MEMBERS PRESENT: ☒Cynthia Binanay, Chair, ☒Christopher Bostock, ☒Heidi Carter (entered at 4:08 pm), ☒George Corvin, MD, ☒James Edgerton, ☒Lodies Gloston (entered at 4:20 pm), ☒Phillip Golden, ☒Curtis Massey (via phone; entered at 4:12 pm), ☒Erv Portman (exited at 5:30 pm), ☒George Quick, ☒William Stanford, Jr., ☒Lascel Webley, Jr., and ☒McKinley Wooten, Jr

GUEST(S) PRESENT: Denise Foreman, Wake County Manager’s Office; Yvonne French, NC DHHS-DMH (Department of Health and Human Services-Division of Mental Health); Mary Hutchings, Wake County Finance Department; Israel Pattison, CFAC Chair; and Sean Schreiber, Shift Consulting

ALLIANCE STAFF PRESENT: Damali Alston, Director of Network Evaluation; Michael Bollini, Executive Vice-President/Chief Operating Officer; Hank Debnam, Cumberland Site Director/Veterans’ Point of Contact; Joey Dorsett, Senior Vice-President/Chief Information Officer; Doug Fuller, Director of Communications; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Amanda Graham, Senior Vice-President/Organizational Effectiveness; Veronica Ingram, Executive Assistant II; Ken March, Medicaid Program Director; Beth Melcher, Executive Vice-President/Care Management; Sara Pacholke, Senior Vice-President/Financial Operations; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Kentina White, Administrative Assistant III; Tonya Wilkerson, Administrative Assistant III; 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 4:01 p.m.

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Oath of Office</td>
<td>Ms. Ingram, a notary public, administered the oath of office to new Board member, Erv Portman, a Commissioner from Wake County.</td>
</tr>
<tr>
<td>3. Announcements</td>
<td>A. Welcome: Chair Binanay welcomed Commissioner Portman.</td>
</tr>
<tr>
<td></td>
<td>B. Current and Upcoming Vacancies: Chair Binanay mentioned the following resignations: Amelia Thorpe, Commissioner Greg Ford, and upcoming vacancies: Phillip Golden, George Quick, and William Stanford. Lucy Bode decided to not accept her appointment. Chair Binanay thanked members for their service and shared that we would recognize them at the March 1, 2018, Board meeting.</td>
</tr>
<tr>
<td></td>
<td>C. Branding Book: Mr. Robinson reviewed Alliance’s branding book; Amanda Graham, Senior Vice-President of Organizational Effectiveness, reviewed the purpose of this document, potential uses and how it incorporates Alliance’s strategic plan.</td>
</tr>
<tr>
<td>4. Agenda Adjustments</td>
<td>There were no adjustments to the agenda.</td>
</tr>
<tr>
<td>5. Public Comment</td>
<td>There were no public comments.</td>
</tr>
</tbody>
</table>
**AGENDA ITEMS:**

<p>| | |</p>
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<tbody>
<tr>
<td>6. Committee Reports</td>
<td>DISCUSSION:</td>
</tr>
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**A. Consumer and Family Advisory Committee – page 6**

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

Israel Pattison, CFAC Chair, presented the report. Mr. Pattison provided an overview of recent CFAC meetings and subcommittee meetings. He mentioned CFAC’s desire to engage more members of the community, changes in CFAC membership and a brief overview of upcoming meetings. The CFAC report is attached to and made part of these minutes.

**B. Finance Committee – page 28**

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 December 7, 2017, meeting, the Statement of Net Position budget to actual report, and ratios for the period ending December 31, 2017.

James Edgerton, Committee Chair, presented the report. He reviewed today’s Committee meeting and shared that all State mandated ratios were met. He mentioned that most of today’s Committee meeting covered topic 9: Non-Medicaid Spending Review and Discussion. The Committee report is attached to and made part of these minutes.

**C. Policy Committee – page 35**

Per Alliance Behavioral Healthcare Area Board Policy “Development of Policies and Procedures”, the Board reviews all policies annually. The Policy Committee reviews a number of policies each quarter in order to meet this requirement. This month’s report included proposed revisions to the By-Laws; the revisions were presented to the Board at the December 7, 2017, meeting.

Mr. Massey reviewed the proposed revisions to the by-laws and noted that any changes to the by-laws require at least thirty-days’ notice and a super-majority approval. Both requirements were met. The Committee report is attached to and made part of these minutes.

**BOARD ACTION**

A motion was made by Ms. Lodies Gloston to approve the revisions to the by-laws; motion seconded by Mr. Christopher Bostock. Motion passed unanimously.
AGENDA ITEMS: | DISCUSSION:
---|---
7. Consent Agenda | A. Draft Minutes from December 7, 2017, Board Meeting – page 46
B. Executive Committee Report – page 53
C. Human Rights Committee Report – page 58
D. Network Development and Services Committee Report – page 114
E. Quality Management Committee Report – page 128

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

**BOARD ACTION**
A motion was made by Mr. William Stanford to approve the consent agenda; motion seconded by Mr. Lascel Webley. Motion passed unanimously.

8. Request for Extension of Waiver of Reporting Requirements – page 196

In accordance with *Incident Reporting Requirements for Category A (licensed facilities) and Category B Providers* (non-licensed periodic or community-based services), network providers are required to submit quarterly reports to Alliance summarizing any Level I, II, and III incidents. On December 4, 2014, the Board submitted a request to the Department of Health and Human Services (DHHS) to waive the requirement for providers to submit these Quarterly Incident Report Summaries (Form QM-11), per Subsection (e) of 10A NCAC 27G.0604. The waiver was approved by the NC DHHS Secretary through calendar year 2017. Staff and the CEO recommend that the Board request a renewal of this Waiver.

Ms. Wolff reminded Board members of the earlier request and approval. Board members clarified the request and noted how it increases efficiency as the information is captured in other reports.

**BOARD ACTION**
A motion was made by Vice-Chair George Corvin to request the NC DHHS Secretary to extend the waiver of the QM-11 reporting requirements indefinitely for applicable Alliance providers and authorize the CEO to sign and send the letter of request; motion seconded by Mr. George Quick. Motion passed unanimously.

9. Non-Medicaid Spending Review and Discussion – page 197

For the past five years, Alliance Behavioral Healthcare has maintained a consistent way of managing state dollars that has adhered to both the historical nature of the funding as well as to the desire of our County partners and Board members. In consideration of long-term sustainability, Alliance has spent the last few months doing a comprehensive service review of our state and local dollars including several stakeholder meetings.

Mr. Robinson mentioned that the intent is to present information today and provide an update at the Board’s budget retreat. He provided background and rationale for this presentation and pending proposal. Additionally, he discussed proposal goals.
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<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
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<tbody>
<tr>
<td></td>
<td>Ms. Goodfellow provided a high-level overview of the fiscal year 2017-2018 budget, funding needs, current fiscal year non-Medicaid funding, historical commitments of non-Medicaid funding, and how funds are used (benefit plan and available funding comparison).</td>
</tr>
<tr>
<td></td>
<td>Sean Schreiber, with Shift Consulting, reviewed comprehensive system and spending review, a summary of meetings with stakeholder groups, and current fiscal year claims and financial data summary. As part of the process for seeking feedback, Mr. Schreiber distributed a survey to Board members and asked that they return the completed forms.</td>
</tr>
<tr>
<td></td>
<td>Commissioner Portman requested comparative data among NC MCOs (managed care organizations) and trends since Alliance’s inception (quality of life data, percentage needing services v. percentage receiving services, etc.).</td>
</tr>
<tr>
<td><strong>BOARD ACTION</strong></td>
<td>The Board received the presentation; no additional action required.</td>
</tr>
<tr>
<td>10. Appointment and Reappointment Recommendations – page 198</td>
<td>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. NC Senate Bill 191 revised G.S. 122C-118.1.d to allow members to be reappointed for two additional three-year terms. Chair Binanay provided a brief overview of two applicants for vacant seats; this information was sent to Board members last week.</td>
</tr>
<tr>
<td><strong>BOARD ACTION</strong></td>
<td>A motion was made by Mr. Christopher Bostock to recommend that the Wake Board of County Commissioners appoints Donald McDonald to Alliance’s Board; motion seconded by Mr. William Stanford. Motion passed unanimously.</td>
</tr>
<tr>
<td><strong>BOARD ACTION</strong></td>
<td>A motion was made by Mr. James Edgerton to recommend that the Cumberland Board of County Commissioners appoints Duane Holder to Alliance’s Board; motion seconded by Mr. Christopher Bostock. Motion passed unanimously.</td>
</tr>
<tr>
<td>11. Legislative Update</td>
<td>Brian Perkins, Senior Vice-President/Strategy and Government Relations, and Sara Wilson, Director of Government Relations, provided a legislative update. Mr. Perkins mentioned current agenda topics for the upcoming North Carolina General Assembly session, in particular bills that could impact NC MCOs.</td>
</tr>
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</table>
**AGENDA ITEMS:**

|--------------------|---------------------|
| Additionally, Ms. Wilson mentioned the NC Department of Health and Human Services (DHHS) released a report today. She or Mr. Perkins will forward the report to Board members. She, Mr. Perkins and other Alliance staff requested to participate on the State’s MCAC (Medical Care Advisory Committee) subcommittees. NC DHHS is still reviewing over 150 requests to participate on MCAC committees. Additional information about MCAC can be found at [https://dma.ncdhhs.gov/medical-care-advisory-committee](https://dma.ncdhhs.gov/medical-care-advisory-committee). | **BOARD ACTION**
A motion was made by Commissioner Heidi Carter to enter closed session pursuant to NCGS 143-318.11 (a) (6) and 143-318.11 (a) (1) to consider the qualifications, competence, and performance of an employee and to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1; motion seconded by Mr. William Stanford. Motion passed unanimously. |
| Chair Binanay reminded the Board that the March meeting will be at Alliance’s Home Office on Emperor Boulevard in Durham. | The Board returned to open session. |
| 14. Adjournment | With all business being completed the meeting adjourned at 6:56 p.m. |

**Next Board Meeting**

**Thursday, March 01, 2018**

4:00 – 6:00 pm

Respectfully Submitted by:

Robert Robinson, Chief Executive Officer

3/1/2018

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

DATE OF BOARD MEETING: February 8, 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 Steering Committee meets at 5:30pm on the first Monday each month, rotating face to face meetings at the Alliance Home Office, 4600 Emperor Boulevard, Durham, with telephonic meetings every other month. Local committee meetings are held in individual counties monthly, the schedules for those meetings are available on our website.

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

REQUEST FOR AREA BOARD ACTION: Receive draft minutes from December from the Steering, Durham, and Wake and committees and Durham January draft minutes along with supporting documents.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Israel Pattison, CFAC Chair; Doug Wright, Director of Individual and Family Affairs.
MEMBERS PRESENT: Israel Patterson, Dave Curro, Carole Johnson, Jason Phipps, Cassandra H, Jerry Dodson, Dr. Michael McGuire, Lotta Fisher, Leanna George, Annette Smith, Trula Miles, Eric Hall, GUEST(S) PRESENT: Brenda Solomon, Pinky Dunston, Ben Smith, Kathy Honeyman, Doug Wright, Ramona Branch

Call your Dial-In Number (605) 472-5464

Enter your Access Code: 289674.

1. WELCOME AND INTRODUCTIONS
2. REVIEW OF THE MINUTES – 11.06.2017- Minutes reviewed, approved, and accepted as is.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
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<tbody>
<tr>
<td>Public Comment</td>
<td>Wes Rider commented on the November DHHS concept paper regarding tailored plans and the ongoing Medicaid Reform. He encouraged members to continue to stay involved and commended those involved in their local CFAC. Annette Smith commented that individual rehabilitation technicians in general go above and beyond by utilizing their own personal vehicles to do their jobs and it would be nice for a grant or funds for mileage subsidy. It was commented that some providers do offer mileage reimbursements.</td>
<td>Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td>Consumer/Family Challenges and Solutions</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Advancing NC Whole Health Coalition – Rob Robinson</td>
<td>Rob Robinson was not able to attend tonight’s meeting so this update was given by Doug. He asked the group if there were any specific questions or concerns regarding the Whole Health Coalition and reiterated that at this point he has given all information and there was nothing new to add. Doug stated that he will continue to update as new information becomes available. Doug gave update on</td>
<td>Ongoing</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Cardinal Innovations and stated that DHHS has temporarily taken over and removed the current board. The population served is still receiving services and provider are continuing to be paid.

Sean Schreiber and Kelly Goodfellow gave a presentation on the Alliance State Plan. In summary, the presentation was reviewed and IPRS or (State Funding) continues to face challenges. There has been no increase in funding in several years and there are not enough funds for our growing population. Alliance will need to make significant changes to our state funded service delivery system. Members and Guests were given a priority survey to complete and hand in so that feedback can be given help identify principles so that future decisions can be made on how State funds are deployed.

Israel asked group if there were any questions or concerns about the By-Laws draft, and motion was given and By-Laws draft was approved.

Local CFAC’s gave updates on their committees. Wake had training in November and is continuing to try and build membership. Durham is also focusing on increasing membership and planning Spring Event. Cumberland had a big pot-luck at their last meeting and they discussed the Whole Health Coalition and had presentations from Doug and Starlett. Johnston is also working on membership and had updates from Doug at their last meeting.

Area Board Update: Alliance continues to provide support to FEMA for hurricane victims and a celebration was given.
Human Rights- Doug mentioned that there are membership opportunities available for this group and to please contact him for more information.

Quality Management- No updates given.

| Announcements | Doug gave information CFAC, general information on meetings and welcomed guests. | Ramona will follow up with individuals interested in joining in Durham. | Ongoing |

5. ADJOURNMENT

7:15pm
FY17 Non-Medicaid Funding

- **State Funding**
  - $47,781,186 (56%)

- **County Funding**
  - $36,857,390 (44%)
Non Claims-Based Programs

• Cross Area Service Programs (CASP)
• State-directed allocations
• Historical State and County allocations
• Formally-funded through County dollars
• Federal Block Grant
Non-Medicaid Funding

Total Available Funding: $84,638,576
## Funding Commitments FY17

**Total Available Funding**: $52,924,405

**Crisis Services**: $19,074,231
- **Holly Hill**: $7,350,000
- **3-Way Contract**: $5,289,940
Funding Commitments FY17

Remaining Treatment Dollars $30,530,832

County-Specific Programs $8,895,673
Programs with Historic Allocations $5,110,638
Federal Block Grant $2,459,329
New Crisis Commitments $1,700,000
Additional Crisis Funding $1,262,321
Pass through for State Initiatives $2,965,612
Remaining Treatment Dollars

$14,583,762

Legislative Reduction
$15,947,070
<table>
<thead>
<tr>
<th>Service Category</th>
<th>Consumers Served (not unique)</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative Services</td>
<td>606</td>
<td>$299,526</td>
</tr>
<tr>
<td>Crisis Services (claims only)</td>
<td>2,104</td>
<td>$3,142,447</td>
</tr>
<tr>
<td>Enhanced</td>
<td>2,209</td>
<td>$8,274,519</td>
</tr>
<tr>
<td>IDD</td>
<td>1,426</td>
<td>$4,680,589</td>
</tr>
<tr>
<td>*Assessments/OPT/MM</td>
<td>11,932</td>
<td>$4,374,838</td>
</tr>
<tr>
<td>LT Residential</td>
<td>222</td>
<td>$5,552,208</td>
</tr>
<tr>
<td>SA Transitional Residential</td>
<td>356</td>
<td>$1,464,028</td>
</tr>
</tbody>
</table>

*Excludes groups and EBPs (non-duplicated)
Additional Utilization Data

- Children: 2940 (9%)
- Adults: 31,429 (91%)
FY18 Benefit Plan Estimated Cost

Cost of Community Specific Benefits: $6,300,076

Cost of Uniform Benefit Plan: $25,024,256
The Problem

$31,324,332
Total Cost of Benefits

$14,583,762
Available Treatment Dollars
FY19

• Additional cost to existing crisis system – $3,500,000

• Historical crisis costs, Holly Hill inpatient, and three-way beds – $37,389,940

• New crisis services Wake Adult Facility and second BHU – $5,700,000

• Historic and non-claims based commitment – $19,400,000

• Combined benefit plans $31,324,332
FY19

• Total available funding – $84,638,576,054
• Total cost of care delivery system – $97,314,270
• Legislative Reduction - $19,584,144
• Shortfall = $32,259,838
MEMBERS PRESENT: ☑ Steve Hill, ☑ Tammy Harrington, ☐ Joe Kilsheimer, ☑ James Henry, ☐ Latasha Jordan, ☑ Dave Curro, ☑ Amelia Thorpe, ☐ Kyle Reece, ☐ Mark Scruggs, ☑ Trulia Miles

GUEST(S) PRESENT: ☑ Pinkey Dunston, ☑ Brenda Solomon

ALLIANCE STAFF: ☑ Doug Wright, Director of Consumer Affairs; ☑ Ramona Branch, Individual and Family Engagement Specialist

Dial-In Number: (605) 472-5464
Access Code: 289674

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES - Minutes Reviewed, approved and accepted as is.

