MEMBERS PRESENT: ☒Glenn Adams, Cumberland County Commissioner, JD, ☒Cynthia Binanay, Chair, MA, BSN, ☐Christopher Bostock, BSIM, ☒Heidi Carter, Durham County Commissioner, MPH, MS, ☐George Corvin, Vice-Chair, MD, ☒David Curro, BS (via phone), ☐Greg Ford, Wake County Commissioner, MA, ☒Lodies Gloston, MA (entered at 4:11 pm), ☒David Hancock, MBA, MPAff, ☒Duane Holder, MPA (via phone), ☐D. Lee Jackson, BA, ☐Curtis Massey, JD (via phone; entered at 4:33 pm), ☒Donald McDonald, MSW, ☒Lynne Nelson, BS, ☒Gino Pazzaglini, MSW LFACHE, ☒Pam Silberman, JD, DrPH, ☒Lascel Webley, Jr., MBA, MHA (exited at 5:45 pm), and ☒McKinley Wooten, Jr., JD

GUEST(S) PRESENT: Eddie Burke, Cherry Bekeart, LLP; Janet Conner-Knox, A Caring Heart, Inc.; Mary Hutchings, Wake County Finance Department; Denise Foreman, Wake County Manager’s Office; and Lee Toth

ALLIANCE STAFF PRESENT: Michael Bollini, Executive Vice-President/Chief Operating Officer; Denise Dirks, Administrative Assistant II; Joey Dorsett, Senior Vice-President/Chief Information Officer; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Amanda Graham, Senior Vice-President/Operational Effectiveness; Veronica Ingram, Executive Assistant II; Sara Pacholke, Senior Vice-President/Financial Operations; Monica Portugal, Chief Compliance Officer; Robert Robinson, Chief Executive Officer; Ashley Snyder, Accounting Manager; Sara Wilson, Director of Government Relations; Carol Wolff, General Counsel; and Doug Wright, Director of Individual and Family Affairs

1. CALL TO ORDER: Chair Cynthia Binanay called the meeting to order at 4:03 p.m.

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
</tr>
</thead>
</table>
| 2. Announcements | Chair Binanay welcomed new Board members, Lynne Nelson and D. Lee Jackson. She shared that both board members took their oath of office before today’s meeting. 
Mr. Robinson shared information about the i2i conference, which Alliance staff, board and CFAC members attended. Additionally, he shared about the progress on Alliance’s move to a new Home Office location in Morrisville, NC which is scheduled to begin the end of December 2019. |
| 3. Agenda Adjustments | There were no adjustments to the agenda. |
| 4. Public Comment | There were no public comments. |
| 5. June 30, 2018, Audit Presentation – page 5 | An annual audit is a requirement of the Local Government Budget and Fiscal Control Act GS 159-34. An annual audit is also a requirement of the DHHS-DMA contract with Alliance for the Medicaid Waiver. 
Eddie Burke, partner with Cherry Bekaert, LLP, presented the report. Board members clarified savings, pending funding cuts and the impact on the current and future budgets. Mr. Robinson thanked Finance staff; Ms. Goodfellow and Ms. Pacholke for their consistent good work and the work of their staff. The audit presentation is attached to and made part of these minutes. |

BOARD ACTION: 
The Board received the audit presentation.
### AGENDA ITEMS:

<table>
<thead>
<tr>
<th>6. Committee Reports</th>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Consumer and Family Advisory Committee – page 19</strong></td>
<td>The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Durham, Wake, Cumberland or Johnston Counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services. This month’s report included draft subcommittee minutes and supporting documents from the recent Steering Committee and the Cumberland, Wake and Johnston Committee meetings. Dave Curro, CFAC Chair, presented the report. Mr. Curro shared about recent a CFAC meeting, and the upcoming CFAC events including the CFAC retreat. He also shared about the goal for CFAC members to attend community events each month. The CFAC report is attached to and made part of these minutes.</td>
</tr>
</tbody>
</table>

**BOARD ACTION**

The Board received the CFAC report.

**B. Finance Committee – page 47**

The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board. This month’s report included the draft minutes from the November 1, 2018, meeting, the budget to actual report and ratios for the period ending October 31, 2018.

David Hancock, Finance Committee member, presented the report. Mr. Hancock mentioned that expenditures exceeded revenue due to the reduction in State Single Stream funding and recoupment. There are Medicaid recoupments due to a fix the State put into the system. Alliance staff requested confirmation of that the recoupment is accurate. Staff are looking for a response form the State on details of the recoupments and a return of a portion of the funds. All other State-mandated ratios were met. The Finance Committee report is attached to and made part of these minutes.

**BOARD ACTION**

The Board received the Finance Committee report.

<table>
<thead>
<tr>
<th>7. Consent Agenda</th>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Draft Minutes from November 1, 2018, Board Meeting – page 55</strong></td>
<td>The consent agenda was sent as part of the Board packet. There were no comments or discussion about the consent agenda, which is attached to and made part of these minutes.</td>
</tr>
<tr>
<td><strong>B. By-Laws/Policy Committee Report – page 60</strong></td>
<td></td>
</tr>
<tr>
<td><strong>C. Executive Committee Report – page 98</strong></td>
<td></td>
</tr>
<tr>
<td><strong>D. Quality Management Committee Report – page 102</strong></td>
<td></td>
</tr>
</tbody>
</table>

**BOARD ACTION**

A motion was made by Mr. Wooten to adopt the consent agenda; motion seconded by Ms. Gloston. Motion passed unanimously.
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Resolution to Formally Change the Organization’s Name to Alliance Health – page 114</td>
<td>At last month’s Board meeting, the Board unanimously approved changing the name of Alliance from “Alliance Behavioral Healthcare” to “Alliance Health”, effective July 1, 2019. The proposed resolution restates this intent, and authorizes the CEO and his designees to take all further action to effectuate the name change. Carol Wolff, General Counsel, read the resolution and shared that this item requires 75% approval. The resolution is attached to and made part of these minutes.</td>
</tr>
<tr>
<td>9. Lease Agreement – page 116</td>
<td>The Board is requested to approve the Lease Agreement for 309 Crutchfield Street from Durham County and to authorize the CEO to execute the Lease Agreement. The property is the location for Durham’s crisis center, the Recovery Response Center. Alliance subleases this property to Recovery Innovations, Inc., the current provider that operates the Recovery Response Center under contract with Alliance. Per Alliance’s by-laws, this item requires 75% approval. Ms. Wolff provided an overview of this lease agreement, which is attached to and made part of these minutes. She shared that this is a longer lease term than previous lease agreements. She also shared about renovations in this location, which are expected to be completed in February 2019.</td>
</tr>
<tr>
<td>10. 2019 Calendar of Board/Board Committee Meetings and Locations – page 129</td>
<td>As stated in the By-laws, regular meetings of the Board shall be held at least six times each year at a location and time designated by the Board. The proposed calendar included meeting in Johnston County in February, and at the Cumberland location in August. The schedule also included the annual Budget Retreat on March 19, 2019. It does not include a scheduled meeting in January or July as these meetings have typically been cancelled. Due to a scheduling conflict with the 2019 EQR (external quality review), which is required by Alliance’s contract with the State, the March Board meeting has a proposed date of March 14, 2019. Chair Binanay reviewed the proposed schedule with the Board.</td>
</tr>
<tr>
<td>11. Updates</td>
<td>A. NC Legislation: Sara Wilson, Government Relations Director, provided a legislative update including a recap of the 2018 midterm elections, a recent NC DHHS (Department of Health and Human Services) stakeholder webinar on BH I/DD (behavioral health, intellectual/disability disorder) Tailored Plans. Additionally, Ms. Wilson shared about recent MCAC (Medicaid Care Advisory Committee) subcommittee meetings and an upcoming pilot for Medicaid programs in North Carolina.</td>
</tr>
</tbody>
</table>

**BOARD ACTION**

- A motion was made by Mr. Wooten to adopt the resolution to formally change the agency’s name to Alliance Health; motion seconded by Mr. McDonald. Motion passed unanimously.
- A motion was made by Vice-Chair Corvin to approve the lease agreement and authorize the CEO to execute the lease agreement for the property at 309 Crutchfield Street, Durham; motion seconded by Mr. Wooten. Motion passed unanimously.
- A motion was made by Dr. Silberman to approve the 2019 calendar of Board meetings and locations pending space availability; motion seconded by Ms. Gloston. Motion passed unanimously.
- The Board received the update.
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>B. Crisis Services in Fayetteville, NC: Mr. Robinson reminded Board members of the decision to RFP (request for proposal) crisis services in Fayetteville due to unmet aspects of the contract with the current vendor. Mr. Robinson provided an update on a meeting with him, Commissioner Adams, Mr. Holder, and the vendor, which occurred to discuss next steps with the RFP and the request by Cumberland County for the return of the facility to Cumberland County. As a result of that meeting, the building will be returned to Cumberland County so that Alliance can use this building to provide effective crisis services in Fayetteville, NC.</td>
<td></td>
</tr>
<tr>
<td><strong>BOARD ACTION</strong></td>
<td>The Board received the update.</td>
</tr>
<tr>
<td>12. Closed Session</td>
<td><strong>BOARD ACTION</strong></td>
</tr>
<tr>
<td></td>
<td>A motion was made by Vice-Chair George Corvin to enter closed session pursuant to NC § 143-318.11 (a) (3) and (a) (6) to consult with General Counsel regarding current litigation and to consider the qualifications, competence, and performance of an employee; motion seconded by Mr. McDonald. Motion passed unanimously.</td>
</tr>
<tr>
<td></td>
<td>The Board returned to open session.</td>
</tr>
<tr>
<td>13. Adjournment</td>
<td>All business was completed; the meeting adjourned at 6:01 p.m.</td>
</tr>
</tbody>
</table>
ITEM: June 30, 2018, Audited Financial Statements and Related Documents

DATE OF BOARD MEETING: December 6, 2018

BACKGROUND: An annual audit is a requirement of the Local Government Budget and Fiscal Control Act GS 159-34. An annual audit is also a requirement of the DHHS-DMA contract with Alliance for the Medicaid Waiver.

The auditors will present the results of the June 30, 2018, audited statements and allow time for questions.

REQUEST FOR AREA BOARD ACTION: Receive the audit report.

CEO RECOMMENDATION: Receive the audit report.

RESOURCE PERSON(S): Chris Bostock, Committee Chair; Robert Robinson, CEO; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer
Audit Results

Alliance Behavioral Healthcare

Eddie Burke, CPA
Partner

December 6, 2018
Agenda

- Client Service Team
- Internal Controls
- Significant Audit Areas
- Financial Results
- Summary
- Questions
Client Service Team

Cherry Bekaert is fully committed to Alliance Behavioral Healthcare by leveraging an experienced and dedicated team.
Internal Controls

**Significant Cycles**
- Cash Receipts
- Accounts Receivable
- Revenues
- Cash Disbursements
- Claims Payable
- Payroll
- Expenses
- Financial statement close

**Test of Controls**
- Paychex SSAE 16 report
- Grant-related programs
- Payroll

**Journal Entries**
- Active Data

**IT Controls**
- Entity Level Controls
- Back-up and Recovery
- Access and Security
- Network Security
- Cyber Security
Significant Audit Areas for the Financial Statements

Assets / Revenues
- Due from Governments
- Revenues

Liabilities & Net Assets
- Claims and Other Service Liability
- Payroll Expenses & Accrued Vacation
- Expenses

Other Items
- Cash & Investments
- Due from Contractors
- Miscellaneous Receivables
- Prepads
- Other Assets
- Capital Assets
- Accounts Payable and Accrued Expenses
- Pension Liability
- Net Position
- Related Parties
- Subsequent Events
- Commitments
- Estimates
- Leases
- Legal
Significant Audit Areas for Single Audit
Internal Controls and Compliance

Federal Major Programs
- Block Grant for Prevention and Treatment of Substance Abuse
- Social Services Block Grant

State Major Programs
- Single Stream Line Funding
- NC START
- Tiered Case Management/Wraparound
- Opioid State Set-Aside

Administrative Controls
- Monitoring Reports
- Compliance Matrix
- Compliance Testing
# Financial Results

## Assets and Deferred Outflows (thousands)

<table>
<thead>
<tr>
<th>Assets and Deferred Outflows (thousands)</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2018</td>
</tr>
<tr>
<td>Unrestricted cash and cash equivalents</td>
<td>$33,555</td>
</tr>
<tr>
<td>Restricted cash and cash equivalents</td>
<td>43,028</td>
</tr>
<tr>
<td>Investments</td>
<td>59,146</td>
</tr>
<tr>
<td>Due from other governments</td>
<td>14,766</td>
</tr>
<tr>
<td>Other assets</td>
<td>11,998</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$162,493</strong></td>
</tr>
</tbody>
</table>
## Financial Results

### Liabilities and Deferred Inflows (thousands)

<table>
<thead>
<tr>
<th>Liabilities and Deferred Inflows (thousands)</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2018</td>
</tr>
<tr>
<td>Claims Payable</td>
<td>$37,525</td>
</tr>
<tr>
<td>Accounts Payable &amp; Accrued Liabilities</td>
<td>2,896</td>
</tr>
<tr>
<td>Pensions</td>
<td>7,335</td>
</tr>
<tr>
<td>Other Liabilities</td>
<td>1,801</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$49,557</strong></td>
</tr>
</tbody>
</table>
### Financial Results

#### Net Assets (thousands)

<table>
<thead>
<tr>
<th>Net Assets (thousands)</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2018</td>
</tr>
<tr>
<td>Investment in Capital Assets</td>
<td>$4,409</td>
</tr>
<tr>
<td>Restricted</td>
<td>43,028</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>65,499</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$112,936</strong></td>
</tr>
</tbody>
</table>
## Financial Results

### Revenues (thousands)

<table>
<thead>
<tr>
<th>Revenues (thousands)</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2018</td>
</tr>
<tr>
<td>Medicaid Waiver</td>
<td>$374,703</td>
</tr>
<tr>
<td>Federal and State Grants</td>
<td>40,744</td>
</tr>
<tr>
<td>Local Grants</td>
<td>33,954</td>
</tr>
<tr>
<td>Grant funded services</td>
<td>140</td>
</tr>
<tr>
<td>Medicaid Waiver administration</td>
<td>48,726</td>
</tr>
<tr>
<td>State LME administration</td>
<td>4,359</td>
</tr>
<tr>
<td>Local Administration</td>
<td>369</td>
</tr>
<tr>
<td>Other Income</td>
<td>866</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$503,861</strong></td>
</tr>
</tbody>
</table>
## Financial Results

### Expenses (thousands)

<table>
<thead>
<tr>
<th>Expenses (thousands)</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2018</td>
</tr>
<tr>
<td>Administrative expenses</td>
<td>$56,839</td>
</tr>
<tr>
<td>Medicaid Waiver services</td>
<td>362,932</td>
</tr>
<tr>
<td>Federal and state services</td>
<td>56,824</td>
</tr>
<tr>
<td>Local services</td>
<td>35,782</td>
</tr>
<tr>
<td>Grant funded services</td>
<td>140</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$512,517</strong></td>
</tr>
</tbody>
</table>
Summary

- Clean Opinion
- No AJEs & No PAJE
- 1 Single Audit Finding
- Full Cooperation with Management
- No Management Letter Comments
- Good Internal Controls

12
Questions?

Eddie Burke, CPA
Partner
eburke@cbh.com
919.782.1040
ITEM: Consumer and Family Advisory Committee (CFAC) Report

DATE OF BOARD MEETING: December 6, 2018

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

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

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

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

REQUEST FOR BOARD ACTION: Receive draft subcommittee minutes and supporting documents from the Steering Committee and the Cumberland, Wake and Johnston Committees for November. Durham County did not meet in November because of the Veteran's Day holiday.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Dave Curro, CFAC Chair; Doug Wright, Director of Consumer Affairs
MEMBERS PRESENT: ☒ Jason Phipps, ☒ Dave Curro, ☒ Shirley Francis, ☒ Tracy Glen-Thomas, ☒ Briana Harris, ☒ Sharon Harris  
BOARD MEMBERS PRESENT: None  
GUEST(S): None  
STAFF PRESENT: Doug Wright, Director of Individual and Family Affairs, Stacy Guse, Star Davis, Noah Swabe, Ramona Branch  

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

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Public Comment Individual/Family Challenges and Solutions</td>
<td>NONE</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
| 4. Consent Agenda - Subcommittees  
  • Wake  
  • Durham  
  • Cumberland  
  • Johnston  
  • Area Board  
  • Human Rights  
  • Quality Management | Motion to approve by Jason, seconded by Shirley, passed unanimously. | N/A | N/A |
| 5. LME/MCO updates | By the numbers/legislative updates – Doug reviewed the Alliance dashboard for meeting DHHS benchmarks, explaining how it is utilized to measure performance and alert us when we are not meeting our goals. | N/A | N/A |

