes, such as Incident Reporting and Analysis (IRIS), NC-TOPPS, NC-SNAP, SIS, and Utilization Management, Call Center Statistics, daily crisis continuum census reports, network monitoring, and the grievance process. Accuracy and timeliness must be within the DMH required standards. Ensures reports are accurate with professional charts/graphs and analysis. Manages and coordinates and/or participates in survey projects such as: Consumer, provider and stakeholder satisfaction. Creates charts, graphs and develops reports for stakeholder input. Ensures the automation of management reports. The QM Data Manager works closely with the IT Department to facilitate implementation of reports to be automated. The Grievance Reporting requirements and staff assigned to the grievance reporting process are managed by the QM Data Manager. As requested to coordinate and/or assist with other data
analyses/processes/reports. This may include assistance with the strategic planning and/or the provider capacity study process. Ensures contract requirements for Innovations Health and Safety measures, access to care, incidents, and complaints. Ensures that analyses and reports are accurate and professional. Responsible for overall supervision of the Quality Assurance Unit.

The QM Data Manager currently oversees a team of five Quality Assurance Analysts.

**Provider Network Evaluation:** The Provider Network Evaluator Manager is responsible for managing the provider monitoring activities performed by the Provider Network Evaluators. This position will provide leadership, mentoring and clinical oversight to Evaluators to ensure the monitoring activities adhere to MCO rules and guidelines so that sufficient, safe, and effective services are being provided to consumers who have been identified as having Mental Health, Intellectual/Developmental Disabilities or Substance Abuse needs. The Provider Network Evaluator Supervisor will ensure that staff has the necessary assistance, support, training, and education to perform effective monitoring and review activities so that providers can succeed and continue to serve consumers. The Provider Network Evaluator Supervisor will assist the Director of Quality Management and Chief of Network Development and Evaluation to develop policies, procedures and quality indicators for the Provider Network and to ensure that all required monitoring data is maintained.

The Provider Network Evaluation Manager currently oversees a team of nine Provider Evaluators.

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

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

**DATA SYSTEMS**

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

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

**Internal:** The QM Department also uses internal database and reporting systems developed by Alliance’s IT Department. These include the BI Report System, which provides access to routine reports. QM staff works directly with the IT Department to design, develop and test new BI reports.

**QM PROGRAM RELATIONSHIPS**

Continuous Quality Improvement must be not only ongoing but also pervasive. The Alliance QM Program is the responsibility of all staff, and the QM Department has ongoing relationships with all Alliance departments.

**Administration:** Alliance’s Administration Department is led by the Alliance Chief Executive office and his staff. The QM Department assists the CEO with routine reports; ad hoc reports requested by the state and external stakeholders; and special presentations to the Alliance Board of Directors and county commissioners. The QM Department is represented on Alliance’s Senior Leadership team by the Chief of Network Development and Evaluation.

**Medical Affairs Department:** The Medical Affairs Department is headed by the Alliance Medical Director and includes Alliance’s Peer Advisors. The QM Department meets regularly with the Medical Affairs team to review quality improvement activities. The Medical Affairs team and QM Department have worked together to implement IRR testing of Call Center and UM staff. The Medical Director serves as co-chair of the CQI Committee.

**Provider Networks:** The Provider Networks Management and Development Department. The QM Department is part of the Provider Networks Department, and the QM Director reports directly to the Chief of Network Development and Evaluation. The QM Director is a member of
the Provider Networks leadership team. QM staff assist Provider Networks by developing reports and data sets for Provider Networks staff, reviewing provider contracts, and identifying quality issues with providers undergoing recredentialing.

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

**Care Coordination:** Alliance provides Care Coordination services to all Innovations enrollees and to high-risk MH/SA consumers with a history of crisis care or other high-cost treatment. During FY 2014, Care Coordination and QM Department collaborated on studies focusing on the accuracy of Care Coordination documentation and the effectiveness of services. During FY 2015, the QM Department will conduct a formal Quality Improvement Project (QIP) on CC services.

**Access Department:** Overseen by the Alliance Chief Clinical Officer, the Alliance Access Department is the first point of contact for consumers seeking services. The QM Department receives routine reports from the Access Department on average speed to answer, abandonment rate and service levels, and includes these reports in Alliance's monthly reporting to the state. The QR team also participates in the development and administration of Inter-Rater Reliability testing of Access staff to determine the accuracy and consistency of communications with consumers.

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

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

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

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

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

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

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

**FY 2015 QIPs**

1. **Reduction of Visits to Emergency Rooms (ongoing):** Although Alliance’s overall average rate of consumers presenting to Emergency Rooms (ER) is lower than the state average, the total number presenting and the care our consumers receive are concerning. Additionally, Alliance will be responsible for paying for visits directly related to a consumers’ behavioral health disorder.

   **Need:** Reduce ER visits, particularly for high-risk individuals such as Medicaid recipients with unstable medical conditions, and frequent utilizers of crisis services.