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<tbody>
<tr>
<td>Public Comments</td>
<td>Dave Curro shared highlights from the conference in Pinehurst NC that he attended. This conference was designed for providers and several seminars were held that included Trauma Informed Care and Recovery and the Opioid Epidemic. Members shared their thoughts and concerns on these topics and Doug defined MAT (Medication Assisted Treatment) and answered questions on this type of treatment regime.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Interest in Membership/Outreach</td>
<td>Updates on outreach were given. Kyle Reece has been busy and not able to attend meetings and has stated he will likely start back in January once his schedule permits. Joe Kilsheimer is doing well but continues to have issues with night driving. Dan Shaw is eligible to return to CFAC. Pinkey Dunston and Brenda Solomon were guests tonight. They were both invited by Trula Miles and Ramona Branch. Pinkey and Brenda are interested in membership.</td>
<td>Ramona will discuss membership with Pinkey and Brenda.</td>
<td>2 weeks</td>
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<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
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<td>CFAC Steering Committee</td>
<td>Dave went over highlights of the CFAC Steering committee meeting that took place on 12.04.2017, and his take away from the presentation that was given. His thoughts conclude that it is a good idea to consider writing letters to state legislature to increase state funds for MH/SA/IDD. Doug discussed the state plan priority question survey and it was also handed out to the group. This survey (survey monkey) was also sent out as an email attachment to the group. It was asked for members to complete the survey as soon as possible, and to contact Doug or Ramona for questions and concerns.</td>
<td>Complete Priority Survey as soon as possible. Deadline is End of January.</td>
<td>45 days</td>
</tr>
<tr>
<td>LME/MCO Updates</td>
<td>Ramona went over the NCDHHS Peer Support Survey. This survey is to help DHHS understand issues pertaining to the Peer Support Specialist workforce. There are (2) surveys, one for CPSS and one for Supervisors and Employers. If you fall into one of these categories, please complete the survey by the end of the day on December 22, 2017.</td>
<td>N/A</td>
<td>Dec. 22 (Peer Support)</td>
</tr>
<tr>
<td></td>
<td>Doug gave the group a copy of the Consumer Caucus presentation and reviewed highlights and answered questions on the information given. Tammy asked about Medicare recipients and what is done to assist those people that are in need of services not covered by Medicare. Doug responded that some of those services are paid by State funding but those funds continued to be limited. James asked what impacts would be felt to IDD individuals with the new tailored plan. Doug responded that there would be minimal impact.</td>
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### AGENDA ITEMS:

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<tbody>
<tr>
<td><strong>Combatting Holiday Stress</strong></td>
<td>impacts to begin with and it is really not known what the future impacts will be. Doug stated that he would continue to keep the group updated as new information came available.</td>
<td></td>
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<tr>
<td><strong>Event Planning</strong></td>
<td>Ramona went over stress handout and members shared thoughts and concerns about holiday stress.</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Announcements/Opportunities</strong></td>
<td>No Comments</td>
<td></td>
<td>N/A</td>
</tr>
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</table>

**5. ADJOURNMENT:**

7pm
MEMBERS PRESENT: Israel Pattison, Gregory Schweizer, Carole Johnson
GUEST(S) PRESENT: Annette Smith,

Call your Dial-In Number (605) 472-5464
Enter your Access Code: 289674
Pin 8803

1. WELCOME AND INTRODUCTIONS
2. REVIEW OF THE MINUTES – 11/14/2017 Minutes approved 5:37 pm by Israel Pattison and second by Gregory Schweizer

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<tr>
<td>New Chair for Wake</td>
<td>Carole asked why we don’t have enough members as she explains this is so needed and wanted to know how we can increase membership. Doug Wright asked Annette Smith what attracted her to start attending CFAC meeting. Annette explains she mostly worked with the provider and wanted to know how things work with Alliance Behavioral Healthcare. Annette also said her son Ben would like to be more independent and is trying to learn how the system works.</td>
<td>Stacy to meet with Care Coordinators supervisor to check with increase membership</td>
<td></td>
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<tr>
<td>Membership</td>
<td>Annette suggested meeting with providers could host parent meetings. Annette Smith asked if parental input influence the Board and our Executive decisions. Doug explained parents do have an important input and helps our organizations focus. Israel suggested creating a summit with providers and bring the members together to brainstorm such as ADA, Next Step, and NAMI. Annette Smith suggested knowing what CFAC would like to accomplish and more talking points. Annette Smith suggested combining the ReThink and CFAC themes together.</td>
<td>Get with Stacy and start an AD HOC and look at dates and find out who can be on the panel. Israel suggested going to the Mayors Advisory Community for People with Disabilities. The Wake County Special Ed Parents only group for the K-12 population. Contact Dave Curro, Next Step to see Israel Pattison suggested to meet with the new chair pf the Mayors Advisory</td>
<td></td>
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<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
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<td>TIME FRAME:</td>
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<tr>
<td>Who from Wake CFAC will attend the Steering Committee?</td>
<td></td>
<td>Community for people with disabilities. Israel also suggested we get on the agenda in January for the ADA American with Disabilities. Doug suggested RCNC and NAMI. Israel will try and make a list for the January meeting.</td>
<td></td>
</tr>
<tr>
<td>Wake Network of Care</td>
<td>Dave Mullen asked me to have the Wake CFAC members go over the Health Awareness Month so he can highlight a provider agency on the WNOC website to correlate with the month and Provider.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCO updates</td>
<td>Doug Wright handed out the Consumer Caucus from the event in Pinehurst last month about the Medicaid transformations and will email this to the absent members</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Announcements</td>
<td></td>
<td></td>
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<tr>
<td>Stress Handout</td>
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5. ADJOURNMENT
ITEM: Finance Committee Report

DATE OF BOARD MEETING: February 1, 2018

BACKGROUND: The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board. The Finance Committee meets monthly at 2:30/3:00 p.m. prior to the regular Area Board Meeting. This month’s report includes the draft minutes from the December 7, 2017 meeting, the Statement of Net Position, budget to actual report and ratios for the period ending December 31, 2017.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): James Edgerton, Committee Chair; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer
**APPOINTED MEMBERS PRESENT:** Chris Bostock, BSIM, James Edgerton, B.S. (Committee Chair), George Quick, M.B.A., Cynthia Binanay; and Lascel Webley, Jr.

**BOARD MEMBERS PRESENT:** Bill Stanford

**GUEST(S) PRESENT:** Mary Hutchings, Wake County Internal Audit, Eddie Burke, Cherry Bekaert Audit Partner; and Jessica Simmons Cherry Bekaert Audit Manager

**STAFF PRESENT:** Rob Robinson, CEO (LCAS); Kelly Goodfellow, EVP/CFO; Sara Pacholke, SVP-Financial Operations (CPA), Carol Wolfe, General Counsel, Monica Portugal, Chief Compliance Officer, Jeanna Berry, Facilities Manager, Josh Knight, Internal Auditor

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### 1. WELCOME AND INTRODUCTIONS

### 2. REVIEW OF THE MINUTES – The minutes from the November 2, 2017, meeting were reviewed; a motion was made by Mr. Bostock and seconded by Mr. Webley 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>
</table>
| 3. Monthly Financial Reports | The monthly financial reports were discussed which includes the Statement of Revenue and Expenses, Senate Bill 208 Required Ratios, and DMA Contract Ratios as of 10/31/17.  
   a) Expenses exceed revenues by approximately $3.2 million. This is a result of legislative reductions related to State funding and Medicaid savings being less than previous years, which was expected. In previous years, the savings on the Medicaid side offset the loss on the State side when looking at Alliance’s Statement of Revenue and Expenses.  
   b) Alliance is meeting all SB208 and DMA ratio requirements as of 10/31/17. |             |             |
| 4. Auditor Presentation | Presentation of the year ending June 30, 2017 audited financial statements.  
   a) Eddie Burke and Jessica Simmons presented the results of the FY17 audit. They went into detail regarding the audit process, results and risk areas. They will present a high-level summary to the full board. Here is a summary:  
   b) Alliance received an unqualified opinion; there were no adjustments and no passed adjustments to the numbers the Alliance team provided the |             |             |

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

<table>
<thead>
<tr>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>auditors, there were no significant findings, under the compliance audit there were 2 nonmaterial, noncompliant findings, the Alliance team provided full cooperation, Alliance has good internal controls, there were no suggested management letter comments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. IFB Bid Notice</td>
<td>Carol Wolfe and Jeanna Berry discussed the IFB for the Durham Center Access construction renovations. Alliance has contracted with DTW for architectural services. We received 4 bids. Per State law, we have to go with the lowest bid, which is Riggs-Harrod Builders. The bid came in at $1.3 million. In addition to being the lowest bid, they also have a lot of minority participation. Anticipated construction start date is 1/2018 with a completion around 10/2018. The work will be phased so that the crisis center can remain open for operations. A motion was made by Cynthia Binanay and seconded by Chris Bostock to authorize the CEO to enter into a contract. The motion passed unanimously.</td>
<td>Make a recommendation to the Board.</td>
</tr>
<tr>
<td>6. Contract Approval Policy</td>
<td>a) Kelly Goodfellow presented the changes the Finance Committee had agreed up on at the November 2nd meeting. A motion was made by Chris Bostock and seconded by Cynthia Binanay to approve the changes to the Contract Approval policy. The motion passed unanimously.</td>
<td>The policy will go back to the Policy Committee for recommendation to the Board.</td>
</tr>
</tbody>
</table>

8. **ADJOURNMENT:** the January Finance Committee has been canceled. The next meeting will be February 1, 2018, from 2:30 p.m. to 4:00 p.m.
### ASSETS

**Current Assets**
- Cash and cash equivalents: $46,864,855.19
- Restricted cash: 2,311,511.00
- Short term investments: 58,662,033.76
- Due from other governments: 19,162,064.85
- Accounts receivable, net of allowance for uncollectible accounts: 53,132.71
- Sales tax refund receivable: 173,933.24
- Prepaid expenses: 1,508,945.18

**Total Current Assets**: $128,736,475.93

**Noncurrent Assets**
- Restricted Cash: 38,763,253.07
- Other assets: 416,882.14
- Capital assets, net of accumulated depreciation: 3,971,658.94
- Deferred Outflows of Resources: 9,890,885.00

**Total Other Assets**: $53,042,679.15

**Total Assets**: $181,779,155.08

### LIABILITIES

**Current Liabilities**
- Accounts Payable and Other Current Liabilities: 1,812,729.11
- Claims and other service liabilities: 43,591,755.03
- Unearned Revenue: 1,057,540.21
- Current portion of accrued vacation: 835,391.91
- Other Current Liabilities: 1,725,155.00

**Total Current Liabilities**: $49,022,571.26

**Noncurrent Liabilities**
- Net Pension Liability: 9,574,705.00
- Accrued Vacation: 688,748.55
- Deferred Inflows of Resources: 335,501.00

**Total Long-Term Liabilities**: $10,598,954.55

**Total Liabilities**: $59,621,525.81

### NET POSITION

**Capital Assets at Beginning of Year**: 3,233,622.54
**Restricted**: 36,835,159.45
**Unrestricted**: 81,522,965.84

**Net Revenue over Expenses:**

**Current Year Change in Net Position**: $565,881.44

**Total Net Position**: $122,157,629.27

**Total Liabilities and Net Position**: $181,779,155.08
### REVENUES

<table>
<thead>
<tr>
<th></th>
<th>Original Budget</th>
<th>Current Period</th>
<th>Q1</th>
<th>Q2</th>
<th>Year to Date</th>
<th>Balance</th>
<th>% Received/Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Grants</td>
<td>$36,857,390.00</td>
<td>$2,374,692.69</td>
<td>$3,871,095.36</td>
<td>$6,961,134.11</td>
<td>$10,832,229.47</td>
<td>$26,025,160.53</td>
<td>29.39%</td>
</tr>
<tr>
<td>State &amp; Federal Grants</td>
<td>47,781,186.00</td>
<td>2,819,231.24</td>
<td>8,500,889.73</td>
<td>11,406,120.48</td>
<td>19,907,010.21</td>
<td>27,874,175.79</td>
<td>41.66%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>359,425,264.00</td>
<td>31,979,635.82</td>
<td>90,576,459.90</td>
<td>96,278,191.66</td>
<td>186,854,651.56</td>
<td>172,570,612.44</td>
<td>51.99%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>$444,063,840.00</strong></td>
<td><strong>37,173,559.75</strong></td>
<td><strong>102,948,444.99</strong></td>
<td><strong>114,645,446.25</strong></td>
<td><strong>217,593,891.24</strong></td>
<td><strong>226,469,948.76</strong></td>
<td><strong>49.00%</strong></td>
</tr>
</tbody>
</table>

### Administrative

<table>
<thead>
<tr>
<th></th>
<th>Original Budget</th>
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<th>% Received/Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Administration</td>
<td>369,054.00</td>
<td>30,754.50</td>
<td>92,383.65</td>
<td>92,263.50</td>
<td>184,647.15</td>
<td>184,406.85</td>
<td>50.03%</td>
</tr>
<tr>
<td>LME Administrative Grant</td>
<td>4,359,385.00</td>
<td>363,282.99</td>
<td>1,089,848.99</td>
<td>1,089,848.99</td>
<td>2,179,697.98</td>
<td>2,179,687.02</td>
<td>50.00%</td>
</tr>
<tr>
<td>Medicaid Waiver Administration</td>
<td>46,704,978.00</td>
<td>4,137,371.82</td>
<td>11,854,098.58</td>
<td>12,390,094.13</td>
<td>24,244,192.71</td>
<td>22,460,785.29</td>
<td>51.91%</td>
</tr>
<tr>
<td><strong>Total Administrative Revenue</strong></td>
<td><strong>51,683,417.00</strong></td>
<td><strong>4,593,328.61</strong></td>
<td><strong>13,197,160.86</strong></td>
<td><strong>13,754,720.49</strong></td>
<td><strong>26,951,881.35</strong></td>
<td><strong>24,731,535.65</strong></td>
<td><strong>52.15%</strong></td>
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</table>

### EXPENSES

<table>
<thead>
<tr>
<th></th>
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<th>Q1</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Local Services</td>
<td>36,857,390.00</td>
<td>2,405,954.31</td>
<td>4,017,089.94</td>
<td>6,815,139.53</td>
<td>10,832,229.47</td>
<td>26,025,160.53</td>
<td>29.39%</td>
</tr>
<tr>
<td>State &amp; Federal Services</td>
<td>47,781,186.00</td>
<td>3,417,163.47</td>
<td>12,265,562.30</td>
<td>15,465,258.16</td>
<td>27,730,820.46</td>
<td>20,050,365.54</td>
<td>58.04%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>359,425,264.00</td>
<td>29,539,722.74</td>
<td>89,637,834.21</td>
<td>89,009,368.42</td>
<td>178,647,220.63</td>
<td>180,778,043.37</td>
<td>49.70%</td>
</tr>
<tr>
<td><strong>Total Service Expenses</strong></td>
<td><strong>444,063,840.00</strong></td>
<td><strong>35,362,840.52</strong></td>
<td><strong>105,920,486.45</strong></td>
<td><strong>111,289,784.11</strong></td>
<td><strong>217,210,270.56</strong></td>
<td><strong>226,853,569.44</strong></td>
<td><strong>48.91%</strong></td>
</tr>
</tbody>
</table>

## Administrative

<table>
<thead>
<tr>
<th></th>
<th>Original Budget</th>
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<th>Q1</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Operational</td>
<td>6,657,386.00</td>
<td>692,186.24</td>
<td>1,336,008.44</td>
<td>2,731,350.03</td>
<td>4,067,358.47</td>
<td>2,590,027.53</td>
<td>61.10%</td>
</tr>
<tr>
<td>Salaries, Benefits, and Fringe</td>
<td>38,175,919.00</td>
<td>3,261,218.33</td>
<td>9,823,667.13</td>
<td>9,834,221.70</td>
<td>19,657,888.83</td>
<td>18,518,035.17</td>
<td>51.49%</td>
</tr>
<tr>
<td>Professional Services</td>
<td>6,600,112.00</td>
<td>272,180.10</td>
<td>1,321,201.60</td>
<td>1,723,171.69</td>
<td>3,044,373.29</td>
<td>3,555,738.71</td>
<td>46.13%</td>
</tr>
<tr>
<td>Miscellaneous Expense</td>
<td>250,000.00</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>250,000.00</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Administrative Expenses</strong></td>
<td><strong>51,683,417.00</strong></td>
<td><strong>4,225,584.67</strong></td>
<td><strong>12,480,877.17</strong></td>
<td><strong>14,288,743.42</strong></td>
<td><strong>26,769,620.59</strong></td>
<td><strong>24,913,796.41</strong></td>
<td><strong>51.80%</strong></td>
</tr>
</tbody>
</table>

### Total Expenses

<table>
<thead>
<tr>
<th></th>
<th>Original Budget</th>
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<th>Q1</th>
<th>Q2</th>
<th>Year to Date</th>
<th>Balance</th>
<th>% Received/Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>495,747,257.00</strong></td>
<td><strong>39,588,425.19</strong></td>
<td><strong>118,401,363.62</strong></td>
<td><strong>125,578,527.53</strong></td>
<td><strong>243,979,891.15</strong></td>
<td><strong>251,767,365.85</strong></td>
<td><strong>49.21%</strong></td>
</tr>
</tbody>
</table>

### CHANGE IN NET POSITION

<table>
<thead>
<tr>
<th></th>
<th>Original Budget</th>
<th>Current Period</th>
<th>Q1</th>
<th>Q2</th>
<th>Year to Date</th>
<th>Balance</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>CHANGE IN NET POSITION</strong></td>
<td><strong>$2,178,463.17</strong></td>
<td><strong>($2,255,757.77)</strong></td>
<td><strong>$2,821,639.21</strong></td>
<td><strong>$565,881.44</strong></td>
<td><strong>$2,178,463.17</strong></td>
<td><strong>$2,821,639.21</strong></td>
<td><strong>$565,881.44</strong></td>
</tr>
</tbody>
</table>
**Senate Bill 208 Ratios - As of December 31, 2017**

### CURRENT RATIO

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

### PERCENT PAID

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

Current assets divided by average daily operating expenses. This ratio shows how many days the organization can continue to pay expenses if no additional cash comes in. The requirement is 30 days or greater.

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**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). Beginning July 2017 Risk Reserve Revenue will be included in revenue, previously it was excluded. Each percentage above is the cumulative MLR for the respective fiscal year.
ITEM: Policy Committee Report

DATE OF BOARD MEETING: February 1, 2018

BACKGROUND: Per Alliance Behavioral Healthcare Area 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.

In coordination and consultation with members of the Board Executive Committee, the Board Policy Committee presents the attached amendments to the By-Laws for consideration and approval. The proposed amendments were provided to Board members on December 7, 2017, for review. Pursuant to the By-Laws of the Board of Directors, this action requires a super-majority vote.

REQUEST FOR AREA BOARD ACTION: Consider and approve the proposed amendments to the By-Laws.

CEO RECOMMENDATION: Approve the proposed amendments to the By-Laws.

RESOURCE PERSON(S): Curtis Massey, Committee Chair; Monica Portugal, Chief Compliance Officer
BOARD OF DIRECTORS BY-LAWS

ARTICLE I

PURPOSE

The Alliance Behavioral Healthcare Board of Directors, also known as the Board of Directors, by virtue of powers contained in Chapter 122C of the North Carolina General Statutes is responsible for comprehensive planning, budgeting, implementing and monitoring of community based mental health, developmental disabilities and substance abuse services to meet the needs of individuals in Alliance’s Catchment Area as that term is defined in the contract between NC Department of Health and Human Services (NCDHHS) and Alliance for Medicaid waiver management services. Any use of the term Board of Directors or CEO in these bylaws shall be deemed to include the Area Board, Area Authority, LME, Area Director and other such terms used in North Carolina General Statutes.

MISSION STATEMENT

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

VISION STATEMENT

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

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

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

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

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

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

ARTICLE II

STRUCTURE

A. AUTHORITY

1. The Alliance Board of Directors is accountable to the citizens of the Alliance Catchment Area.
2. The powers and duties of the Board of Directors derive from General Statutes 122C-115.5 and 122C-117.
3. In addition to exercising those powers, duties, and functions set forth in 122C-115.5 and 122C-117, the Board of Director’s primary responsibilities include:

   a. Defining services to meet the needs of citizens (within the parameters of the law) through an annual needs assessment.
   b. Governing the organization by adopting necessary and proper policies to carry out the obligations under its contract as a Pre-paid Inpatient Health Plan (PIHP).
   c. Evaluating quality and availability of services in meeting the needs of the population.
   d. Providing Fiscal oversight.
   e. Performing public relations and community advocacy functions.
   f. Appointing a CEO in accordance with General Statute 122C-121 (d). The CEO is an employee of the Board of Directors and shall serve at the pleasure of the Board of Directors.
   g. Evaluating annually the Chief Executive Officer for performance based on criteria established by the Secretary of NCDHHS and the Board of Directors.
   h. Delegating responsibility to the Chief Executive Officer who shall be responsible for the appointment of employees, the implementation of the policies and programs of the Board of Directors, for compliance with the rules of the North Carolina Commission for Mental Health, Developmental Disabilities and Substance Abuse Services, and NCDHHS, supervision of all employees and management of all contract providers.
   i. Delegating to the Chief Executive Officer authority to execute contracts and agreements, where appropriate.
   j. Maintaining open communication with the Consumer and Family Advisory Committee (CFAC).
   k. Participate in strategic planning, including consideration of local priorities as determined by the County Commissioner Advisory Board;
I. Government affairs and advocacy.