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

<table>
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</thead>
<tbody>
<tr>
<td>1115 Waiver approval – Everyone was reminded that the 1115 waiver approval has come through with some interesting opportunities around the social determinants of health.</td>
<td>Monthly Updates</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>RFP Standard Plans have been received; the following companies applied to be a standard plan. Awards will be made in February 2019. The companies are: Aetna AmeriHealth Caritas North Carolina BCBSNC – Healthy Blue Carolina Complete Health (Provider led group under the NC Medical Society) My Health by Health Providers (Provider led network of 12 NC hospital systems) Optima Health United Healthcare WellCare Health Plans Transportation Pilot – a new transportation pilot began on the 1st, offering transportation to two populations to their appointment. One is people being discharged from a hospital, facility based crisis unit needing an appointment within 7 days. The second is for people need a ride to an urgent appointment, within 48 hours. Community Relations Realignment – Doug mentioned that the department was reorganizing and that he will bring a full report to the December meeting. Pinehurst – Need names of anyone wanting to attend the Pinehurst conference. We have two from Durham registered plus Dave, Jackie Blue from Cumberland is interested, and we need some from Johnston County.</td>
<td>Monthly Updates</td>
<td>Dec. 3</td>
<td>Dec. 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Report out in December and/or local November meetings</td>
<td>Dec. 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Local names to register and get hotels.</td>
<td>Nov. 15</td>
</tr>
</tbody>
</table>

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

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>December Meeting – Quality Improvement Projects Update (Tina Howard) Presented Tina as an option for the December meeting to present on QIPs. Agreed to put it on the agenda.</td>
<td>Schedule for December</td>
<td>Dec. 3</td>
<td></td>
</tr>
<tr>
<td>6. Housing subcommittee – TCLI</td>
<td>Still working to see what this might look like and who is willing and able to participate.</td>
<td>Continue discussion</td>
<td>Dec. 3</td>
</tr>
<tr>
<td>7. CFAC Retreat</td>
<td>Date set? – Ideas or suggestions (ad hoc committee) March 2 was the suggested date. Everyone was ask for ideas about what the retreat might consist of and to give their suggestions to staff or the ad hoc committee. Dave ask us to send out the proposed date and ask for suggestions to the full CFAC.</td>
<td>Email the full CFAC about the date and ideas for the retreat.</td>
<td>Nov. 15</td>
</tr>
<tr>
<td>8. Trauma Informed Care Workshop</td>
<td>Trauma Informed Care – Scheduling a workshop for CFAC and other community members interested, still working on dates, etc. for some time early next year.</td>
<td>Update committee on dates, etc.</td>
<td>ASAP</td>
</tr>
<tr>
<td>9. State Updates</td>
<td>NONE</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>10. Announcements</td>
<td>NONE</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

Respectfully Submitted by:

Doug Wright

Date Approved

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
MEMBERS PRESENT: Michael McGuire, Ellen Gibson, Dorothy Johnson, Jackie Blue, Jamille Blue, Sharon Harris, Briana Harris, Shirley Francis, Tekeyon Lloyd, Tracey Glenn-Thompson, Renee Lloyd

BOARD MEMBERS PRESENT: C J Lewis, Carson J Loyd, Mr. Francis, Jason Francis, April Francis, Stephenia Hodge Nicholson, Carmen PerezMolina, Lavern S. Oxendine

STAFF PRESENT: Doug Wright, Director of Individual and Family Affairs, Starlett Davis, Individual and Family Affairs Specialist,

1. WELCOME AND INTRODUCTIONS
Michael welcomed everyone to the meeting. Introductions were made.

2. REVIEW OF THE MINUTES
The October 2018 minutes were seconded and approved.

3. AGENDA ITEMS:

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
<th>NEXT STEPS</th>
<th>TIME FRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Comment</td>
<td><em><strong>The phone system was not working so those that called in could not connect to the meeting.</strong></em> Starlett Davis has provided community events and resources. There were questions about the Pinehurst Conference and another event in Pinehurst during the same time. Starlett will get clarity and email the committee on the following day. Michael and Jackie spoke briefly about the conference and how good it was in the past years. We also brought up personal safety as it relates to the span of criminal acts against the children and women in the immediate and surrounding areas. Michael offered a free class of self-defense at his new studio in the Ponderosa shopping center. Starlett discussed the Homeless and Hunger Stand Down event for the following day and extended the invitation to any member who would like to volunteer with Alliance.</td>
<td>See Doug or Starlett for any questions Starlett will email committee with clarity on questions.</td>
<td>Ongoing Friday, November 16, 2018</td>
</tr>
<tr>
<td>State/ MCO Updates</td>
<td>CMS- 1115 Approval- Fact Sheet Starlett went over this information sheet to explain the updates on the 1115 Waiver and the direction of the MCO via being a tailored plan. She also went over the new pilots in the area. The committee discussed any additional information they had obtained.</td>
<td>Please see state website for updates. See Doug or Starlett for any questions</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
### AGENDA ITEMS:

<table>
<thead>
<tr>
<th>Membership Discussion/Community Outreach</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael McGuire explained what it meant to be a member to our guests. He also acknowledged that CJ Loyd had been to many meetings and was a great support to the group. He offered membership to CJ and he accepted. The committee voted CJ Loyd in. He will receive a membership packet and be a member of the committee.</td>
<td>CJ Loyd will receive his membership packet.</td>
<td>December 1, 2018</td>
<td></td>
</tr>
</tbody>
</table>

| Prep for next meeting | The December meeting was canceled due to the upcoming holiday. Meetings will resume in January. The next Steering Committee Meeting is December 3, 2018. | Next meeting is January 24, 2018. Steering Committee Meeting is December 3, 2018. Please contact Starlett with any questions. | January 24, 2018 |

| Appreciation | Everyone gave their appreciation. | N/A | N/A |
| Holiday Celebration Meal | Mr. Francis blessed the meal. | N/A | N/A |

4. **ADJOURNMENT:** The business portion of the meeting was adjourned at 6:20pm.

Respectfully Submitted by:

Starlett Davis Date Approved

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
MEMBERS PRESENT: ☒ Carole Johnson, ☒ Megan Mason, ☒ Karen McKinnon, ☒ Connie King-Jerome, ☒ Israel Pattison, ☒ Annette Smith, ☒ Ben Smith, ☒ Wanda (Faye) Griffin, ☒ Gregory Schweitzer.

GUEST(S):

STAFF PRESENT: ☒ Doug Wright, Director of Individual and Family Affairs, ☒ Stacy Guse, Individual and Family Affairs Specialist

Dial-in number: (605) 472-5464
Access Code: 289674

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the October 9, 2018, Wake Consumer and Family Advisory Committee (CFAC) Subcommittee meeting were reviewed; a motion was made by Israel Pattison and seconded by Karen McKinnon to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Comments</td>
<td>Annette and Ben will be viewing the movie “Intelligent Lives” tomorrow night at the Regal Briar Creek movie theater at 7:30.</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>LME/MCO Updates 2018</td>
<td>Doug briefly talked about our name change to “Alliance Health”. Alliance will consolidate several offices to perimeter park. A community meeting Dec 3rd to discuss about Medicaid reform at the public library in Johnston County 4-6 pm. 305 E Market Street Smithfield NC. Doug also discussed about public schools are requesting $71.5 million from state legislators necessary to fill necessary understaffed positions. There were lots of discussion and answers, Lynn Nelson has been appointed as a Board member. Doug briefly discussed Alliance’s BHC reorganization.</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>NC Medicaid Approved 1115 Demonstration Waiver</td>
<td>Doug briefly discussed the approved 1115 Waiver.</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Annual Event Planning</td>
<td>Movie ordered? Date and location confirmed IT has been agreed April 6, 2019 11:00 am at RCNC 5245 Capital Blvd, Raleigh NC. Israel suggested we create an online reservation in February 2019 and limit tickets to 100. RCNC has a copy and we are able to use theirs if needed. Annette suggested get an approved synopsis of the movie for the flyer.</td>
<td>Doug has confirmed the movie has been ordered and not yet received. Stacy will contact Dave Mullin to put this event on WNOC and our Facebook page. Stacy will create a flyer for the next Wake CFAC meeting. Stacy will create a communications request to put this event on our</td>
<td>Ongoing</td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-----------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Training: Bullying Prevention</td>
<td>Stacy presented Prevent Bullying Now to the Wake CFAC</td>
<td>Provider Network, Food will be discussed</td>
<td>N/A</td>
</tr>
<tr>
<td>Announcements-Opportunities</td>
<td>Israel discussed a female who had a stroke with aphasia was running around the nursing home tried to abate/sedate her behavior. This particular female needed medical attention. This is a reminder everyone deserves respect and dignity.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

3. **ADJOURNMENT**: the next meeting will be December 11, 2018, at 5:30 p.m.  
Respectfully Submitted by: Stacy Guse
STAND UP, SPEAK OUT
PREVENT BULLYING NOW
Youth Thrive, in conjunction with our Wake County community of partners, is launching a Bullying Prevention Campaign – STAND UP! SPEAK OUT! in October.

STAND UP! SPEAK OUT! seeks to educate, engage, and activate collective action and advocacy towards the goal of eliminating bullying and creating safe spaces for Wake County Youth to thrive.
Bullying: Facts & Stats

Wake County

• Bullying was reported by 1 in 5 (19%) of surveyed high school students.²

• During the 2014-2015 school year, in WCPSS, there were 173 short term suspensions and 2 long term suspensions for violation of the bullying policy, L2-14.

2013 YRBS Data
Bullying and Targeted Populations: LGBTQ Youth

• 74.1% of LGBT students were verbally bullied (e.g., called names, threatened) in the past year because of their sexual orientation\textsuperscript{10}

• 55.5% of LGBT students feel unsafe at school because of their sexual orientation, and 37.8% because of their gender expression\textsuperscript{10}

• Peer victimization of all youth was less likely to occur in schools with bullying policies that are inclusive of LGBTQ students\textsuperscript{11}
Bullying: The Impact

Youth who are bullied can experience negative physical, school, and mental health issues which can persist into adulthood[^18]

They are more likely to experience:

- Depression and anxiety
- Increased feelings of sadness and loneliness
- Changes in sleep and eating patterns
- Loss of interest in activities they used to enjoy
- Health complaints
- More missed school days and/or drop out of school
- Plummeting of grades and standardized test scores

[^18]: [Link to study or article]
The Effects of Peer Victimization (bullying) are Equivalent to The Effects of Child Maltreatment

-Lereya, et.al, 2015
Bullying: The Impact

Youth who bully can also at increased risk experience for negative experiences and outcomes\textsuperscript{18}.

They are more likely to experience:

- Academic problems
- Substance use
- Violent behavior later in adolescence and adulthood
Bullying: Connection to Suicide

Bullying behavior and suicide-related behavior are closely related\(^{20}\)

- Youth who report any involvement with bullying behavior are more likely to report high levels of suicide-related behavior.

- 20\% of youth that are cyberbullied have had thoughts of suicide, however most youth do NOT engage in suicide-related behavior.

- Being involved in bullying in any way—as a person who bullies, a person who is bullied, or a person who both bullies and is bullied—is **ONE** of several important risk factors that appears to increase the risk of suicide among youth.
“When bystanders intervene, bullying stops within 10 seconds 57% of the time”

Together, we can initiate conversations. We can advocate for change. We will prevent bullying for good!
Stand up, Speak out: Toolkit
Social Media

• Contains
  • Daily suggested posts for Facebook & Twitter
  • #StandupSpeakout
  • Graphics included

Food for thought: Empathy fuels connection! “Rarely can a response make something better, what makes something better is connection.” Check out this video for more great thoughts. http://bit.ly/1Or2iZ4 #BeAGoodFriend #StandupSpeakout

Want to teach empathy? Give kids do-overs, when they speak or act insensitively. More tips here: http://bit.ly/1QZkIvN #StandupSpeakout

“Rarely can a response make something better, what makes something better is connection.”

DR. BRENE BROWN
Suggested Activities for Youth

STAND UP!

BEST FOR:
WEEK 2: BE AN UPSTANDER
WEEK 3: BE AN ADVOCATE
WEEK 4: BE A SUPPORT

CONNECTION TO COMMON CORE
Promotes problem-solving skills and perseverance

OVERVIEW

Grade Level
Grade 3rd - 8th

Time Needed
30-45 Minutes

Materials Needed
Index Cards, Markers
Images, Glue

Objective: Remind youth that no one deserves to be bullied and that everyone has a responsibility to report unkind acts

INSTRUCTIONS

1. Prior to the lesson, create four "Fear Factor" cards by writing the following statements on an index card using a different colored card for each statement: "Ridicule someone for being a 'nerd'"; "Take someone's dessert in the cafeteria"; "Exclude someone from a group"; "Gossip about what someone is wearing."

2. Using the same method as above, create four "Stand Up" cards for each of these statements: "Don't React. Walk away – without emotion – ignore the browbeater"; "Smile or Laugh. If you do the
Organizational Policies & Guidelines

• A **mission statement** establishes the vision for the program/organization.

• A **code of conduct** describes the positive behaviors expected of the program/organizations community.

• A **student bill of rights** includes positive things students can expect at school/program. Keep it short and easy to remember, so it is useful in day-to-day life.
Bullying: The Response

- Change your Facebook picture overlay
- Download the bullying prevention toolkit and share with your networks
  - Commit to sharing at least (3) messages on social media during the month of October: Use #StandupSpeakout (and year round)
  - Commit to at least one conversation with a young person/people and an adult about bullying
- Join the Youth Thrive Action team to join this effort
Bullying: The References

11. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3696185/?tool=pmcentrez
17. https://www.stopbullying.gov/at-risk/groups/index.html#race
MEMBERS PRESENT: Jason Phipps, Dorothy Best, Albert Dixon, Jerry Dodson, Bobby Dixon, Leanna George

BOARD MEMBERS PRESENT: None

GUEST(S): Jim Burgin, District 12 North Carolina State Senator-Elect, Elissa Tew, Communication Director for Mr. Burgin

STAFF PRESENT: Doug Wright, Director of Individual and Family Affairs, Noah Swabe, Individual and Family Engagement Specialist

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the October 16, 2018, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Albert Dixon and seconded by Leanna George to approve the minutes. Motion passed.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Public Comment</td>
<td>Jason discussed awareness around suicide prevention and what was being done within the community regarding suicide prevention. The grant between Johnston County Public Schools and Alliance Behavioral Healthcare was discussed as well as the importance of prevention within the school systems and at an early age.</td>
<td>The CFAC wants to find ways to be more involved with suicide prevention within the community. Ongoing discussions will take place about possible ways to become involved.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>4. State Senator-Elect- Jim Burgin-District 12</td>
<td>State Senator Elect- Jim Burgin of district 12 discussed a few of his priorities once getting into office. Mr. Burgin explained he wants to improve education within North Carolina, rural jobs and bringing more jobs to rural North Carolina, and mental health and illicit drug use. Mr. Burgin discussed his concerns with suicide within the community and wide spread drug use. Mr. Burgin states he wants to focus on reaching people and acknowledged wide spread mental illness. Mr. Burgin discussed several ideas on funding mental health and feels there is a need for more mental health beds and is pushing to help fund those mental health beds. Mr. Burgin asked the CFAC for feedback and concerns that he may need to be aware of. Dorothy explained she feels rather than putting the focus on mental health beds and inpatient services the focus needs to be on community supports such as peer support and surrounding the whole person. Albert discussed the stigma surrounding mental health and there needed to be more awareness surrounding mental health and combating stigma. Leanna and Jason discussed the innovations waiver and the lack of funding and waitlist. CFAC members were able to educate Mr. Burgin about the waiver and the benefit the waiver has to families, and the need for additional slots, also explain the long term benefits. Leanna voiced concerns about the “Wright School” and the “Path Program” consistently having their funding on the chopping</td>
<td>Mr. Burgin states he wants to stay in contact with the CFAC and attend future meetings. Noah will keep in touch with Mr. Burgin and keep him updated on meetings and events.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>block. Most of the members voiced their support of Medicaid Expansion. Doug discussed the need to restore state funds and expand funding for the opioid crisis to allow for long term supports for members. Doug encouraged Mr. Burgin to look at return on investment long term. The CFAC was able to educate Mr. Burgin about the access line through Alliance BHC and Mental Health First Aid training. Mr. Burgin agreed that cuts to state funds needed to stop and funds need to be restored. Mr. Burgin wanted to look at access to care within the community. Mr. Burgin said he feels the numbers are “skewed” with Medicaid expansion and that it doesn’t make sense long term. Mr. Burgin plans to look into the innovations waiver and to visit the Wright School. Mr. Burgin thanked the CFAC for their time and wants to stay in contact with the CFAC.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. LME/MCO Updates</td>
<td>Doug Wright, Director of Individual and Family Affairs discussed the approval of the 1115 waiver. Doug shared information regarding the waiver and some of the possibilities regarding pilot sites with the approval of the waiver. Doug discussed the launch of the transportation pilot and the purpose of the pilot. Which is to assist members in getting to their first appointment within seven days of discharge from a crisis facility or to receive care within 48 hours if there is an urgent need. These individuals would be identified through the access line and care coordination. Doug explained the realignment of the Alliance BHC Community Relations Department. Doug informed CFAC members the departments name would be changing to “Community Health and Well-Being” also that Alliance Behavioral Healthcare would be changing its name to “Alliance Health” and that a new logo would be rolled out soon. Doug went on to explain that several changes within the department had taken place, the merge of System Engagement and Individual and Family Affairs. The new roles of the Community Relations Managers as well as the changes to the housing department. Doug informed the CFAC of the staff reduction of three director positions within the department and the interview process was underway for the new director position. Doug discussed Pinehurst, Dorothy and Cassandra will be attending the Pinehurst conference.</td>
<td>Doug Wright and Noah Swabe will continue to update the CFAC as Alliance and the state move into tailored plans and changes within Alliance BHC.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>6. State Updates</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>
**AGENDA ITEMS:**

<table>
<thead>
<tr>
<th>ITEM</th>
<th>DISCUSSION</th>
<th>NEXT STEPS</th>
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</tr>
</thead>
<tbody>
<tr>
<td>7. Community Event - January</td>
<td>The date and time of the event were finalized January 19, 2019 from 10:00 am to 1:00 pm. The movie Resilience will be shown and light refreshments will be provided (popcorn and drinks). There was questions about vendors and movie start time. It was suggested to have the movie start at 11:00 am. A discussion following the movie would be facilitated for those interested. For the moment the name of the event will remain &quot;From Surviving to Thriving&quot; until a name has been confirmed with the Child Collaborative.</td>
<td>Noah will reach out to the Child Collaborative to inquire about the name. In addition to find out what support and in what capacity the collaborative wants to be involved. Noah will also pass on the flyer draft to the collaborative.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>8. Training - Family Peer Support Service Definition Draft</td>
<td>Tabled until January 15, 2019 meeting</td>
<td>Cassandra and Dorothy will discuss the Family Peer Support Service Definition along as bring back information from Pinehurst.</td>
<td>January 15, 2019</td>
</tr>
<tr>
<td>9. Announcements</td>
<td>Alliance will be hosting a Community Forum December 3, 2018 at the Smithfield library from 4 pm to 6 pm.</td>
<td>CFAC members have already been passing out flyers in the community and spreading the word about the forum. Members will continue to pass out information and encourage those in the community to attend.</td>
<td>December 3, 2019</td>
</tr>
</tbody>
</table>

10. **ADJOURNMENT:** Motioned by Bobby Dixon, Second by Dorothy Best. The next meeting will be December 18, 2018 at 5:00 pm. January 15, 2019 at 5:00 pm. February 19, 2019 at 5:00 pm. March 19, 2019 at 5:00 pm. April 16, 019 at 5:00 p.m. May 21, 2019 at 5:00 p.m.