   **Goal:** The project is expected to reduce hospitalizations at community and state hospitals in addition to ERs.

2. **Inter-Rater Reliability (ongoing):** Alliance needs to maintain a high level of reliability between UM Care Managers to support the quality of their decision-making. Discrepancies detected during a reliability study can highlight areas that require clinical discussion and consensus or, at the very least, checks of UM activity against published standards.

   The project involves the administration of inter-rater reliability studies of UM MH/SA and I/DD Care Managers using a tool consisting of at least five vignettes, questions about policies and procedures, and questions about clinical decisions. Care Managers who score below 80% will receive one-on-one supervision to address concerns. Additional variances will be addressed through training or other interventions. At the end of study, QM will determine if results have significantly changed due to interventions.
Need: As per Medicaid and URAC requirements, Alliance needs to conduct a study of inter-rater reliability of UM Managers’ service authorization decisions at least quarterly. Data from previous QIP indicate that Care Managers did not achieve benchmark of 80% agreement for UM Department.

Goal: The goal is to reach the benchmark of 80% required for the UM Department.

3. First Responder Evaluation of Providers (ongoing): The QM Department will conduct First Responder studies of enhanced services providers on a tiered basis based upon results from previous QIP. Crisis numbers will be obtained by reviewing Crisis Plans (Basic and Comprehensive) for consumers receiving services that have first responder requirements. Data obtained would include telephonic answer rate, telephonic response time, face to face response time, and credentials of staff serving as first responders (at a minimum).

Interventions include offering additional PCP/Crisis plan trainings; adding Crisis Coverage an item to routine provider monitoring tool; referring poor performers to compliance; and terminating providers services.

Need: The rates of unreturned crisis calls has not decreased. Only 1 of the 5 benchmarks for Crisis Response from the previous QIP was met. The previous monitoring tool did not fit mobile crisis. Difficultly obtaining accurate information about crisis numbers for providers.

Goal: The primary goal is to improve the response rate for live answers and calls returned within 1 hour. Secondary goals include creating a list of crisis numbers for active EB MH/SA providers, and collecting data on frequency of Comprehensive Crisis Plan use.

4. Mystery Shopper - Access Center & UM (ongoing): In order to ascertain what has prevented or has caused Access staff to not be notified of an appointment missed by a member, a review of "pending" call activity will occur. Due to the nature of the activity, quarterly review will occur (estimation of 20-30 pending calls a month). QM is also proposing a review of network providers to determine and implement an intervention to address problems resulting from over-capacity of needed services.

Need: Alliance Access staff link members to the appropriate services requested. If an appointment has been scheduled and the member attends, the Provider indicates the appointment has been completed. If a member does not attend appointment, the "pending" appointment information (that the appointment was not completed) is designed to automatically notify Access Center staff that the appointment was not completed. It is a concern that this notification has not been reliable in notifying Access staff that follow-up with the member is in order.

Goal: The Call Center will contact consumers who miss appointments. This follow-up includes two phone calls and a contact letter.
5. Care Coordination (new): Since February 1, 2014, Alliance has served over 4,500 unduplicated consumers in care coordination providing linkage to services, supports and resources in an effort to optimize clinical outcomes, decrease recidivism to crisis facilities, and foster longer periods of community tenure. As of April 1, 2014, more than 1,500 consumers have active cases in MH/SA care coordination. The impact of care coordination services to consumers is a concern given the high caseloads. In January 2014, a brief review was completed analyzing the care coordinators adherence to the Intensity Level Checklists. That review yielded an average rate of 61% adherence across all four counties. These results have been a catalyst to revamping and redefining interventions and parameters to caseloads. The project will re-evaluate adherence to the care coordination model, and evaluate additional criteria. The interventions to improve adherence may include training, coaching, and direct supervision of Care Coordinators, along with considering a change in the intensity of Care Coordination contact depending on individual consumer needs.

Need: Alliance must determine which care coordination interventions are making the biggest impact, and revamp/redefine care coordination interventions and parameters to reduce caseloads.

Goals: (1) Reduce crisis admissions of consumers connected with Care Coordination; (2) Increase adherence to Care Coordination procedures.

6. Access to Care: URAC-Call Center & Health Network (new): Access staff link members to the appropriate services requested. If an appointment has been scheduled and the member attends, the provider indicates the appointment has been completed. If a member does not attend appointment, the ‘pending’ appointment information (that the appointment was not completed) is designed to automatically notify Access Center staff that the appointment was not completed. It is a concern that this notification has not been reliable in notifying Access staff that follow-up with the member is in order.

Need: In order to ensure that consumers follow up on scheduled appointments, Call Center staff contact consumers who miss appointments. This follow-up includes two (2) phone calls and a contact letter.