B. COMPOSITION

1. The Board of Directors shall consist of nineteen (19) members.
2. The Board of Directors shall work in conjunction with the Durham, Wake and Cumberland County Commissioners.
3. The Durham and Wake County Commissioners shall appoint seven (7) members respectively and the Cumberland County Board of Commissioners will appoint four (4) members. During the effective period of the Interlocal Agreement between the Board of Directors and the Johnston County Area Authority, the Alliance Board of Directors will appoint one member from Johnston County. All seats will be appointed at large.
4. The appointment process shall be consistent with the process outlined in the Joint Resolution between Cumberland, Durham and Wake Counties effective July 8, 2013. The Board of Directors will advertise, accept applications, interview and recommend appointments to the respective boards of commissioners.
5. Board of Directors membership may consist of the following:
   a. Consumer or family member representing the interest of individuals with mental illness, intellectual or other developmental disabilities or substance abuse
   b. CFAC member
   c. An individual with health care expertise and experience in the fields of mental health, intellectual or other developmental disabilities or substance abuse services.
   d. Individual with financial expertise
   e. Individual with provider experience in a managed care environment.
6. The Board of Directors shall assure that there is at least one representative of each of the three disability categories, i.e., mental illness, intellectual/developmental disabilities and substance abuse, on the board.
7. No individual who contracts with the Board of Directors for the delivery of mental health, intellectual/developmental disabilities, or substance abuse services may serve on the Board of Directors during the period in which the contract for services is in effect.

C. TERMS AND CONDITIONS OF OFFICE

1. Terms of membership shall be for three years except any member of the Board of Directors who is a county commissioner serves on the Board in an ex officio capacity at the pleasure of the initial appointing authority, for a term not to exceed the earlier of three years or the member's service as a County Commissioner.
2. Members shall not be appointed for more than three consecutive terms.
3. Members may be removed with or without cause by the appointing authority, upon recommendation by the Executive Committee.
4. Board of Directors members may resign at any time, upon written notification to the Chairperson or the Executive Secretary of the Board of Directors.
5. Vacancies on the Board of Directors shall be filled by the County Commissioners before the end of the term of the vacated seat or within 90 days of the vacancy, whichever comes first. Appointments shall be for the remainder of the unexpired term.
6. Board of Directors members are responsible for disclosing and may not vote on any issue in which they have a direct or indirect financial interest or personal gain. All Board members are expected to exhibit high standards of ethical conduct, avoiding both actual conflict of interest and the appearance of a conflict of interest.
7. Neither Board of Directors members nor members of their families will receive preferential treatment through the Area Authority’s services or operations.
8. Board of Directors members must be current with all property taxes in their respective counties.
9. Membership is based on the rules and regulations of the Board of Directors policies and all applicable North Carolina General Statutes.
10. Board of Directors members are required to comply with the Board of Directors Code of Ethics, policies and all applicable North Carolina General Statutes.
11. While Board members may be appointed because they represent a certain community, once on the Board, their responsibility is to all individuals served by Alliance.

D. OFFICERS

1. At each final regular Board meeting of the fiscal year, the Officers of the Board of Directors shall be elected for a one-year term to begin July 1. The Officers of the Board of Directors include:
   a. Chairperson, and
   b. Vice-Chairperson.
2. No officer shall serve in a particular office for more than two consecutive terms.
3. Each Board of Directors member, other than County Commissioners, shall be eligible to serve as an officer.
4. Duties of officers shall be as follows:
   a. Chairperson – this officer shall preside at all meetings and generally perform the duties of a presiding officer. The Chairperson shall appoint all Board of Directors committees.
   b. Vice Chairperson – this officer shall be familiar with the duties of the Chairperson and be prepared to serve or preside at any meeting on any occasion where the Chairperson is unable to perform his/her duties.
   c. Executive Secretary – The CEO (or his/her designee) shall serve as the Executive Secretary. The CEO shall not be an official member of the Board of Directors nor have a vote. As Executive Secretary, the CEO shall:
      i. Send Board of Directors packets of information.
      ii. Maintain a true and accurate account of all proceedings at Board of Directors meetings.
      iii. Maintain custody of Board of Directors minutes and other records.
      iv. Notify the County Commissioners of any vacancies on the Board of Directors or attendance compliance issues.

E. COMMITTEES

1. STANDING COMMITTEES - Annually, the Board of Directors Chairperson shall appoint the membership and the Chairperson of each of the Standing committees set forth below. These committees shall have the responsibility of making policy recommendations to the Board of Directors regarding matters within each committee’s designated area of concern. The composition of each committee shall comply with the applicable statute, regulation or contract requirements. The chair of any standing committee must be a member of the Board of Directors. If a non-board member having a conflict of interest is appointed to a committee, they shall be a non-voting member of the committee and as such shall not count towards establishing quorum. The Chairperson and Vice Chairperson may serve as standing alternate voting committee members.
members on any committee those officers do not serve on. Except when so serving, the Chairperson and Vice Chairperson have no voting rights on a committee to which they are not regularly appointed. The standing committees shall be as follows:

a. Finance Committee (NCGS 122C-119 (d))
   i. This committee shall be composed in a manner consistent with NCGS 122C-119, having at least 3 members, two of whom have expertise in budgeting and fiscal control. The Finance Officers of Durham, Cumberland and Wake Counties or designee may serve as ex-officio members.
   ii. The Committee’s functions include:
       1) Recommending policies/practices on fiscal matters to the full Board of Directors.
       2) Reviewing and recommending budgets to the entire Board of Directors.
       3) Reviewing and recommending approval of audit reports (following a meeting by a designee of this committee with the auditor and receipt of the management letter) and assure corrective actions are taken as needed.
       4) Reviewing and recommending policies and procedures for managing contracts and other purchase of service arrangements.
       5) Reviewing financial statements at least quarterly.
       6) Reviewing the financial strength of the Area Authority.

b. Client Rights/Human Rights Committee (DMH/DD/SAS contract and NCGS 122C-64, 10A NCAC 27G.0504)
   i. The Client Rights/Human Rights Committee shall consist of at least 5 members, a majority of whom shall be non-Board members. Members should include consumers and family members representing mental health, developmental disabilities and substance abuse. The membership of the Client Rights/Human Rights Committee shall include a representative from each of the counties in the Catchment Area.
   ii. The Client Rights/Human Rights Committee functions include:
       1) Reviewing and evaluating Alliance’s Client Rights policies at least annually and recommending needed revisions to the Board of Directors.
       2) Overseeing the protection of client rights and identifying and reporting to the Board of Directors issues which negatively impact the rights of persons served.
       3) Reporting to the full Board of Directors at least quarterly.
       4) Submitting an annual report to the Board of Directors which includes, among other things, a review of Alliance’s compliance with NCGS 122C, Article 3, DMHDDSAS Client Rights Rules (APSM 95-2) and Confidentiality Rules (APSM 45-1).
   iii. The Client Rights/Human Rights Committee shall meet at least quarterly.

c. Quality Management Committee (URAC)
   i. The Quality Management (QM) Committee shall consist of at least 5 members to include consumers or their family members plus at least 2 non-voting provider representatives. The QM Committee will meet at least 6 times a year.
   ii. The QM Committee shall review statistical data and provider monitoring reports and make recommendations to the Board of Directors or other Board committees.
   iii. 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.

d. Executive Committee - The Board of Directors shall have an Executive Committee. All actions taken by the Executive Committee will be reported to the full Board of Directors at the next scheduled meeting.

i. The Executive Committee shall be composed of the current Officers of the Board of Directors, Chairpersons of standing committees (who are Board of Directors members), the immediate past Board chairperson or an at-large member in the event the immediate past Board Chairperson is not available.

ii. The Board of Directors Chairperson shall serve as the Chairperson of the Executive Committee.

iii. The Chairperson shall call the meetings of the Executive Committee. Any member of the Board of Directors may request that the Chairperson call an Executive Committee meeting.

iv. The Executive Committee shall be responsible for the following:

1) Function as the grievance committee to hear complaints regarding board member conduct and make recommendations to the full Board of Directors.
2) Establish agendas for full Board of Directors meetings.
3) Act on matters that are time-sensitive between regularly scheduled board meetings.
4) Provide feedback to the CEO concerning current issues related to services, providers, staff, etc.
5) Fulfill other duties as set forth in these By-laws or as otherwise directed by the Board of Directors.
6) Notice of the time and place of every Executive Committee meeting shall be given to the members of the Executive Committee in the same manner that notice is given of Board of Directors meetings.

e. Policy/By-Law Committee

i. The Policy/By-law Committee shall consist of at least 3 Board members and shall meet at least 3 times a year.

ii. The Policy/By-law Committee’s functions include:

1) Developing, reviewing and revising Board of Directors By-Laws and Policies that Govern Alliance.
2) Recommending policies to the full Board of Directors to include all functions and lines of business of Alliance.
3) Reviewing Board Policies at least annually, within 12 months of policies’ approval. The Policy/By-law Committee reviews a number of Policies each quarter in order to meet the annual review requirement.
4) Revising Policies to ensure compliance with applicable law, federal and state statutes, administrative rules, state policies, contractual agreements and accreditation standards.
5) Ensure that a master Policy Index is kept current indicating Policy names, original approval dates, all revision dates, all review dates, accreditation standards, and references to applicable law, federal and state rules and regulations and state policies.

f. Audit and Compliance Committee

i. The Audit and Compliance Committee will consist of at least three members of the Board of Directors. At least one member shall have financial expertise. The Chairperson of the Audit
and Compliance Committee may not also be the Chairperson of the Finance Committee.

ii. The Chief Compliance Officer will serve as staff liaison to the Committee.

iii. The Committee shall meet at least three times a year, with authority to convene additional meetings, to adequately fulfill all the obligations outlined in this charter.

iv. The purpose of the Audit and Compliance Committee is to put forth a meaningful effort to review the adequacy of existing compliance systems and functions. To assist the Board of Directors in fulfilling its oversight responsibilities for:

1) The integrity of the organization’s annual financial statements;
2) The system of risk assessment and internal controls;
3) The organization’s compliance with legal and regulatory requirements;
4) The independent auditor’s qualifications and independence;
5) The performance of the organization’s internal audit function; and
6) To provide an avenue of communication between management, the independent auditors, and the Board of Directors.

g. Network Development & Services Committee

i. The Network Development and Services Committee shall consist of at least three members, a majority of whom shall be members of the Board of Directors and shall meet at least quarterly.

ii. The Senior Vice President of Network Development & Evaluation, or her designee will serve as staff liaison to the Committee.

iii. The Committee’s functions include:

1) To review service network development activities.
2) Reviews progress on the network development plan and progress on fund balance spending on service development.
3) Provides guidance and feedback on development of the needs and gaps assessment to meet state and agency requirements.
4) Areas of focus may include:
   • Emerging needs and Challenges
   • Data related to the Needs and Gaps Analysis
   • Network Development Plan and Status
   • State and Federal Initiatives

2. AD HOC COMMITTEES

a. Ad hoc committees may be appointed by the Chair of the Board of Directors with the approval of a majority of the Board members who are present at the meeting during which approval is given.

b. These committees shall carry out their duties as designated by the Board of Directors and shall report their findings to the Board or its committees.

3. CONSUMER AND FAMILY ADVISORY COMMITTEE – Consistent with NCGS 122C-170, the Area Authority shall have a committee made up of consumers and family members to be known as the Consumer and Family Advisory Committee (CFAC). The Consumer and Family Advisory Committee shall be self-governing and self-directed. The CFAC shall advise the Board of Directors on the planning and management of the local mental health, intellectual/developmental disabilities and substance abuse services system.

4. COUNTY COMMISSIONER ADVISORY BOARD

Per 122C-118.2, there is a County Commissioner Advisory Board. The County Commissioner
Advisory Board is not a board or committee appointed by the Board of Directors. The CEO or designee will assist in facilitation of the County Commissioner Advisory Board meetings.

ARTICLE III

MEETINGS

A. REGULAR MEETINGS

Regular meetings shall be held at least six times each year at a location and time designated by the Board of Directors. The annual meeting for the election of Officers shall be the final meeting of each fiscal year. All meetings of the Board of Directors shall be conducted in accordance with provisions set forth in Article 33C of NCGS 143 (the Open Meetings Act).

B. SPECIAL MEETINGS

Special meetings may be called by the Board Chair or by three or more members of the Board of Directors after notifying the Board Chair in writing. Notice of special meetings shall be provided in a manner consistent with those utilized to notify Board of Directors members (and others) of regularly scheduled meetings.

C. EMERGENCY MEETINGS

Emergency meetings may be called for unexpected circumstances that require immediate consideration by the Board of Directors. Due to the urgent need to assemble a meeting as soon as possible, any requirements regarding advanced notice for regularly scheduled meetings may be waived and emergency meetings shall be held as soon as a quorum of the Board of Directors can be convened.

D. NOTICE OF MEETINGS

Notification of Board of Directors meetings shall be sent out no later than 48 hours before the regular meeting and in accordance with requirements set forth in the Open Meetings Statute, Article 33C. The Board of Directors is scheduled to meet on the first Thursday of each month at the Area Authority facility. Notice of the date, time and place shall be sent to each board member in the form of a Board of Directors agenda. Information concerning Board meetings shall also be made available to the local news media in accordance with Article 33C. Notice for all board meetings including the board packet will be posted on the Alliance website.

E. CONDUCT OF MEETINGS

Board of Directors meetings shall be conducted under parliamentary procedures. It is the policy of this Board that all deliberations and actions be conducted fairly, openly, and consistent with the
applicable Statutes of North Carolina. Participation in Board of Directors meetings via electronic means, e.g. telephone, video conferencing, is permissible to the extent allowed by law. Such participation includes the right to vote on issues that arise during the course of the meeting.

The following guidelines should be followed at all Board and committee meetings:

1. The Board/Committee must act as a body in the best interests of the consumers in the Alliance catchment area.
2. The Board/Committee should proceed in the most efficient manner possible.
3. The Board/Committee must act by at least a majority vote.
4. Every member must have an equal opportunity to participate in decision-making.
5. The Board/Committee must apply the rules of procedure consistently.

F. QUORUM

A majority of the actual membership of the Area Board, excluding vacant seats, shall constitute a quorum and shall be required for the transaction of business at all regular, special and emergency meetings. A majority is more than half.

G. APPROVAL OF CERTAIN ITEMS BY A SUPER MAJORITY

Significant actions by the Board of Directors require fifteen (15) affirmative votes, or a 75% majority in the event the number of board members changes or there are vacant seats on the Board. Significant actions shall include: (1) policy decisions which affect consumer benefit plans, admit or exclude providers, or set provider rates, (2) any action or decisions concerning the annual budget and amendments according to the Local Government Budget and Fiscal Control Act (NCGS 159), (3) personnel policies, (4) employee benefit plans, (5) the selection and dismissal of the Chief Executive Officer, (6) changes to the Board of Directors structure, (7) execution of contracts or leases for real or personal property including accepting any assignment thereof, (8) acceptance of grants, (9) settlement of liability claims against the Area Authority or its officers or employees, (10) approval or amendment of the Area Authority’s by-laws, and, (11) any other matter so designated by the Area Authority Board.

H. ABSENCES

1. Absence from three (3) consecutive meetings without notification to the Executive Secretary shall constitute resignation from the Board.
2. Absence from four (4) or more of the regularly scheduled meetings during a 12 month period may also constitute resignation from the Board within the discretion of the Executive Committee.
3. In computing absences, absence from two Board Committee meetings may constitute one absence from a regularly scheduled Board meeting.

ARTICLE IV

GENERAL PROVISIONS

A. AMENDMENTS

1. These By-Laws may be amended or repealed as necessary.
2. Notice of proposed changes must be given to the Board of Directors members at least thirty (30) days prior to the change.

B. SUSPENSION OF BY-LAWS

The Board of Directors has the authority to suspend the By-Laws by an affirmative vote of a majority of Board members, or a corresponding majority of Board members in the event the number of Board members changes or there are vacant seats on the Board, with the exception of those items requiring a Super Majority set forth in Article III (G).

C. REVIEW OF BY-LAWS AND BOARD OF DIRECTORS GOVERNANCE POLICIES

These By-Laws and all Board of Directors governance policies shall be reviewed at least annually.
ITEM: Draft Minutes from the December 7, 2017, Board Meeting

DATE OF BOARD MEETING: February 1, 2018

REQUEST FOR BOARD ACTION: Approve the draft minutes from the December 7, 2017, meeting.

CEO RECOMMENDATION: Approve the minutes.

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

MEMBERS PRESENT: ☒Cynthia Binanay, Chair, ☒Christopher Bostock, ☒Heidi Carter (entered at 4:15 p.m.), ☒George Corvin, MD, Vice-Chair, ☒James Edgerton, ☐Greg Ford, ☒Lodies Gloston, ☒Phillip Golden, ☒Curtis Massey (via phone), ☐George Quick, ☒William Stanford, Jr., ☐Amelia Thorpe, ☒Lascel Webley, Jr., and ☒McKinley Wooten, Jr. (exited at 5:30 p.m.)

GUEST(S) PRESENT: Eddie Burke, Cherry Bekaert, LLP; Janet Conner-Knox, A Caring Heart Case Management, Inc.; Mary Hutchings, Wake County Finance Department; Israel Pattison, Consumer and Family Advisory Committee (CFAC) Chair; and Jessica Simmons, Cherry Bekaert, LLP

ALLIANCE STAFF PRESENT: Damali Alston, Director of Network Evaluation; Jeanna Berry, Facilities Manager; Joey Dorsett, Senior Vice-President/Chief Information Officer; Dr. Katherine Hobbs-Knutson, Chief Medical Officer; Veronica Ingram, Executive Assistant; Wes Knepper, Director of Quality Management; Joshua McKnight, Internal Auditor; Beth Melcher, Executive Vice-President/Clinical Operations; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Monica Portugal, Chief Compliance Officer; Matthew Ruppel, Director of Program Integrity; 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 4:01 p.m.

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<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
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<td>2. Announcements</td>
<td>A. RECENT PRESS RELEASE: Dr. Beth Melcher, Executive Vice-President of Clinical Operations, provided an overview of a recent press release regarding an innovative program developed by Alliance and referred to as remote monitoring home. The December 1, 2017, press release is attached to and made part of these minutes. It and other press releases are located on Alliance’s website at <a href="https://www.alliancebhc.org/category/general-news-announcements/">https://www.alliancebhc.org/category/general-news-announcements/</a>.</td>
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<td>B. CARDINAL INNOVATIONS UPDATE: Mr. Robinson provided a summary of recent newspaper articles about this North Carolina MCO (managed care organization). Board members requested potential next steps. Mr. Robinson mentioned that the NC Department of Health and Human Services has taken over current management of Cardinal.</td>
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<td>C. LETTER FROM JOHNSTON COUNTY: Mr. Robinson mentioned that Alliance received a letter of intent from Johnston County with a request to develop a merger agreement. The letter included an expected merge date of July 1, 2018. He and Carol Wolff, General Counsel, will provide updates at future meetings.</td>
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<tr>
<td>3. Agenda Adjustments</td>
<td>There were no adjustments to the agenda.</td>
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<td>4. Public Comment</td>
<td>There were no public comments.</td>
</tr>
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</table>
| 5. Fiscal Year 2017 Audit Presentation | An annual audit is a requirement of the Local Government Budget and Fiscal Control Act GS 159-34. The annual audit is also a requirement of the DHHS-DMA contract with Alliance. The firm of Cherry Bekaert, LLP, presented the financial report and the report of the independent auditor. Eddie Burke, partner with Cherry Bekaert, mentioned that he presented an
**AGENDA ITEMS:**

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<td>detailed report to the Board Finance Committee, which met earlier in the day at 4:00 pm. The audit presentation is attached to and made part of these minutes. Board members congratulated staff on consistent, excellent performance with annual audits.</td>
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**BOARD ACTION**

The Board received the report.