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

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

DATE OF BOARD MEETING: December 6, 2018

BACKGROUND: The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Board. The Finance Committee meets monthly at 2:30 p.m. prior to the regular Board Meeting. This month's report includes the draft minutes from the November 1, 2018, meeting, the budget to actual report and ratios for the period ending October 31, 2018, and recommendations to the Board to approve all presented contracts over $250,000.

REQUEST FOR BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Chris Bostock, Committee Chair; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer
Finance Committee Meeting
Thursday, December 6, 2018
2:30-4:00 pm

AGENDA

1. Review of the Minutes – November 1, 2018

2. Monthly Financial Reports as of October 31, 2018
   a. Summary of Savings/(Loss) by Funding Source
   b. Statement of Revenue and Expenses (Budget & Actual)
   c. Senate Bill 208 Ratios
   d. DMA Contractual Ratios

3. Approval of Contract(s)

4. Audit Report as of June 30, 2018

5. Adjournment

Next Meeting: Thursday, February 7, 2019 from 3:00-4:00
Alliance Behavioral Healthcare
4600 Emperor Blvd, Room 204
Durham, NC 27703
**1. WELCOME AND INTRODUCTIONS**

**2. REVIEW OF THE MINUTES** – The minutes from the October 4, 2018, meeting were reviewed; a motion was made by Chair Cynthia Binanay and seconded by Mr. Gino Pazzaglini to approve the minutes. Motion passed unanimously.

### AGENDA ITEMS:

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
<th>NEXT STEPS</th>
<th>TIME FRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Monthly Financial Reports</td>
<td>The monthly financial reports were discussed which includes the Statement of Net Position, the Summary of Savings/(Loss) by Funding Source, the Statement of Revenue and Expenses, Senate Bill 208 Required Ratios, and DMA Contract Ratios as of September 30, 2018. Ms. Sara Pacholke discussed the monthly reports. We have total assets of $164.2M, current assets of $107.8M, which are primarily cash and investments. We have total liabilities of $59.5M, current liabilities of $50.9M, which are primarily related to claims and service liabilities. Total net position is $104.7M. We have a loss of $8.2M year to date. A portion of this is due to large recoupments from Medicaid, which were made in error. We are working with the state to get support for the recoupments and to correct the issue on subsequent files. As of September 30, 2018, we need approximately $4M from fund balance to offset the state loss. The loss will continue to grow during FY19 due to legislative cuts. Alliance is meeting all SB208 and DMA contractual ratios.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Contract(s) Approval</td>
<td>Ms. Sara Pacholke went over two contracts that are over $250,000, which need Board approval in accordance with policy G-10. After review of the proposed contracts the following motions were made to recommend to the Board: a. A motion was made by Mr. Gino Pazzaglini and seconded by Mr. Lascel Webley to authorize the CEO to enter into a contract for furniture for the new home office not to exceed $750,000 in accordance with NC General Statute 143-129€(9). The motion passed unanimously. b. A motion was made Mr. Gino Pazzaglini and seconded by Mr. Lascel Webley to authorize the CEO to enter into a contract with Integrated Communication Services, Inc. for low voltage cabling at the new home office for an amount not to exceed $411,822. The motion passed unanimously.</td>
<td>Present two recommendations to the Board for approval.</td>
<td>11/1/18 Board Meeting</td>
</tr>
</tbody>
</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
</table>
1. Reinvestment Plan – current spending is at about $300,000 year to date. The reinvestment amount is still low due to high amounts set aside for construction projects.  
2. Lives Update  
   a. Budget using 232,000 lives, projecting lives of 234,000 however lives have been inconsistent this year. The state has recouped $10M through October and has not provided us with support. This complicates estimating our true lives. We are currently estimating we will receive about 50% back.  
3. Solvency Standards  
   a. NC Medicaid (DMA) sent the first draft of solvency standard calculations. Alliance was “OK” (as opposed to “concern”).  
   b. They are making some changes to the calculation related to intergovernmental transfers, using 3 year reinvestments instead of 1 year. These changes will likely make it so all LME/MCO’s are “OK”.  
   c. We do not expect any changes to our legislative reduction as a result of the solvency standards.  
 |  |  |
| 6. ADJOURNMENT: | next meeting will be November 1, 2018, from 2:30 p.m. to 4:00 p.m.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |

Respectfully Submitted by:

Sara Pacholke, SVP-Financial Operations

Date Approved

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
### Summary of Savings/(Loss) by Funding Source as of October 31, 2018

<table>
<thead>
<tr>
<th>Fund Balance</th>
<th>Revenue</th>
<th>Expense</th>
<th>Savings/(Loss)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Waiver Services</td>
<td>$ -</td>
<td>$123,698,325</td>
<td>$127,745,232</td>
</tr>
<tr>
<td>Federal &amp; State Grants</td>
<td>$7,677,748</td>
<td>$11,764,788</td>
<td>$19,442,536</td>
</tr>
<tr>
<td>Local Grants</td>
<td>-</td>
<td>$9,533,370</td>
<td>$9,545,412</td>
</tr>
<tr>
<td>Administrative</td>
<td>-</td>
<td>$18,872,195</td>
<td>$18,776,185</td>
</tr>
<tr>
<td>Total</td>
<td>$7,677,748</td>
<td>$163,868,678</td>
<td>$175,509,365</td>
</tr>
</tbody>
</table>

Less Amount from Fund Balance $7,677,748

Net Savings/(Loss) $11,640,687

---

### Fund Balance as of October 31, 2018

<table>
<thead>
<tr>
<th>Fund Balance as of October 31, 2018</th>
<th>June 30, 2018</th>
<th>Change</th>
<th>October 31, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment in Fixed Assets</td>
<td>4,409,429</td>
<td>750,594</td>
<td>5,160,023</td>
</tr>
<tr>
<td>Restricted - Risk Reserve</td>
<td>43,027,793</td>
<td>2,763,707</td>
<td>45,791,500</td>
</tr>
<tr>
<td>Restricted - Other</td>
<td>5,856,438</td>
<td>1,609,765</td>
<td>7,466,203</td>
</tr>
<tr>
<td>Committed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legislative Reductions</td>
<td>25,141,196</td>
<td>(7,677,748)</td>
<td>17,463,448</td>
</tr>
<tr>
<td>Intergovernmental Transfer</td>
<td>3,007,817</td>
<td>(1,002,606)</td>
<td>2,005,211</td>
</tr>
<tr>
<td>Reinvestment</td>
<td>18,769,500</td>
<td>(512,536)</td>
<td>18,256,964</td>
</tr>
<tr>
<td>Total Committed</td>
<td>46,918,513</td>
<td>(9,192,890)</td>
<td>37,725,623</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>12,723,765</td>
<td>(7,571,863)</td>
<td>5,151,902</td>
</tr>
<tr>
<td>Total Fund Balance</td>
<td>112,935,938</td>
<td>(11,640,687)</td>
<td>101,295,251</td>
</tr>
</tbody>
</table>
## Statement of Revenue and Expenses (Budget and Actual) - As of October 31, 2018

<table>
<thead>
<tr>
<th></th>
<th>Original Budget</th>
<th>Current Period</th>
<th>Year to Date</th>
<th>Balance</th>
<th>Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Grants</td>
<td>$39,827,390.00</td>
<td>$1,066,578.44</td>
<td>$9,533,370.16</td>
<td>$30,294,019.84</td>
<td>23.94%</td>
</tr>
<tr>
<td>State &amp; Federal Grants</td>
<td>43,802,180.00</td>
<td>2,918,302.14</td>
<td>11,764,787.85</td>
<td>32,037,392.15</td>
<td>26.86%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>362,034,028.76</td>
<td>30,239,701.95</td>
<td>123,698,324.90</td>
<td>238,335,703.86</td>
<td>34.17%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$445,663,598.76</td>
<td>34,224,582.53</td>
<td>144,996,482.91</td>
<td>300,667,115.85</td>
<td>32.53%</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Local Administration</td>
<td>437,754.19</td>
<td>33,274.00</td>
<td>133,094.71</td>
<td>304,659.48</td>
<td>30.40%</td>
</tr>
<tr>
<td>LME Administrative Grant</td>
<td>4,359,385.00</td>
<td>363,283.00</td>
<td>1,453,132.08</td>
<td>2,906,252.92</td>
<td>33.33%</td>
</tr>
<tr>
<td>Medicaid Waiver Administration</td>
<td>49,368,276.65</td>
<td>4,122,954.07</td>
<td>16,864,896.04</td>
<td>32,503,380.61</td>
<td>34.16%</td>
</tr>
<tr>
<td>Miscellaneous Revenue</td>
<td>500,000.00</td>
<td>111,365.55</td>
<td>421,072.42</td>
<td>78,927.58</td>
<td>84.21%</td>
</tr>
<tr>
<td><strong>Total Administrative Revenue</strong></td>
<td>$54,665,415.84</td>
<td>4,630,876.62</td>
<td>18,872,195.25</td>
<td>35,793,220.59</td>
<td>34.52%</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>$500,329,014.60</td>
<td>38,855,459.15</td>
<td>163,868,678.16</td>
<td>336,460,336.44</td>
<td>32.75%</td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Services</td>
<td>39,827,390.00</td>
<td>1,072,612.40</td>
<td>9,545,412.02</td>
<td>30,281,977.98</td>
<td>23.97%</td>
</tr>
<tr>
<td>State &amp; Federal Services</td>
<td>43,802,180.00</td>
<td>6,538,619.64</td>
<td>19,442,536.18</td>
<td>24,359,643.82</td>
<td>44.39%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>362,034,028.76</td>
<td>30,239,701.95</td>
<td>123,698,324.90</td>
<td>238,335,703.86</td>
<td>35.17%</td>
</tr>
<tr>
<td><strong>Total Service Expenses</strong></td>
<td>$445,663,598.76</td>
<td>37,640,162.56</td>
<td>156,733,180.08</td>
<td>288,930,418.68</td>
<td>35.17%</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational</td>
<td>7,011,007.67</td>
<td>811,854.50</td>
<td>2,786,575.52</td>
<td>4,224,432.15</td>
<td>39.75%</td>
</tr>
<tr>
<td>Salaries, Benefits, and Fringe</td>
<td>40,203,716.73</td>
<td>3,498,309.07</td>
<td>14,851,436.41</td>
<td>25,352,280.32</td>
<td>36.94%</td>
</tr>
<tr>
<td>Professional Services</td>
<td>6,950,691.44</td>
<td>342,474.66</td>
<td>1,138,173.34</td>
<td>5,812,518.10</td>
<td>16.37%</td>
</tr>
<tr>
<td>Miscellaneous Expense</td>
<td>500,000.00</td>
<td>-</td>
<td>-</td>
<td>500,000.00</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Administrative Expenses</strong></td>
<td>$54,665,415.84</td>
<td>4,652,638.23</td>
<td>18,776,185.27</td>
<td>35,889,230.57</td>
<td>34.35%</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$500,329,014.60</td>
<td>42,292,800.79</td>
<td>175,509,365.35</td>
<td>324,819,649.25</td>
<td>35.08%</td>
</tr>
</tbody>
</table>

**CHANGE IN NET POSITION**

($3,437,341.64) ($11,640,687.19)
**Defensive Interval** = Cash + Current Investments divided by average daily operating expenses. This ratio shows how many days the organization can continue to pay expenses if no additional cash comes in. The requirement is 30 days or greater.

**Medical Loss Ratio (MLR)** = Total Services Expenses plus Administrative Expenses that go towards directly improving health outcomes divided by Total Medicaid Revenue. The requirement is 85% or greater cumulative for the rating period (7/1/17-6/30/18).
Current Ratio = Compares current assets to current liabilities. Liquidity ratio that measures an organization's ability to pay short term obligations. The requirement is 1.0 or greater.

Percent Paid = Percent of clean claims paid within 30 days of receiving. The requirement is 90% or greater.
ITEM: Draft Minutes from the November 1, 2018, Board Meeting

DATE OF BOARD MEETING: December 6, 2018

REQUEST FOR BOARD ACTION: Approve the draft minutes from the November 1, 2018, meeting.

CEO RECOMMENDATION: Approve the minutes.

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

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

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

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

AGENDA ITEMS:

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<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
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</thead>
</table>
| 2. Announcements | A. Matrix: Chair Binanay reminded Board members to return this completed form to Ms. Ingram.  
B. i2i December Conference: Mr. Robinson reminded Board members of this upcoming conference. Board members may contact Ms. Ingram to register. |
| 3. Agenda Adjustments | There were no adjustments to the agenda. |
| 4. Public Comment | There were no public comments. |
| 5. Committee Reports | A. Consumer and Family Advisory Committee – page 3  
The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Durham, Wake, Cumberland or Johnston Counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services. This month’s report included draft subcommittee minutes and supporting documents from the Steering Committee and the Durham, Wake and Johnston Committees.  

David Curro, CFAC Chair, presented the report. Mr. Curro shared about new phone applications, Not Okay and Mental Health SOS, which facilitate access to care. Additionally he shared about the CFAC report and CFAC retreat, both are being finalized, a recent Statewide CFAC call, and upcoming trainings for early 2019. The CFAC report is attached to and made part of these minutes.  

BOARD ACTION | The Board received the report. |
**AGENDA ITEMS:**  
**DISCUSSION:**

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| B.  | Finance Committee – page 38                                    | The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board. This month’s report included draft minutes from the October 4, 2018, meeting, the Statement of Net Position, budget to actual report and ratios for the period ending September 30, 2018, and recommendations to the Board to approve all presented contracts over $250,000.  
Chris Bostock, Committee Chair, presented the report. Mr. Bostock shared the net position, which is impacted by reduction in State Single Stream funding. He also shared that all State mandated ratios were met. Additionally, Mr. Bostock mentioned that per Alliance Policy G:10 Delegation to the CEO, contracts above a specified amount are brought to Finance Committee for review before being approved by the Board. The Committee report is attached to and made part of these minutes.  
**BOARD ACTION**  
A motion was made by Mr. Bostock to authorize the CEO to enter a contract for furniture for the new home office, not to exceed $750,000.00; motion seconded by Vice-Chair Corvin. Motion passed unanimously.  
A motion was made by Mr. Bostock to authorize the CEO to enter a contract with Integrated Communicated Services, Inc., for low voltage for home office space, not to exceed $411,120.00; motion seconded by Vice-Chair Corvin. Motion passed unanimously. |
| 6.  | Consent Agenda                                                 | A. Draft Minutes from October 4, 2018, Board Meeting – page 48  
B. Executive Committee Report – page 52  
C. Human Rights Committee Report – page 55  
D. Quality Management Committee Report – page 92  
The consent agenda was sent as part of the Board packet. There were no comments or discussion about the consent agenda.  
**BOARD ACTION**  
A motion was made by Ms. Gloston to approve the consent agenda; motion seconded by Mr. Wooten. Motion passed unanimously. |
| 7.  | Appointment Recommendations – page 99                        | In accordance with NC General Statute 122C-118.1.d and the By-Laws of the Alliance Board, the initial terms of Alliance Board members were staggered with each initial term being considered a full term. Accordingly, the initial terms of some members were designated to end after one year, others after two, and others after three. Seats representing Wake County and Johnston County are currently vacant.  
Chair Binanay shared the Board Executive Committee’s recommendation for two applicants: Lynne Nelson for a vacant Wake County seat, with a term ending March 31, 2021, and (David) Lee Jackson for an available Johnston County seat, with a term ending November 30, 2019.  
**BOARD ACTION**  
A motion was made by Vice-Chair Corvin to recommend that the Wake Commissioners appoint Lynne Nelson to Alliance’s Board; motion seconded by Commissioner Ford. Motion passed unanimously. |
### AGENDA ITEMS:

<table>
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<tr>
<th>BOARD ACTION</th>
<th>DISCUSSION:</th>
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<tbody>
<tr>
<td><strong>BOARD ACTION</strong></td>
<td>A motion was made by Vice-Chair Corvin to recommend that the Johnston Commissioners appoint David Lee Jackson to Alliance’s Board; motion seconded by Mr. Webley. Motion passed unanimously.</td>
</tr>
<tr>
<td><strong>BOARD ACTION</strong></td>
<td>A motion was made by Dr. Silberman to change the organization’s name to Alliance Health; motion seconded by Commissioner Carter. Motion passed unanimously.</td>
</tr>
<tr>
<td><strong>BOARD ACTION</strong></td>
<td>The Board accepted the training/presentation.</td>
</tr>
</tbody>
</table>
### AGENDA ITEMS:

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Agenda Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.</td>
<td>Chair’s Report</td>
<td>A. Crisis Services in Fayetteville, NC: Mr. Robinson shared about a recent decision that the board supported: to RFP crisis services provided by Cape Fear in Fayetteville, NC. This decision was made as part of the three-way agreement between Alliance, Cumberland County and Cape Fear, which included specific amounts and scope of work, and service metrics and goals. The building was given to Cape Fear by Cumberland County for the purpose of operating crisis services. <strong>BOARD ACTION</strong> A motion was made by Mr. Pazzaglini to direct the CEO and/or Board Chair to draft a letter related to the following statement: <em>Whereas the performance of Cape Fear as provider of crisis services in Fayetteville, NC, has not met quality of terms indicated in the contract and whereas community needs are unmet, and whereas Alliance will issue a RFP for crisis services, which is contingent upon access to the current crisis facility located in Fayetteville, Alliance is requesting a timely decision about the facility for crisis services at this location.</em> Motion seconded by Mr. Bostock. Motion passed unanimously. B. Board Meeting in Johnston County: Chair Binanay discussed when the Board would hold a meeting in Johnston County. <strong>BOARD ACTION</strong> A motion was made by Mr. Curro to move the December 6, 2018, Board meeting to the Johnston County, pending space availability; motion seconded by Mr. Pazzaglini. Motion passed unanimously.</td>
</tr>
<tr>
<td>12.</td>
<td>Closed Session(s)</td>
<td><strong>BOARD ACTION</strong> A motion was made by Vice-Chair Corvin to enter closed session pursuant to NC § 143-318.11 (a) (1), (a) (3), and (a) (6) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1, to consult with General Counsel regarding current litigation, and to consider the qualifications, competence, and performance of an employee; motion seconded by Ms. Gloston. Motion passed unanimously. The Board returned to open session.</td>
</tr>
<tr>
<td>13.</td>
<td>Adjournment</td>
<td>All business was completed; the meeting adjourned at 6:40 p.m.</td>
</tr>
</tbody>
</table>

**Next Board Meeting**

**Thursday, December 06, 2018**

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

DATE OF BOARD MEETING: December 6, 2018

BACKGROUND: Per Alliance Behavioral Healthcare Board Policy “Development of Policies and Procedures,” the Board is to review all policies annually. The Board Policy Committee reviews a number of Policies each quarter in order to meet this requirement.


C-1: Corporate Compliance Plan; C-2: Guarding Against Fraud and Abuse; C-3: Financial Incentives; C-4: Employee Conflict of Interest; C-5: Employee Code of Ethics and Conduct; C-6: Records Retention; C-7: Legal Proceedings Involving Service Records

IT-1: General Computer Use; IT-4: Eligibility Error Load, Error Handling and Reconciliation; IT-5: IT System Backup

Policies reviewed with recommended revisions: BO-9: Fund Balance

Policies reviewed and recommended to repeal: None

REQUEST FOR BOARD ACTION: Accept the report. Accept Board Policy Committee minutes from the August meeting as submitted. As part of the annual review process, approve the above listed policies for continued use. Approve the recommended changes to the above listed policies.

CEO RECOMMENDATION: Accept the report. Approve the reviewed policies for continued use and approve the proposed revised policies.

RESOURCE PERSON(S): Lodies Gloston, Committee Chair; Monica Portugal, Chief Compliance Officer
APPONTED MEMBERS PRESENT: ☒ Lodies Gloston, M.A. (Committee Chair), ☒ Dave Curro (via teleconference)
☒ Curtis Massey, J.D. (via teleconference)

BOARD MEMBERS PRESENT: ☐ Cynthia Binanay (via teleconference)

STAFF PRESENT: Monica Portugal, Chief Compliance Officer; Kathy Dempsey, Compliance Analyst

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES: The minutes from the April 26, 2018, meetings were reviewed; a motion was made by Mr. Massey and seconded by Mr. Curro to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents Provided</td>
<td>Agenda, Minutes from the April 26, 2018 meeting, Business Operations Policies, Compliance Policies, Information Technology Policies.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Annual Review of Policies</td>
<td><strong>Business Operations Policies reviewed and considered for continued use without revisions requiring Board approval:</strong>&lt;br&gt;BO-1: Compliance with Local Government Budget and Fiscal Control Act&lt;br&gt;A motion was made by Mr. Curro and seconded by Mr. Massey to accept the policy as presented. Motion carried.&lt;br&gt;&lt;br&gt;BO-2: Risk Management&lt;br&gt;A motion was made by Mr. Curro and seconded by Mr. Massey to accept the policy as presented. Motion carried.&lt;br&gt;&lt;br&gt;BO-4: Travel and Employee Expense Reimbursement&lt;br&gt;A motion was made by Mr. Curro and seconded by Mr. Massey to accept the policy as presented. Motion carried.&lt;br&gt;&lt;br&gt;BO-5: Cellular Communication Devices&lt;br&gt;A motion was made by Mr. Curro and seconded by Mr. Massey to accept the policy as presented. Motion carried.</td>
<td>Draft minutes, reviewed policies and Agenda Action Form will be provided to the Board Clerk for inclusion in the Board Packet</td>
<td></td>
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</tbody>
</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BO 6: Paybacks</td>
<td>A motion was made by Mr. Curro and seconded by Mr. Massey to accept the policy as presented. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BO-8: Management of Financial Risk</td>
<td>A motion was made by Mr. Curro and seconded by Mr. Massey to accept the policy as presented. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BO-10: Financial Stability</td>
<td>A motion was made by Mr. Curro and seconded by Mr. Massey to accept the policy as presented. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BO-11: Accounting Manual</td>
<td>A motion was made by Mr. Curro and seconded by Mr. Massey to accept the policy as presented. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BO-12: Accounting by Funding Source</td>
<td>A motion was made by Mr. Curro and seconded by Mr. Massey to accept the policy as presented. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BO-13: Coordination of Benefits</td>
<td>A motion was made by Mr. Curro and seconded by Mr. Massey to accept the policy as presented. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BO-14: Cyclical Financial Reporting</td>
<td>A motion was made by Mr. Curro and seconded by Mr. Massey to accept the policy as presented. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BO-15: Claims Adjudication</td>
<td>A motion was made by Mr. Curro and seconded by Mr. Massey to accept the policy as presented. Motion carried.</td>
<td></td>
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</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
<th>NEXT STEPS</th>
<th>TIME FRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>BO-16: Purchasing Policy</td>
<td>A motion was made by Mr. Curro and seconded by Mr. Massey to accept the policy as presented. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BO-17: Purchasing</td>
<td>A motion was made by Mr. Curro and seconded by Mr. Massey to accept the policy as presented. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BO-18: Investments</td>
<td>A motion was made by Mr. Curro and seconded by Mr. Massey to accept the policy as presented. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BO-19: Budget Transfers</td>
<td>A motion was made by Mr. Curro and seconded by Mr. Massey to accept the policy as presented. Motion carried.</td>
<td></td>
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</tr>
<tr>
<td>Business Operations Policies</td>
<td>reviewed with suggested revisions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BO-9: Fund Balance</td>
<td>A motion was made by Mr. Curro and seconded by Mr. Massey to accept the policy as revised. Motion carried.</td>
<td></td>
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</tr>
<tr>
<td>Compliance Policies reviewed</td>
<td>and considered for continued use without revisions requiring Board approval:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C1: Corporate Compliance Plan</td>
<td>A motion was made by Mr. Curro and seconded by Mr. Massey to accept the policy as presented. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-2: Guarding against Fraud and Abuse</td>
<td>A motion was made by Mr. Curro and seconded by Mr. Massey to accept the policy as presented. Motion carried.</td>
<td></td>
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</tr>
</tbody>
</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
AGENDA ITEMS | DISCUSSION | NEXT STEPS | TIME FRAME
---|---|---|---
C-3: Financial Incentives
A motion was made by Mr. Curro and seconded by Mr. Massey to accept the policy as presented. Motion carried.

C-4: Employee Conflict of Interest
A motion was made by Mr. Curro and seconded by Mr. Massey to accept the policy as presented. Motion carried.

C-5: Employee Code of Ethics and Conduct
A motion was made by Mr. Curro and seconded by Mr. Massey to accept the policy as presented. Motion carried.

C-6: Records Retention
A motion was made by Mr. Curro and seconded by Mr. Massey to accept the policy as presented. Motion carried.

C-7: Legal Proceedings Involving Service Records
A motion was made by Mr. Curro and seconded by Mr. Massey to accept the policy as presented. Motion carried.

Compliance Policies reviewed with suggested revisions:
None

Information Technology Policies reviewed and considered for continued use without revisions requiring Board approval:

IT-1: General Computer Use
A motion was made by Mr. Curro and seconded by Mr. Massey to accept the policy as presented. Motion carried.

IT-4: Eligibility Load, Error Handling and Reconciliation

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
AGENDA ITEMS: | DISCUSSION: | NEXT STEPS: | TIME FRAME: |
<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>A motion was made by Mr. Curro and seconded by Mr. Massey to accept the policy as presented. Motion carried.</td>
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</tbody>
</table>
| IT-5: IT System Backup  
A motion was made by Mr. Curro and seconded by Mr. Massey to accept the policy as presented. Motion carried. | | | |
| Information Technology Policies reviewed with suggested revisions:  
None | | | |
| Other | The Committee discussed moving policies to the consent agenda for Board of Directors. This would include policies that have revision beyond simple grammar. Revised by-laws always go to the Board, never on consent agenda. There was general agreement. No motion was made. | | | |
| Other | Committee discussion regarding shortening the timeframe between Board Policy Committee review of policies and review of same by the Board of Directors. Discussion followed as to which months & days will work best for the Committee members.  
There was discussion of skipping the regularly scheduled meeting in November and moving to December, March, June & September. No motion was made. There was uncertainty as to whether the Executive Committee approval was required to make a permanent change to the Board Policy Committee meeting schedule. | Ms. Gloston will consult with the Executive Committee to determine whether its approval is required for a permanent change in the Board Policy Committee meeting schedule. | |

3. ADJOURNMENT: @ 4:51 pm

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
I. PURPOSE

The purpose of this policy is to ensure Alliance Behavioral Healthcare has a fund balance that contributes to the Organization’s fiscal health and is adequate to meet Alliance Behavioral Healthcare’s operational and service needs.

II. DEFINITIONS

**Fund Balance**: Difference between the assets and liabilities in a governmental fund

**Unrestricted Unassigned Fund Balance**: Amount of fund balance that a local government has placed constraints on its use (committed and assigned) and fund balance that does not have any specific purpose identified for the use of those net resources (unassigned)

III. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to have the Finance Committee of the Board of Directors review the fund balance annually. Fund balance designations shall be appropriated at year end while adhering to G.S. 159-8 (a).

The Local Government Commission (LGC) recommends that the fund balance available (unrestricted unassigned fund balance) be an amount not less than eight percent (8%) of expenditures as presented in the most recent audited financial statements which should approximate expenditures for one month.

Based on the LGC recommendation and due to Alliance Behavioral Healthcare’s specific circumstances, the Organization is working towards an unassigned fund balance of 8% of expenditures as presented in the most recent audited financial statements. The target level of fund balance available (unrestricted fund balance) that the Organization strives to maintain is an amount not less than 1% of expenditures as presented in the most recent audited financial statements while working towards a target goal of 8%. The minimum level will be re-evaluated annually until 8% has been met.

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

The purpose of this policy is to define a process by which the annual budget shall be prepared in accordance with Article 3 of Subchapter III of Chapter 159 of the General Statutes, the Local Government Budget and Fiscal Control Act.

II. DEFINITIONS

The Local Government Budget and Fiscal Control Act is the legal framework in which all local government agencies must conduct their budgetary process.

III. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to adhere to all applicable provisions in Article 3 of Subchapter III of Chapter 159 of the General Statutes, the Local Government Budget and Fiscal Control Act. The Board shall adopt procedures that ensure the financial stability of the Area Authority.

A. Provisions: Following are some of the relevant provisions in NC G.S. 159:

1. 159-8(b), the budget shall cover a fiscal year beginning July 1 and ending June 30.
2. 159-9, the board shall appoint a Budget Officer.
3. 159-10, all department requests for the following year shall be submitted to the Budget Officer. The Budget Officer shall create a mechanism for Department Head submissions and prepare summarized information for the budget proposal.
4. 159-11(b), the budget and budget message shall be submitted to the governing board not later than June 1. The budget message shall be concise and explain the goals, activities of the budget, changes from the previous year, and any major changes in fiscal policy.
5. 159-12(a), the Budget Officer shall submit a copy of the budget to the office of the clerk of each County of the catchment area. It will remain available until the budget ordinance is adopted. The budget shall be made available to news media and be available on all websites affiliated with Alliance Behavioral Healthcare.
6. 159-12(b), the board shall hold a public hearing to receive input on the budget.
7. 159-13(a), not earlier than ten (10) days after the day the budget is presented to the board and no later than July 1, the board shall adopt a budget ordinance.
8. 159-24, the board shall appoint a Finance Officer.
9. 159-31, the board shall designate its official depository.

B. **Budget Retreat**

   The board shall hold an annual budget retreat in which the date of the public hearing will be established.
I. PURPOSE

The purpose is for Alliance Behavioral Healthcare to develop and implement a risk management plan that will enable the organization to successfully manage risk to the organization and its customers.

II. DEFINITIONS

Risk: The potential of harm to the organization, customers or key stakeholders.
Risk Assessment: An evaluation of the nature and magnitude of risk to the organization. The evaluation is based upon known or potential threats, as well as the likelihood of the threats being realized and the potential impact to the organization and its customers.
Risk Management: The process of evaluating and responding to risks for the purpose of reducing those risks to acceptable levels. Risk management is inclusive of the risk assessment process, and uses the results of risk assessments to make decisions on the acceptance of risks or on taking action to reduce those risks.

III. POLICY STATEMENT

Alliance Behavioral Healthcare shall have a comprehensive risk management plan to identify, analyze and manage threats to the organization’s ability to operate, including changes in service or business environment, as well as threats to employees, property, income, and community standing. For each risk identified, Alliance will develop a plan to address the risk and avoid exposure, or to manage and minimize the severity of the loss.

IV. PROCEDURES

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

The purpose of this policy is to provide a consistent standard for employee expense reimbursement for authorized travel for the purpose of conducting business or obtaining training. It is the intent of Alliance Behavioral Healthcare that employees neither gain nor lose personal funds when engaging in Agency authorized travel and/or training. It is also the intent of Alliance Behavioral Healthcare that all employee expense reimbursements be approved, necessary and reasonable.

II. POLICY

Alliance Behavioral Healthcare is committed to developing an educated and skilled workforce and shall provide funding for employee training and travel whenever possible. Funding for this purpose may be established annually during the annual budget process. Available training funds may be used for training required for obtaining or maintaining professional licensure or to obtain necessary skills required for a position when approved by the Chief Executive Officer. Mileage is reimbursed for travel that is a part of an employee’s job responsibilities or for approved travel for training purposes.

III. ALLOWABLE EXPENSES

Reimbursement for the following travel and training related expenses, both within and outside the catchment area, are allowable under this policy:
A. Mileage in accordance with current IRS regulations.
B. Meals based on the IRS per diem rates.
C. Hotel charges incurred
D. Ancillary travel costs, e.g., tips, parking, vehicle rental, etc.
E. Tuition/Registration.

Any exceptions to the established rates shall require the prior approval of the Chief Executive Officer.
IV. PROCEDURES

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

The purpose of this policy is to authorize the Chief Executive Officer to issue cellular telephone and related devices to Alliance Behavioral Healthcare employees or to provide reimbursement to employees for the use of such devices.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to provide staff with the tools/equipment necessary for the efficient operation of the Area Authority’s affairs. In recognition of the need for timely communication, Alliance Behavioral Healthcare may provide reimbursement to authorized employees for the use of personal cell phones for business purposes, including phone calls, emails, personal data assistant, etc. Alliance may also issue agency owned cellular phones to employees.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy. Those procedures shall address at a minimum:
A. Positions that qualify for cellular phone support
B. Reimbursement rates
C. Eligibility criteria to receive reimbursement
D. Criteria for issuance of an agency owned cellular device
I. PURPOSE

The purpose of this policy is to establish guidelines for collection of provider paybacks in accordance with standards set forth in Alliance’s agreements with the NC Department of Health and Human Services and as specified in the NC Department of Health and Human Services standardized provider agreements.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to ensure that providers repay funds identified as requiring recoupment according to the funding source’s policy (Examples of funding source include: Medicaid, State funds, Federal Block Grants, County funds). Alliance Behavioral Healthcare shall comply with all established regulatory and statutory requirements of the funding agencies and shall comply with the provisions of the standardized provider contracts.

III. PROCEDURES

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

The purpose of this policy is to ensure that Alliance Behavioral Healthcare will identify, reduce, and eliminate risk and to safeguard the financial integrity of the organization.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to ensure that service and administrative costs not exceed the level of funding received. Risk indicators, which are overall factors of how the organization is operating from a financial perspective, shall be monitored. Financial results shall be reviewed monthly for possible savings or losses of revenues versus expenditures. Alliance Behavioral Healthcare shall emphasize capturing, analyzing and reporting accurate data as the foundation of financial risk management.

