

**AREA BOARD REGULAR MEETING**

414 E. Main Street, Durham, NC 27701  
4:00-6:00 p.m.

**MEMBERS PRESENT:** ☐ Glenn Adams, ☒ Cynthia Binanay, Chair, ☒ Christopher Bostock, ☒ Heidi Carter (exited at 5:27 pm), ☒ George Corvin, MD, Vice-Chair, ☒ David Curro, ☒ James Edgerton, ☒ Lodies Gloston (via phone), ☒ Duane Holder, ☒ Curtis Massey, ☒ Donald McDonald, ☒ Erv Portman (entered at 4:12 pm), ☐ Lascel Webley, Jr., and ☒ McKinley Wooten, Jr.

**GUEST(S) PRESENT:** Michael Andrews, Durham Sheriff; Lori Caviness, Johnston County LME Director; Yvonne French, NC DHHS-DMH (Department of Health and Human Services-Division of Mental Health), Mary Hutchings, Wake County Finance Department; Gayle Harris, Durham County Manager’s office; and Wendy Jacobs, Durham Board of County Commissioners Chairperson

**ALLIANCE STAFF PRESENT:** Michael Bollini, Executive Vice-President/Chief Operating Officer; Joey Dorsett, Senior Vice-President/Chief Information Officer; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Amanda Graham, Senior Vice-President/Organizational Effectiveness; Veronica Ingram, Executive Assistant II; Beth Melcher, Executive Vice-President/Care Management; Sara Pacholke, Senior Vice-President/Financial Operations; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Monica Portugal, Chief Compliance Officer; Robert Robinson, Chief Executive Officer; Tammy Thomas, Director of Portfolio Management; Sara Wilson, Government Relations Director; Carol Wolff, General Counsel; Doug Wright, Director of Individual and Family Affairs; and Ginger Yarborough, I/DD Care Coordinator

### 1. CALL TO ORDER:

Chair Cynthia Binanay called the meeting to order at 4:03 p.m.

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<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
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<tr>
<td>2. Oath of Office</td>
<td>Veronica Ingram, Notary Public, administered the oath of office to new Board member, David Curro.</td>
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| 3. Announcements | A. Welcome: Chair Binanay welcomed guests.  
B. May is Mental Health Awareness Month: Chair Binanay mentioned that May is Mental Health Awareness Month; she mentioned that many events are scheduled. Board members may contact Veronica Ingram to register for these events.  
C. Branding Book: Chair Binanay mentioned that an electronic version of this document was presented at the February Board meeting; a hard copy was available for Board members.  
D. Alliance for Action Website: Mr. Robinson reminded Board members of this new website, which includes ample resources.  
E. BHUC: Mr. Robinson mentioned that the behavioral health urgent care (BHUC) is open and was recently featured in a local newspaper. Tours of the facility are available; Board members may contact Ms. Ingram to schedule a tour.  
F. Legislative Breakfast: Mr. Robinson shared that this annual event is scheduled for Saturday, April 21. Board members may contact Ms. Ingram to register.  
G. DHHS Concept Papers: Mr. Robinson mentioned that Alliance provided feedback on these papers. That information is available upon request. |
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<td>4. Agenda Adjustments</td>
<td>Chair Binanay mentioned two agenda adjustments: removing item 7A: minutes from the March Board meeting from the consent agenda and removing the closed session item as closed session is no longer needed.</td>
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<td>5. Public Comment</td>
<td>Gayle Harris, staff from Durham County Manager’s office, expressed appreciation for the work completed by Alliance and the partnership with Durham County. She thanked staff for the County dashboard Alliance provides which helps to influence the work the County does. Durham Sheriff, Michael Andrews, welcomed attendees to Durham and thanked Alliance staff for their work done to benefit those with substance abuse and mental health issues. Sheriff Andrews expressed appreciation for the CIT (critical intervention team) training that Alliance provides and for providing services within the Durham Detention Center to coordinate proper treatment, which can change the direction of peoples’ lives. Sheriff Andrews presented the Board members with a challenge point and pen from his office as tokens of appreciation.</td>
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<tr>
<td>6. Committee Reports</td>
<td>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 and documents from the March Steering, Cumberland, and Wake committee meetings. The committee reports were part of the Board packet; Doug Wright, Director of Individual and Family Affairs, presented the report. He provided an update from recent meetings and pending events. Board members discussed Alliance’s care review process and purpose. Mr. Wright mentioned that he also presented Alliance’s legislative priorities at the statewide CFAC meeting. The CFAC report is attached to and made part of these minutes.</td>
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**BOARD ACTION**