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**6. Committee Reports**

<table>
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<tr>
<th>A. Consumer and Family Advisory Committee – page 3</th>
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<tr>
<td>The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Durham, Wake, or Cumberland counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services. This month’s report included draft minutes from the November steering, Durham, Wake, and Cumberland committee meetings.</td>
</tr>
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The committee reports were sent as part of the Board agenda packet. Israel Pattison, CFAC Chair, presented the report. Mr. Pattison provided an overview of recent CFAC meetings, including presentations from staff and new CFAC members. Additionally, Mr. Pattison mentioned that CFAC has revised its by-laws. The CFAC report is attached to and made part of these minutes.

**B. Finance Committee – page 117**

The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board. The Finance Committee meets monthly at 2:30/3:00 p.m. prior to the regular Area Board Meeting. This month’s report included draft minutes from the November 2, 2017, meeting, the Statement of Revenues and Expenses Budget to Actual report, and ratios for the period ending October 31, 2017.

James Edgerton, Committee Chair, presented the report. Mr. Edgerton mentioned that expenditures exceeded revenues due to recent reductions in State funding as mandated by the North Carolina General Assembly. He reported that this is related to the requirement of Alliance to maintain the same level of services as offered in 2015. This legislative requirement requires the agency to utilize its fund balance to meet these needs. Additionally, he mentioned that Alliance met all State mandated ratios and the Committee reviewed the pending construction contract, item seven on the agenda.

**BOARD ACTION**

A motion was made by Mr. James Edgerton to accept the Finance Committee report; motion seconded by Mr. McKinley Wooten. Motion passed unanimously.
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<tr>
<td>C. Policy Committee Report – page 125</td>
<td>Per Alliance Behavioral Healthcare Area Board Policy “Development of Policies and Procedures”, the Board reviews all policies annually. The Policy Committee reviews a number of policies each quarter in order to meet this requirement. This month’s report included minutes from the September Committee meeting and policies from Business Operations, IT and Compliance. Curtis Massey, Committee Chair, presented the report. He reviewed proposed revisions to the by-laws. Mr. Massey mentioned that revisions to the by-laws would be included in the agenda for the next board meeting. The following policies were reviewed and recommended for approval without revisions: BO-1: Compliance with Local Government Budget and Fiscal Control Act; BO-2: Risk Management; BO-4: Travel and Employee Expense Reimbursement; BO-5: Cellular Communication Devices; BO-8: Management of Financial Risk; BO-9 Fund Balance; BO-10: Financial Stability; BO-11: Accounting Manual; BO-12: Accounting by Funding Source; BO-13: Coordination of Benefits; BO-14: Cyclical Financial Reporting; BO-15: Claims Adjudication; BO-16: Cyclical Financial Reporting; BO-17: Purchasing; BO-18: Investments; BO-19: Budget Transfers; 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; and IT-4: Eligibility Load, Error Handling and Reconciliation. Mr. Massey mentioned that with the exception of the by-laws the proposed revisions for the following policies were included in the packet and were not substantive: BO-6: Paybacks; and IT-5: IT System Backup. Additionally, Mr. Massey mentioned that one policy (Eligibility for Services) was not included in the current packet and will be added to the next Committee report.</td>
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<tr>
<td>BOARD ACTION</td>
<td>A motion was made by Vice-Chair George Corvin to approve the Business Operations, Compliance and Information Technologies policies for continued use and those with recommended changes (except the by-laws); motion seconded by Ms. Lodies Gloston. Motion passed unanimously.</td>
</tr>
<tr>
<td>7. Award of Construction Contract – page 171</td>
<td>Alliance is in the process of renovating the Durham Crisis Center operated by Recovery Innovations. The architect for this project is DTW. An Invitation for Bids (IFB 18-002) for construction services was published on October 26, 2017, and closed on November 29, 2017. Alliance received four responses to the IFB. Those responses were reviewed by the Purchasing Manager and selection team for responsiveness. The award will be made to the lowest responsible responsive bidder, as required by NC G.S. (general statute) 143-131.</td>
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<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
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<td>**AGENDA ITEMS: **</td>
<td>Carol Wolff, General Counsel, presented the recommendation. Ms. Wolff noted that the recommendation is for the lowest responsive bidder. This recommendation was also presented to the Board Finance Committee, who recommend that the Board approve awarding the contract as recommended.</td>
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<tr>
<td>**AGENDA ITEMS: **</td>
<td>Jeanna Berry, Facilities Manager, mentioned the timeline is approximately nine months and could start in January 2018. The facility will remain in operation during the construction process; the construction process will be completed in six stages.</td>
</tr>
<tr>
<td><strong>BOARD ACTION</strong></td>
<td>A motion was made by Ms. Lodies Gloston to award the general construction contract to the lowest responsible responsive bidder: Riggs-Harrod Builders, Inc., in the maximum amount not to exceed $1,330,182 and to authorize the CEO to sign the contract and change orders up to ten percent in addition to the maximum; motion seconded by Mr. Phillip Golden. Motion passed unanimously.</td>
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<tr>
<td><strong>BOARD ACTION</strong></td>
<td>As noted in the by-laws, the Board is given the task of advertising, accepting applications, interviewing and recommending appointment of prospective Board members to the respective boards of county commissioners. The Board shall assure that there is at least one representative of each of the three disability categories, i.e., mental illness, intellectual/developmental disabilities and substance abuse, on the board. Terms of membership shall be for three years and appointments for vacant seats shall be for the remainder of the unexpired term.</td>
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<tr>
<td><strong>BOARD ACTION</strong></td>
<td>Chair Binanay shared that the Executive Committee met on November 21 and agreed to recommend that the Board approve the recommendations of two applicants to their respective Boards of County Commissioners. The application/resume for each applicant was sent to Board members earlier this month. Mr. Robinson mentioned additional information was recently received about one applicant. The Board agreed to clarify information about the second applicant before supporting a recommendation.</td>
</tr>
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<td><strong>BOARD ACTION</strong></td>
<td>A motion was made by Mr. William Stanford to recommend that the Wake Board of County Commissioners appoint Lucy Bode to Alliance’s Board; motion seconded by Vice-Chair George Corvin. Motion passed unanimously.</td>
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<tr>
<td><strong>9. Consent Agenda</strong></td>
<td>A. Draft Minutes from November 2, 2017, Board Meeting – page 174</td>
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<td><strong>9. Consent Agenda</strong></td>
<td>B. Executive Committee Report – page 179</td>
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### AGENDA ITEMS:

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<td>The consent agenda was sent as part of the Board packet. There were no comments or discussion about the consent agenda.</td>
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**BOARD ACTION**

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

| 10. 2018 Board/Board Committee Meetings |
| A. Proposal to Cancel the January 4, 2018, Board Meeting – page 203 |
| The matter placed before the Board for a vote is whether the Board would like to cancel, the January 4, 2018, regularly scheduled meeting. If the meeting is cancelled, the proper notice shall be published per NC Open Meetings Law. |

**BOARD ACTION**

A motion was made by Mr. McKinley Wooten to cancel the January 4, 2018, Board meeting; motion seconded by Mr. Phillip Golden. Motion passed unanimously.

| B. 2018 Proposed Schedule of Board/Board Committee Meetings – page 204 |
| The matter placed before the Board for a vote is whether the Board would like to continue holding one meeting each quarter at a community site. The proposal includes the locations for meetings at Alliance’s community sites, the annual budget retreat, and an additional meeting date in June. The proper notice of monthly meetings will be published according to NC Open Meetings Law. |

Chair Binanay reviewed the proposed 2018 meeting dates noting which dates would be at community locations. She shared that the proposed calendar includes the budget retreat on Tuesday, March 27, 2018, and a tentative additional meeting on June 28, 2018. There were no additional comments or discussion about the 2018 calendar.

**BOARD ACTION**

A motion was made by Mr. Lascel Webley to approve the 2018 calendar of Board/Board Committee meetings and locations; motion seconded by Mr. James Edgerton. Motion passed unanimously.

<p>| In accordance with contractual obligations and federal regulations, Alliance shall have an effective compliance program with reasonable oversight by the governing board; understanding the scope and operations of the compliance program. The Board approved Corporate Compliance Plan states that a report of compliance efforts will be presented annually to the Board. |</p>
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<tr>
<td>Monica Portugal, Chief Compliance Officer, presented the report. She noted the importance of a compliance report, efficacy of compliance programs, trainings for Board and staff, the importance and purpose of the Board’s Audit and Compliance Committee, and internal auditing and monitoring. Lascel Webley, Audit and Compliance Committee Chair, mentioned reviewing how the agency recoups overpayments and considering how to do this more assertively. Ms. Portugal mentioned that staff are pursuing options to process recoupments with providers; she shared that an update will be presented at a future Audit and Compliance Committee meeting.</td>
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**BOARD ACTION**
The Board received the report.

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<tr>
<th>12. Legislative Update</th>
<th>Brian Perkins, Senior Vice-President of Strategy and Government Relations, provided a legislative update. He mentioned that the NC General Assembly is out of session until January 2018.</th>
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**BOARD ACTION**
The Board received the update.

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<tr>
<th>13. Chairman’s Report</th>
<th>Chair Binanay shared season’s greetings with staff, guests and Board members.</th>
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</thead>
</table>

| 14. Closed Sessions | **BOARD ACTION** A motion was made by Commissioner Heidi Carter to enter closed session pursuant to NCGS (North Carolina General Statute) 143-318.11 (a) (1) to prevent the disclosure of information that is privileged or confidential, or not considered a public record under NCGS 122C-126.1; motion seconded by Ms. Lodies Gloston. Motion passed unanimously.  

The Board returned to open session. Chair Binanay mentioned that no action was taken during closed session. |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------|

| 15. Adjournment | With all business being completed the meeting adjourned at 6:10 p.m. |

**Next Board Meeting**  
**Thursday, February 01, 2018**  
**4:00 – 6:00 pm**

Robert Robinson, Chief Executive Officer

Date Approved
ITEM: Executive Committee Report

DATE OF BOARD MEETING: February 1, 2018

BACKGROUND: The Executive Committee sets the agenda for Area Board meetings and acts in lieu of the Area Board between meetings. Actions by the Executive Committee are reported to the full Area Board at the next scheduled meeting. Attached are the draft minutes from the January 16, 2018, meeting and the approved minutes from the December 19, 2017, meeting.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Cynthia Binanay, Board Chair; Robert Robinson, CEO
1. WELCOME AND INTRODUCTIONS
2. REVIEW OF THE MINUTES – The minutes from the November 21, 2017, Executive Committee meeting were reviewed; a motion was made by Mr. Bostock and seconded by Vice-Chair Corvin to approve the minutes. Motion passed unanimously.

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<th>AGENDA ITEMS:</th>
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<th>TIME FRAME:</th>
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| 3. Updates    | a) Medicaid Reform/NC Legislation: Mr. Perkins shared that the NC General Assembly reconvenes in January. He mentioned that House Bill 403 may be part of this meeting and could impact NC LME/MCOs (local management entities/managed care organizations). He reported that Alliance submitted feedback to NC DHHS (Department of Health and Human Services) on their white paper about tailored plans. Also, a federally required committee MCAC (Medical Care Advisory Committee) has been established by DHHS to engage community stakeholders; this will include subcommittees who will gather feedback and provide it to NC DHHS; subcommittees are open to anyone barring a conflict of interest. Alliance staff plan to participate on these committees.  

b) Board Member Terms: Chair Binanay provided an update on board member terms including a recent vacancy and two seats that will become vacant when their terms expire in March 2018. Committee members discussed pending vacancies. | a) Mr. Perkins will provide a legislative update at the next meeting.  
b) Committee agreed to discuss pending vacancies at an upcoming Committee meeting.  
c) Ms. Ingram will add topic to the agenda for the next meeting.  
d) Committee agreed to meet with Dr. Okobi at the January meeting.  
e) None specified.  
f) None specified. | a) 1/16/18  
b) 1/16/18  
c) 1/10/18  
d) 1/16/18  
e) N/A  
f) N/A |
**AGENDA ITEMS:**

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<tr>
<td>c) Process for Approving Closed Session Minutes: Chair Binanay reviewed the process. This item will be on the agenda for the January Executive Committee meeting.</td>
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<tr>
<td>d) Applicants for Vacant Board Seats Representing Cumberland County: Chair Binanay asked the Committee for input on one applicant.</td>
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<tr>
<td>e) Wake County Commissioner: Chair Binanay mentioned that we may have a new Commissioner join Alliance’s Board. A decision is expected in January 2018.</td>
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<tr>
<td>f) NC Council/i2i for Integrative Health: Mr. Robinson reported that NC Council of Community Programs is changing its name, board and mission. Mr. Robinson reported that he has been selected to serve on the new board representing LME/MCOs.</td>
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<td>Ms. Wolff will present this fifteen-minute topic at the next Committee meeting.</td>
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<td>1/16/18</td>
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</table>

4. **Annual Open Meetings Law Training for Executive Committee Members**

Ms. Ingram reviewed the proposal with Committee members; she noted that this training is offered annually to all staff who support Board Committees. She and Ms. Wolff recommended adding this training to an upcoming Executive Committee meeting and annually thereafter. Committee members agreed to the proposal and to adding it to an upcoming meeting for 10-15 minutes.

5. **Closed Session**

**COMMITTEE ACTION**

A motion was made by Vice-Chair Corvin and seconded by Mr. Bostock to enter closed session pursuant to NCGS 143-318.11 (a) (6) and 143-318.11 (a) (1) to consider the qualifications, competence, and performance of an employee and to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1. Motion passed unanimously.

The Committee returned to open session.

6. **ADJOURNMENT:** the next Committee meeting will be January 16, 2018, at 4:00 p.m.
**AGENDA ITEMS:**

<table>
<thead>
<tr>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Updates</td>
<td>a) MEDICAID REFORM/NC LEGISLATION: Mr. Robinson and Mr. Perkins provided an update from the NC General Assembly Joint Legislative Oversight Committee (on mental health, developmental disabilities and substance abuse services) meeting. Additional information about this meeting can be found at <a href="https://www.ncleg.net/documentsites/committees/JLOCMH-DD-SAS/LOC%20Minutes%20and%20Handouts/Minutes%20for%202007/LOC%20Meeting%20January%202007,LOC%20Meeting%20January%202007.pdf">https://www.ncleg.net/documentsites/committees/JLOCMH-DD-SAS/LOC%20Minutes%20and%20Handouts/Minutes%20for%202007/LOC%20Meeting%20January%202007,LOC%20Meeting%20January%202007.pdf</a></td>
<td>a) None specified.</td>
</tr>
<tr>
<td></td>
<td>b) EQR (External Quality Review): Mr. Robinson provided an overview of the recent EQR; which occurred last week. Preliminary results from the reviewer indicate that Alliance performed well. In last year’s review Alliance rated highest over other NC MCOs. Results from this year’s review are expected within sixty days.</td>
<td>b) None specified.</td>
</tr>
<tr>
<td></td>
<td>c) BOARD VACANCIES: Chair Binanay reviewed member terms and pending vacancies.</td>
<td>c) Ms. Ingram will contact board members whose terms soon expire</td>
</tr>
<tr>
<td></td>
<td>d) REMOTE PARTICIPATION: Mr. Robinson shared that staff are reviewing additional options. Committee members requested considering videoconference and/or webcam capabilities.</td>
<td>d) Ms. Ingram will continue working with IT staff on potential solutions.</td>
</tr>
</tbody>
</table>

**COMMITTEE ACTION**
A motion was made by Mr. Bostock to recommend that the Board request George Quick’s reappointment; motion seconded by Mr. Edgerton. Motion passed unanimously.

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>4. Open Meetings Training</td>
<td>Carol Wolff, General Counsel, presented a training on NC Open Meetings Law. The training presentation is attached to and made part of these minutes.</td>
<td>None specified.</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>COMMITTEE ACTION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Committee received the training.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. February 1, 2018, Area Board Draft Agenda</td>
<td>The Committee reviewed the draft agenda for the February Board meeting.</td>
<td>Ms. Ingram will forward the agenda to staff.</td>
<td>None specified.</td>
</tr>
<tr>
<td>6. Applicant Interviews</td>
<td>A. Interview with Applicant for a Vacant Board Seat: the Committee interviewed an applicant for the vacant Wake seat.</td>
<td>a) Ms. Ingram will add topic to February board agenda. b) Chair Binanay will contact the Chair of Cumberland Commissioners to confirm their requirements for the remaining Cumberland seat.</td>
<td>a) 1/19/18 b) 1/17/18; none specified.</td>
</tr>
<tr>
<td><strong>COMMITTEE ACTION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A motion was made by Ms. Gloston to recommend Donald McDonald’s application to the full Board; motion seconded by Mr. Wooten. Motion passed unanimously.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>B. Update on Cumberland Applicants: Chair Binanay mentioned updated information for both applicants which includes another meeting with one applicant at the February Committee meeting.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>COMMITTEE ACTION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A motion was made by Mr. Bostock to recommend Duane Holder’s application to the full Board; motion seconded by Ms. Gloston. Motion passed unanimously.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Closed Sessions</td>
<td>Committee returned to open session and adjourned.</td>
<td>None specified.</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>COMMITTEE ACTION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A motion was made by Mr. Bostock to enter closed pursuant to NCGS 143-318.11 (a) (6) and NCGS 143-318.11 (a) (1) to consider the qualifications, competence, and performance of an employee and to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1; motion seconded by Ms. Gloston. Motion passed unanimously.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

DATE OF BOARD MEETING: February 1, 2018

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

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

The Human Rights Committee shall meet at least quarterly.