III. PROCEDURES

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

The purpose of this policy is to ensure the financial stability of Alliance Behavioral Healthcare.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to comply with all state and federal laws regarding the financial management of the organization. The Board of Directors of Alliance Behavioral Healthcare shall be responsible for the financial management and accountability for the use of State and local funds and information management for the delivery of publicly funded services. The Board of Directors shall establish a Finance Committee per G.S. 122C-119(d). The Finance Committee responsibilities shall include reviewing financial statements and making recommendations on financial matters to the Board of Directors.

III. PROCEDURES

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

The purpose of this policy is to ensure that an up to date accounting manual is maintained by the Finance Department.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to maintain an up to date accounting manual that documents finance related processes. The accounting manual shall be developed and implemented to ensure that the department has adequate internal controls and procedures consistent with generally accepted accounting principles, in accordance with contractual requirements and to ensure the department is operated efficiently. The accounting manual shall be reviewed and revised as necessary and at a minimum annually.

III. PROCEDURES

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

The purpose of this policy is to ensure proper and adequate recording of financial transactions.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to record all revenues and service expenses in the general ledger by funding source. Administrative expenses will be allocated based on the assigned cost allocation. This shall be done to ensure accurate accountability to all reporting entities and to ensure sound financial tracking and monitoring in accordance with contractual requirements.

III. PROCEDURES

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

The purpose of this policy is to establish guidelines for coordination of benefits (COB) to ensure that public funds are the payor of last resort.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to establish procedures to ensure that public funds are the payor of last resort. Alliance shall develop procedures to ensure that all third party coverage will be identified and that claims submitted to Alliance will include the net remaining amount to be paid.

III. PROCEDURES

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

The purpose of this policy is to ensure that Alliance Behavioral Healthcare has consistent and accurate cyclical financial reporting.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to reconcile and close the financial records on a monthly and annual basis in order to prepare accurate and timely financial statements. Financial statements shall be prepared according to generally accepted accounting principles and in accordance with contractual requirements.

III. PROCEDURES

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

The purpose of this policy is to ensure adherence with claims adjudication contractual requirements.

II. POLICY STATEMENT

Alliance Behavioral Healthcare shall establish general guidelines for the timely and accurate processing of claims submitted by providers for payment. Procedures shall ensure that Prompt Pay Guidelines will be met and that denied claims information will be returned to the Providers in a timely manner according to Department of Health and Human Services contractual requirements.

III. PROCEDURES

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

The purpose of this policy is to establish a process for organization purchases.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to ensure the cost effective, efficient and timely procurement of the necessary goods and services in compliance with applicable State and Federal laws and regulations.

III. PROCEDURES

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

The purpose of this policy is to develop and implement procedures for the legal and proper investment of Alliance Behavioral Healthcare idle funds.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to invest idle public funds in a manner which will provide the highest investment return with the maximum security while meeting the daily cash flow requirements of the Organization and conforming to all State statutes governing the investment of idle funds, specifically G.S. 159-30.

III. PROCEDURES

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

The purpose of this policy is to ensure that Alliance Behavioral Healthcare follows established procedures for loading and maintaining service codes in AlphaMCS.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare that all service codes and descriptions are loaded and maintained in the AlphaMCS system by a qualified user. Consistent procedures shall be utilized to ensure that the quality and integrity of data in the system is maintained.

III. PROCEDURES

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

Alliance Behavioral Healthcare is a political subdivision of the State of North Carolina that is subject to Article 3 of N.C.G.S. Chapter 159, the Local Government Budget and Fiscal Control Act. N.C.G.S. §159-9 requires the governing board to appoint a budget officer to serve at the will of the governing board. The Alliance Board has appointed the Chief Financial Officer as the Budget Officer. N.C.G.S. §159-15 allows the governing board to authorize the Budget Officer to transfer moneys from one appropriation to another within the same fund subject to such limitations and procedures as it may prescribe. The purpose of this Board Policy is to define the authority level at which the Chief Financial Officer as the board appointed Budget Officer, can transfer moneys within and between appropriations.

II. POLICY STATEMENT

The Annual Operating Budget for Alliance Behavioral Healthcare is supported by Federal and State Medicaid Funds, State Funds, Federal and Other Grant Funds and County funds. Throughout the fiscal year it may be necessary from time to time to transfer moneys between and within the funding sources (or “appropriations”) to maximize the most appropriate use of funding for services. It is the policy of Alliance Behavioral Healthcare to authorize the Chief Financial Officer, as the board appointed Budget Officer to transfer moneys as outlined below:

- Transfers of $25,000 or less between appropriations may be made by the Budget Officer without prior approval.
- Subject to the prior written approval from the Chief Executive Officer, transfers between appropriations of $25,001 - $100,000 per transaction, may be made if allowed by the funding source subject to a report to the Board Finance Committee at its next scheduled meeting. The report to the finance committee shall contain the reason and justification for the transfer. Consistent with N.C.G.S. §159-15, the Finance Committee will report these transfers to the Board at its next regular meeting for information and entry into the minutes.
- Transfers within an appropriation up to $100,000 cumulatively for the fiscal year may be made subject to a year-end report to the Finance Committee. This year-end report will be provided to the Board at its next regular meeting for information and entry into the minutes.
Amounts exceeding the limits above shall require Board approval. A request to transfer money in excess of the Budget Officer’s authority shall be brought to the Finance Committee first for prior consideration/recommendation. The Finance Committee shall report its recommendation to the Board at the next regular meeting for final approval or denial. The Board action shall be recorded in the minutes.

Funds allocated by the State for programs or services in a specific county may not be transferred between counties without the approval of the finance committee and the Board and/or direction from the State.

Notwithstanding the foregoing, the Year-end adjustments made in the year end close process (August of the following fiscal year) may be made without prior approval and reported to the Finance Committee and the Board at the next meeting after the year-end financial statements have been completed.

The transfer of county appropriations between counties is prohibited.

III. PROCEDURES

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

The purpose of this policy is to acknowledge the enrollment and coverage of Medicaid consumers enrolled in the Prepaid Inpatient Health Plan (PIHP) of Alliance as well as to establish eligibility criteria for individuals not eligible for Medicaid coverage.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to comply with the DHHS Division of Medical Assistance contract in that all Medicaid categories listed as eligible in the contract are covered by Alliance as part of the 1915 (b)(c) Waiver operations.

Alliance shall establish criteria by which individuals may be eligible for state funds as payment for behavioral health services to a non-Medicaid eligible individual. For an individual to receive state funded services, the following basic criteria must be met:

1. There must be funding available to pay for such treatment;
2. The individual must be a resident of a county in the Alliance catchment area;
3. There must be no other payer to cover the cost of care; and
4. The individual or minor individual’s parent or legal guardian are deemed financially eligible for services, as defined below.

An individual meets financial eligibility if the household income is at or below 300% of the federal poverty level and they have no assets or third party funding or insurance available to pay for services.

III. PROCEDURES

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

The purpose of this policy is for Alliance Behavioral Healthcare to develop and implement a compliance plan and program. The program shall be designed to establish an organizational culture that promotes prevention, detection and resolution of instances of conduct that do not conform to federal and state law, and federal, state and private payer health care program requirements, as well as Alliance Behavioral Healthcare’s ethical and operational policies and procedures.

II. POLICY STATEMENT

Alliance Behavioral Healthcare is committed to the development of an organizational culture where services are provided and business is conducted in a legal and ethical manner. Alliance Behavioral Healthcare also encourages employee and provider participation in achieving a culture of compliance through training, suggestions for improvement, questions, and reporting of violations without any fear of retaliation. Each report or question offers an opportunity to contribute positively to the quality of services at Alliance Behavioral Healthcare.

Ethical behavior and compliance with all pertinent laws, rules and other requirements are the responsibility of all employees and provider agencies.

III. PROCEDURES

Annually, the Chief Executive Officer shall present the Corporate Compliance Plan to the Board for approval.
I. PURPOSE

The purpose of this policy is to outline the scope, responsibilities, and activities conducted by Alliance Behavioral Healthcare to prevent, detect, and resolve instances of fraud and abuse.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to comply with all local, state, and federal laws governing its operations. Alliance Behavioral Healthcare shall promote efforts to guard against fraud and abuse through prevention, detection and enforcement activities.

III. PROCEDURES

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

The purpose of this policy is to ensure that any financial incentives provided by Alliance Behavioral Healthcare promote the provision of quality health care services.

II. DEFINITIONS

Delegated Entity: An entity that performs delegated activities on behalf of Alliance Behavioral Healthcare

III. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to not allow the payment of bonuses or other financial incentives to staff, contractors, consultants, or delegated entity based directly on consumer utilization of health care services.

IV. PROCEDURES

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

The purpose of this policy is to establish guidelines and procedures to prevent conflict of interest on the part of employees of Alliance Behavioral Healthcare. The policy is intended to supplement, but not replace any applicable Federal or state laws governing conflict of interest.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare that employees shall disclose any actual or potential conflict of interest.

Each employee shall fulfill his or her responsibilities consistent with all Federal and State laws and regulations, and Alliance Behavioral Healthcare policies regarding avoidance of conflict of interest. This includes the avoidance of the perception of conflict of interest.

North Carolina General Statutes 126-4 prohibits an employee from holding any office or have other employment which may conflict with employment in an agency subject to the State Personnel Act.

Alliance employees shall not derive a direct benefit from a provider or contractor as covered by NC G.S. 14-234.

It is the responsibility of each employee to reveal a conflict or the appearance of a conflict of interest. Not reporting a conflict of interest constitutes unacceptable personal conduct which may result in disciplinary action up to and including dismissal.

III. PROCEDURES

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

Alliance Behavioral Healthcare is committed to providing high quality services that comply with the regulations and laws that are applicable to behavioral healthcare and Managed Care Organizations. To support this commitment, Alliance shall develop a Code of Ethics and Conduct to provide guidance for staff on employee and organizational responsibilities. The code is not intended to be an exhaustive list of behavioral expectations. In areas the code does not cover, staff has a duty to determine how they should behave by consulting the regulations, speaking to a supervisor or contacting the Compliance Officer.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to develop a Code of Ethics and Conduct to provide staff with guidance on requirements for conduct as established by Alliance and applicable laws and standards. Principles within the Code of Ethics and Conduct shall be grounded in Alliance policy.

All staff shall uphold Alliance Behavioral Healthcare’s adopted Code of Ethics and Conduct. Additionally all staff is required to report or seek guidance on any activity they believe is unethical or violates the law or any federal or state healthcare requirement. Individuals do not have to be certain that the violation occurred in order to report it. Staff seeking guidance or reporting violations may do so without fear of retaliation and their confidentiality will be protected to the fullest extent possible.

The Code of Ethics and Conduct shall be reviewed at least annually and the Board of Directors shall approve any modifications to the content of the code.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement the provisions of this policy.
## Purpose

The purpose of this policy is to assure that any records generated by the Area Authority are maintained as required by State and Federal rules and regulation.

## Policy Statement

It is the policy of Alliance Behavioral Healthcare to maintain all program records and service records in accordance with North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services Records Retention and Disposition Schedule for State and Area Facilities, APSM 10-5 to include all subsequent revisions. In the event that the Alliance Behavioral Healthcare is notified of any pending legal action or action involving federal or state audit or investigation of the program, the records shall be maintained until the date such matter is resolved and formally concluded in accordance with applicable federal and state laws and regulations.

## Procedures

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

The purpose of this policy is to provide guidelines and requirements for Alliance Behavioral Healthcare employees regarding legal proceedings involving service records.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to comply with any valid requests for service records issued by a court of competent jurisdiction in accordance with state and federal regulations.

III. PROCEDURES

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

The purpose of this policy is to outline the acceptable use of computer and information technology resources provided by Alliance Behavioral Healthcare to employees, Board of Directors members, independent contractors, agents, authorized guests and authorized affiliates (hereinafter “Users”). Inappropriate use exposes Alliance Behavioral Healthcare to risks, including breach of personal computer security, exposure of restricted data, compromise of network systems/services, detriments to technology performance, and legal liability. Information Technology Services (hereinafter "IT") is committed to protecting employees, affiliates, and the Area Authority from illegal or damaging actions by individuals, either knowingly or unknowingly.

This policy applies to all equipment that is owned or leased by Alliance Behavioral Healthcare.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare that all computer resources that are the property of Alliance Behavioral Healthcare can be used only for legitimate business purposes. Users are permitted access to the computer resources to assist them in performance of their jobs. Use of the computer system is a privilege that may be revoked at any time. It is every employee's duty to use the Area Authority’s computer resources responsibly, professionally, ethically, and lawfully. Any abuse of this policy shall be grounds for disciplinary action which may include termination of employment.

All data created or received for work purposes and contained in the Area Authority’s electronic files, servers, or e-mail depositories are public records, unless otherwise deemed confidential or exempt under the public records act or other law or regulation. Public Records are available to the public unless specifically prohibited from general viewing by law. All public records are to be maintained and disposed of according to state approved records retention and disposition schedules.

III. PROCEDURES

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

The purpose of this policy is to ensure that Alliance Behavioral Healthcare follows specific procedures related to loading, maintaining, and reconciling eligibility and enrollment data.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to use accurate and current data to ensure compliance with federal and state laws and contractual requirements throughout its operations. Alliance shall use the Global Eligibility File (GEF) received daily from Department of Health and Human Services (DHHS) to ensure that recipients’ eligibility and enrollment status is correct. Alliance Behavioral Healthcare shall use the GEF, HIPAA 820 and HIPAA 834 transactions for reconciliation monthly.

III. PROCEDURES

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

The purpose of this policy is to ensure that routine backup of information system servers occur in order to protect information required to continue business operations.

II. DEFINITIONS

Backup: A term used in the Information Technology environment to describe a process in which information is copied to a separate media. This process is used to ensure availability of information in the event that the original information is lost or compromised.

III. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to subscribe to a Data Backup Plan to ensure availability of information required to continue business operations. The Data Backup Plan shall be in compliance with the North Carolina Department of Health and Human Services (NC DHHS) and the Health Insurance Portability and Accountability Act (HIPAA) security and privacy requirements in order to protect the security of health information and the integrity of Alliance Behavioral Healthcare.

IV. PROCEDURES

The Chief Executive Officer shall develop procedures to implement the provisions of this policy.
ITEM: Executive Committee Report

DATE OF BOARD MEETING: December 6, 2018

BACKGROUND: The Executive Committee sets the agenda for Board meetings and acts in lieu of the Board between meetings. Actions by the Executive Committee are reported to the full Board at the next scheduled meeting. Draft minutes from the November 20, 2018, meeting are attached.

REQUEST FOR BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Cynthia Binanay, Board Chair; Robert Robinson, CEO; and Veronica Ingram, Executive Assistant II
**Tuesday, November 20, 2018**

**BOARD EXECUTIVE COMMITTEE MEETING - REGULAR MEETING**

4600 Emperor Boulevard, Durham, NC 27703

4:00-6:00 p.m.

**APPOINTED MEMBERS PRESENT:** ☒ Cynthia Binanay, MA (Board Chair); ☒ Christopher Bostock, BSIM (Previous Board Chair, Finance Committee Chair) – by phone; ☒ George Corvin, MD (Board Vice-Chair); ☒ Dave Curro, BS (Quality Management Committee Chair); ☒ Lodies Gleston, MA (Policy Committee Chair) - by phone; ☒ Donald McDonald, MSW (Network Development and Services Committee Chair); ☒ Lascel Webley, Jr., MBA, MHA (Audit and Compliance Committee Chair); and ☒ McKinley Wooten, Jr., JD (Human Rights Committee Chair)

**APPOINTED, NON-VOTING BOARD MEMBERS PRESENT:** None

**BOARD MEMBERS PRESENT:** None

**GUEST(S):** None

**STAFF PRESENT:** Denise Dirks, Administrative Assistant II; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Robert Robinson, CEO; Sara Wilson, Director of Government Relations; and Carol Wolff, General Counsel

1. **WELCOME AND INTRODUCTIONS** – Chair Binanay called the meeting to order at 4:02 p.m.

2. **REVIEW OF THE MINUTES** – The minutes from the October 16, 2018, Executive Committee meeting were reviewed; a motion was made by Mr. Dave Curro and seconded by Vice-Chair George Corvin to approve the minutes. Motion passed unanimously.

### AGENDA ITEMS:

<table>
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<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
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| 3. Updates                          | **a. CUMBERLAND COUNTY / CAPE FEAR UPDATE:** Mr. Robinson provided an update from his November 19, 2018, meeting with Cumberland Commissioners, staff from the County Manager’s office, and Cape Fear CEO and CMO. Staff from Cumberland County decided to recommend that the Cape Fear Hospital Board conveys the property back to Cumberland County so that it can be used by Alliance. The proposal will be presented at the Cape Fear Hospital Board meeting on January 7, 2019. Alliance’s planned RFP for a crisis facility provider will remain on hold until that process is concluded; the RFP is expected to be issued in February 2019. Alliance will coordinate next steps with Cumberland County officials. The Executive Committee expressed particular appreciation for Commissioner Glenn Adams’s contributions and work on this topic.  