The Board received the update; no additional action required.

B. Finance Committee – page 46

The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Board. This month’s report included the draft minutes from the March 1, 2018, meeting, the Statement of Revenue and Expenses (Budget to Actual) report and ratios for the period ending February 28, 2018.
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<td>James Edgerton, Committee Chair, presented the report. He mentioned that the report was part of the Board packet and that expenditures exceeded revenue, due to funding reduction as mandated by the NC General Assembly’s reduction in funding for State Single Steam funds. Additionally, Mr. Edgerton mentioned that Finance Committee met earlier and recommends that the Board amend the FY18 budget.</td>
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<td><strong>BOARDS ACTION</strong></td>
<td>A motion was made by Mr. James Edgerton to amend the FY18 budget by $43,943,624.00; motion seconded by Mr. McKinley Wooten. Motion passed unanimously.</td>
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| **7. Consent Agenda** | A. County Commissioner Advisory Board Report – page 59  
B. Executive Committee Report – page 62  
C. Network Development and Services Committee Report – page 65  
D. Quality Management Committee Report – page 88 | The consent agenda was sent as part of the Board packet. There were no comments or discussion about the consent agenda.  
**BOARDS ACTION** | A motion was made by Vice-Chair George Corvin to approve the consent agenda; motion seconded by Mr. Christopher Bostock. Motion passed unanimously. |
| **8. Item(s) Pulled from Consent Agenda** | Draft Minutes from March 1, 2018, Board Meeting was pulled from the consent agenda. Curtis Massey, Policy Committee Chair, reviewed his request to amend the minutes and the purpose of his request. There were no questions or discussion.  
**BOARDS ACTION** | A motion was made by Mr. Curtis Massey to amend the minutes from the March 1, 2018, Board meeting to reflect that the motion to approve the policies presented at the March Board meeting include not only G-10, the policy being modified, but also those policies which were presented by the Policy Committee for approval without modification, same being CC-1, CR-1-4, CS-1, PN-1, 2, & 5, QM1-3, and QM-1-5; motion seconded by Mr. Christopher Bostock. Motion passed unanimously. |
| **9. Appointment Recommendation – page 105** | 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, some members’ terms were initially designated to end after one year, others after two, and others after three. A seat representing Durham County is currently vacant. Chair Binanay mentioned that the Board Executive Committee interviewed Pam Silberman and recommend Dr. Silberman for this seat, with a term ending March 31, 2021. |
### AGENDA ITEMS:

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<td><strong>BOARD ACTION</strong></td>
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<td>A motion was made by Commissioner Heidi Carter to recommend that the Durham Board of County Commissioners appoints Pam Silberman to Alliance’s Board; motion seconded by Mr. James Edgerton. Motion passed unanimously.</td>
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<td><strong>10. Training/Presentation: Complete Care – page 106</strong></td>
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<td>Alliance has been developing a population health model named Alliance Complete Care to more effectively support and manage the populations we serve, achieve better health outcomes, and prepare for the transition to a tailored plan in Medicaid reform. Dr. Beth Melcher, Executive Vice-President/Care Management, presented the model, which utilizes data analytics to identify populations and takes a comprehensive care approach to incorporate effective interventions, engagement and self-management strategies, physical health, and social determinants of health. Additionally, Dr. Melcher mentioned currently identified populations, pilot programs, and workgroups for each identified population, draft initiatives and progress for these pilots. Board members discussed the progress of the pilots. Dr. Melcher also shared additional options for transportation and housing with the goal of increasing engagement in pilot programs and improving the lives of the people Alliance serves. Board members clarified current process/funding for housing throughout Alliance’s catchment area.</td>
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<td><strong>BOARD ACTION</strong></td>
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<td>The Board accepted the training/presentation as presented; no additional action required.</td>
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<td><strong>11. Updates</strong></td>
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<td>A. <strong>LEGISLATIVE UPDATE:</strong> Brian Perkins, Senior Vice-President/Strategy and Government Relations, presented a review of Medicaid reform. He reminded Board members of both the Federal and State components of this reform and potential impact on North Carolina Managed Care Organizations and Alliance specifically. He mentioned that the Board approved legislative priorities are in line with positioning Alliance well to effectively meet the needs of the people Alliance serves. Sara Wilson, Director of Government Relations, provided an update on MCAC (Medicaid Care Advisory Committee) meetings; Credentialing and Network Adequacy Committee meetings have commenced; Alliance staff sit on both committees. She mentioned that the Department’s (NC Department of Health and Human Services) standard plan and tailored plan proposals. This information is included in the Department’s concept papers.</td>
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<td>B. <strong>ALLIANCE AND JOHNSTON LME CONSOLIDATION:</strong> Robert Robinson, CEO, and Carol Wolff, General Counsel, provided an update on this consolidation. He provided background on this relationship and introduced Lori Caviness, Johnston LME Director. Mr. Robinson reminded Board members that they and Johnston County Commissioners approved</td>
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AGENDA ITEMS: | DISCUSSION:
---|---
| the deal points on March 1 and March 5 respectively. He also introduced Tammy Thomas, Director of Portfolio Management; Ms. Thomas leads the project plan for this consolidation.
| Ms. Wolff reviewed next steps, which will occur at the June Board meeting: lease at the current space, By-Laws amendment, resolution to formalize the consolidation, and then the Secretary of NC DHHS’s (NC Department of Health and Human Services) approval of the consolidation. She also mentioned that weekly calls are occurring with Johnston County staff to insure a smooth and seamless transition. Chair Binanay asked Ms. Caviness for input on potential Board members for vacant Board seat(s) representing Johnston County.
| C. CEO EVALUATION: Chair Binanay reminded Board members of an email previously sent and requested that they provide input by April 12. She reminded the Board that at November 2, 2017, Board meeting, the Board created an ad hoc committee composed of Executive Committee members to conduct preliminary review and provide recommendations on the CEO’s performance appraisal.

**BOARD ACTION**
The Board accepted the updates; no additional action required.

12. Adjournment
With all business being completed, the meeting adjourned at 5:41 p.m.
ITEM: Consumer and Family Advisory Committee (CFAC) Report

DATE OF BOARD MEETING: April 5, 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 and documents from March for the Steering, Cumberland, and Wake committee meetings. The Durham committee's meeting was canceled due to weather.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Israel Pattison, CFAC Chair; Doug Wright, Director of Individual and Family Affairs.
### 1. WELCOME AND INTRODUCTIONS