Goals: In order to ascertain what has prevented or has caused Access staff to not be notified of an appointment missed by a member, a review of "pending" call activity will occur. Due to the nature of the activity, quarter review will occur (estimation of 20-30 pending calls a month). QM is also proposing a review of network providers to determine and implement an intervention to address problems resulting from over-capacity of needed services.

Other Quality Activities

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

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

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

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

**Surveys:** QM staff develop and disseminate surveys to gather and incorporate feedback. Surveyees include consumers, providers, Area Board members and stakeholders.

**GRIEVANCES AND COMPLAINTS**

The QM Department's Data Management Team is responsible for processing grievances submitted from within and outside Alliance. A grievance is an expression of dissatisfaction about any matter other than decisions regarding requests for Medicaid services. Alliance's goal is to use a fair, impartial and consistent process for receiving, investigating, resolving and managing grievances filed by consumers or their legal guardians/representatives concerning Alliance staff or Network Providers. Alliance will respond to grievances received concerning providers or Alliance staff in the Alliance catchment area.

**INCIDENTS**

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

All Category A and B Providers serving consumers in the Alliance catchment area are required to report Level II or Level III incidents to Alliance within seventy-two (72) hours of the incident. The report shall be reported in the state's web-based Incident Response Improvement System.
(IRIS). All crisis providers are required to report incidents that occur during the provision of crisis services. Provider submit quarterly reports of all Level I incidents.

PROVIDER MONITORING

The DHHS Provider Monitoring process is designed to promote North Carolina’s commitment to ensuring high quality services for individuals with mental health, intellectual/developmental disabilities, and substance abuse issues. It is the vehicle used for entry into the provider network, for the evaluation of service providers against quantitative and qualitative measures, and for determining advanced placement status, using a series of monitoring tools. The provider monitoring process is used to monitor both Medicaid and State-funded behavioral health services.

A new process for routine provider monitoring was implemented March 1, 2014. The Provider Monitoring process is used statewide by the LME-MCOs to monitor providers of publicly-funded MH, IDD and SA services, regardless of funding source, and includes the tools and guidance for monitoring licensed independent practitioners (LIPs) and MH, IDD and SA provider agencies. Routine provider monitoring consists of two components—a routine review and a post-payment review.

QM PROGRAM OBJECTIVES – FY 2015

The process of Continuous Quality Improvement includes the establishment of new goals by Alliance's QM program. The Alliance QM Department has set the following goals for FY 2015:

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

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

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

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

**Review HEDIS standards and implement relevant performance measures:** Developed by the NCQA, the HEDIS program is a set of performance measures that allow MCOs to better evaluate their performance against national standards. The QM Department will review the HEDIS measures, identify the measures that are relevant to Alliance's behavioral health activities, and facilitate the creation of reports on those HEDIS measures.

**Develop provider QM education and inform 100% of providers:** Continuous quality improvement is the responsibility of all stakeholders in Alliance, including providers. The QM Department will create guidances, templates and training materials to help providers create effective QM programs. The QM Department will inform 100% of providers about the availability of these materials.

**Evaluate the establishment of provider outcomes:** The establishment of providers outcomes is the next great step in improving the effectiveness and efficiency of patient care. The QM Department will evaluate current methods for establishing outcomes; and assess the relevancy of those methods to Alliance.
Alliance Quality Management
Quality Initiatives:
Highlights from Innovations Performance Measures
Alliance Operational Dashboard
Innovations Measures

Highlights from Alliance’s Performance

Consumer Measures

• % of plans in which services/supports reflect consumer needs/goals: 99% (347/351)
• % of new Innovations recipients receiving services within 45 days (Jan-Mar 2014): 63% (15/24)

Serving Durham, Wake, Cumberland and Johnston Counties
Innovations Measures

Highlights from Alliance’s Performance

Provider Measures

• New providers who meet credentialing standards prior to furnishing services: 100% (11/11) (last year-67%)

• % of providers for whom problems discovered & resolved: 36% (12/33, rest in process)

• % of non-licensed providers that successfully implemented corrective plan: 86% (6/7)
Innovations Measures

Highlights from Alliance’s Performance

Health/Safety Measures

• Actions taken place to protect consumer, where indicated: 96% (90/94)
• % of deaths where MCO follow up interventions completed as required: 100% (3/3)
• % of restrictive interventions resulting in medical treatment: 0% (0/10)
## Operational Dashboard

### Persons Served

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<tr>
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<tbody>
<tr>
<td>Unduplicated Count of Medicaid Members</td>
<td>172,156</td>
<td>177,719</td>
<td>177,390</td>
<td>192,040</td>
<td>191,278</td>
<td>190,355</td>
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<tr>
<td>Unduplicated # that received MH/DD/SA Services</td>
<td>15,323</td>
<td>15,705</td>
<td>15,245</td>
<td>15,561</td>
<td>15,158</td>
<td>15,490</td>
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<tr>
<td>% of Members Receiving MH/DD/SA Services</td>
<td>8.9%</td>
<td>8.8%</td>
<td>8.6%</td>
<td>8.1%</td>
<td>7.9%</td>
<td>8.1%</td>
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### Community Psychiatric Hospitalization