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

The Human Rights Committee is a Board Committee with at least 50% of its membership being either individuals or family members that are not Board Members. All members and the chair are appointed by the Chair of the Alliance Board of Directors. Draft minutes for January 11, 2018 and supporting documents are attached.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Lodies Gloston, Committee Chair; Doug Wright, Director of Individual and Family Affairs; Wes Knepper, Director of Quality Management
1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES - The minutes from the October 12, 2017, meeting were reviewed; a motion was made by Dr. Michael Teague to approve the minutes. Motion passed.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Review of outstanding items:</td>
<td>May explained and reviewed the Johnston County Incident Reports.</td>
<td>There was no update on the Loss threshold and this will be revisited in the next meeting on April 12, 2018</td>
<td>April 12, 2018</td>
</tr>
<tr>
<td>A. Johnston County Incident Reports</td>
<td>Review of Johnston County Incident reporting Methodology: Compared paid claims from July 2017 – November 2017 for services rendered from a credentialed Johnston County site with Incidents reported in Johnston County for the same time period. Analysis: Identified 5 providers that were billing for services that had not submitted incident reports during that time period. Several of the services provided by these agencies were either 24 hour services (residential) or daily services (PSR) which typically result in incident reporting.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Loss Threshold and decision not to pursue small claims.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td>Grievances/Incident Reports</td>
<td>Actions taken: These five providers were contacted about incident reporting and have replied about their reporting practices. Several reported that they have submitted reports and it is likely that the reports are saved but not submitted – meaning that they are not available for review. Each of the providers is being given enhanced technical support. Once the issue has been clarified and key staff responsible for reporting are identified, the providers will need to complete the online training offered by Alliance. After the training has been completed, Alliance will monitor again in 90 days to determine if reporting has increased.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>May presented the Q1 and Q2 incident reports and the Q1 grievance report; they are attached.</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Flow Chart for Accessing Services</td>
<td>Sara Wilson presented a flow chart for accessing services. The main point that was given is that there is “No Wrong Door” for how our individuals are accessing services. This flow chart is attached.</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Comments: A TBI waiver is in the works but is currently not available yet; awaiting approval from CMS.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td></td>
<td>Doug stated that when individuals go to providers themselves that the providers have a certain number of unmanaged hours for some services that do not require a prior authorization.</td>
<td>The Annual Training for the Human Rights Committee will take place at the next meeting in April.</td>
<td>April 12, 2018</td>
</tr>
<tr>
<td>Announcements-Next Meeting Agenda/Date – April 12, 2018</td>
<td>Amelia Thorpe has resigned and there are seats available for new Board members. Patricia Wells’ application will be reviewed by the board for potential membership.</td>
<td>Please present any future suggestions for board topics to Doug Wright.</td>
<td></td>
</tr>
</tbody>
</table>

**5. ADJOURNMENT: 5:10pm** Next meeting will be on April 12, 2018 from 4-6pm.
Incident Trends Report
1Q FY18
October 2017
Q1 Incident Statistics

- There were 719 incidents occurring for 497 consumers.
- 641 Level 2 reports and 26 Level 3 reports
- 391 incidents involved children, 276 involved adults.
- The highest number of incidents for one consumer was 11.
- Of the 8 consumers with the highest number of incidents (over 5), all are children/adolescents.
  - Of the 8 adolescent consumers, 7 are in out of county PRTF’s. The other consumer was receiving Day Treatment services, all incident reports for that consumer involved restraints.
There were 50 less incidents and 55 less incident reports received in the 1st quarter of FY18 than in the 4th quarter of FY17. 59% of the incident reports involved children in 1st quarter FY18 compared to 62% in the 4th quarter of FY17. 41% of incident reports involved adults in 1st quarter FY18 compared to 38% in quarter 4. Durham County saw a slight increase in Level 2 incident reports in the 1st quarter, while Wake County saw a decrease in both Level 2 and 3 reports.
Incidents involving MH/SA consumers decreased from 586 in the 4th quarter of FY17 to 549 in the 1st quarter of FY18. PRTF services had the most incidents reports in the 1st quarter of FY18 with 96 incidents, compared to 79 incidents reported in the 4th quarter of FY17. IIH services reports decreased to 13% (74 incidents) from 15% (86 incidents) last quarter, and Child Day Tx showed a large decreased with 35 incidents reported in the 1st quarter compared to 69 last quarter.

N = 549
Incidents involving IDD consumers decreased from 136 to 126 in Q1 FY18. ICFMR had the most incidents in the 1st quarter with 33 incidents reported, compared to 45 last quarter. Residential Supports – Level 4 was the next highest with 23 incidents reported, compared to 19 in the 4th quarter. There was an increase in incidents involving Day Support services – from 9 incidents in the 4th quarter to 14 incidents in the 1st quarter FY18.

\[ N = 126 \]
FY18 Incident Reporting Trend Analysis – Level 2 Incidents
Level 2 & 3 Incident Definitions

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

• Level 3 incident categories and behaviors – all are categorized as any that results in permanent physical or psychological impairment or if there is perceived to be a significant danger to the community
  • Death – Suicide, Accident, Homicide, Unknown, Opioid
  • Restrictive Intervention
  • Consumer Injury
  • Abuse/Neglect/Exploitation – includes all sexual assaults
  • Medication Error
  • Behavior
  • Other
Q2 Incident Statistics

- There were 636 incidents occurring for 476 consumers.
- 542 Level 2 reports and 55 Level 3 reports
- 353 incidents involved children, 244 involved adults.
- The highest number of incidents for one consumer was 13.
- Of the 8 consumers with the highest number of incidents (over 5), all are children/adolescents.
  - Of the 8 adolescent consumers, 3 are in out of county PRTF’s. 3 of the other consumers were receiving Day Treatment services, all incident reports for those consumers involved restraints, with the exception of 1 allegation of abuse. Of the final 2 consumers with more than 5 incidents, one was receiving IIH services while the other was receiving Level III Residential services. All of those reports involved consumer absences.
There were 83 less incidents and 70 less incident reports received in the 2nd quarter of FY18 than in the 1st quarter of FY18. 59% of the incident reports involved children in both the 1st and 2nd quarters of FY18, and 41% of incident reports involved adults in both quarters. Wake County saw a significant increase in Level 3 incidents due to all allegations of staff abuse/neglect being categorized as a Level 3 incident starting in December.
Incidents involving MH/SA consumers decreased from 549 in the 1st quarter of FY18 to 483 in the 2nd quarter. Child Residential Level III services had the most incidents in the 2nd quarter of FY18 with 80 incidents, compared to 63 incidents reported in the 1st quarter. Reports involving PRTF services decreased to 12% (57 incidents) from 17% (96 incidents) last quarter, while IIH services remained at 74 again in the 2nd quarter.

**Q2 FY18 Incidents by Service Type – MH/SA**

![Pie chart showing the distribution of incidents by service type]

- 4%, ACTT
- 4%, MST
- 4%, TFC
- 5%, BHO
- 5%, .5600A
- 7%, .4300 TROSA
- 12%, PRTF
- 15%, IIH
- 17%, HRI Res Level III
- N = 483
Incidents involving IDD consumers decreased from 126 to 114 in Q2 FY18. ICFMR had the most incidents in the 2nd quarter with 31 incidents reported, compared to 33 last quarter. .5600C was the next highest with 19 incidents reported, the same number of incidents as the 1st quarter. There was a decrease in incidents involving Day Support services – from 14 incidents in the 1st quarter to 6 incidents in the 2nd quarter of FY18.

N = 114
FY18 Incident Reporting Trend Analysis – Level 2 Incidents
FY18 Incident Reporting Trend Analysis – Level 3 Incidents
Level 2 & 3 Incident Definitions

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

- **Level 3 incident categories and behaviors** – all are categorized as any that results in permanent physical or psychological impairment or if there is perceived to be a significant danger to the community
  - Death – Suicide, Accident, Homicide, Unknown, Opioid
  - Restrictive Intervention
  - Consumer Injury
  - Abuse/Neglect/Exploitation – includes all sexual assaults
  - Medication Error
  - Behavior
  - Other
1QFY18 Complaint Analysis

QM Quality Assurance
Overview

• 1QFY18 yielded 193 entries
• 26 were regarding ABH

• Topics discussed in this report:
  • Nature of Issue
  • Source
  • Service Breakdown
  • ABH Concerns
  • Actions Taken For Confirmed Issues
  • Resolution Status
## Nature of Issue

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Services</td>
<td>39%</td>
</tr>
<tr>
<td>Abuse, Neglect, Exploitation</td>
<td>11%</td>
</tr>
<tr>
<td>Administrative Issues</td>
<td>10%</td>
</tr>
<tr>
<td>Access to Services</td>
<td>9%</td>
</tr>
<tr>
<td>LME/MCO Functions</td>
<td>8%</td>
</tr>
<tr>
<td>Authorization/Payment/Billing</td>
<td>7%</td>
</tr>
<tr>
<td>Authorization/Payment/Billing - LME-MCO Only...</td>
<td>5%</td>
</tr>
<tr>
<td>Service Coordination between providers</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
</tr>
<tr>
<td>Confidentiality/HIPAA</td>
<td>1%</td>
</tr>
<tr>
<td>Client Rights</td>
<td>1%</td>
</tr>
<tr>
<td>Provider Choice</td>
<td>1%</td>
</tr>
</tbody>
</table>
Source

<table>
<thead>
<tr>
<th>Source</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guardian</td>
<td>60</td>
</tr>
<tr>
<td>MCO Staff</td>
<td>57</td>
</tr>
<tr>
<td>Consumer</td>
<td>52</td>
</tr>
<tr>
<td>Provider</td>
<td>8</td>
</tr>
<tr>
<td>Parent</td>
<td>5</td>
</tr>
<tr>
<td>Anonymous</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
</tr>
<tr>
<td>Family Member</td>
<td>3</td>
</tr>
</tbody>
</table>

Guardian: 31%
MCO Staff: 29%
Consumer: 27%
Provider: 4%
Parent: 3%
Anonymous: 2%
Other: 2%
Family Member: 2%
MH/SA Service Breakdown

- Enhanced Services: 60
- Basic Services: 57
- Crisis Services: 21
- SA Services: 16
- MH/SA Care Coordination: 2

Number of Concerns

Page 82 of 198
I/DD Service Breakdown

- NC Innovations Waiver Services: 20
- Respite: 5
- Developmental Therapies: 4
- IDD Care Coordination: 3
- Adult Day Vocational Program: 1
- Community Guide: 1
- NC IPRS Services: 1
ABH Complaints

- 26 entries involved ABH
  - 6 were confirmed
    (there was a problem to address)
  - 11 were nonissues
    (there was an issue but ABH followed appropriate policies or procedures in handling the issue)
  - 1 was undetermined
    (the complaint could not be validated or invalidated)
  - 7 were for tracking
  - 1 was a compliment
The 6 confirmed ABH issues resulted in the following actions:

6 Corrective Actions
63 of 193 entries were confirmed issues and resulted in the following actions:

<table>
<thead>
<tr>
<th>Actions Taken For Confirmed Issues</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Initiated Corrective Actions</td>
<td>54</td>
</tr>
<tr>
<td>Referral and/or TA by an ABH Dept.</td>
<td>4</td>
</tr>
<tr>
<td>External Referral (DSS/DHSR)</td>
<td>3</td>
</tr>
<tr>
<td>Corporate Compliance/SIU</td>
<td>2</td>
</tr>
</tbody>
</table>

![Bar Chart showing actions taken for confirmed issues]

[Bar Chart showing: Provider Initiated Corrective Actions, Referral and/or TA by an ABH Dept., External Referral (DSS/DHSR), Corporate Compliance/SIU]
Resolution Status

Complaints were resolved in the following time frames:

<table>
<thead>
<tr>
<th># of Days</th>
<th># of Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-15</td>
<td>148</td>
</tr>
<tr>
<td>16-30</td>
<td>45</td>
</tr>
<tr>
<td>30+</td>
<td>0</td>
</tr>
</tbody>
</table>

*The State requires all complaints to be resolved in 30 days or less*
## Nature of Issue Definitions

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

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

• Relay Calls: 711 or (800) 735-2962

• Walk into or contact an Alliance Crisis and Assessment Center

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

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

• Access Specialists to help with routine referrals

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

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

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

• Better communication with access to local decision makers
• Adjust existing services to meet changing needs
• Consumer and family feedback through an annual Consumer Satisfaction Survey
Eligibility for Services

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

• Resident of North Carolina

• Have a Social Security number or have applied for one

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

• Part of a qualifying Medicaid aid category
Basic Benefits

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

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

• May not require prior authorization

• Includes ongoing evaluation and medication management
Basic Benefits

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

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

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

• Highly coordinated to ensure proper but unduplicated services
Residential

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

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

• Most services available within 30 miles or 30-45 minutes from your home

• You have the right to change providers if you are not satisfied
In Case of Emergency

- If you are experiencing a medical emergency, call 911 and/or go to an emergency room.
- Mental health emergencies can be serious but do not always require an ER visit.
- Call your provider.
- Call the Alliance 24 hour toll-free Access and Information Center at (800) 510-9132.
- Come to a Crisis and Assessment Center.
Crisis and Assessment Centers

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

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

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

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

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

• 24/7 assessment and triage service

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

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

• Access and Information Line: (800) 510-9132

• Benefits based on level of need

• Help your provider help you – appointments

• Medical emergencies – call 911 and/or go to an emergency department

• Mental Health emergencies – call the Access and Information Line or your provider and/or go to a Crisis and Assessment Center
Walkthrough of the Consumer Experience Accessing Services
Points of Entry – “No Wrong Door”

- Access and Information Center
- Service Providers
- Crisis Continuum
- Care Coordination
- Community Relations
Points of Entry – “No Wrong Door”

- Access and Information Center
- Service Providers
- Crisis Continuum
- Care Coordination
- Community Relations

Member Linked to Services
• Responded to 62,000+ calls in FY17
• 28,000 more outbound follow-up calls made to ensure engagement

• 8800+ people served by Crisis and Assessment Centers in 2016
• 2,100+ diverted from EDs and jails
• Nearly 1,500 supported by Mobile Crisis
Hospital/Crisis Liaison notified or determines Alliance member is present (Daily Census)

Researches individual’s clinical information
- Provider History
- CCNC Involvement
- Care Coordination Eligibility
*Discharge Planning

Refer to Care Coordination if individual meets criteria

Is individual already connected to a service provider?

YES

Individual is linked to existing community provider within 7 days of discharge

NO

Individual is linked to new community provider within 7 days of discharge
ITEM: Network Development and Services Committee Report

DATE OF BOARD MEETING: February 1, 2018

BACKGROUND: The committee reviews progress on the agency’s network development plan and progress on service development. The committee reports to the Area Board and provides guidance and feedback on development of the needs and gaps assessment to meet state and agency requirements. This month’s report includes draft minutes and materials from the December 13, 2017, meeting.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): McKinley Wooten, Committee Chair; Beth Melcher, Senior Vice-President/Provider Network and Evaluation
1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the September 13, 2017, meeting were reviewed; a motion was made by Commissioner Carter and seconded by Dr. Corvin to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
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<tbody>
<tr>
<td>3. Presentation on the Duke Predictive Analytics initiative</td>
<td>Dr. Hobbs-Knutson provided presentation on the predictive analytics pilot Alliance is implementing for youth at risk of out of home placement. The predictive model being developed will ultimately be applied to other population groups. In identifying individuals at risk for out of home placement and emergency room/inpatient services Alliance has the ability to work with and support providers to connect individuals to services and potentially prevent the need for those services. The committee had an extensive discussion regarding population health, integrated care, the proposed “tailored plan” and the role of Alliance in offering providers support and they interface with individuals in need of services.</td>
<td>Committee expressed a desire to continue to receive reports/updates on Alliance population health initiatives. For next meeting they requested a presentation on initiatives to address the opioid epidemic.</td>
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<tr>
<td>Next meeting</td>
<td>The regularly scheduled January committee meeting conflicts with an on site audit. Committee proposed to cancel the January meeting and reschedule for February 14th.</td>
<td>Dr. Melcher will make this change in the meeting and post the change as required.</td>
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</tbody>
</table>

4. ADJOURNMENT: next meeting will be February 14, 2018, from 4:00 p.m. to 5:00 p.m.
Alliance Data Analytics Model
Transforming Provider Relationships

• Collect provider and program outcomes and create mechanism for communicating that information to providers to improve performance.

• Data analytics and reporting for Alliance staff and providers for timely intervention and technical assistance.
Youth at risk for behavioral health treatment in an out-of-home setting

Pilot project shared with Alliance Behavioral Healthcare and the Duke Institute of Health Improvement.
Potential trajectory of health service utilization for youth with behavioral health disorders
Potential trajectory of health service utilization for youth with behavioral health disorders
Proposed Intervention

Potential trajectory of health service utilization for youth with behavioral health disorders
Proposed Intervention

Predictive Analytics

Multidisciplinary Care Review

Treatment in an Out-of-Home Setting

Potential trajectory of health service utilization for youth with behavioral health disorders
Components of Multidisciplinary Care Review

• Registry (updated monthly from predictive model).

• In depth review of treatment history prior to weekly meetings.

• At weekly meetings, develop care coordination plan addressing:
  o Clinical diagnosis and treatment plan
  o Social needs
  o Health system needs
  o Emphasis on relationship with providers

• Scheduled follow up to ensure the plan is carried out.
Extension of multidisciplinary care review

• Evaluate ROI of predictive modeling and multidisciplinary care review.
• Consider extension to other populations within Alliance Behavioral Healthcare.
  • Individuals with IDD.
  • Individuals with SPMI.
  • Adolescents and adults with substance use disorder.
  • Youth with serious emotional disturbance.
ITEM: Global Quality Management Committee Report

DATE OF BOARD MEETING: February 1, 2018

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

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

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

The draft minutes and materials from the December meeting are attached. The October and November meeting minutes were not approved due to lack of quorum. As mentioned last month, the Executive Committee of the Board has requested more outcome data on consumer quality of life, access to services, and reduction in behavioral disorder and substance use symptoms on regular report presented to Board. The committee received an update on progress.

The committee heard a report from the QM Director on performance improvement and other initiatives conducted by QM staff. The committee was particularly interested in an initiative, which will be evaluated by QM staff, that allows individuals receiving Innovations services to “test” new assistive technology (such as remote monitoring and sleep sensors) in order to live more independently. The project included a video promoting the program.
The committee received an update on Quality Improvement Projects. There are 9 active projects—two projects have successfully met their benchmarks, three are struggling to show improvement, and the other four are on making progress. QM staff presented the data and asked for approval to close the two projects. Due to lack of quorum, this issue will be considered at the next meeting.

The committee also reviewed the initial results of a review of provider adherence to the Opioid Clinical Guidelines. The initial data analysis suggested that adherence to key clinical practices of psychotherapy and medication-assisted treatment was relatively high. However, missing data due to confidentiality rules was recently discovered. The report will be revised and resent to committee.

Finally, the committee received an update on the “Super Measures”—those that carry financial penalties if outcomes are not met. Alliance received specifications for the DMH measures, but not the DMA measures. Alliance continues discussions with the state about these measures.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): George Corvin, Committee Chair; and Wes Knepper, Quality Management Director
**VOTING MEMBERS PRESENT:** ☒ George Corvin, MD, Chair (Area Board); ☒ Phillip Golden, BA, Co-Chair (Area Board); ☐ William Stanford, Jr. (Area Board); ☐ Amelia Thorpe, BA (CFAC/Area Board); ☒ Joe Kilheimer, MBA (CFAC); and ☐ Greg Ford (Area Board).

**NON-VOTING MEMBERS PRESENT:** ☐ Cynthia Binanay (Area Board Chair); ☒ Tim Ferreira, BA (Provider Representative, I/DD); and ☒ Jeremy Reed (Provider Representative, MH/SA)-via Phone

**STAFF PRESENT:** ☐ May Alexander, MS, LMFT (Quality Assurance Manager); ☒ Tina Howard, MA (Quality Review Manager); ☒ Wes Knepper, LPC (Quality Management Director); ☐ Katherine Knutson (Chief Medical Officer); ☒ Doug Wright (Director Individual & Family Affairs); ☐ Linda Losniecki, Administrative Assistant

**GUEST(S) PRESENT:** Damali Alston, Director of Network Evaluation

**REVIEW OF THE MINUTES:** Approval of the October 5, 2017 and November 2, 2017 meeting minutes were tabled. Committee did not have a quorum.