### 2. REVIEW OF THE MINUTES – 2-5-2018 – approved by consensus

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<tr>
<td>Individual/Family Challenges and Solutions</td>
<td>None</td>
<td>N/A</td>
<td>N/A</td>
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<td>Budget Retreat</td>
<td>Presentation – complete/plan for the meeting The group went through the presentation and gave instructions on edits to be made.</td>
<td>Update presentation, deliver to Kelly Goodfellow, CFO</td>
<td>3/13/18</td>
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<tr>
<th>Subcommittees</th>
<th>DISCUSSION:</th>
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<tr>
<td>Wake</td>
<td>No report from Wake. Durham noted progress on April movie event to be held on the 19th at Wellness City parking lot. Cumberland discussed their intentions to do an event with the movie “Generation Found”, also their continued increase in attendance and membership. Israel gave a report out on the area board and ask if we could present the information about jails to each CFAC. No Human Rights Meeting. New Quality Improvement Project on decreasing the turnaround time for I/DD service requests.</td>
<td>Present to CFAC the Justice System report delivered at the last Board meeting.</td>
<td>March, 2018</td>
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<tr>
<td>Durham</td>
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<td>Cumberland</td>
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<td>Area Board</td>
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<td>Human Rights</td>
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<td>Quality Management</td>
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<th>State Updates</th>
<th>DISCUSSION:</th>
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<tr>
<th>Legislative/MCO Updates</th>
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<th>NEXT STEPS:</th>
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<tr>
<td>No legislative action taken, hope to have something in the short session that would give clear direction for the future of the LME/MCOs. EQR results came back and Alliance scored a 96%, two percentage points higher than last year.</td>
<td>Stay vigilant, let your representatives know what is important to you in the Medicaid transformation.</td>
<td></td>
<td>Ongoing</td>
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<tr>
<th>Announcements</th>
<th>DISCUSSION:</th>
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<td>None</td>
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5. ADJOURNMENT
SOCIAL DETERMINANTS OF HEALTH

We are very aware that we mention these items year after year, this continues to be the core issue driving unhealthy lifestyles in our communities and until it is addressed our success will be limited.

• AFFORDABLE AND ACCESSIBLE HOUSING
• TRANSPORTATION
• EMPLOYMENT
• EDUCATION
• NUTRITION
SOCIAL DETERMINANTS APPRECIATION

- Harrington Place – bridge housing for chronically homeless
- Durham/Wake – Long-term investments
- Recovery University
- Supported Employment
I/DD SERVICE GAPS AND NEEDS

• Direct Care Workers - Staffing remains inadequate and critical.
• Retirement Services – An aging population that wasn’t supposed to live past 25, guess what?
• Effective school inclusion/transitional services for those aging out of school.
• Dual Diagnosis Care
• Independent Living Options
I/ DD SERVICE APPRECIATION

• New Remote Monitoring Home – great opportunity for individuals to try out new technology and then use it in their life.
• Supported Living – cautiously optimistic as more individuals utilize this service.
MENTAL HEALTH GAPS AND NEEDS

- Peer Run Respite
- Accessible Services – 30 minutes, 30 miles is not always sufficient
- Urgent Care Expansion to all communities
- Facility Based Crisis – Wake
- Psychiatric Advanced Directives (PADs) - utilization
MENTAL HEALTH SERVICES
APPRECIATION

• Children's regional crisis facility – looking forward to it opening up
• Shared Decision Making Tools – again looking forward to seeing these in print, online and being utilized by providers
• Urgent Care model being piloted in Durham
• Supported Employment
• Transition to community living
• CIT/MHFA community trainings.
SUBSTANCE USE DISORDERS
GAPS AND NEEDS

• Recovery Centers – Cumberland, Johnston
• Substance Abuse Intensive Outpatient Service – (State funded)
• Youth Services
• Peer Support (Recovery Coaches)
• Johnston County – Medical Detox
SUBSTANCE USE DISORDERS APPRECIATION

- Expansion of Medication Assisted Treatment (State funded)
- Facility Based Crisis/Detox Units
- Living Room Model utilized in Durham (Both MH and SUD)
- Johnston County – Integrated Care model with public health.
SYSTEMIC CONCERNS

• Medicaid Transformation
• State Funding Cuts – the impact on local uninsured populations
• Our future voice – what will that look like?
• Tailored Plans – who will it be and will it work?
• Guardianship
ALLIANCE APPRECIATION

- Legislative Updates
- CEO and Staff Support
- Genuine Concern for Individuals and Families
- Timely Information
CLOSING

Too many Americans who struggle with mental health illnesses are suffering in silence rather than seeking help, and we need to see to it that men and women who would never hesitate to go see a doctor if they had a broken arm or came down with the flu, that they have that same attitude when it comes to their mental health.