<table>
<thead>
<tr>
<th>Measure</th>
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<tbody>
<tr>
<td>Rate of MH Admissions per 1,000 Medicaid Members</td>
<td>0.76</td>
<td>0.80</td>
<td>0.87</td>
<td>0.86</td>
<td>0.82</td>
<td>0.71</td>
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<tr>
<td>% of MH Admissions that were Readmissions within 30 days</td>
<td>12%</td>
<td>15%</td>
<td>6%</td>
<td>4%</td>
<td>4%</td>
<td>16%</td>
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<tr>
<td>MH Inpt Average Length of Stay (days)</td>
<td>5.0</td>
<td>5.0</td>
<td>5.9</td>
<td>5.4</td>
<td>5.1</td>
<td>5.2</td>
<td></td>
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<tr>
<td>Rate of SA Admissions per 1,000 Medicaid Members</td>
<td>0.03</td>
<td>0.02</td>
<td>0.01</td>
<td>0.02</td>
<td>0.02</td>
<td>0.01</td>
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<tr>
<td>% of SA Admissions that were Readmissions within 30 days</td>
<td>0%</td>
<td>25%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td></td>
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<tr>
<td>SA Inpt Average Length of Stay (days)</td>
<td>2.0</td>
<td>3.8</td>
<td>5.6</td>
<td>9.6</td>
<td>4.0</td>
<td>3.5</td>
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<tr>
<td>% of Readmits assigned to Care Coordination</td>
<td>85%</td>
<td>94%</td>
<td>91%</td>
<td>90%</td>
<td>86%</td>
<td>67%</td>
<td>100%</td>
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### Emergency Dept Utilization (3 month lag)

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<thead>
<tr>
<th>Measure</th>
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<tbody>
<tr>
<td># of ED Admits for persons with MHDDSA diagnoses</td>
<td>91</td>
<td>95</td>
<td>105</td>
<td>113</td>
<td>130</td>
<td>91</td>
<td></td>
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<tr>
<td>Rate of ED Admits per 1,000 Medicaid Members</td>
<td>0.49</td>
<td>0.40</td>
<td>0.38</td>
<td>0.40</td>
<td>0.68</td>
<td>0.48</td>
<td></td>
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<tr>
<td># of ED Admits for persons who are active consumers</td>
<td>52</td>
<td>47</td>
<td>57</td>
<td>62</td>
<td>71</td>
<td>81</td>
<td></td>
</tr>
<tr>
<td>% of ED Admits that were for active consumers</td>
<td>59%</td>
<td>51%</td>
<td>52%</td>
<td>48%</td>
<td>55%</td>
<td>89%</td>
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<tr>
<td># of ED Admits which were readmissions within 30 days</td>
<td>6</td>
<td>5</td>
<td>9</td>
<td>11</td>
<td>9</td>
<td>13</td>
<td></td>
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<tr>
<td>Rate of ED Readmissions per 1,000 Medicaid Members</td>
<td>0.03</td>
<td>0.03</td>
<td>0.03</td>
<td>0.06</td>
<td>0.05</td>
<td>0.07</td>
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## Operational Dashboard

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<tbody>
<tr>
<td><strong>Authorization Requests</strong></td>
<td>Total Number of Auth Requests Received</td>
<td>4,827</td>
<td>4,128</td>
<td>4,602</td>
<td>4,791</td>
<td>4,395</td>
<td>4,375</td>
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<tr>
<td></td>
<td>Total % of Auth Requests Processed in Required Timeframes</td>
<td>95%</td>
<td>99.3%</td>
<td>99.9%</td>
<td>99.3%</td>
<td>99.7%</td>
<td>99.0%</td>
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<tr>
<td></td>
<td>Rate of Consumer Auth. Appeals per 1,000 persons sved</td>
<td>2.0</td>
<td>1.6</td>
<td>1.8</td>
<td>1.7</td>
<td>1.8</td>
<td>1.9</td>
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<tr>
<td><strong>Claims</strong></td>
<td>Total # Received during Report Month</td>
<td>207,784</td>
<td>189,058</td>
<td>173,176</td>
<td>196,200</td>
<td>232,538</td>
<td>184,282</td>
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<tr>
<td></td>
<td>Percent Denied</td>
<td>9.7%</td>
<td>9.5%</td>
<td>10.0%</td>
<td>9.3%</td>
<td>12.3%</td>
<td>8.7%</td>
</tr>
<tr>
<td></td>
<td>Percent Processed within 30 Days</td>
<td>90%</td>
<td>97.5%</td>
<td>97.7%</td>
<td>98.7%</td>
<td>98.6%</td>
<td>99.0%</td>
</tr>
<tr>
<td></td>
<td>Rate of Provider Claim appeals per 1,000 persons served</td>
<td>0.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Complaints/Grievances</strong></td>
<td>Total number of complaints received (1 month prior)</td>
<td>35</td>
<td>34</td>
<td>28</td>
<td>19</td>
<td>60</td>
<td>68</td>
</tr>
<tr>
<td></td>
<td>Rate of Complaints per 1,000 Persons Served</td>
<td>2.37</td>
<td>2.34</td>
<td>1.84</td>
<td>1.22</td>
<td>3.96</td>
<td>4.39</td>
</tr>
<tr>
<td></td>
<td>Percent of Complaints resolved in 30 days</td>
<td>90%</td>
<td>94%</td>
<td>94%</td>
<td>100%</td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td><strong>Program Integrity--Fraud, Waste and Abuse</strong></td>
<td>Number of Provider fraud and abuse cases under investigation by LME/MCO-New</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>8</td>
<td>6</td>
<td>3</td>
</tr>
</tbody>
</table>
Operational Dashboard