### AGENDA ITEMS:

<table>
<thead>
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<th>NEXT STEPS</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Welcome &amp; Introductions:</td>
<td>Welcome: Chair Dr. Corvin opened the meeting and welcomed guests and committee members.</td>
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<tr>
<td>2. Old Business:</td>
<td>New Dashboard for Board (Wes/Damali) Discussion on the new Reporting Dashboard that Michael and Wes are working on. More details are being discussed and will need to be ironed out.</td>
<td>Wes, Michael, George &amp; Cynthia should meet to discuss what the Board is looking for in the new dashboard’s specific data.</td>
<td>Prior to next committee meeting in Feb.</td>
</tr>
<tr>
<td>3. New Business:</td>
<td>Update on PIPs/Other Quality Initiatives (Wes) Wes briefed the group on several of the many performance improvement initiatives (other than formal QIPs) conducted by the QM Team. Examples include an evaluation of the new JIVA software that will be used by Care Coordinators. The research design incorporates analyzing amount of time taken to complete tasks before and after implementation of software (expected in mid-2018) and satisfaction by staff.</td>
<td></td>
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</tbody>
</table>
Another project involves cataloguing reports that are submitted to the State. A new cataloging system and process are being developed to better track the reporting.

A third project highlighted is called Assisted Technology Home. The project involves evaluating the outcomes of a pilot to introduce individuals receiving Innovations services to new monitoring technologies allowing the individual to live more independently. The evaluation will take approximately a year to determine its efficiency and ease of use for monitoring and consumer satisfaction.

Another project evaluates the efficacy of the New Employee Orientation process. New hires receive a survey evaluating the orientation and offer suggestions for improvement.

The final project highlighted is designed to improve and streamline the provider closure process. Providers have left the Alliance network for a variety of reasons (voluntary, business closure, compliance sanctions, etc). This project is designed to identify all of the requirements, ensure requirements are met, and implement strategies to improve administrative, clinical, and legal processes.

**QIP Updates (Tina)**

There are nine open active QIPs. Three QIPs have been closed. Tina recapped the 2 active QIPs that the Committee is requested to approve closure:

1. Improve Person Centered Plans. The benchmark of 65% has been met.
2. Improving Timelines of Innovation Services. The benchmark has been met for the previous 4 quarters.

- No Quorum to vote on closing the 2 QIPs requested by QM.

Active QIPs that are showing success are the First Responder QIP. The data shows that 75% of the calls being answered satisfactorily. The Access to Care-Routine Callers, success with the reminder calls has made much improvement. On the other hand, there are several QIPs that are not as successful. For example, the intervention for the Crisis Services QIP did not impact performance. The QIP’s Project Advisory Team has recommended new interventions to meet the benchmark. Another QIP that is struggling

| Tina will send a link to the group of the video of how the Assisted Technology works. | With minutes from meeting |
to meet benchmarks is Access to Care (for Urgent callers). The Project Advisory Team spent time digging deeper into the data to identify root causes (particularly for the criminal justice population) and made several recommendations. One of those recommendations (an enhanced pay rate is given when an individual arrives at the first appointment) is being proposed internally. Another intervention, provider notification of performance, showed mixed results. A final intervention, reminder letters to individuals leaving prison, recently started.

More details on progress of QIPs can be found in the presentation.

**Clinical Guideline Reviews (Tina)**
The review of provider adherence to approved clinical guidelines is an EQR requirement. The Clinical Advisory Committee, consisting of Alliance and provider senior clinical staff, review and approve best practice guidelines that are used for specific diagnoses. Last year’s review included key practices for ADHD and Schizophrenia. QM re-ran data to determine if interventions made an impact on initial performance. In 2017, treatment for Opioid-Related Disorders was reviewed. The initial data analysis suggested that adherence to key clinical practices of psychotherapy and medication-assisted treatment was relatively high.

**State Performance Measures (Damali)**
Detailed, revised specifications for DMH measures may be available next week. Alliance is still waiting on the DMA specifications, once received they will still need to be reviewed. The 7-day follow-up measure is not being met, although Alliance has one of the highest performances of any LME/MCO.

**Upcoming Meeting:**
Historically, this committee does not meet in January (2018) due to its proximity to the holidays. However, because this committee has not met quorum for the last two months, Dr. Corvin may decide to call a meeting in January to vote on past minutes and QIP closures. He will announce his decision shortly.

Currently, the next meeting is scheduled for February 1, 2017 *(Time: 2:00 – 3:30 pm)*  
**Location:** Wake Office.

**Adjournment:**
Meeting adjourned at 3:30 p.m.
Quality Improvement Projects

Presentation to the Global Quality Management Committee
(December 2017)
Quality Improvement Projects

Summary:
- Open/Active: 9 projects
- Closed (in 2017): 3 projects

Successes:
- Project Advisory Teams recommending closure of 2 Projects: Initiation in IDD services and Improve PCPs
- Improve PCPs – 66% of plans fully met all health/safety quality elements, an increase from 57%
- Initiation in IDD services – successfully met benchmark for all four quarters in FY 17 and after interventions
Successes (continued):

- First Responder – Overall, 75% of calls answered satisfactorily, best results since project started in 2012; only one agency referred to Compliance (9 last year)
- Access to Care-Urgent/Routine – Significant improvement (4%-5%) in show rate after reminder calls for Routine callers
Quality Improvement Projects

Red Flags:

- Crisis QIP: Wake County – while closures of CAS have decreased, it is highly doubtful that it was due to the intervention of Open Access clinic opening after regular business hours; Project Advisory Team has requested a re-analysis of data to identify another intervention

- Access to Care QIP: Continued poor show rate of individuals identified as Urgent showing for care within 2 days, even worse for individuals releasing from incarceration
Detailed Results for QIPs
Goal:

- 77% of callers identified as needing Emergent Care show for the care within 2:15 hours (state benchmark, which we feel is unreasonable, is 97%)

Interventions:

- Revised Mobile Crisis services (start: July 2017, delayed start)
- Improve internal coding and data entry (start: January 2017)
- Conducted another barrier analysis to identify any other interventions that may improve performance (none identified within Alliance’s control)
Access to Care - Emergent

Results:

<table>
<thead>
<tr>
<th>Baseline (FY16Q4: Apr-Jun 2016)</th>
<th>FY 17, Q1: Jul-Sep 2016*</th>
<th>FY 17, Q2: Oct-Dec 2016</th>
<th>FY 17, 3: Jan-Mar 2017</th>
<th>FY 17, Q4: Apr-Jun 2017</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>67%</td>
<td>69%</td>
<td>67%</td>
<td>54%</td>
<td>53%</td>
<td>77%</td>
</tr>
</tbody>
</table>

Next Steps:

- Project Advisory Team is scheduled to meet on December 5 to discuss implementation of new Mobile Crisis contracts and first data measurement (FY18, Q1)

*Percent met revised after error detected.
Access to Care – *Urgent/Routine*

Goals:
- Increase consumer initiation in services after phone call based on need—63% within 14 days for Routine and 62% in 2 days for Urgent callers

Methodology changes for FY 17
- Use only claims submitted to calculate measure due to inaccuracy of Alpha report
- Revised baselines-Routine: FY 16, Q1; Urgent: FY 16, Q4

*All claims for Q2 most likely not submitted, yet.*
Interventions-Routine:

- Reminder calls a few days before appointment (start: January 2016)
- Feedback letters to providers (start: February 2017)
- Provider meetings – Alliance met with providers in Durham and Johnston to discuss barriers/solutions; reviewing suggestions (start: Spring 2017)
## Routine Callers: Results

### Percent Met

- The table below illustrates performance based on claims:

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Total # of Calls</th>
<th># show in 14</th>
<th>% show in 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 16, Q1 (Jul-Sep 2015)</td>
<td>1,051</td>
<td>424</td>
<td>40%</td>
</tr>
<tr>
<td>FY 16, Q2 (Oct-Dec 2015)</td>
<td>959</td>
<td>430</td>
<td>45%</td>
</tr>
<tr>
<td>FY 16, Q3 (Jan-Mar 2016)</td>
<td>778</td>
<td>370</td>
<td>48%</td>
</tr>
<tr>
<td>FY 16, Q4 (Apr-Jun 2016)</td>
<td>806</td>
<td>361</td>
<td>45%</td>
</tr>
<tr>
<td>FY 17, Q1 (Jul-Sep 2016)</td>
<td>753</td>
<td>370</td>
<td>49%</td>
</tr>
<tr>
<td>FY 17, Q2 (Oct-Dec 2016)</td>
<td>700</td>
<td>309</td>
<td>44%</td>
</tr>
<tr>
<td>FY 17, Q3 (Jan-Mar 2017)</td>
<td>697</td>
<td>357</td>
<td>51%</td>
</tr>
<tr>
<td>FY 17, Q4 (Apr-Jun 2017)*</td>
<td>665</td>
<td>316</td>
<td>48%</td>
</tr>
<tr>
<td>FY 18, Q1 (Jul-Sep 2017)**</td>
<td>563</td>
<td>231</td>
<td>41%</td>
</tr>
</tbody>
</table>

*Data re-run and validated in October 2017.

**Initial analysis; data on claims incomplete due to lag in submitting claims.
At Baseline (FY 16, Quarters 1 & 2), 42% of individuals who called Alliance’s Access & Information Center requesting services received those services within 14 days of the call. The percent increased significantly to 46% of callers in the 1st post-intervention time period (FY 16, Quarters 3 & 4) and 47% in the 2nd post-intervention time period received services in 14 days*.

**Best outcomes were detected from individuals/guardians who talked directly to Call Center staff, second best: message left on voicemail.** Reminder calls continuing.

*A Chi-Square statistic was used to calculate significance of difference. In both post-tests, results were found to be statistically significant, FY 16 Q3-4: X² (1, n=3,593) = 5.41, p=0.20; FY 17 Q1-2: X² (1, n=3,461) = 5.62, p=0.18. Significance was also found using the Fisher’s Exact Test (FY 16 Q3-4: p=.021 (two tailed); FY 17 Q1-2: p=.018 (two tailed)). **Note: Percent revised after error detected and corrected.*
Routine Callers: Interventions

• Provider feedback letters – in the Fall, all provider receiving referrals from the Access Center received a letter on performance

  One example of a success story: A provider reported that, after receiving our letter, the number of days between referral and assessment in two Durham programs was reduced by as much as 10-21 days.

• Provider meetings – In Spring of 2017, Alliance met with providers in Durham and Johnston to discuss barriers/solutions; implementation of ideas in progress
Above is a list of the providers that receive more than 20 referrals from the Call Center. The chart compares performance in FY 16 (before letter was sent) to performance in FY 17 (after letter was sent). Additionally, providers received a presentation on this QIP which included difference in provider performance (no provider names were used on presentation) and the five providers receiving the most referrals were invited to a meeting with Alliance. 6 of the 10 agencies improved performance (only 2 of the 4 who attended the meetings improved, although the difference in performance is very slight, -3%).
Urgent Callers: Results

Percent Met

- The table below illustrates performance based on claims:

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Total # of Calls</th>
<th># show in 2</th>
<th>% show in 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 16, Q4 (Apr-Jun 2016)</td>
<td>452</td>
<td>101</td>
<td>22%</td>
</tr>
<tr>
<td>FY 17, Q1 (Jul-Sep 2016)</td>
<td>479</td>
<td>100</td>
<td>21%</td>
</tr>
<tr>
<td>FY 17, Q2 (Oct-Dec 2016)</td>
<td>448</td>
<td>72</td>
<td>16%</td>
</tr>
<tr>
<td>FY 17, Q3 (Jan-Mar 2017)</td>
<td>422</td>
<td>87</td>
<td>21%</td>
</tr>
<tr>
<td>FY 17, Q4 (Apr-Jun 2017)*</td>
<td>421</td>
<td>60</td>
<td>14%</td>
</tr>
<tr>
<td>FY 18, Q1 (Jul-Sep 2017)**</td>
<td>406</td>
<td>73</td>
<td>18%</td>
</tr>
</tbody>
</table>

*Data re-run and validated in October 2017.
**Initial analysis; data on claims incomplete due to lag in submitting claims.
Urgent Callers: Interventions

- Letters to inmates – recently started in July, letters sent to home addresses, no letters sent if person is releasing to homeless shelter

- Enhanced rate for performance:
  - Proposed pilot program in Wake to pay enhanced rate for 90791 if provider delivers initial service within 2 days from call/release date and bills for service
  - Presented proposal to New Services group in early November, they enthusiastically supported proposal
  - Next steps: Presenting to Budget/Finance Committee on 12/15, if approved then assign Project Manager from group to co-lead implementation, present idea to identified providers
Goal:
- 80% of individuals assigned to Care Coordinator, and recently discharged from inpatient, receive contact within 2 business days of discharge

Interventions:
- Clarification of “First Contact” definition
- Additional drop-down boxes to define contact attempts
- Training all Care Coordination staff-Supervisors and direct care

Next Steps:
- Completed training
- Take another measurement in early 2018
Goals:

- Reduce ED admissions of youth in best practice pilot programs (FCT and Enhanced TFC) in Cumberland County
- Increase the number of consumers utilizing Same Day/Open Access (Tier II) after 3:00 PM by 20%
- Reduce percentage of time that WakeBrook CAS in Wake County is on diversion by 2%

Interventions):

- (Cumberland) Family Centered Treatment (FCT) and Enhanced Therapeutic Foster Care (TFC) pilots
- (Wake) Encourage a provider offering Open Access (Tier II) to open after regular business hours
1. **Reduction in ED Admits for youth in FCT & ETFC (Cumberland County)**

Goal: Less than 5%

- Baseline (April 2015-February 2016): 25%
  *Data measures the number of youth in these services who had an Emergency Department admission during the 90 days prior to their initial service authorization effective date*

- Measure #1 (Sept 2015 – Aug 2016): 10%
  *Data measures the number of youth in these services who had an Emergency Department admission 90 days after their last claim date of service (90 days post discharge from the program)*
Improve Crisis Services

2. Increase # of consumers using Open Access after 3 PM (Wake County)

Goal: At least 8% of total served

Intent behind measure: More individuals, not needing crisis services, are diverted to Open Access clinic instead of going to WakeBrook CAS

- Baseline (Feb - April 2016): Less than 10/831 (.24%)
- Measure #1 (May – Jul 2016): 32/719 (4.45%)
- Measure #2 (Aug – Oct 2016): 14/757 (1.85%)
- Measure #3 (Nov 2016 – Jan 2017): 33/609 (5.42%)
- Measure #4 (Feb – April 2017): Less than 10/189 (3.70%)
- Measure #5 (May – July 2017): 43/374 (11.49%)
2. Increase # of consumers using Open Access after 3 PM (Wake County)

Even though Open Access has continued to expand hours, the number of individuals presenting during those hours, after the initial three months, decreased through May. This provider switched to an “Advanced Access” model in which individuals seeking services can call the clinic to be screened, then given an appointment time. This change resulted in a 69% decrease (from Nov-Jan to Feb-April) of individuals being served. The number served, though, has begun to rebound since May.
**Improve Crisis Services**

**Crisis QIP Measures: 3. Reduce % of operating hours that CAS’ back door (IVC) is closed (Wake County)**

Goal: 21%; Baseline (Jan-June 2014): 23%

Measurements:
- #1 (Jan – June 2015): 44%
- #2 (Jan – June 2016): 43%
- #3 (Jan – June 2017): 23%

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<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
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<tr>
<td>2013</td>
<td>18%</td>
<td>11%</td>
<td>1%</td>
<td>4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>6%</td>
<td>12%</td>
<td>24%</td>
<td>27%</td>
<td>34%</td>
<td>32%</td>
<td>24%</td>
<td>35%</td>
<td>43%</td>
<td>22%</td>
<td>32%</td>
<td>25%</td>
</tr>
<tr>
<td>2015</td>
<td>32%</td>
<td>34%</td>
<td>56%</td>
<td>50%</td>
<td>54%</td>
<td>38%</td>
<td>30%</td>
<td>36%</td>
<td>51%</td>
<td>42%</td>
<td>44%</td>
<td>30%</td>
</tr>
<tr>
<td>2016</td>
<td>41%</td>
<td>43%</td>
<td>43%</td>
<td>50%</td>
<td>50%</td>
<td>32%</td>
<td>27%</td>
<td>33%</td>
<td>30%</td>
<td>7%</td>
<td>6%</td>
<td>20%</td>
</tr>
<tr>
<td>2017</td>
<td>24%</td>
<td>18%</td>
<td>8%</td>
<td>28%</td>
<td>35%</td>
<td>24%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Improve Crisis Services**

**Crisis QIP Measures: 4. Reduce % of operating hours that CAS’ front door (“full diversion”) is closed (Wake County)**

**Goal:** 13%; Baseline (Jan-June 2014): 15%

Improve Crisis Services

Crisis QIP Measures 3. & 4. **Reduce % of operating hours that CAS’ front and back doors are closed** (Wake County)

- WakeBrook CAS closures have decreased to levels similar to baseline data in FY 14, data for back door:
  - FY16 Q1-Q4, the back door was closed 41% of the time
  - FY17 Q1-Q4 closures decreased to 22% of total operating hours
- The Front door has experienced a decrease as well; FY16: 19% FY17: 14%
- Several compounding variables should be considered: Addition of 12 inpatient beds, administration changes, and closer scrutiny from Wake County and Alliance
Next Steps:

- Network Development meets on a regular basis with provider to discuss low showing at Open Access after regular business hours.
- Network Development will schedule meeting with provider and WakeBrook to improve communication between two agencies.
- Re-evaluate data to identify another, potential intervention - PAT met, suggested three options, QM conducting additional research to evaluate options.
First Responder

Test crisis lines of providers after business hours

**Goals:** 85% of calls meet standard for satisfactory (call goes through successfully and it is answered live or returned within 1 hour)

**Interventions:**
- Providers assigned to "Tiers" based on previous performance (some called more frequently, others less)
- Written feedback to all providers after calls
- Refer to Compliance the providers who continue to score "unsatisfactory", issue Plan of Correction if poor performance continues
- Compare test results with actual data of consumers, open to enhanced services, using crisis services
## Results:

<table>
<thead>
<tr>
<th>Call Cycle</th>
<th>1st Measurement</th>
<th>2nd Measurement</th>
<th>3rd Measurement</th>
<th>4th Measurement</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfactory</td>
<td>65% (N=17)</td>
<td>81% (N=34)</td>
<td>79% (N=22)</td>
<td>64% (N=9)</td>
<td>75% (N=82)</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>35% (N=9)</td>
<td>19% (N=8)</td>
<td>21% (N=6)</td>
<td>36% (N=5)</td>
<td>25% (N=28)</td>
</tr>
<tr>
<td>Total calls made</td>
<td>26</td>
<td>42</td>
<td>27</td>
<td>14</td>
<td>110</td>
</tr>
</tbody>
</table>

- Overall results represent the highest percent in satisfactory calls since we started project in 2012
- Lowest satisfactory percent for providers offering Substance Use Disorder treatment
- Only one agency referred to Compliance (compared to 9 providers this time last year)
Goals: Reduce use of crisis services, reduce behavioral health interference with daily activities, and decrease severity of mental health symptoms.