**b. DECEMBER FUTURES WORKGROUP:** Per Mr. Robinson, the scheduled Futures Workgroup meeting on December 4, 2018, will be canceled, as many attendees will be at the i2i Conference. | **a. Alliance will postpone RFP until February 2019, pending the transfer of facility space/beds from Cape Fear Hospital to Cumberland County.**  

**b. None specified.** | **a. February 2019**                                                                                                                                                                                                                                                                  | **b. N/A**                                                                                           |            |
| 3. Recommendation to Sale Adult     | **Mr. Robinson reviewed a recommendation to sell this facility; Committee members discussed the recommendation and potential next steps. The Committee noted that Alliance has owned the building in which the Wake crisis**                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | **Chair Binanay will speak with Commissioner Greg Ford prior to Alliance December Board meeting.** | **Before 12/6/18** |

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

<table>
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<tr>
<th>Item</th>
<th>Discussion</th>
<th>Next Steps</th>
<th>Time Frame</th>
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<tr>
<td>1. Wake Crisis Facility</td>
<td>Facility was intended to be run since 2016. Currently, the building is vacant; it is not possible to run the facility as intended due to recurring funding reductions. The recommendation is that the Board consider selling the property. It was purchased for $1.6 million, and a realty consultant has valued the property at $1.8-1.9 million. Mr. Robinson spoke with the Wake County Manager’s office regarding the potential sale. If the sale proposal will be brought to the Board for a vote, Chair Binanay will contact Wake Commissioner (and Alliance Board member) Greg Ford in advance of the meeting.</td>
<td>COMMITTEE ACTION: A motion was made by Vice-Chair George Corvin and seconded by Ms. Lodies Gloston to recommend that the Board approve the sale of the property at 3309 Durham Drive in Raleigh. Motion passed unanimously.</td>
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<tr>
<td>2. Lease for Property at 309 Crutchfield Street, Durham</td>
<td>Ms. Wolff reviewed the lease terms of the property at 309 Crutchfield Street in Durham, in which Alliance operates the Durham Recovery Response Center. This building is leased from Durham County, with the lease renewing annually; the request to the County would be for a four and a half-year lease, bringing the full renewed term through June 30, 2023, in order to protect Alliance’s significant capital investment in the facility.</td>
<td>COMMITTEE ACTION: A motion was made by Vice-Chair George Corvin and seconded by Mr. Dave Curro to recommend a lease at 309 Crutchfield Street in Durham for consideration and approval at the Board’s December meeting. Motion passed unanimously.</td>
<td>12/6/18</td>
</tr>
<tr>
<td>3. Resolution to Change Agency Name</td>
<td>Ms. Wolff reviewed the draft resolution. While Alliance still intends to operate under a DBA (doing business as) through the remainder of the fiscal year, this resolution is needed in order to make changes to Alliance by-laws, policies, and procedures impacted by the agency name change. Since this resolution would affect Alliance by-laws, it will require a supermajority vote at the December Board meeting.</td>
<td>COMMITTEE ACTION: Ms. Wolff will present this topic to the Board for approval.</td>
<td>12/6/18</td>
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Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
# BOARD EXECUTIVE COMMITTEE MEETING - REGULAR MEETING

**Tuesday, November 20, 2018**  
4600 Emperor Boulevard, Durham, NC 27703  
4:00-6:00 p.m.

<table>
<thead>
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<tr>
<td>6. 2019 Calendar of Board Meetings</td>
<td>A motion was made by Vice-Chair George Corvin and seconded by Mr. Dave Curro to recommend to the Board to adopt the resolution to change the agency's name. Motion passed unanimously.</td>
<td>Ms. Wolff reviewed the schedule of proposed meetings and meeting locations. The draft calendar distributed to the Committee includes all Board and Committee meetings for 2019. The Board will approve the calendar or elect to make changes.</td>
<td>Ms. Wolff will present this topic to the Board for approval.</td>
</tr>
<tr>
<td>7. December 6, 2018, Area Board Draft Agenda</td>
<td>The Committee reviewed the draft agenda and provided input.</td>
<td>Ms. Ingram will forward the draft agenda to staff.</td>
<td></td>
</tr>
<tr>
<td>8. Closed Session</td>
<td>COMMITTEE ACTION: A motion was made by Vice-Chair George Corvin and seconded by Mr. Dave Curro to enter closed session pursuant to NC § 143-318.11 (a) (3) and (a) (6) to consult with General Counsel regarding current litigation and to review a personnel matter. Motion passed unanimously.</td>
<td>Closed session topics will be presented at the December Board meeting.</td>
<td>12/6/18</td>
</tr>
</tbody>
</table>

**9. ADJOURNMENT:** The next Committee meeting will be December 18, 2018, at 4:00 p.m.

Respectfully Submitted by:

Robert Robinson, CEO

Date Approved

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

DATE OF BOARD MEETING:  December 6, 2018

BACKGROUND:  The Global QMC is the standing committee that is granted authority for Quality Management by the MCO. The Global QMC reports to the MCO Board of Directors, which derives from General Statute 122C-117. The Quality Management Committee serves as the Board’s monitoring and evaluation committee charged with the review of statistical data and provider monitoring reports. The goal of the committee is to ensure quality and effectiveness of services and to identify and address opportunities to improve LME/MCO operations and local service system with input from consumers, providers, family members, and other stakeholders. The Alliance Board of Directors’ Chairperson appoints the committee consisting of five voting members consisting of Board members and consumers and/or their family members. Other non-voting members include at least one MCO employee and at least two provider representatives. The MCO employees typically assigned are the Director of the Quality Management (QM) Department who has the responsibility for overall operation of the Quality Management Program; the MCO Chief Medical Officer, who has ultimate responsibility of oversight of quality management; the Quality Review Manager, who staffs the committee; and other staff as designated. The Global QMC meets at least six times each fiscal year and provides ongoing reporting to the Alliance Board. The Global QMC approves the MCO’s annual Quality Improvement Projects, monitors progress in meeting Quality Improvement goals, and provides guidance to staff on QM priorities and projects. Further, the Committee evaluates the effectiveness of the QM Program, and reviews and updates the QM Plan annually. The QM Committee shall review statistical data and provider monitoring reports and make recommendations to the Board of Directors or other Board committees. The QM Committee serves as the Board’s Monitoring and Evaluation Committee charged with the review of statistical data and provider monitoring reports. The goal of the QM Committee is to ensure quality and effectiveness of services and to identify and address opportunities to improve Alliance operations and local service system with input from consumers, providers, family members, and other stakeholders. The draft minutes and materials from previous the meeting are attached.

REQUEST FOR AREA BOARD ACTION:  Accept the report.

CEO RECOMMENDATION:  Accept the report.

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

**NON-VOTING MEMBERS PRESENT:** Diane Murphy (Provider Representative, I/DD); Dava Muserallo (Provider Representative, MH/SUD)-via Phone;

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

**GUEST(S) PRESENT:** Yvonne French (Director & Liaison DMH/DD/SAS)

**REVIEW OF THE MINUTES:** Motion made by Pam Silberman to approve the October 4, 2018 meeting minutes, seconded by Israel Patterson, minutes were approved.

**AGENDA ITEMS:**

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
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<tbody>
<tr>
<td>1. Welcome &amp; Introductions:</td>
<td>Welcome: Dave Curro opened the meeting and welcomed guests.</td>
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<td>2. Old Business:</td>
<td>Updates on Performance Measures (Wes) Reviewed the process for how the state is developing the Clinical Indicator Project. Discussed proposed measures that will be forwarded for CEO review prior to being sent to the secretary.</td>
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<td>• Antipsychotic Adherence (SAA) HEDIS measure</td>
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<td>• Diabetes Screenings for Individuals prescribed antipsychotics (SDD) HEDIS measure</td>
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<td>• TCLI Dashboard measure on housing retention</td>
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<td></td>
<td>• 7-Day follow up for mobile crisis</td>
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<td>• 30-day follow up for MH inpatient/crisis</td>
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<td>• 30-day follow up for SUD inpatient/crisis</td>
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<td>3. New Business:</td>
<td>Performance Dashboard (Wes) Reviewed a draft of an updated dashboard that highlights measures from each state report that are out of compliance. Suggestions were made for improving the mock up. (1) Add a</td>
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During the meeting, the Global Quality Management Committee discussed various topics:

**Provider Directory QIP (Wes)**
Reviewed proposal for a provider network QIP to improve the accuracy of the provider directory.
A motion was made by Pam Silberman and seconded by Israel Pattison, proposal was approved unanimously with the following recommendations:
1. The information collected about providers should include all the information required in the Standard Plan RFP.
2. There should be some way of incenting providers to complete these updates beyond reminder emails.

**Training Report (Wes)**
Reviewed the current training offerings for Alliance employees and some external trainings that are offered. Specifically discussed leadership development programs offered for internal staff.

**Annual Policy Review (Wes)**
Reviewed policies QM-1, QM-2, and QM-3. A motion was made by Israel Pattison and seconded by Pam Silberman, proposal was approved unanimously with the following recommendations:
1. Changing language from “consumer” to member across all policies.
2. The title of the QM-2 policy should reflect that this policy is specific to consumer grievances which are distinct from provider grievances.

**PREST Delegation Review (Wes)**
Reviewed QM’s 2nd level review of UM’s monitoring efforts. Discussed how PREST was meeting all contractual obligations that that UM committee has been reviewing the rate at which PREST overturns appeals in comparison to internal reviewers.

**Housing Efforts (Tracy Stone-Dino)**
Presented an overview of the wide variety of housing efforts in order to address some social determinates of health facing the populations Alliance serves.
| Upcoming Meeting: | Next meeting is scheduled for December 6, 2018 (Time: 2:00 – 3:30 pm) |
| Location: | Home Office |
| E-mail any comments, questions and new suggestions to Wes at: | wknepper@alliancebhc.org |
| Adjournment: | Meeting adjourned at 3:30 p.m. |
### Project Name
(Areas of Focus, Clinical vs Non-Clinical, Requirements Met)

<table>
<thead>
<tr>
<th>PN- Current Provider Profiles</th>
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<tr>
<td>(Non-Clinical, Provider Network, URAC-NM 2)</td>
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#### Concern:
Member accessibility to current service provider information is critical to both access to care and member engagement. Currently, Alliance has contracts with 516 network providers, of which 266 (51.5%) are identified as agencies. Each network provider is listed in Alliance’s provider directory. This directory is designed to serve as a tool for members, stakeholders, providers and Alliance staff to use when helping Alliance members access treatment. At the present time, the provider directory has limitations in both the information contained and the accuracy of that information; the current provider directory does not provide detailed information on the sites and services in which providers are able to accept referrals, nor does it allow viewers to filter results to narrow their search by sites, and services.

During Alliance’s 2018 External Quality Review (EQR), Alliance received a best practice recommendation related to accessibility; to ensure that the information in the Provider Search (on Alliance’s website) and in the print

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<tr>
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<th>Duration</th>
<th>Resources Needed</th>
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<tbody>
<tr>
<td>Baseline: Alliance Provider Access Survey</td>
<td>November 1, 2018-October 30, 2019</td>
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<tr>
<td>Re-measurements: Provider Maintenance Application - Referral module report</td>
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LME/MCO POC: QR Coordinator II
Additional Resources: IT Applications Development staff, Director of PN Operations, Senior VP- Provider Network and Evaluation, Individual & Family Relations staff, Communications staff, Access and Information Center Staff

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1 Contracted Providers Report – AlphaMCS
## PN- Current Provider Profiles
(Non-Clinical, Provider Network, URAC- NM 2)

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<tr>
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| Provider Directory is current regarding providers’ ability to accepting new referrals.  

Alliance recently conducted a Provider Access Survey to gather information on network capacity and provider’s ability to accept referrals. Results from the Provider Access Survey showed that while 88% of providers (n=113) reported the ability to accept new Medicaid referrals in all sites and for all services, only 57% (n=73) were able to accept new non-Medicaid referrals.

Stratification of the respondents showed that 60% (n=78) of the respondents represented provider agencies. Of those contracted provider agencies, 15% (n=12) were not able to accept new referrals for some sites/services for Medicaid patients, and 42% (n=33) of those agencies were unable to accept any new non-Medicaid referrals.

The current expectation is that members, providers and the general public will be able to access information including which providers are currently able to accept referrals, and the specific provider sites and services that are able to accept new referrals. |

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2 Alliance EQR Best Practice Recommendations - 2018
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</table>
| PN- Current Provider Profiles  
(Non-Clinical, Provider Network, URAC- NM 2) | Given that most of Alliance’s members are served by provider agencies, and that only 78 of the 266 (29%) contracted agencies responded to the survey, it is reasonable to assume that the current provider search tool and provider directory are insufficient and/or ineffective in providing accurate real time information on provider referral capacity. This QIP will strive to develop and implement a system in which contracted providers can create and actively maintain up-to-date profiles. Each provider profile will be expected to include information outlining the provider’s contracted sites, services, specialties and acceptable funding sources as well as the provider’s ability to accept referrals, by funding source, for each identified site, service and specialty. |                |          |                  |

**Research Question:**
Can Provider Network actions improve the availability of current provider service information?

**QI Project:**

**Goal:** 75% of contracted provider agencies will have a current profile in Alliance’s Provider Maintenance Application.

**Measures:** Percent of contracted providers with current profiles in Alliance’s Provider Maintenance application.
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</table>
| **PN- Current Provider Profiles**  (Non-Clinical, Provider Network, URAC- NM 2) | • **Numerator:** Fully contracted provider agencies with a current profile  
• **Denominator:** All fully contracted provider agencies  

**Proposed interventions:**  
• Development and Implementation of Web-based tool for maintenance of provider profiles.  
• Training of providers on use of the new system, and provider profile maintenance expectations  
• Development and implementation of system to identify outdated provider profiles and, provide automated notification to providers. | | | | |
**PREST Delegation**

- PREST & Associates, Inc., (PREST) is responsible for the provision of professional external reviews and consulting services.
  - PREST conducts peer reviews for Alliance Behavioral Healthcare (ABH).
- They are URAC accredited and therefore are reviewed only under Core 8
  - PREST has a fully executed contract with Alliance
  - There were no reported complaints or grievances specific to PREST
  - Internal monitoring plan was reviewed and updated
PREST- delegation

Monitoring:

• Data collection of PREST’s monthly reporting
• Retrieval of data on complaints and/or grievances of PREST
• Monitoring of appeals filed as a result of PREST decisions
PREST- delegation

Reporting

Individual and Family Affairs department will:

• Review and report on raw data of Peer decisions completed by PREST quarterly

• Review of patterns and trends detected during the data analysis and report on data quarterly
ITEM: Resolution to Formally Change the Organization’s Name to Alliance Health

DATE OF BOARD MEETING: December 6, 2018

BACKGROUND: At the last regular Board meeting, the Board unanimously approved changing the name of Alliance from “Alliance Behavioral Healthcare” to “Alliance Health”, effective July 1, 2019, and do business as Alliance Health until that time. The attached Board Resolution restates this intent, and authorizes the CEO and his designees to take all further action to effectuate the name change, including modification of all official documents of the organization, including but not limited to the Area Board Bylaws, Policies and Procedures, and documents filed with the U.S. Internal Revenue Service, without further action by the Board.

REQUEST FOR AREA BOARD ACTION: Approve the proposal.

CEO RECOMMENDATION: Approve the proposal.

RESOURCE PERSON(S): Carol Wolff, General Counsel
RESOLUTION OF THE BOARD OF DIRECTORS OF ALLIANCE BEHAVIORAL HEALTHCARE TO FORMALLY CHANGE ITS NAME TO “ALLIANCE HEALTH”

WHEREAS, Alliance Behavioral Healthcare ("Alliance") is a local management entity/managed care organization as that term is defined at N.C.G.S. § 122C-3(20c) and a local political subdivision of the State of North Carolina as set forth at N.C.G.S. § 122C.116; and

WHEREAS, the State of North Carolina is moving forward with Medicaid transformation to integrate physical health and behavioral health through Standard Plans and Tailored Plans; and

WHEREAS, in order to continue to move forward towards operating a Tailored Plan, it is important that the Alliance name and brand is recognized as an entity that manages both behavioral health care as well as physical health; and

WHEREAS, Alliance has operated since 2012 as “Alliance Behavioral Healthcare” with no incident, and is commonly referred to as "Alliance"; and

WHEREAS, As Alliance approaches its future as a Tailored Plan in North Carolina we recognize the importance of having our name – our brand – more accurately reflect the whole the whole-person care (physical, behavioral and pharmaceutical) we will be providing to our members.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Directors hereby approves changing the name of "Alliance Behavioral Healthcare" to "Alliance Health", effective on July 1, 2019, and furthermore resolves that “Alliance Health” shall be the "doing business as" name of the organization until such date as the name change is made effective with the U.S. Internal Revenue Service. The Board of Directors hereby authorizes the CEO and his designees to take all further action to effectuate the name change, including modification of all official documents of the organization, including but not limited to the Area Board Bylaws, Policies and Procedures, and documents filed with the U.S. Internal Revenue Service, without further action by the Board, by order of this Resolution.

Adopted this 6th day of December, 2018.

Cynthia Binanay, Chair of the Board of Directors

ATTEST:

Veronica Ingram, Clerk to the Board of Directors
ITEM: Approval of a Lease Agreement for 309 Crutchfield Street between the County of Durham and Alliance Behavioral Healthcare

DATE OF BOARD MEETING: December 6, 2018

BACKGROUND: The Board is requested to approve the attached Lease Agreement for 309 Crutchfield Street from Durham County and authorize the CEO to execute the attached Lease Agreement. The property is the location for Durham’s crisis center, the Recovery Response Center (formerly known as the “Durham Center Access”). Alliance subleases this property to Recovery Innovations, Inc., the current non-profit provider that operates the Recovery Response Center under contract with Alliance. Alliance has leased this facility from Durham County since 2012.