Highlights:

• 11% increase in Medicaid members (from Oct-Mar)
• Decrease in MH readmissions to community hospitals December 2013 – February 2014
• 98% of claims processed within 30 days
• Rate of complaints nearly doubled in February & March 2014
Provider Monitoring

Provider Network Evaluation Unit
Routine Monitoring

• The Routine Monitoring Process and Tools was developed by a DHHS/LME-MCO/Provider workgroup to ensure consistent regulatory compliance measures to monitor providers across the state.

• Monitoring using the Gold Star Monitoring process and tools began in April 2013, but was discontinued at the end of December to allow for development and roll out of new streamlined tools.

• Monitoring using the new tools began in March 2014.

• Alliance had monitored 67 providers in 2013 using the previous tools and had presented monitoring results to CQI.
Routine Tool

• Routine Monitoring typically consists of a routine tool and post-payment review tools.

• For providers of only residential or opioid treatment services, which are monitored annually by DHSR, only the post-payment review tool is done.

• The routine tool has the following sections
  • Rights
  • Incidents, Restrictive Interventions and Complaints
  • Coordination of Care/Crisis Services
  • Funds Management and Medication Management (when applicable)
Routine Monitoring

• There are a number of post-payment tools. Tools are based on the type of service, such as Innovations, Residential, PTRF etc.

• Providers must score 85% on each subsection of the routine tool or post-payment tools to pass that section.

• Plans of correction are required for providers scoring below 85% or if a systemic issue is identified during the review.

• Recoupment is required for any claim found out of compliance on the post-payment tool.
Routine Monitoring Results
March – July 2014

• We conducted 53 Routine Monitorings
  • 14 of these consisted of post-payment monitoring only

• Overall Results
  • 37.8% of providers scored below 85%; 62.2% scored 85% or above
    • 3 providers scored below 60%
    • 7 providers between 60 - 75%
    • 10 providers between 75 – 85%
    • 10 providers between 85 - 90%
    • 11 providers between 90 - 95%
    • 12 providers between 95 – 100%; 3 of these providers scored 100%
Routine Monitoring Results
March – July 2014

• 37 providers or 70% were required to implement a plan of correction

• Common reasons for issuing a plan of correction include
  • Rights information did not contain all required elements
  • Releases of Information did not contain all required elements
  • IDD agencies not having crisis services or a contract with a crisis service provider for services which require this.
  • IDD agencies short range goals not documented as required. Quarterly summaries not completed.
  • Staff supervision plans for paraprofessional or associate professional not developed or implemented as required.
Routine Monitoring Results
March – July 2014

• The post-payment review for agencies includes 30 claims samples.
• Medicaid, B3 and State-funded paid claims are audited.

• Recoupment was required from 41 providers or 77%.
• The average* recoupment was $3133.
Provider Monitoring - # Completed & Results
ITEM: Update on “It’s Time to Re-Think” Campaign

DATE OF BOARD MEETING: November 6, 2014

BACKGROUND:
“It’s Time to Re-Think” is an Alliance public awareness campaign focusing on the concepts of recovery and self-determination, and on debunking common myths and misconceptions that keep people with mental illness, substance use disorders and intellectual/developmental disabilities from getting the help they need.

Doug Fuller, Director of Communications, will provide a brief update on the campaign and share some of the elements of the media component.

REQUEST FOR BOARD ACTION:
The Board is requested to receive the presentation.

CEO RECOMMENDATION:
Receive the presentation.