Interventions:

- IIH providers to implement specific, family-focused EBP with external fidelity monitoring
- Training and technical assistance to providers
Improve Intensive In Home

Update:

- Evidence based practice models selected, Alliance offered subsidized trainings in June 2016
- Implementation plans included in FY17 contracts, implementation deadline March 2017
- Collect post-intervention data late 2017
Goals:

- Increase the percent of plans meeting full (health and safety) quality ratings to 65%.

Interventions:

- Distribution of feedback letters to providers whose PCPs were reviewed
- Training and technical assistance to providers participating in Substance Use Collaborative
- Assessed training needs, provided crisis planning training in every county
Improve Person Centered Plans

Results:

<table>
<thead>
<tr>
<th>Quality Measure</th>
<th>PCP Profile</th>
<th>Integrated Care</th>
<th>Risk Factors</th>
<th>Natural Supports</th>
<th>Current Medications</th>
<th>Medical/Dental Concerns</th>
<th>Supports for the Individual</th>
<th>Crisis Plan Prevention</th>
<th>Crisis Plan - Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met</td>
<td>132</td>
<td>90</td>
<td>140</td>
<td>116</td>
<td>120</td>
<td>115</td>
<td>52</td>
<td>97</td>
<td>92</td>
</tr>
<tr>
<td>Partially Met</td>
<td>10</td>
<td>34</td>
<td>2</td>
<td>16</td>
<td>6</td>
<td>3</td>
<td>74</td>
<td>35</td>
<td>40</td>
</tr>
<tr>
<td>Not Met</td>
<td>0</td>
<td>18</td>
<td>0</td>
<td>10</td>
<td>16</td>
<td>24</td>
<td>16</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

**Improve Quality of PCPs**

- Baseline (March 2016): 57%
- Post-Intervention (Oct 2016): 66%
Results:

- 66% of plans fully meet health/safety elements (exceeded benchmark of 65%)

Next Steps:

- Project Advisory Team is recommending closure due to benchmark being achieved
Improve Timeliness of Innovations Services

Improve timeliness of services for individuals who recently received Innovations slots

**Goal:**
- 85% receive services within 45 days of plan approval

**Update/Interventions:**
- Project Advisory Team, along with other subject matter experts, conducted comprehensive process map to identify bottlenecks in process
- Educated Care Coordinators on timeliness standards, consistency across sites
- Automated Medicaid C activation in NC Tracks system, updates daily
Improve Timeliness of Innovations Services

Improve Timeliness of Services for IDD Consumers

Results:

I/DD Services Received in 45 days

- FY 16, Q1: 69%
- FY 16, Q2: 75%
- FY 16, Q3: 77%
- FY 16, Q4: 79%
- FY 17, Q1: 100%
- FY 17, Q2: 94%
- FY 17, Q3: 88%
- FY 17, Q4: 100%

Benchmark = 85%

Project Advisory Team is recommending closure of project due to continued achievement of benchmark.
TCLI-Increase private housing

Goal:

- Increase the # of individuals (in TCLI population) housed in private housing to 11 (in Wake County)

Baseline: Only 6 individuals were housed privately in all FY 17 (Wake county)

Interventions:

- Standardize internal process for housing placements
- Training to property owners on Alliance, housing program, anti-stigma and recovery oriented system of care (measure change in owners’ perception and willingness to rent to our population)
- Centralize/Simplify internal data collection/analysis
- Create marketing campaign
TCLI-Increase private housing

Update:

- Internal process for housing placements standardized
- IT creating a SharePoint site to centralize internal data, new database will include additional data validation controls, allows for simplified data analysis
- Small sub-group created brochure, landlord packet, and revamped website
- Outreach to landlords – landlords in “preferred” zip codes of Raleigh identified, received marketing blast and invitation to attend training, incentives approved for new landlords, smaller training took place in September, larger training took place December 5, 2017 (11 landlords registered)
**November 2017**  
Report updated with re-measurement data – see findings on page 13.

**BACKGROUND**

According to the Institute of Medicine, “clinical practice guidelines are systematically developed statements to assist practitioners and patient decisions about appropriate health care for specific circumstances (p.1).” Below are several purposes of Clinical Practice Guidelines:

1. To describe appropriate care based on the best available scientific evidence and broad consensus;
2. To reduce inappropriate variation in practice;
3. To provide a more rational basis for referral;
4. To promote efficient use of resources;
5. To act as focus for quality control, including audit;
6. To highlight shortcomings of existing literature and suggest appropriate future research.

Alliance Behavioral Healthcare (Alliance) has adopted, and placed on the Alliance webpage, several Clinical Practice Guidelines (CPG) to assist network providers in clinical decision making. Alliance’s Quality Management (QM) Department received approval from the Medical and Assistant Medical Director to conduct quality reviews of providers’ adherence to the clinical guidelines for treatment of consumers with Attention Deficit/Hyperactivity Disorder (ADHD) and Schizophrenia. Alliance has adopted the Practice Parameter for the Assessment and Treatment of Children and Adolescents with ADHD from the Journal of American Academy of Child and Adolescent Psychiatry as a model to review providers’ compliance with ADHD treatment guidelines. Additionally, Alliance has adopted the American Psychiatric Association (APA) clinical guidelines for treatment of adult patients diagnosed with Schizophrenia. Pharmaceutical data elements were identified as top priority to conduct quality reviews around medication utilization. Data were initially extracted from AlphaMCS and PharmacyX database for the time period covering April 1, 2015 through September 30, 2015.

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Results (Figure 1) from the two data sources, AlphaMCS and PharmacyX, indicated even though the use of medications (filled prescription) can be determined, there is an inability to identify the medication description of the distinct consumers. The Rx number was identified in the PharmacyX database, which suggests that the prescriptions filled may not be related to the consumer’s primary behavioral health diagnosis. Another concern was that while consumers have the diagnosis identified as Primary, many providers do not submit claims with the specified diagnoses. The Clinical Practice Guidelines (CPG) team met on 1/21/2016 and made recommendations to request a customized data report from Care Management Technologies (CMT), which would allow Alliance the availability of all data for Medicaid consumers in their catchment area. This in turn, will afford Alliance the capability to analyze data that meets the specific measurements QM has identified (listed in subsequent sections of this report) to track providers’ adherence to clinical practice guidelines. It is important to note that the project team has identified the need to focus on those consumers who received behavioral health services from an Alliance network provider as our primary focus group for intervention.

PROJECT BASIS

The purpose of this project is to determine if highly recommended treatment options are being followed. Clinical guidelines apply approximately 75% of the time (i.e. in most cases). The following clinical guidelines for each diagnosis group were reviewed to determine whether provider practices are adhering to established patient care strategies.

**ADHD** - use of medications (appropriate stimulants or non-stimulants, such as Strattera, vs. other meds or no meds) & participation in psychosocial interventions for children with an ADHD diagnosis.

**Schizophrenia** - use of medications; regular metabolic screenings (MBS) or regular medical monitoring.
METHODOLOGY

Specifications for a customized data report were outlined and submitted to CMT to obtain necessary pharmaceutical data. This request involved collaboration between CMT staff, Alliance’s Chief Clinical Officer, QM Director, Medical Director, and the Quality Review Manager. Mock-up reports were developed to identify relevant variables to be included in the data request. Variables identified for each diagnosis group include:

**ADHD**: Children ages 3-17 with an ADHD diagnosis code (314.01 or 314.00) only; demographic information; most current behavioral health services within the past 90 days with corresponding provider information; list of medications deemed appropriate for ADHD that were filled with corresponding prescriber information.

**Schizophrenia**: Adults ages 18-99 with a Schizophrenia or Schizoaffective Diagnosis code (295.90, 295.70, 293.89) only; metabolic screenings within the past 12 months with corresponding provider information; and list of medications filled and deemed appropriate for Schizophrenia with corresponding prescriber information.

Approved listings of metabolic screening codes and medications for ADHD and antipsychotic medications were provided to CMT by Alliance’s Medical Director\(^4\). Data reports were received in Excel file format from CMT in July 2016, covering the reporting period from December 1, 2015 through February 29, 2016. Data were analyzed using Excel pivot tables and several data components were revealed such as:

1. The number of distinct consumers, with either an ADHD (3-17y/o) or schizophrenia (all ages) diagnosis within the last 12 months (from reporting date).
2. The number of consumers with a diagnosis of ADHD (3-17 y/o) who received behavioral health services during the reporting period. The report represents the provider with the most claims for that consumer and only the claim with the most recent date of service is listed on the report. Updated consumer files from AlphaMCS are sent to CMT on a monthly basis, providing representation of the consumer’s behavioral health services.
3. The number of consumers with a Schizophrenia or Schizoaffective diagnosis (18+y/o) that received a metabolic screening. When a consumer had multiple MBS claims with the same service type, only the claim with the most recent service date was listed on the report.
4. The number of consumers who had a prescription filled within the reporting period. Medications deemed appropriate for the specified diagnosis codes were listed in the report and were identified using standard CMT drug groupings. Appendix A at the end of this report provides a listing of medications that was provided to CMT by Alliance with approval from the Medical Director.
5. Determining the percentage of consumers who were receiving treatment adhering to the clinical practice guidelines.
6. Breakdown by provider and service type in order to target interventions to strengthen quality of care.

\(^4\) Reference Appendix A for Medication List and Metabolic Screen Procedure Codes included in CMT reporting.
Clinical Practice Guidelines Data Report

An updated report titled ‘Alliance Schizophrenia Report 1 Year lookback 201609’ was created by CMT on 12/1/2016 covering the reporting period from October 1, 2015 through September 30, 2016 (report expanded to review one year period for adherence compared to previous report for 90 day lookback). This custom report was extracted from the CMT web portal (in Excel file format) on December 12, 2016 and a listing of all individuals (Medicaid ID) identified in this report were provided to an Alliance Power Analyst who extracted all behavioral health encounter data for these individuals utilizing the AlphaMCS system to obtain service data. CMT integrates large volumes of disparate data - primarily behavioral pharmacy and services data, but including medical services and pharmacy data on the general Medicaid population. Alliance’s quality reviews are aimed at determining whether providers within the Alliance network are adhering to guidelines and therefore, it was necessary to link the individuals identified within the CMT custom reports to Alliance’s AlphaMCS database to identify those consumers receiving care from Alliance network providers. The Alliance Power Analyst would also run these Medicaid ID’s against the Alliance data warehouse to match data uploaded from an individual’s Global Eligibility File5 to determine if this individual may have additional Coordination of Benefits (COB) through Medicare and/or other private insurance. The Quality Review Coordinator (Project Manager) validated a sample of individuals with private insurance against updated insurance and COB data entered in AlphaMCS to verify that dual coverage was active and these individuals as well as those with Medicare COBs were excluded from the analysis. Once a cohort of Alliance consumers were identified, data were analyzed through use of Excel pivot tables and charts to determine the percentage of individuals receiving care adherent to the clinical practice guidelines reviewed for treatment of Schizophrenia. Further analysis by breakdown of provider and service type allowed for identification of target intervention groups so that the Clinical team can determine strategies to strengthen quality of care.

RESULTS

ADHD
Analysis looked at the total population reported in CMT to determine how many of these children had an ADHD-approved medication prescription filled and also received behavioral health services. CMT data indicated a general Medicaid population of 6999 children, ages 3-17, with an ADHD diagnosis.

- Out of the general population reported, 4322 children (62%) had at least one ADHD approved medication prescription filled.
- Of this group that had ADHD medication utilization, approximately 1/3 also received some type of behavioral health service (n = 1623, 38%) – this is according to data provided through CMT.

5 Global Eligibility File (GEF) is a file produced by the NC Tracks system. The format of the file is a non-standard file format developed by the State to give daily eligibility information to plan vendors.
Alliance’s quality reviews are aimed at determining whether providers within our network are adhering to established clinical guidelines. In order to identify interventions to assist these network providers in clinical decision making, children identified in the CMT custom reports were matched using Medicaid IDs to the AlphaMCS system, utilizing encounter data. The CMT report showed 2208 children who had received a behavioral health service during the reporting period. When these children were matched against encounter data in AlphaMCS, we generated a total of 2019 children who had an approved, billable service from an Alliance network provider during the reporting period.

- Of the 2019 children who had received a behavioral health service from an Alliance network provider, 1489 (74%) had an ADHD-approved medication prescription filled during the reporting period. Based on these findings, clinical practice guidelines for treatment of children with ADHD (recommendation that psychosocial treatment in conjunction with medication treatment is often beneficial) applied approximately 75% of the time (i.e. in most cases).

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There were 530 children who received behavioral health services from an Alliance network provider, who may not be receiving ADHD-approved medications (i.e. did not have ADHD medication utilization data within CMT). A breakdown of services for these children indicated that 74% were receiving therapy services. This group was identified by the clinical team as our targeted intervention group.

**SCHIZOPHRENIA**
A general CMT population of 4118 adults (ages 18+) were reported to have had a Schizophrenia or Schizoaffective disorder within the 12 month reporting period. After linking these individuals with behavioral health encounter data in AlphaMCS, it was determined that

- 3817 (93%) of these individuals had received behavioral health services from an Alliance network provider. This will be referenced as the ‘Alliance population’.

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7 Presence of diagnosis codes 293.89 or 295.90 or 295.70 (Reporting period October 1, 2016 through September 30, 2016)
After verification of insurance coverage information to determine how many consumers were dual eligible; 49% of the Alliance population were excluded from the analysis. Clinical practice guideline adherence was reviewed for consumers identified as Medicaid only (n=1917).

Looking at the Alliance population with Medicaid, data indicated that out of a total of 1917 consumers, 80% or 1536 consumers were dispensed an antipsychotic medication during the 12 month report period. The remaining 20% were identified as having had behavioral health services however may not be receiving approved medications. Non adherence to medications for those in treatment for Schizophrenia is linked with hospitalization/early readmission, derailment of recovery, and increased cost of treating schizophrenia.
Clinical Practice Guidelines Data Report

Looking closer at the 20% (n=381 consumers who were identified as having received behavioral health services but no approved medications), there were 189 consumers who received current services between July and September 2016. This group will be targeted for interventions around general medication adherence, with a focus on those consumers receiving an intensive level of care such as Assertive Community Treatment Team (ACTT) or Community Support Team (CST) services.

Best practices identified for Schizophrenia (medication plus metabolic monitoring), were applied at a rate of 71%. It was determined that out of the 1536 consumers who had at least one antipsychotic medication prescription filled and had received a behavioral health service from an Alliance network provider, 71% or 1095 of these consumers had claims for metabolic screenings. Since persons with serious mental illness who use antipsychotics are at increased risk of cardiovascular diseases and diabetes, screening and monitoring of these conditions is important to improve health and quality of life.

Looking closer at the 29% (n= 441 consumers who were identified as not having any MBS data), there were 337 consumers who received current behavioral health services between July and September 2016. This group will be targeted for interventions around adherence to clinical practice guidelines, with a focus on those consumers receiving an enhanced level of care such as Assertive Community Treatment Team (ACTT) or Community Support Team (CST) services.

Summary of results were provided to the Clinical team on January 20, 2017.
CONCERNS/LIMITATIONS

The CMT ADHD custom report allowed analysis of pharmaceutical data covering the period from December 2015 through February 2016 and was made available to Alliance on June 30, 2016. After analysis was completed, it was evident that while CMT data allowed the ability to see if these consumers were receiving any behavioral health services, there was difficulty in grouping services by type. Difficulty was due to variations in how CMT has labeled the service type fields compared to how services are labeled within the AlphaMCS system (i.e. Intensive In-Home services are labeled in CMT as Community Wrap Around Service, Per Diem). This identified the need to link consumers within the Alpha system to determine if services were provided by an Alliance network provider and to verify accurate service types. The methodology to obtain these data required linking those consumers with a behavioral health service indicated on the CMT report to the Alliance Business Intelligence Claims report. This was done by matching Medicaid IDs and dates of service using SQL coding. Since consumers can have multiple claims for a particular date of service, once a complete list of consumers were matched within the Alpha system, a manual data analysis was conducted to identify providers who were listed as ‘unknown’ in the CMT report (417 records) and match service type between the two systems for consumers where CMT service descriptions did not match Alpha service descriptions (178 records). The time needed to conduct this manual review has been a limitation in being able to generate real-time data for feedback to providers.

Currently CMT is able to provide large volumes of disparate data on the general Medicaid population. These data include behavioral and medical pharmacy and services data which allow for clinical risk analysis and management of a specific population. This has been an opportunity for Alliance to begin using population health management concepts to determine provider adherence to practice guidelines and highlight educational priorities around general medication adherence with this population. Further work is necessary to understand adherence in more depth so that standard measures such as HEDIS\(^8\) quality measures can be applied to determine gaps in care. While this initial analysis provides a way to determine if consumers are being dispensed approved medications, there are still limitations in being able to determine whether consumers are taking their medications as prescribed or remaining on medications for an extended period of time during treatment. Further research is necessary to understand reasons or motivations for a consumer’s medication-taking behaviors so that practitioners can foster a working partnership with consumers.

The Alliance Pharmacist reviewed HEDIS measures for treatment of Schizophrenia to ensure that proper screening codes were included in the analysis to monitor risks. In doing so, it was determined that additional metabolic screen codes need to be added to reporting in order be consistent with recommended measures. Currently, CMT reports include the following codes:

- a) Hemoglobin A1c
- b) Fasting glucose
- c) Fasting HDL
- d) Fasting triglycerides
- e) Comprehensive Panels

\(^8\) Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by health plans to measure performance on important dimensions of care and service.
Clinical Practice Guidelines Data Report

Additional codes to be added include LDL cholesterol (which can come from a lipid panel claim or can be measured separately when a consumer is not fasting) and a basic metabolic panel.

As previously mentioned, access to Medicare pharmaceutical claims data is a limitation for Alliance and as a result, 50% of the report population was excluded from adherence analysis.

CONCLUSIONS/RECOMMENDATIONS

Quality reviews indicate that established clinical practice guidelines for consumers in treatment for ADHD are being applied at or close to the recommended rate (i.e. 75% of the time). Quality reviews indicate that established clinical practice guidelines for consumers in treatment for Schizophrenia are being applied 71% of the time.

Recommendations made by the Clinical team included:

<table>
<thead>
<tr>
<th>ADHD</th>
<th>Results/Follow-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify consumers receiving any behavioral health service, funded through Alliance, including E&amp;M services that are receiving ADHD approved medications.</td>
<td>There were 2019 consumers who had received a behavioral health service from an Alliance network provider during the reporting period. 74% of this group (n = 1489) also had an ADHD-approved medication prescription filled during the reporting period.</td>
</tr>
<tr>
<td>Identify providers within the Alliance network who are offering behavioral health services when the consumers are not getting ADHD-approved medications. This group will receive targeted outreach in the form of provider feedback letters to address quality care considerations and provider education training.</td>
<td>There were 530 consumers who had received behavioral health services when these consumers were not getting ADHD-approved medications (i.e. no pharmaceutical utilization data during reporting period). Targeted outreach to those receiving therapy services through quality care consideration feedback letters. Letter received approval from Alliance’s Compliance Department on 2/10/17 and distributed to providers on 2/13/17. Training was provided by Alliance’s Medical Director and Pharmacy Director at the All-Provider meeting and information distributed in the provider newsletter. See implementation table for date of training.</td>
</tr>
<tr>
<td>Work with the Clinical team to craft a letter to send to local pediatricians about the availability of child behavioral health services and how to contact Alliance’s Access Center.</td>
<td>Collaborated with Healthcare Integration Nurse, to develop outreach letter to promote integrated care and information regarding Alliance’s services. See implementation table for date of distribution.</td>
</tr>
</tbody>
</table>

Schizophrenia
Clinical Practice Guidelines Data Report

- Provider feedback to address quality care consideration (i.e. those adults receiving an enhanced level of behavioral health services from network providers, who may not be receiving Schizophrenia approved medications or not receiving care adherent to best practices.
- Training and education around clinical practice guidelines and general medication adherence.
- Expand reporting parameters to include additional metabolic screen codes to ensure consistency with HEDIS recommendations.