Alliance is in the process of renovating portions of the building, investing approximately $1.5 million in upgrades to enhance the overall efficiency and use of the building as a walk-in crisis facility for the community. This proposed lease will be presented to the Durham Board of County Commissioners at their December 3, 2018, work session and for full approval at their regular session on December 13, 2018. The proposed lease is substantively the same as our past lease. The lease rate is $1 annually and maintenance repairs of the facility (other than the parking lot, roof and foundation) are Alliance’s responsibility. However, in consideration of the significant investment Alliance is making in the renovation of the facility, the County is proposing a longer lease term, from January 1, 2019, through June 30, 2023.

REQUEST FOR AREA BOARD ACTION: Approve the proposal.

CEO RECOMMENDATION: Approve the proposal.

RESOURCE PERSON(S): Carol Wolff, General Counsel
STATE OF NORTH CAROLINA
COUNTY OF DURHAM

LEASE AGREEMENT
309 Crutchfield Street

This LEASE AGREEMENT is made and entered into this ___ day of _____________, 2018, by and between the COUNTY OF DURHAM, a political subdivision of the State of North Carolina hereinafter referred to as “Landlord,” and ALLIANCE BEHAVIORAL HEALTHCARE, a political subdivision of the State of North Carolina, hereinafter referred to as “Tenant.”

WITNESSETH:

WHEREAS, Landlord is the owner of a certain parcel of real property located at 309 Crutchfield Street, Durham, North Carolina; and

WHEREAS, Tenant desires to lease said property in order to provide mental health, intellectual/developmental disability or substance abuse services including a walk-in crisis center available 24 hours a day; and

WHEREAS, Landlord and Tenant desire to enter into this Lease Agreement in order to effectuate that purpose and to set forth their respective rights and liabilities in connection with said property;

NOW THEREFORE, in consideration of the mutual covenants contained herein, the parties agree as follows:

1. **Demise of Premises:** Landlord hereby leases to Tenant and Tenant hereby leases from Landlord the property located at 309 Crutchfield Street, Durham, North Carolina (hereinafter the “Premises”), being a lot approximately 4.099 acres with a 26,280 square foot building to be located thereupon, which may be referred to herein as the “Recovery Response Center” or “RRC”, and is further described as Lot 5 on that certain instrument recorded in Plat Book 189 page 204, Durham County Registry.
2. **Use of Premises:** Tenant shall use and occupy the Premises for the sole purpose of providing the RRC, a mental health, developmental disability or substance abuse service facility including a walk-in crisis center available for emergency situations 24 hours a day. Tenant shall provide Landlord with quarterly reports showing utilization of the facility with trends and analysis.

3. **Term:** The term of this Lease shall commence on January 1, 2019 (the “Commencement Date”) and shall continue until 11:59 pm on June 30, 2023, unless earlier terminated in accordance with this Lease (hereinafter the “Term”).

4. **Rental:** Beginning on July 1, 2019, and for the remainder of the term of the agreement, Tenant shall pay to Landlord the rental amount of One Dollar ($1.00) per fiscal year. Landlord hereby acknowledges and has accepted Tenant’s payment of Rent through June 30, 2019 under the prior lease agreement.

5. **Alterations and Additions:** Tenant shall seek consent and approval of Landlord before making any changes, alterations or renovations that may impact the roof, the foundation or structural integrity of the premises. Any changes, alterations or renovations shall be at Tenant’s expense and the same, if affixed to the property, shall become the property of Landlord. Tenant hereby agrees to be responsible for any damage done to the building as a result of making such changes, alterations or renovations.

6. **Personal Property:**

All personal property belonging to Tenant in or near the Premises or parking lot, shall be at the Tenant’s sole risk, and the Landlord shall not be liable for any damage done to or loss of such personal property unless caused by Landlord’s negligence or willful act. Landlord shall not be liable for damage or loss suffered by the business or occupation of the Tenant arising from any act or omission of occupants of or visitors to the Premises. Upon the expiration of the Term of this Lease, or termination of this Lease for any reason whatsoever, Tenant shall, on or before said date, remove all such personal property from the Premises, and all property not so removed shall be deemed abandoned by the Tenant. In such event, Landlord may reenter the Premises and, after reasonable notice to Tenant, remove such property therefrom without formal process, Landlord being absolved of any liability or claim for damages in doing anything reasonable, necessary or appropriate in connection therewith. Without limiting any other rights which Landlord may exercise under the terms of this Lease or at law, Landlord may, at its option and after reasonable notice to Tenant, store such personal property at Tenant’s expense, or leave same in such place as is reasonably certain that said property will be removed by the local garbage pick-up service.

7. **Trade Fixtures:** Tenant shall be permitted to install trade fixtures in and about the Premises. In addition, Tenant shall be permitted to remove said trade fixtures from the Premises upon the termination of this Lease; provided that if Tenant does so remove such trade fixtures, Tenant shall return the Premises to the same condition as existed at the time of original entry, ordinary wear and tear excepted. This provision is not intended to allow Tenant to remove approved improvements made by Tenant from the Premises. All such improvements belong to Landlord.
at the termination hereof and shall not be removed nor damaged by Tenant's removal of trade fixtures. If Tenant does not remove the trade fixtures at termination, Landlord shall have the option either to declare such fixtures abandoned and Landlord the owner thereof or to demand Tenant remove same at Tenant's expense returning the Premises to the condition required herein.

8. **Title to Improvements:** Alterations and permanent improvements to the Premises shall immediately become and be the sole and absolute property of Landlord and shall remain on the Premises and shall not be removed unless otherwise determined by Landlord; and, at the expiration or sooner termination of this Lease, the same shall be surrendered to Landlord in good condition and repair, reasonable wear and tear excepted, unless otherwise determined by Landlord.

9. **Mechanic’s Liens:** Tenant shall not do or suffer anything to be done whereby the Premises may be encumbered by any mechanics or materialsman’s lien. Whenever and as often as any mechanic’s lien is filed against said Premises purporting to be for labor or material furnished or to be furnished to Tenant, Tenant shall discharge same of record within ten (10) days after the date of filing. Notice is hereby given that Landlord shall not be liable for any labor or materials furnished or to be furnished to Tenant upon credit, and that no mechanic’s or materialsman’s lien or other security interest of any kind whatsoever for any such labor or materials shall attach to or affect Landlord’s interest in and to the Premises.

10. **Repairs and Maintenance:**
   a.) Tenant agrees and hereby stipulates with Landlord that the Premises are in good and tenable condition on the Commencement Date of this Lease. Tenant accepts the Premises in “as is” condition.
   
   b.) **Landlord and Tenant Maintenance Responsibilities.** the Parties shall assume the maintenance and repair obligations as set forth in Attachment A, attached hereto and incorporated herein.

   Provided however, in no event shall Landlord be liable or responsible for any Capital Maintenance or Repairs caused by or deemed necessary as a result of the negligent, intentional or reckless acts of Tenant or Tenant’s employees, agents, subtenants, licensees or invitees.

   Tenant further agrees to purchase and maintain all equipment and software necessary to directly monitor and control the Building Automation System (BAS) and maintain thermostat settings in accordance with the schedule in Attachment B attached hereto and incorporated herein and provide regular reports from the BAS as requested by the Landlord, in compliance requirements of the Landlord’s Performance Contract for this building.

   c.) **Right of Access.** Landlord may enter the Premises at any time during the Term to perform its obligations under this Lease.
d.) **Standard of Care.** Tenant shall perform its obligations hereunder relating to the maintenance and repair of the Premises in a first-class, efficient, and proper businesslike manner consistent with industry standards for the operation of comparable facilities.

e.) **Landlord’s Inspections.** Landlord may enter the Premises at any time during the Term to inspect the Premises for proper care and maintenance required by the Tenant under this Lease.

f.) **Request for Maintenance.** In the event Landlord or Tenant determines that adequate Routine Maintenance is not being provided as required hereunder, Landlord or Tenant shall provide the other with a report of findings including any Routine Maintenance that has been neglected or performed in a poor or improper manner and the requesting party’s request to correct the neglected, poor or improper maintenance. The responsible party shall perform or cause to be performed the Routine Maintenance requested in a timely manner, but in no event shall Tenant take more than ten (10) calendar days to provide the maintenance. A shorter time may be necessary if the neglected poor or improper maintenance is a hazard to the occupants of the Premises.

In the event the responsible party fails or refuses to perform its maintenance obligations, Landlord may perform said obligations and charge the responsible party the actual cost of the work performed.

g.) **Inspections and Reporting.** Tenant shall conduct regular inspections of the Premises to ensure that the Premises are being properly maintained as set forth in this Lease. Tenant shall document and photograph, if requested, any conditions that it believes requires Landlord to maintain or repair and provide a copy of the documentation and photographs Landlord. Landlord shall provide any Maintenance and Repairs deemed necessary in a timely manner. If Landlord requires the alteration or closure of any portion of the Premises in order to perform its obligations hereunder, Landlord shall notify Tenant immediately to allow Tenant a reasonable time to make the necessary arrangements for closure or alteration. Tenant shall provide regular reports from the BAS as requested by the Landlord, in compliance with the requirements of the Landlord’s Performance Contract for the Premises.

11. **Damage or Destruction:**

a.) In the event the Premises is damaged or destroyed and such damage is not covered by insurance as provided in this Lease, the Landlord shall not be required to restore same; provided that if the damage or destruction is to an extent greater than twenty percent (20%) of the then replacement value of improvements on the Premises (exclusive of any Tenant trade fixtures and equipment) then Landlord may elect not to restore and to terminate this Lease, regardless of whether insurance benefits are available to restore the Premises.

b.) Landlord must provide Tenant written notice of its election not to restore within thirty (30) days from the date of damage and if not given, Landlord shall be deemed to have elected to restore and in such event shall repair any damage as soon as reasonably possible.
c.) Landlord’s obligation to restore shall not include the restoration or replacement of any Tenant trade fixtures, equipment, merchandise or any improvements or alterations made by Tenant to the Premises.

12. **Utilities**: Landlord shall pay the cost of water, gas, electricity, light, heat, and electric power utilities rendered or supplied upon or in connection with the Premises. All utilities shall be subject to Maintenance and Operation guidelines and restrictions provided by the Landlord (Note Attachment B). Landlord will invoice the Tenant for utilities, which shall be due to Landlord within 30 days from receipt.

13. **Telephone, Cable and Miscellaneous Expenses**: Tenant shall be responsible for the cost of the following and any other utilities not included, under Section 12 above, rendered or supplied upon or in connection with the Premises, and to the extent permitted by law shall indemnify Landlord against any liability or damages on such account:

- Telephone
- Cable television/computer networking
- Computer support
- Physical security
- Event services
- Insurance
- Furnishings

14. **Taxes**:
   a.) All assessments levied against the Premises by any governmental entity, including any special assessments imposed on or against the Premises for the construction or improvement of public works in, on, or about the Premises, shall be paid before they become delinquent, by Tenant.

   b.) Tenant shall pay, prior to delinquency, all taxes assessed against and levied upon any trade fixtures, furnishings, equipment and all other personal property of Tenant contained in or on the Premises or elsewhere and shall pay all taxes attributable to any leasehold improvements which may be made to the Premises by Tenant. When possible, Tenant shall cause said trade fixtures, furnishings, equipment, personal property and leasehold improvements to be separately assessed. If, however, any or all of same shall be assessed and taxed with Landlord’s property, Tenant shall pay to Landlord such taxes as are attributable to Tenant’s trade fixtures, furnishings, equipment, personal property and leasehold improvements within fifteen (15) days after receipt of an invoice from Landlord advising Tenant of the taxes applicable to Tenant’s property.

15. **Insurance**:

   a.) Tenant shall maintain, at its expense, the following minimum insurance coverage throughout the Term of the Lease:

   $$1,000,000 \quad \text{--- Bodily Injury Liability, and}$$
Tenant upon request by Landlord shall furnish a certificate of insurance from an insurance company, licensed to do business in the State of North Carolina and acceptable to Landlord verifying the existence of any insurance coverage required by Landlord. The certificate will provide for thirty-(30) days advance notice in the event of a decrease in coverage, termination or cancellation of coverage. The limits of coverage under each insurance policy maintained by the Tenant shall not be interpreted as limiting the Tenant’s liability and obligations under the Lease. Notwithstanding the foregoing, nothing contained in this section shall itself be deemed to constitute a waiver of the sovereign immunity of the Landlord or Tenant, which immunity is hereby reserved to the Landlord and Tenant.

b.) Landlord shall be free from all liability and claim for damages by reason of any injury to any person or persons, including Tenant or its agents, or property of any kind whatsoever and to whomsoever belonging, including Tenant, from any cause or causes whatsoever and to whomsoever while upon or in any connected with the Premises during the term of this Lease or any extension or renewal thereof.

16. **Events of Default:**

a.) The occurrence of any of the following shall constitute an Event of Default and breach of this Lease:

(i) Any failure by Tenant to pay the rent or to make any other payment required to be made by Tenant hereunder (where such failure continues for three (3) days after written notice thereof by Landlord to Tenant).

(ii) Tenant abandons or vacates the Premises without written notification to the Landlord.

(iii) Tenant utilizes the Premises in a manner not consistent with this Lease.

(iv) Failure by either Party to observe and perform any other obligation of this Lease, other than the failure of Tenant to pay rent or make any other payment required to be made by Tenant hereunder, where such failure continues for thirty (30) days after written notice thereof by the non-breaching party to the breaching party; provided, however, that if the nature of such default is such that the same cannot reasonably be cured within such thirty (30) day period a party shall not be deemed to be in default if that party shall within such period commence such cure and thereafter diligently prosecute the same to completion.

b.) **Landlord’s Remedies**

The terms and conditions of this Lease shall be enforceable by actions for specific performance or injunction in addition to any other remedies available at law or in equity. If an Event of Default has occurred, Landlord may, without further notice or demand,
terminate this Lease, and Tenant shall surrender the Premises to Landlord immediately. If Tenant fails to do so, Landlord shall have the right, without waiving any other remedy for possession or arrears in payments, to enter upon and take control of the Premises and to expel or remove Tenant and any other person who may be occupying the Premises. Pursuit of any remedy under this Lease shall not preclude the pursuit of any other remedy provided for in this Lease or any other remedy provided in law or equity, nor shall pursuit of any remedy provided in this Lease constitute a forfeiture or waiver of any amounts due to Landlord under this Lease or of any damages accruing to Landlord by reason of the violation of any of the terms, provisions, and covenants contained in this Lease.

c.) Tenant’s Remedies. Upon the occurrence and during the continuance of any Event of Default by Landlord, Tenant shall have the right, in addition to all other rights and remedies available to Tenant at law or in equity, to terminate this Lease. No other property or assets of Landlord, disclosed or undisclosed, shall be subject to levy, execution, or the enforcement procedure for the satisfaction of Tenant’s remedies. No personal liability or personal responsibility is assumed by, nor shall at any time be asserted or enforceable against, Landlord or its officers, elected officials, or their respective heirs, legal representatives, successors, and assigns on account of this Lease or any covenant, undertaking, or agreement in this Lease.

17. Termination: In the event Tenant is unable to use the Premises for the purpose of operating Recovery Response Center before the expiration of this Lease, then this Lease shall be immediately terminated upon 10 days written notice. On or before the termination date or date of expiration, Tenant shall vacate and surrender the Premises to Landlord. All keys to the Premises shall be delivered to the Landlord at that time.

18. Condition of Premises upon Termination/Holding Over: Upon the termination or expiration of this Lease, Tenant shall return the Premises to Landlord substantially in the same condition as received ordinary wear and tear and approved improvements excepted. If Tenant does not surrender possession of the Premises at the expiration or earlier termination of the Term, Landlord shall be entitled to recover compensation for such use and occupancy at the monthly rate equal to Fair Market Value (as hereinafter defined) for the property at the expiration or earlier termination of the Term, and Tenant shall be liable to Landlord for any loss or damage it may sustain by reason of Tenant’s failure to surrender possession of the Premises immediately upon the expiration or earlier termination of the Term. For the purposes of this Lease, “Fair Market Value” shall be the monthly rent that a willing user would pay and a willing owner would accept in an arm’s length, bona fide negotiation for a monthly lease of the Premises.

19. Indemnity: To the extent permitted by law Tenant shall indemnify, defend and hold harmless Landlord, its Board, agents and employees from any and all claims arising from Tenant’s use of the Premises or from the conduct of its business or from any activity, work or things which may be permitted or suffered by Tenant, its invitees, clients or visitors in or about the Premises and shall further indemnify, defend and hold Landlord harmless from and against any and all claims arising from any breach or default in the performance of any obligation on Tenant’s part to be performed under the provision of this Lease or arising from any negligence of Tenant
its licensees, invitees, agents, contractors or employees. Notwithstanding the foregoing nothing contained in this section shall itself be deemed to constitute a waiver of the sovereign immunity of the Tenant, which immunity is hereby reserved to Tenant.

20. **Subordination:** This Lease, in the event Landlord so notifies Tenant in writing, shall be subordinate to any ground lease, deed of trust or other hypothecation for security now or hereafter placed upon the real property of which the Premises is a part and to any and all advances made on the security thereof and to all renewals, modifications, replacements and extension thereof. Tenant agrees to promptly execute any documents that may be required to effectuate such subordination. Notwithstanding such subordination, Tenant’s right to quiet possession of the Premises shall not be disturbed if Tenant is not in default and so long as Tenant shall observe and perform all of the provisions of this Lease.