RESOURCE PERSON(S):
Doug Fuller, Director of Communications
The Campaign

- Focuses on the concepts of recovery and self-determination
- Internal and external components
- Community Relations teams drive local efforts
- Supported by media campaign
TV Commercials

- Airing on Time Warner Cable to allow geographic targeting
- 574,365 households
- ESPN, USA Network, Discovery Channel
- Six-month buy
Movie Theaters

• :15 versions playing in pre-show in four multiplexes
  ○ Durham, N. Raleigh, Cary/Morrisville, Fayetteville

• 12-month buy

• Allows uniquely diverse audience

• 54 screens, potential 3,224,000 views
Movie Theaters

• 15 versions playing in pre-show in four multiplexes
  o Durham, N. Raleigh, Cary/Morrisville, Fayetteville

• 12-month buy

• Allows uniquely diverse audience

• 54 screens, potential 3,224,000 views
POSTERS AND CARDS

PEOPLE CAN AND DO RECOVER FROM MENTAL ILLNESS.

RECOVERY MEANS PEOPLE CAN PARTICIPATE FULLY IN THEIR COMMUNITIES. THERE ARE MORE TREATMENTS, SERVICES AND SUPPORTS THAN EVER BEFORE. THEY WORK.

PEOPLE DO RECOVER FROM MENTAL ILLNESS. FOR HELP CALL (800) 510-9132

RECOVERY MEANS PEOPLE CAN LIVE, WORK, LEARN AND PARTICIPATE FULLY IN THEIR COMMUNITIES. THERE ARE MORE TREATMENTS, SERVICES AND COMMUNITY SUPPORT SYSTEMS THAN EVER BEFORE. THEY WORK.

PEOPLE DO RECOVER FROM MENTAL ILLNESS. FOR HELP CALL (800) 510-9132

Alliance Behavioral Healthcare

AllianceBHC.org
Posters and Cards

**MOST PEOPLE WITH A MENTAL ILLNESS ARE NO MORE VIOLENT THAN ANYONE ELSE.**

**ASSOCIATING MENTAL ILLNESS WITH VIOLENT CRIME IS STIGMATIZING AND KEEPS PEOPLE FROM GETTING HELP.**

**PEOPLE DO RECOVER FROM MENTAL ILLNESS. FOR HELP CALL (800) 510-9132**

**ASSOCIATING MENTAL ILLNESS WITH VIOLENT CRIME IS STIGMATIZING AND KEEPS PEOPLE FROM GETTING HELP. A PERSON WITH A SEVERE MENTAL ILLNESS IS MORE LIKELY TO BE A VICTIM OF CRIME THAN TO COMMIT A CRIME.**

**PEOPLE DO RECOVER FROM MENTAL ILLNESS. FOR HELP CALL (800) 510-9132**
Posters and Cards

People can and do recover from substance abuse.

Recovery means people can participate fully in their communities. There are more treatments, services and supports than ever before. They work.

It's time to re-think substance abuse.

People do recover from addiction. For help call (800) 510-9132

Recovery means people can live, work, learn and participate fully in their communities. There are more treatments, services and community support systems than ever before. They work.

People do recover from addiction. For help call (800) 510-9132
NO ONE CHOOSES TO BECOME ADDICTED TO ALCOHOL OR DRUGS.

AN ADDICTED BRAIN COMPELS A PERSON TO USE. ADDICTION IS A CHRONIC DISEASE, LIKE DIABETES AND HIGH BLOOD PRESSURE.

PEOPLE DO RECOVER FROM ADDICTION. FOR HELP CALL (800) 510-9132

NO ONE CHOOSES TO BECOME ADDICTED TO ALCOHOL OR DRUGS.

IT'S TIME TO RE-THINK Substance Abuse

AN ADDICTED BRAIN COMPELS A PERSON TO USE. ADDICTION IS A CHRONIC DISEASE, LIKE DIABETES AND HIGH BLOOD PRESSURE. BUT TREATMENT WORKS AND LIVES ARE PUT BACK TOGETHER.

PEOPLE DO RECOVER FROM ADDICTION. FOR HELP CALL (800) 510-9132
Posters and Cards

PEOPLE WITH A DEVELOPMENTAL DISABILITY CAN MAKE THEIR OWN CHOICES ABOUT WHAT IS BEST FOR THEM.

MOST PEOPLE WITH DISABILITIES CAN CHOOSE WHERE THEY LIVE AND WORK, WHOM THEY LOVE, AND WHAT THEY WANT.

LIFE DOES OFFER CHOICES FOR HELP CALL (800) 510-9132

PEOPLE WITH A DEVELOPMENTAL DISABILITY CAN MAKE THEIR OWN CHOICES ABOUT WHAT IS BEST FOR THEM.

MOST PEOPLE WITH DISABILITIES CAN CHOOSE WHERE THEY LIVE AND WORK, WHOM THEY LOVE, AND WHAT THEY WANT. THEY HAVE THE SAME HOPE, DREAMS AND DAILY CHALLENGES AS PEOPLE WITHOUT DISABILITIES.

LIFE DOES OFFER CHOICES FOR HELP CALL (800) 510-9132
Posters and Cards

Using words like "retarded" promotes prejudice and discrimination.

They're hurtful and offensive to people with a developmental disability and those who care about them.

It's time to re-think.

Life does offer choices.

For help call (800) 510-9132.