Barack Obama
1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES. Approved by consensus with 5:39 pm.

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<td>Wake Network of Care</td>
<td>Dave Mullen-Will answer questions presented to him by the CFAC members.</td>
<td>Dave was not able to make it because his computer crashed and is completely inoperable.</td>
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<td>Training: Jail Board Presentation</td>
<td>Doug Wright</td>
<td>Doug presented the Jail Board presentation and answered questions. Israel brought up a discussion how he liked how Alliance Behavioral Healthcare is making positive strides in recognizing the jail population while addressing their needs upon release from jail. Discussed several professions who need mental health or substance use disorder training</td>
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<td>Alliance Launches Opioid Website</td>
<td><a href="http://www.allianceforaction.org">www.allianceforaction.org</a></td>
<td>This site is for the general population. Doug also stated Alliance Behavioral Healthcare is created a wallet sized medical alert card.</td>
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<tr>
<td>MCO Updates</td>
<td>Doug Wright</td>
<td>Doug explain Johnson County LME will be joining Alliance Behavioral</td>
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Healthcare. Doug discussed Alliance Complete Care. Doug explained tailored plans for MCO’s and LME’s for Medicaid.


5. ADJOURNMENT
7:11
Update on Jail Mental Health Initiatives

Presentation to Alliance Board of Directors
March 1, 2018
Overview of Criminal Justice Efforts

• Responsible for the coordination of Crisis Intervention Teams (CIT) in Wake, Durham and Johnston Counties

• Developed modified CIT training specifically for detention staff

• Alliance staff certified in Public Safety module with MHFA

• Trained all sworn and non-sworn Raleigh PD personnel in MHFA

• Trained all sworn Durham PD personnel in MHFA

• Sponsor of all the regional Raise the Age forums in our catchment area
Overview of Criminal Justice Efforts

• Law Enforcement Assisted Diversion (LEAD) Program- Cumberland
• Diversion Program with DA and PD-Wake
• Mental Health Detention Units- Wake and Durham
• Veteran CIT training- Wake and Johnston
• Bridge Housing Program- Wake
• Restoring Hope-ILI Financial Assistance
• Wake and Durham CIT Apps
Crisis Intervention Teams (CIT)

- 40 hour training
- Goal is to have 20% of patrol officers certified
- 911 Communicators trained to dispatch CIT officers
- Community wide training- EMS, hospitals, municipalities, SRO’s, universities

Numbers Trained:
- Cumberland-905
- Wake-1374
- Durham-866
- Johnston-211
Stepping Up Initiative

• A national initiative to reduce the number of people with mental illness in jails

• Focuses on:
  • Building partnerships with leaders and stakeholders
  • Collecting and analyzing prevalence data in the jails
  • Build treatment and service capacity
  • Develop measurable outcomes
  • Create a process to track and report on progress

• County Commissioners have signed proclamation in Wake, Cumberland and Durham
CJ Leads/Alpha report

• Purpose: Alliance is placing increased focus on individuals that become incarcerated who are currently in or have recently been recipients of care coordination, have had crisis or inpatient admissions within the previous 6 months of their incarceration and those with serious and persistent mental illness and Opioid Use Disorders.