21. **Use of Parking Facilities:** Tenant may use the parking facilities available on the Premises.

22. **Condemnation:** If the Premises or any portion thereof are taken under the power of eminent domain, or sold by Landlord under the threat of the exercise of said power (all of which is herein referred to as “condemnation”), this Lease shall terminate as to the part so taken as of the date the condemning authority takes title or possession, whichever occurs first or Landlord may terminate Lease in its entirety at Landlord’s option when the condemning authority takes title or possession. If this Lease is not terminated by either Landlord or Tenant, then it shall remain in full force and effect as to the portion of the Premises remaining, provided the rental shall be reduced in proportion to the floor area of the buildings taken within the Premises as bears to the total floor area of all buildings located on the Premises. In the event this Lease is not so terminated, Landlord agrees to at Landlord’s sole cost, as soon as reasonably possible, restore the Premises to a complete unit of like quality and character as existed prior to the condemnation. All awards for the taking of any part of the Premises or any payment made under the threat of the exercise of power of eminent domain shall be the property of Landlord, whether made as compensation for diminution of value of the Leasehold or for the taking of the fee or as severance damages; provided, however, that Tenant shall be entitled to any award for loss of or damage to Tenant’s trade fixtures and removable personal property.

23. **Assignment and Sublease:** Tenant shall not assign, mortgage or encumber this Lease, the Premises or any improvements on the Premises. The Tenant shall not sublet the Premises nor any part thereof, without the prior written consent of the Landlord which consent shall not be unreasonably withheld. Any attempted subletting without the Landlord’s consent shall be null and void. Notwithstanding the foregoing, Landlord hereby consents to a sublease, which sublease shall be subject to the terms and conditions of this Lease, between Tenant and Recovery Innovations, Inc, for the operation of the Recovery Response Center.

24. **Applicable Law:** This Lease is entered into in North Carolina and shall be construed under the laws, statutes and ordinances of this State. All actions relating in any way to this Lease shall be brought in the General Court of Justice in the County of Durham and State of North Carolina.
25. **Compliance with Laws:** Tenant represents that it is in compliance with all Federal, State, and local laws, regulations or orders, as amended or supplemented.

26. **Severability:** The provisions of this Lease are independent covenants and should any provision or provisions contained in this Lease be declared by a court or other tribunal of competent jurisdiction to be void, unenforceable or illegal, then such provision or provisions shall be severable and the remaining provisions hereof shall remain in full force effect.

27. **Notices:** All notices and written consents required under this Lease shall be in writing and shall be sent to the Landlord at Attn: Open Space and Real Estate, 201 East Main Street, 5th Floor, Durham, North Carolina 27701, and to the Tenant, Attn: General Counsel, 5200 West Paramount Pkwy, Morrisville, NC 27560.

28. **Waiver:** Failure or delay of either party to insist upon the strict performance of the covenants, agreements, or conditions of this Lease, or any of them, shall not be construed as a waiver or relinquishment of that party’s right to enforce such, but the same shall continue in full force and effect.

29. **Entire Agreement:** This Lease contains the entire and only agreement between the parties and no oral statements or representations or prior written matter not contained in this agreement shall have any force or effect. This Lease shall not be modified in any way except by writing executed by both parties.

**IN TESTIMONY WHEREOF**, This Lease has been executed by the parties hereto, as of the date first above written.

**Landlord:**
COUNTY OF DURHAM

**Tenant:**
ALLIANCE BEHAVIORAL HEALTHCARE

**BY:** ______________________________
Wendell M. Davis
County Manager

**BY:** ______________________________
Rob Robinson, CEO

(SEAL)

**ATTEST:**

__________________________________
ACKNOWLEDGEMENT OF LANDLORD:

NORTH CAROLINA
DURHAM COUNTY

I, ______________________________, a Notary Public of the County and State aforesaid, certify that ______________________, personally came before me this day and acknowledged that she is clerk to the Board of Commissioners of Durham County, a political subdivision of the State of North Carolina, and that by authority duly given and as the act of the County, the foregoing instrument was signed in its name by its Manager, sealed with the County seal, and attested by __________________, Clerk to the Board of Commissioners.

Witness my hand and official stamp or seal, this _______ day of _____________, 2018.

____________________________________
Notary Public

My commission expires: ____________

ACKNOWLEDGEMENT OF TENANT:

STATE OF NORTH CAROLINA
COUNTY OF _____________

I, ______________________________, a Notary Public in and for the aforesaid County and State, do hereby certify that Rob Robinson personally appeared before me this day and acknowledged that he is CEO of Alliance Behavioral Healthcare, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by him.

Witness my hand and notarial seal this ________ day of ____________________, 2018.

____________________________________
Notary Public

My commission expires: ____________
ATTACHMENT A
LANDLORD AND TENANT MAINTENANCE RESPONSIBILITIES

1. **Landlord’s Responsibilities:** Landlord shall be responsible for the following maintenance and repairs in consideration of the rent paid by Tenant:
   - Roof annual inspection and necessary repairs and maintenance
   - Foundation maintenance and repair as needed
   - Parking lot repairs, maintenance, restriping, and snow removal

2. **Tenant Responsibilities:** Tenant shall provide maintenance and repairs to the following:
   - Exterior walls, including pressure cleaning and painting on an as needed basis
   - Floor tile, ceiling tile and carpet replacement as needed
   - **Electrical** and plumbing maintenance
   - Electronic security card access system, Intrusion system inspection
   - Fire alarm and sprinkler testing, maintenance and monitoring
   - Concrete walkways and pavement repairs
   - Emergency Generator testing and maintenance
   - Trash pick-up, including dumpster rental
   - Landscaping weekly maintenance and enhancements
   - Fence repairs
   - Signage and sign changes required by code
   - Interior painting
   - Non-structural weather/storm issues including snow removal and ice treatment on sidewalks and walkways, limb clean-up, etc.
   - Janitorial services, including floor tile, ceiling tiles and carpet cleaning
   - False intrusion or fire alarm fines
   - Pest control
   - Locks, keys, cards or electronic security services
   - Consumables (lamps, ballasts, fuses, gaskets)
   - Repairs required due to deliberate destruction or vandalism
   - Kitchen appliance maintenance and repair (Note: there is no obligation for the Tenant to use the kitchen for meals at the facility)
   - Washer & dryer maintenance and repair
   - HVAC service and maintenance
   - Electrical Systems
   - Backflow device maintenance, repairs and testing
### ATTACHMENT B  
MAINTENANCE AND OPERATION GUIDELINES

#### 309 Crutchfield Building Schedule of Operations

<table>
<thead>
<tr>
<th>Day Type</th>
<th>Resident Section Schedule</th>
<th>Office Schedule</th>
<th>Lobby and Conference area Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Switched to Occupied Mode</td>
<td>Switched to Unoccupied Mode</td>
<td>Switched to Occupied Mode</td>
</tr>
<tr>
<td>Weekday</td>
<td>Always - 24/7</td>
<td>Never</td>
<td>7:00 AM</td>
</tr>
<tr>
<td>Weekend</td>
<td>Always - 24/7</td>
<td>Never</td>
<td>8:00 AM</td>
</tr>
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</table>

#### Conference AHU 1 Temperatures

<table>
<thead>
<tr>
<th>Operating Mode</th>
<th>Occupied Set Point</th>
<th>Unoccupied Set Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooling</td>
<td>72</td>
<td>76</td>
</tr>
<tr>
<td>Heating</td>
<td>70</td>
<td>60</td>
</tr>
</tbody>
</table>

#### Offices AHU 2 Temperatures

<table>
<thead>
<tr>
<th>Operating Mode</th>
<th>Occupied Set Point</th>
<th>Unoccupied Set Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooling</td>
<td>72</td>
<td>76</td>
</tr>
<tr>
<td>Heating</td>
<td>70</td>
<td>65</td>
</tr>
</tbody>
</table>
ITEM: 2019 Schedule of Proposed Board/Board Committee Meetings and Locations

DATE OF BOARD MEETING: December 6, 2018

BACKGROUND: As stated in Article III, Sections A and D of the Board By-laws, regular meetings of the Area Board shall be held at least six times each year at a location and time designated by the Area Board. All meetings of the Area Board shall be conducted in accordance with provisions set forth in the NC Open Meetings Law. The Board currently holds its regularly scheduled meetings on the first Thursday of each month.

The matter placed before the Board for a vote is whether the Board would like to continue holding one meeting annually at each of Alliance’s community sites. The proposal includes meeting at the Johnston County location in February, and at the Cumberland location in August. All other Board meetings would be at Alliance’s home office. The meetings at the local sites may be relocated back to the Home Office at the discretion of the Board, should unforeseen circumstances arise.

The schedule also includes the Annual Budget Retreat on March 19, 2019. It does not include a scheduled meeting in January or July 2019. These meetings have typically been cancelled. Due to a scheduling conflict with the annual EQRO review, the March Board meeting will be March 14, 2019.

The proper notice of monthly meeting locations will be published according to NC Open Meetings Law.

REQUEST FOR BOARD ACTION: Determine the 2019 Board meeting dates and locations.

CEO RECOMMENDATION: Determine the 2019 Board meeting dates and locations.

RESOURCE PERSON(S): Robert Robinson, CEO; and Veronica Ingram, Executive Assistant II
### 2019 Board and Board Committee Meeting Schedule

<table>
<thead>
<tr>
<th>Committee</th>
<th>Date</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network Development &amp; Services Committee</td>
<td>1/9/2019</td>
<td>4:00-5:30 p.m.</td>
<td>Home Office</td>
</tr>
<tr>
<td>Human Rights Committee</td>
<td>1/10/2019</td>
<td>4:00-5:30 p.m.</td>
<td>Home Office</td>
</tr>
<tr>
<td>Executive Committee</td>
<td>1/15/2019</td>
<td>4:00-6:00 p.m.</td>
<td>Home Office</td>
</tr>
<tr>
<td>Quality Management Committee</td>
<td>2/7/2019</td>
<td>2:00-3:30 p.m.</td>
<td>Johnston Office</td>
</tr>
<tr>
<td>Finance Committee</td>
<td>2/7/2019</td>
<td>2:30-4:00 p.m.</td>
<td>Johnston Office</td>
</tr>
<tr>
<td>Monthly Board Meeting</td>
<td>2/7/2019</td>
<td>4:00-6:00 p.m.</td>
<td>Home Office</td>
</tr>
<tr>
<td>Executive Committee</td>
<td>2/19/2019</td>
<td>4:00-6:00 p.m.</td>
<td>Home Office</td>
</tr>
<tr>
<td>Audit &amp; Compliance Committee</td>
<td>2/27/2019</td>
<td>4:00-6:00 p.m.</td>
<td>Home Office</td>
</tr>
<tr>
<td>Network Development &amp; Services Committee</td>
<td>3/13/2019</td>
<td>4:00-5:30 p.m.</td>
<td>Home Office</td>
</tr>
<tr>
<td>Quality Management Committee</td>
<td>3/14/2019</td>
<td>2:00-3:30 p.m.</td>
<td>Home Office</td>
</tr>
<tr>
<td>Finance Committee</td>
<td>3/14/2019</td>
<td>3:00-4:00 p.m.</td>
<td>Home Office</td>
</tr>
<tr>
<td>County Commissioners Advisory Board</td>
<td>3/14/2019</td>
<td>3:00-4:00 p.m.</td>
<td>Home Office</td>
</tr>
<tr>
<td>Monthly Board Meeting</td>
<td>3/14/2019</td>
<td>4:00-6:00 p.m.</td>
<td>Home Office</td>
</tr>
<tr>
<td>Policy Committee</td>
<td>3/14/2019</td>
<td>4:00-6:00 p.m.</td>
<td>Home Office</td>
</tr>
<tr>
<td>Annual Board Budget Retreat</td>
<td>3/19/2019</td>
<td>12:30-4:00 p.m.</td>
<td>Home Office</td>
</tr>
<tr>
<td>Executive Committee</td>
<td>3/19/2019</td>
<td>4:00-6:00 p.m.</td>
<td>Home Office</td>
</tr>
<tr>
<td>Finance Committee</td>
<td>4/4/2019</td>
<td>3:00-4:00 p.m.</td>
<td>Home Office</td>
</tr>
<tr>
<td>Monthly Board Meeting</td>
<td>4/4/2019</td>
<td>4:00-6:00 p.m.</td>
<td>Home Office</td>
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<td>Human Rights Committee</td>
<td>4/11/2019</td>
<td>4:00-5:30 p.m.</td>
<td>Home Office</td>
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<tr>
<td>Executive Committee</td>
<td>4/16/2019</td>
<td>4:00-6:00 p.m.</td>
<td>Home Office</td>
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<tr>
<td>Quality Management Committee</td>
<td>5/2/2019</td>
<td>2:00-3:30 p.m.</td>
<td>Home Office</td>
</tr>
<tr>
<td>Finance Committee</td>
<td>5/2/2019</td>
<td>2:30-4:00 p.m.</td>
<td>Home Office</td>
</tr>
<tr>
<td>Monthly Board Meeting</td>
<td>5/2/2019</td>
<td>4:00-6:00 p.m.</td>
<td>Home Office</td>
</tr>
<tr>
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<td>5/8/2019</td>
<td>4:00-5:30 p.m.</td>
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<td>Executive Committee</td>
<td>5/21/2019</td>
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<td>Audit &amp; Compliance Committee</td>
<td>5/21/2019</td>
<td>4:00-6:00 p.m.</td>
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<td>Quality Management Committee</td>
<td>6/6/2019</td>
<td>2:00-3:30 p.m.</td>
<td>Home Office</td>
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<tr>
<td>Finance Committee</td>
<td>6/6/2019</td>
<td>2:30-4:00 p.m.</td>
<td>Home Office</td>
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<tr>
<td>County Commissioners Advisory Board</td>
<td>6/6/2019</td>
<td>3:00-4:00 p.m.</td>
<td>Home Office</td>
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<tr>
<td>Monthly Board Meeting</td>
<td>6/6/2019</td>
<td>4:00-6:00 p.m.</td>
<td>Home Office</td>
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<tr>
<td>Executive Committee</td>
<td>6/13/2019</td>
<td>4:00-6:00 p.m.</td>
<td>Home Office</td>
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<tr>
<td>Policy Committee</td>
<td>6/18/2019</td>
<td>4:00-6:00 p.m.</td>
<td>Home Office</td>
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<tr>
<td>Monthly Board Meeting*</td>
<td>6/27/2019</td>
<td>8:00-10 a.m.</td>
<td>Home Office</td>
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<tr>
<td>Network Development &amp; Services Committee</td>
<td>7/10/2019</td>
<td>4:00-5:30 p.m.</td>
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<tr>
<td>Human Rights Committee</td>
<td>7/11/2019</td>
<td>4:00-5:30 p.m.</td>
<td>Home Office</td>
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<td>7/16/2019</td>
<td>4:00-6:00 p.m.</td>
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<td>8/1/2019</td>
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<td>8/1/2019</td>
<td>4:00-6:00 p.m.</td>
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<td>8/28/2019</td>
<td>4:00-6:00 p.m.</td>
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<td>Quality Management Committee</td>
<td>9/5/2019</td>
<td>2:00-3:30 p.m.</td>
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<td>Finance Committee</td>
<td>9/5/2019</td>
<td>2:30-4:00 p.m.</td>
<td>Home Office</td>
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<tr>
<td>County Commissioners Advisory Board</td>
<td>9/5/2019</td>
<td>3:00-4:00 p.m.</td>
<td>Home Office</td>
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<tr>
<td>Monthly Board Meeting</td>
<td>9/5/2019</td>
<td>4:00-6:00 p.m.</td>
<td>Home Office</td>
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<tr>
<td>Network Development &amp; Services Committee</td>
<td>9/11/2019</td>
<td>4:00-5:30 p.m.</td>
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<td>Executive Committee</td>
<td>9/11/2019</td>
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<tr>
<td>Finance Committee</td>
<td>9/17/2019</td>
<td>4:00-6:00 p.m.</td>
<td>Home Office</td>
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<tr>
<td>Monthly Board Meeting</td>
<td>9/17/2019</td>
<td>4:00-6:00 p.m.</td>
<td>Home Office</td>
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<tr>
<td>Human Rights Committee</td>
<td>10/3/2019</td>
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<td>10/3/2019</td>
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<td>10/3/2019</td>
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<td>2:00-3:30 p.m.</td>
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<tr>
<td>Finance Committee</td>
<td>11/7/2019</td>
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<td>Home Office</td>
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<td>Home Office</td>
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<td>Network Development &amp; Services Committee</td>
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<td>4:00-5:30 p.m.</td>
<td>Home Office</td>
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<td>Executive Committee</td>
<td>11/19/2019</td>
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<td>Audit &amp; Compliance Committee*</td>
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<td>4:00-6:00 p.m.</td>
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<td>Policy Committee</td>
<td>12/12/2019</td>
<td>4:00-6:00 p.m.</td>
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<tr>
<td>Executive Committee</td>
<td>12/17/2019</td>
<td>4:00-6:00 p.m.</td>
<td>Home Office</td>
</tr>
</tbody>
</table>

* Meeting may be cancelled or rescheduled due to holiday. Current information can be found at: [http://www.alliancebhc.org/about-alliance/board](http://www.alliancebhc.org/about-alliance/board)

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**Home Office:**
5200 Paramount Parkway  
Morrisville, NC 27560

**Cumberland Office:**
711 Executive Place  
Fayetteville, NC 28305

**Johnston Office:**
521 N. Brightleaf Boulevard  
Smithfield, NC 27577