These words are hurtful and offensive to people with disabilities and those who care about them. They're a barrier to the acceptance and tolerance each of us needs.

For help call (800) 510-9132.

Alliance Behavioral Healthcare

AllianceBHC.org
Online Component

- Commercials embedded in variety of popular websites sold by TWC
- 228,500 potential views
- Link through to Alliance Re-Think portal
  - Separate pages for stakeholders and general audience
- Linking strategy with banners and buttons
ITEM: Strategic Planning: Staff Survey and Proposed Mission, Vision and Values Statements

DATE OF BOARD MEETING: November 6, 2014

BACKGROUND:
As part of the Strategic Planning process, Zelos, LLC, implemented an Alliance staff survey in late September with a notable response rate and valuable input to the leadership. Zelos Director of Leadership, Terrie Glass, will educate the Board of Directors on information and trends identified in the staff survey. In addition, Alliance executive team, senior management and Board members engaged in the most recent phase of Strategic Planning on October 7th and 8th with Zelos staff, and developed proposed Alliance Mission, Vision, and Values statements. Attached are the proposed statements for Board consideration. Chief of Staff, Amanda Graham, will introduce Ms. Glass and facilitate the discussion.

REQUEST FOR AREA BOARD ACTION:
Approve the proposal.

CEO RECOMMENDATION:
Approve the proposal.

RESOURCE PERSON(S):
Amanda Graham, MS, LPC, Chief of Staff
Staff Survey Results

- 267 staff provided input (67%)
- Staff spend an average of 13 hours/week interacting with external stakeholders
- They highly value the principles of “dignity”, “respect”, “flexibility” and “accountability”
- They are dedicated to their customers, who they define as the people who receive services, the network of providers, each other, our communities, and the public at large
- In the future, they not only desire that Alliance be stable and sustainable but also to thrive and lead by being the best MCO possible
Staff Survey Results

• They score Alliance very highly in the areas of:
  • Managing the budget
  • Advocating for the individuals who receive services
  • Planning for the future
  • Demonstrating value to both external and internal stakeholders
  • High quality service array

• They see it as most important to address challenges in the areas of:
  • Streamlining processes
  • Sharing resources among departments
  • Managing the performance of the provider network
  • Using data effectively
Mission and Vision

Mission Definition:

• Statement of purpose; fundamental reason for an organization’s existence
• Describes the products and services your organization provides and for whom

Vision Definition:

• A word picture of the future
• A shared image of future success
• A desired state, one we must strive for
Alliance Behavioral Healthcare Mission

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

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

Values Definition:

• The tenets or principles that govern our behavior both inside and outside of the organization

• What we consider most important about who we are and how we do business
Alliance values:

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

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

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

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

• **Innovation.**
  We challenge the way it’s always been done. We learn from experience to shape a better future.
To improve the health and well-being of the people we serve by ensuring highly effective, community-based support and care

(1) Have effective relationships with a wide variety of stakeholder groups
(2) Be a data-informed organization
(3) Develop and effectively manage a high quality provider network
(4) Be a high performing and financially sound organization
(5) Attract and retain a talented workforce

Objectives

Initiatives
ITEM: Recommendation for Appointment to Alliance Board of Directors

DATE OF BOARD MEETING: November 6, 2014

BACKGROUND:
As noted in the by-laws and Joint Resolution between Cumberland, Durham and Wake Counties effective July 8, 2013, the Area Authority is given the task of advertising, accepting applications, interviewing and recommending appointment of prospective Board members to the respective boards of commissioners.

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

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

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

The Executive Committee is recommending that the Area Board recommend McKinley Wooten to the Wake Board of County Commissioners.

REQUEST FOR AREA BOARD ACTION:
The Board is requested to recommend to the Wake Board of County Commissioners the appointment of McKinley Wooten to the vacant Wake seat on Alliance’s Board.

CEO RECOMMENDATION:
Recommend to the Wake Board of County Commissioners the appointment of McKinley Wooten.

RESOURCE PERSON(S):
William Stanford, Board Chairman; Robert Robinson, CEO
ITEM: Proposed Locations of Future Board Meetings

DATE OF BOARD MEETING: November 6, 2014

BACKGROUND:
The Executive Committee is recommending that the Area Board set a calendar for the locations of future Board meetings; this calendar will include meetings at Alliance’s local sites. The proposal includes meeting at the Wake location in February, at the Johnston location in April, at the Durham location in August, and at the Cumberland location in October. All other Board meetings would be at Alliance’s corporate site.

REQUEST FOR AREA BOARD ACTION:
The Executive Committee is requesting that the Board approve the proposed location schedule for future Board meetings.

CEO RECOMMENDATION:
Approve the proposed schedule.