• Allows an opportunity in real time to identify and intervene with the highest risk consumers

• Allows for more immediate release planning and connection to services
What the report can tell us that CJ LEADS alone can not

- Who from Alliance’s catchment area is incarcerated state wide
- Currently has a Care Coordinator
- Has had recent crisis/inpatient event and who the provider was
- Has a psychotic disorder/opioid dependence and who the current provider is
  - Run paid claims history 3 months prior to arrest and 3 months post release to assess for service engagement
- Insurance type including Medicaid Eligibility County
- Basic demographics
- Algorithm has 100% matching accuracy
The role of Alliance with CJ LEADS/ALPHA

- Report generated usual working days by Care Coordination
  - Focuses on persons with crisis episodes, Opioid Use Disorder or any Psychotic Disorder within the last 180 days
  - Report includes persons name, id #, jail date, date of birth, Medicaid eligibility, and assigned Care Coordinator. If applicable will also include name of provider and number of jail bookings
  - Report shared with jail medical provider and can be shared with detention staff with a signed release of information
- Follow up in the jail will be primarily managed by Alliance Care Coordination
  - Notifies provider that person is incarcerated
  - Coordinates with medical staff
  - Visits with inmate
  - Post release planning
  - Refer to jail medical team if deemed urgent or emergent
  - Obtains needed releases of information
FY 16-17 Wake Detention Summary

• 3348 consumers showed up on the CJ Leads/Alpha report
• 2062 had at least one “IN” booking date and one “OUT” booking date during FY 16-17
• 914/2062 people received a service billed through Alliance Behavioral Healthcare 60 days before and/or 60 days after booking
• 508/2062 (24.6%) received a service before AND after
• 282 (35.7% of those previously served) did not re-engage in services within 60 days of release
• 124 (9.7% of those known to Alliance and not previously served) were newly connected to services within 60 days of release
Demographic Breakdown of Booked Consumers FY 16-17

Insurance:
- State: 54%
- Medicaid B: 46%

Gender:
- Male: 69%
- Female: 31%

Age:
- 25-44: 52%
- 18-24: 20%
- <18: 6%
- 45-64: 21%
- 65+: 1%
FY 16-17 Diagnosis Breakdown: All with claims

- Mood Disorder: 29%
- Schizophrenia: 13%
- Nonpsychotic Mental Disorder: 13%
- Behavioral/Emotional: 3%
- Unknown Personality Disorder: 2%
- Substance Use: 39%

N = 914
FY 16-17 Diagnosis Breakdown Cont’d

Lost Services
- Personality Disorder: 1%
- Unknown: 1%
- Mood Disorder: 32%
- Schizophrenia: 9%
- Nonpsychotic Mental Disorder: 8%
- Behavioral/Emotional: 2%

Newly Connected to Services
- Personality Disorder: 1%
- Unknown: 1%
- Mood Disorder: 33%
- Schizophrenia: 13%
- Nonpsychotic Mental Disorder: 17%
- Behavioral/Emotional: 1%
- Substance Use: 47%
What It All Means

• Substance Use Disorders (SUD) continue to be the most prevalent diagnosis
• There is not a wide gap between uninsured and Medicaid
  • Need to ensure persons are not losing Medicaid while incarcerated
• Need to improve service engagement after release for persons with SUD followed by Mood Disorders
• The vast majority are younger persons (25-44) with already significant behavioral health histories and more difficult to engage
For Immediate Release

March 5, 2018

Contact: Lisa Brockmeier, Communications Specialist
lbrockmeier@AllianceBHC.org or 919-651-8951

Alliance Launches Opioid Action Website

(Durham, NC) – Alliance Behavioral Healthcare has launched the Alliance For Action on Opioids website (www.allianceforaction.org), a resource to help individuals, family members, and professionals take small but important steps in their lives and work to help stem the tide of the opioid epidemic.

Alliance for Action is targeted to individuals and families as well as health care providers, including pharmacists, and focuses on actions people can take against the opioid epidemic at home, or at work in the case of health care professionals.

The website highlights steps that may prevent opioid misuse and overdose deaths, such as locking up prescription drugs and properly disposing of leftover medications, learning how to prevent overdose deaths with naloxone, and recognizing the red flags of opioid misuse and addiction. It also presents resources to help people learn about smart pain management, recovery and treatment options.