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Results/Follow-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider feedback to address quality care consideration (i.e. those adults receiving an enhanced level of behavioral health service from network providers, who may not be receiving Schizophrenia approved medications or not receiving care adherent to best practices.)</td>
<td>Develop strategies to address medication adherence in consumer treated for Schizophrenia. Dr. Reinstein developed an Adherence Summary identifying interventions.</td>
</tr>
<tr>
<td>The Clinical team will directly engage these providers through development of an outreach strategy/protocol to encourage the use of clinical guidelines in their care of patients.</td>
<td>Training provided at Alliance All-Provider Meeting (1/25/17), Medical/Clinical Directors Mtg (2/15/17) as well as sharing of information on clinical guidelines through the provider newsletter (11/18/16).</td>
</tr>
<tr>
<td>To assess and improve consumer adherence to medication therapy – target interventions to ACTT providers.</td>
<td>Development of adherence interventions to be utilized by Care Coordination. Education and training provided to ACTT providers with review of adherence data on December 16, 2016.</td>
</tr>
</tbody>
</table>

In addition to more focused interventions to targeted providers with low adherence to clinical guidelines, such as outreach or technical assistance and training, Alliance should also develop global education to all primary care providers in their catchment area to promote integration of care as well as provide resources on the availability of behavioral health services through Alliance’s Access Center.

**IMPLEMENTATION**

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Accountability</th>
<th>Schedule</th>
<th>Feedback Mechanisms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide written summary of data results to CPG Team (electronically).</td>
<td>Shruti Mehta, QM</td>
<td>CPG Team</td>
<td>Start: 10/1/16, Complete: 11/1/16</td>
</tr>
<tr>
<td>Distribute Quality of Care Consideration Feedback letters to the targeted</td>
<td>Shruti Mehta, QM</td>
<td>CPG Team Compliance</td>
<td>Start: 11/1/16, Complete: 2/13/17</td>
</tr>
</tbody>
</table>
### Action Steps

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Accountability</th>
<th>Schedule</th>
<th>Feedback Mechanisms</th>
</tr>
</thead>
<tbody>
<tr>
<td>providers serving consumers for ADHD treatment.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Global Outreach Communication to pediatricians on availability of behavioral health services.</td>
<td>Shruti Mehta, QM</td>
<td>10/25/16</td>
<td>FedEx Direct Mailing Service.</td>
</tr>
<tr>
<td>Outreach strategy/protocol to encourage use of clinical guidelines in practice.</td>
<td>CPG Team, QM Communication Dept.</td>
<td>11/1/16 12/30/16</td>
<td>Training: ACTT Collaborative Fri. Dec. 16, 2016 at 2pm-3:30pm All Provider Meeting is Wed. Jan. 25, 2017 from 1-3pm Medical/Clinical Directors’ Meeting on Weds. Feb 15, 2017 from 8:00-9:30am Education: Summary of project findings submitted for inclusion into Provider Newsletter on 11/18/2016</td>
</tr>
<tr>
<td>Develop protocol to link consumers treated for Schizophrenia who are receiving behavioral health services with a prescriber. Develop strategies to address medication adherence in consumers treated for Schizophrenia</td>
<td>Dr. Vera Reinstein, CPG Team</td>
<td>10/1/16 11/1/16</td>
<td>Microsoft Word - Adherence Summary identifying interventions</td>
</tr>
</tbody>
</table>
November 2017 Project Update

Re-measurement findings:

As a way to determine impact of the identified project interventions, the project team recommended re-measurements to be taken for both populations after interventions were completed. The re-measurement period closely matched the initial measurement period in order to account for any seasonal changes. While methodology for both review periods remained the same, one significant change across the organization was the deployment of MicroStrategy, an enterprise business intelligence (BI) application software which allowed Alliance to discontinue reliance on external data sources such as CMT. In collaboration with the Alliance IT team, project lead as well as the Quality Review Manager, worked to match all reporting criteria from CMT so that all data sources and report logic matched between measurement periods.

For the ADHD group, a re-measurement was conducted for the measurement period covering January 1, 2017 through March 31, 2017 (Alliance FY17, Q3). During this period, there were a total of 3989 individuals with an ADHD diagnosis who had received BH services from an Alliance network provider. Of this group, 2938 (74%) were also receiving appropriate ADHD medications. The adherence to practice guidelines reflected no significant changes from the last measurement period, providers continue to meet recommended standards for clinical practice adherence. There were no specific trends seen in the data by provider or service type.

Re-measurement for the Schizophrenia group was conducted for the measurement period covering July 1, 2017 through September 30, 2017 (Alliance FY18, Q1). During this period, there were a total of 1826 individuals (Medicaid participants) receiving behavioral health services. Of this group, 921 (50% of the report population) received treatment with approved antipsychotic medications when looking at pharmacy fills within a 12 month period (September 1, 2016 through September 30, 2017). In order to determine adherence to Schizophrenia clinical guidelines, the 921 individuals receiving treatment with antipsychotic medications were analyzed across physical health claims to determine if this group received medication monitoring through metabolic screenings. Since persons with serious mental illness who use antipsychotics are at increased risk of cardiovascular diseases and diabetes, screening and monitoring of these conditions is important to improve health and quality of life. Data indicated that 76% of these individuals received treatment that adheres to clinical recommendations to monitor for abnormalities related to medication side effects. This reflects an improvement (71% to 74%) since the initial measurement period for this project indicating project interventions may have impacted improvements in provider practice.

These guideline reviews will serve as a framework by which to measure various clinical practice guidelines. Alliance will continue to identify practice guidelines relevant to our provider network and population served and will conduct routine quality reviews to ensure highly recommended treatment options are being followed.
Appendix A: Approved Medication List and Metabolic Screening Codes

*Medications highlighted in Yellow are those not included in the CMT Drug List

<table>
<thead>
<tr>
<th>Approved ADHD Drug List</th>
<th>Approved Antipsychotic Drug List</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adderall® Tablet</td>
<td>Abilify Maintena® Syringe / Vial</td>
</tr>
<tr>
<td>Adderall® XR Capsule</td>
<td>Abilify® Discmelt / Solution / Tablet</td>
</tr>
<tr>
<td>amphetamine salt combo tablets (generic for Adderall®)</td>
<td>Chlorpromazine</td>
</tr>
<tr>
<td>amphetamine salt combo XR capsules (generic for Adderall XR)</td>
<td>Chlorprothixene</td>
</tr>
<tr>
<td>clonidine ER tablet (Kapvay®)</td>
<td>clozapine ODT (generic for FazaClo®)</td>
</tr>
<tr>
<td>Concerta® Tablet</td>
<td>clozapine tablet (generic for Clozaril®)</td>
</tr>
<tr>
<td>Daytrana® Patch</td>
<td>Clozaril® Tablet</td>
</tr>
<tr>
<td>Desoxyn® Tablet</td>
<td>Fanapt® Tablet</td>
</tr>
<tr>
<td>Dextedrine® Tablet/Spansules</td>
<td>Fanapt® Titration Pack</td>
</tr>
<tr>
<td>dextroamphetamine tablet/ER capsules (generic for Focalin®/XR)</td>
<td>FazaClo® ODT</td>
</tr>
<tr>
<td>dextroamphetamine ER capsule (generic for Dextedrine® Spansules)</td>
<td>Fluphenazine</td>
</tr>
<tr>
<td>dextroamphetamine solution (generic for ProCentra®)</td>
<td>fluphenazine decanoate vial (generic for Prolinx decanoate®)</td>
</tr>
<tr>
<td>dextroamphetamine tablet (generic for Dextedrine®)</td>
<td>Geodon® Capsule</td>
</tr>
<tr>
<td>Evekeo® Tablet</td>
<td>Haldol® decanoate Ampule</td>
</tr>
<tr>
<td>Focalin® Tablet/XR Capsule</td>
<td>Haloperidol</td>
</tr>
<tr>
<td>guanfacine ER tablet (generic for Intuniv®)</td>
<td>haloperidol decanoate ampule / vial (generic for Haldol decanoate®)</td>
</tr>
<tr>
<td>Intuniv® Tablet</td>
<td>Invega® Sustenna Prefilled Syringe / Trinza Syringe</td>
</tr>
<tr>
<td>Kapvay® Tablet</td>
<td>Invega® Tablet</td>
</tr>
<tr>
<td>Metadate® CD Capsule/ER Tablet</td>
<td>Latuda® Tablet</td>
</tr>
<tr>
<td>methamphetamine tablet (generic for Desoxyn®)</td>
<td>Levomepromazine (mainly palliative care)</td>
</tr>
<tr>
<td>Methylin® Chewable</td>
<td>Loxapine</td>
</tr>
<tr>
<td>Methylin® Solution</td>
<td>Mesoridazine</td>
</tr>
<tr>
<td>methylphenidate CD capsules (generic for Metadate® CD)</td>
<td>Molindone</td>
</tr>
<tr>
<td>methylphenidate chewable/solution (generic for Methylin®)</td>
<td>olanzapine ODT / tablet (generic for Zyprexa®)</td>
</tr>
<tr>
<td>methylphenidate ER tablets - Actavis (generic for Concerta®)</td>
<td>olanzapine-fluoxetine (generic for Symbyax®)</td>
</tr>
<tr>
<td>methylphenidate ER tablets - Kreamer Urban (NOT EQUIVALENT to Concerta®)</td>
<td>Perphenazine</td>
</tr>
<tr>
<td>Drug Description</td>
<td>Equivalent Brand</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>methylphenidate ER tablets - Mallinckrodt (NOT EQUIVALENT to Concerta®)</td>
<td>Pimozone</td>
</tr>
<tr>
<td>methylphenidate ER tablets (generic for Metadate® ER, Ritalin® SR)</td>
<td>Prochlorperazine</td>
</tr>
<tr>
<td>methylphenidate LA capsules (generic for Ritalin® LA)</td>
<td>quetiapine tablet (generic for Seroquel®)</td>
</tr>
<tr>
<td>methylphenidate tablets (generic for Methylin®, Ritalin®)</td>
<td>Risperdal® Consta Syringe</td>
</tr>
<tr>
<td>ProCentra® Solution</td>
<td>Risperdal® Solution / Tablet / M-Tab ODT</td>
</tr>
<tr>
<td>Quillivant® XR Suspension</td>
<td>risperidone ODT / solution/tablet (generic for Risperdal®)</td>
</tr>
<tr>
<td>Ritalin® LA Capsule / Tablet</td>
<td>Saphris® SL Tablet</td>
</tr>
<tr>
<td>Strattera® Capsule</td>
<td>Seroquel® Tablet / XR Sample Kit</td>
</tr>
<tr>
<td>Vyvanse® Capsule</td>
<td>Seroquel® XR Tablet</td>
</tr>
<tr>
<td>Zenzedi® Tablet</td>
<td>Symbyax® Capsule</td>
</tr>
<tr>
<td>Thioproperazine</td>
<td>Thioridazine</td>
</tr>
<tr>
<td></td>
<td>Thiothixene</td>
</tr>
<tr>
<td></td>
<td>Trifluoperazine</td>
</tr>
<tr>
<td>Versacloz® Suspension</td>
<td>ziprasidone capsule (generic for Geodon®)</td>
</tr>
<tr>
<td>Zyprexa® Relprevv Vial Kit</td>
<td>Zyprexa® Tablet / Zydis Tablet</td>
</tr>
</tbody>
</table>

Codes identifying Metabolic Screening (MBS) claims:

- Hemoglobin A1c – Procedure codes 83021, 83036, 83037
- Fasting glucose – Procedure code 82947
- Fasting HDL – Procedure codes 83718 or 8725
- Fasting triglycerides – Procedure code 8478
- Comprehensive Panels – Procedure codes 80053 or 81506
Background

• “Statements to assist practitioners and patient decisions about appropriate health care for specific circumstances” (best practices)

• Alliance, in collaboration with Clinical Advisory members, adopted a number of guidelines for specific diagnoses

• Providers are expected to adhere to guidelines in most cases
Background

• Quality reviews of provider adherence are required by CMS (federal requirements)

• An External Quality Review, EQR, monitors for our review of providers

• Alliance conducts review by identifying 2-3 key elements and pulling data to determine provider adherence to elements
Reviews

2016

• Guidelines for ADHD (child) and Schizophrenia (adult) selected

• Key elements selected:
  
  • ADHD – participation in psychotherapy and use of approved medications

  • Schizophrenia – metabolic screening conducted at least annually and use of approved medications
ADHD - Results

• All Medicaid population: 62% of youth filled prescription for approved medication, 38% also had therapy

• Of youth receiving behavioral health services from Alliance: 74% filled prescription for approved medication (guideline recommends adherence 75% of the time)
Reviews

ADHD – Action Steps

• Letters sent to providers whose patients did not fill prescriptions for approved medications

• Training on guidelines and result of reviews given to providers at All-Provider meeting, information also in provider newsletter

• Sent outreach letter to local pediatricians about the availability of child behavioral health services and how to contact Alliance
Reviews

ADHD – Post Intervention Review (2017)

• Of youth receiving behavioral health services from Alliance: 74% filled prescription for approved medication (no change)
Reviews

Schizophrenia - Results

• Of individuals receiving behavioral health services from Alliance: 80% filled prescription for approved medication

• Of individuals filling prescriptions, 71% had metabolic screening
Reviews

Schizophrenia – Action Steps

• Training on guidelines and result of reviews given to providers at All-Provider, Medical/Clinical Advisory Council, and ACTT Collaborative meetings; information also in provider newsletter
Reviews

Schizophrenia – Post Intervention Review (2017)

• Individuals receiving behavioral health services from Alliance: 50% filled prescription for approved medication (decrease)

• Of individuals filling prescriptions, 76% had metabolic screening (increase)
Reviews

2017

• Guideline for Opioid Treatment selected

• Key elements selected:
  • Use of medication-assisted treatment (approved medications)
  • Therapy
Opioid Treatment - Results

- 61% of individuals with opioid related disorder received substance abuse treatment services (medication assisted treatment, psychotherapy, or combination of both)

- 48% of individuals with opioid related disorder received medication-assisted treatment, 84% of this group received both (medication + therapy)
Reviews

Opioid Treatment – Action Steps

• Outreach to providers offering medication-assisted treatment, but not connecting individuals with therapy

• Assess need to improve billing practices regarding medication assisted treatment

• Further analyze cohort receiving medication assisted treatment to explore level of engagement
ITEM: Request for Extension of Waiver of Reporting Requirements

DATE OF BOARD MEETING: February 1, 2018

BACKGROUND: In accordance with Incident Reporting Requirements for Category A (licensed facilities) and Category B Providers (non-licensed periodic or community-based services), network providers are required to submit quarterly reports to Alliance summarizing any Level I, II, and III incidents. There are approximately 380 providers that fall into these categories. On December 4, 2014, the Board submitted a request to the Department of Health and Human Services to waive the requirement for providers to submit these Quarterly Incident Report Summaries (Form QM-11), per Subsection (e) of 10A NCAC 27G.0604. The waiver was approved by the NC DHHS Secretary through calendar year 2017. Staff and the CEO recommend that the Board request a renewal of this Waiver.

The waiver is being requested for several reasons: (i) the implementation of the electronic system for reporting consumer incidents (NC Incident Response Improvement System) provides LME/MCOs with timely reports on all Level II and III incidents, making that portion of the QM-11 Report redundant; (ii) All nine LME/MCOs support this continued waiver request, because they do not find it a useful addition to their oversight of Level Incidents or care coordination activities; (iii) LME/MCOs review provider’s tracking and response to Level I incidents as part of their routine monitoring activities.

Providers will be given the option to be included in the extended waiver or to opt out and provide the quarterly QM-11 reports.

In accordance with Rule 10A NCAC 27G.0805, Procedure for Waivers by Division Director, the request requires approval by the Board for the submission to the Secretary of DHHS.

REQUEST FOR AREA BOARD ACTION: The Board is requested to apply for an extension to the waiver of the QM-11 reporting requirements for all Category A and B Providers in the Alliance catchment area, that do not ‘opt out’ of the request.

CEO RECOMMENDATION: Approve the recommendation to request the Secretary to extend the waiver of the QM-11 reporting requirements indefinitely for applicable Alliance providers and authorize the CEO to sign and send the letter of request.

RESOURCE PERSON(S): Wes Knepper, Director of Quality Management; Carol Wolff, General Counsel

(back to agenda)
ITEM: Non-Medicaid Spending Review and Discussion

DATE OF BOARD MEETING: February 1, 2018

BACKGROUND: For the past five years, Alliance Behavioral Healthcare has maintained a consistent way of managing state dollars that has adhered to both the historical nature of the funding as well as to the desire of our County partners and Board members. We are seeing population growth, the crucial need to expand crisis services across the catchment area, and a resulting environment of future unsustainability for the uninsured. For the past two years Alliance has used reserves from their Medicaid fund balance to make up for the legislative reductions that have occurred. In consideration of long-term sustainability, Alliance has spent the last few months doing a comprehensive service review of our state and local dollars. Several stakeholder group meetings have been completed to gather needed feedback, which includes priorities in the community. The Board will receive the stakeholder presentation and the priority designation list. The Board will receive a summary of the review as well as recommendations at the Alliance Board Budget Retreat.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Robert Robinson, CEO; Kelly Goodfellow, Executive Vice-President/CFO; Beth Melcher, Executive Vice-President/Care Management
ITEM: Appointment and Reappointment Recommendations

DATE OF BOARD MEETING: February 1, 2018

BACKGROUND: In accordance with NC General Statute 122C-118.1.d and the By-Laws of the Alliance Board, the initial terms of Alliance Board members were staggered with each initial term being considered a full term. Accordingly, the initial terms of some members were designated to end after one year, others after two, and others after three. NC Senate Bill 191 revised G.S. 122C-118.1.d to allow members to be reappointed for two additional three-year terms. The term of Board member George Quick is set to expire on March 31, 2018. A Cumberland seat is currently vacant, and Duane Holder is recommended for appointment to that seat, term to end on May 31, 2019. A Wake seat is currently vacant, Donald McDonald is recommended for appointment to that seat, term to end March 21, 2019.

REQUEST FOR AREA BOARD ACTION: The Board is requested to recommend to the Durham Board of County Commissioners the reappointment of George Quick, to the Cumberland Board of County Commissioners the appointment of Duane Holder, and to the Wake Board of County Commissioner the appointment of Donald McDonald. Mr. Quick's reappointment would be for a three-year term; Mr. Holder’s and Mr. McDonald’s appointments would complete the current term of their respective board seats.

CEO RECOMMENDATION: Recommend to the Durham Board of County Commissioners the reappointment of George Quick, to the Cumberland Board of County Commissioners the appointment of Duane Holder, and to the Wake Board of County Commissioners the appointment of Donald McDonald.

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