RESOURCE PERSON(S):
William Stanford, Board Chairman; Rob Robinson, CEO
ITEM: Wake County Carryover Funding Update

DATE OF BOARD MEETING: November 6, 2014

BACKGROUND:
The Wake County Funding Agreement included an amount of carry over funds from FY 14 into FY 15 of $1,036,122. In collaboration with Wake County Alliance identified critical service needs requiring primarily one-time assistance. The Board will receive an update on the status of programs associated with the Wake County carry over funds.

REQUEST FOR AREA BOARD ACTION:
Accept the update.

CEO RECOMMENDATION:
Accept the update.

RESOURCE PERSON(S):
Beth Melcher, Ph.D., Chief of Program Development and Evaluation
<table>
<thead>
<tr>
<th>Program</th>
<th>Program Description</th>
<th>Budget</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment/treatment to support reunification for foster children</td>
<td>Specialized Assessment program geared at parents of children removed from their custody by Wake County DSS.</td>
<td>150,000</td>
<td>UNC</td>
</tr>
<tr>
<td>SOAR Workers</td>
<td>Funds to support staff trained in SSI/SSDI Outreach, Access, and Recovery (SOAR)</td>
<td>150,000</td>
<td>Southlight</td>
</tr>
<tr>
<td>Independent Living</td>
<td>Funds to provide short term assistance to individuals securing housing options</td>
<td>100,000</td>
<td>Alliance</td>
</tr>
<tr>
<td>Rapid Response Pilot</td>
<td>Community based child crisis response service</td>
<td>75,000</td>
<td>Methodist Children’s Home</td>
</tr>
<tr>
<td>DBT Training</td>
<td>Funds for provider training on and implementation of Dialectical Behavioral Therapy</td>
<td>120,000</td>
<td>Southlight Fellowship Health Resources Turning Point Family Care</td>
</tr>
<tr>
<td>Training for Therapeutic Homes</td>
<td>Training for staff to enhance the quality of services provided in the homes (group homes, therapeutic foster care)</td>
<td>60,000</td>
<td>UNC GHEST Leslie Kellenberger</td>
</tr>
<tr>
<td>Southlight Workfirst</td>
<td>An employment program designed to assist families that are in a temporary financial crisis.</td>
<td>1122</td>
<td>Southlight</td>
</tr>
<tr>
<td>Southlight Day Care Assistance</td>
<td>Program support and to provide daycare vouchers for individuals in treatment.</td>
<td>60,000</td>
<td>Southlight</td>
</tr>
<tr>
<td>Oxford House Peer Advocate</td>
<td>Peer Advocate Program recruits, trains, and supervises Peer Advocates who function as liaisons connecting new or potential Oxford House Residents with all available community resources.</td>
<td>10,000</td>
<td>Oxford House</td>
</tr>
<tr>
<td>Integrated Care Pilot</td>
<td>Pilot program providing behavioral health services at Urban Ministries’ Open Door Clinic</td>
<td>60,000</td>
<td>Turning Point Family Care</td>
</tr>
<tr>
<td>Shelter Plus Care/Assertive Engagement</td>
<td>Housing supports for adults with MI who receive housing through the Shelter Plus Care program</td>
<td>150,000</td>
<td>Triangle Family Services</td>
</tr>
<tr>
<td>Monarch Outpatient Services</td>
<td>Additional funding for outpatient services and support for the Open Access model to enhance access to services</td>
<td>100,000</td>
<td>Monarch</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>1,036,122</td>
<td></td>
</tr>
<tr>
<td>Transitional Living</td>
<td>Short-term housing for individuals transitioning from crisis and inpatient services</td>
<td>520,344</td>
<td>NC Recovery Supports</td>
</tr>
</tbody>
</table>
ITEM: CFO and CIO Update

DATE OF BOARD MEETING: November 6, 2014

BACKGROUND:
The positions of CFO and CIO are two critical positions in the Alliance organization. As we prepare for the future, the two roles will require more balance between our strategic needs of the organization along with operational excellence to meet the growing demand our competitive environment requires of us. Legislative and DHHS demands on cost efficiency and Medicaid reform has further highlighted that we find strong, knowledgeable and effective leadership in the core of our operations.

As you know, recruitment for the CFO position has been ongoing since May of this year. Unfortunately, we have been unsuccessful finding the right candidate to fill the position. Further, due to a change in staffing recently, we are now in need of a CIO. In an effort to increase recruiting, we have reviewed the salary ranges for both of these positions, performed a market analysis and a specific IT data market study and found that the ranges are inadequate in light of our market and competition.

The salary comparison information will be presented as a recommendation by the HR Director. Both salary ranges are within Alliance’s approved salary plan. Due to the potential date of hire of January, there will be little to no impact on the budget for FY 15.

REQUEST FOR AREA BOARD ACTION:
Consider and approve the change in salary grade for the CFO and CIO positions as recommended.

CEO RECOMMENDATION:
The CEO recommends that the Board approve the change in salary grades for CFO and CIO as recommended by the HR Director.

RESOURCE PERSON(S):
Al Ragland, HR Director