For pharmacists and other health care providers Alliance For Action also advises learning to conduct “SBIRT” or “Screening, Brief Intervention And Referral To Treatment,” an early intervention approach to help people with, or at risk of developing, substance use disorders before they need specialized treatment. The website also provides links to opioid-related continuing education and encourages professionals to stay current on prevention, screening and treatment knowledge and learn how to advise patients about naloxone and smart pain management.

“We want pharmacists and providers to understand opioid addiction as a chronic, preventable and treatable disease, and to increase awareness of the risk of opioids and possible drug interactions,” said Alliance Clinical Pharmacist Vera Reinstein. “We also want them to recognize the value of offering naloxone to people identified as high-risk for opioid overdose.”

Opioid overdoses claim nearly four North Carolinians every day and overdose deaths have increased by nearly 400 percent over the past 16 years, according to the NC Department of Justice. The US Centers for Disease Control reports that on average, 115 Americans die from opioid overdoses every day.
Alliance is the managed care organization for publicly funded behavioral healthcare services for the people of Durham, Wake, Cumberland and Johnston counties. Alliance works with a network of almost 2,200 private providers to serve the needs of 471,000 Medicaid-eligible and uninsured individuals within a total population of 1.8 million.

In North Carolina, Alliance is at the forefront of efforts to help stem the tide. When data analytics, utilization management and peer case reviews identified a pattern of risky prescribing of benzodiazepines and opioids, Alliance staff worked with providers to design and implement a set of tiered responses that aligns closely with the state’s plan to reduce prescription drug misuse.

Alliance also offers ongoing technical assistance for members of its provider network and provides education on appropriate best practice prescribing guidelines and how to assess and effectively treat opioid use disorders.

In addition, Alliance invested $100,000 to supply naloxone free of charge to community providers as well as consumers with known addictions and their families, along with education on how to use it. Alliance includes instruction in the use of naloxone in its Crisis Intervention Team training for law enforcement officers and other first responders and supplied naloxone to the Wake County Sheriff’s Office and the TASC program in Cumberland County.
1. **WELCOME AND INTRODUCTIONS:** Lotta and Michael welcomed everyone and introductions were made.

2. **REVIEW OF THE MINUTES** – Minutes from February 2018 were approved.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Comment-Consumer/Family challenges and solutions</td>
<td>Starlett Davis provided community events and resources. We went over the different events together as a group. Dorothy announced the NAMI Walk which is on April 14th in Raleigh. She also asked for Donations and volunteers for the event. Dorothy also explained how much she enjoyed the Psychiatric Advance Directive Training at the Alliance home office in March. She felt it is very important information to have.</td>
<td>NAMI Walk, Raleigh, NC</td>
<td>April 14, 2018</td>
</tr>
</tbody>
</table>
| Jail Board Presentation    | Doug Wright went over the Jail Mental Health Initiative. The presentation was delivered via PowerPoint and everyone was given a copy for their information. Some of the information he gave is below. Overview of Criminal Justice Efforts which included  
  - Responsible for the coordination of Crisis Intervention Teams (CIT) in Wake, Durham and Johnston Counties  
  - Developed modified CIT training specifically for detention staff  
  - Alliance staff certified in Public Safety module with MHFA  
  - Trained all sworn and non-sworn Raleigh PD personnel in MHFA | Follow up with Starlett Davis and Doug with any questions.                                      | Ongoing                                             |
<p>| Crisis Intervention Teams (CIT) |                                                                                                                                                                                                             |                                                                                                                                                        |             |</p>
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 40 hour training</td>
<td></td>
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<tr>
<td>• Goal is to have 20% of patrol officers certified</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>• 911 Communicators trained to dispatch CIT officers</td>
<td></td>
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<tr>
<td>Stepping Up Initiative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Focuses on:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Building partnerships with leaders and stakeholders</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Collecting and analyzing prevalence data in the jails</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Build treatment and service capacity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Community Model and the Interception Flow Chart</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Purpose: Alliance is placing increased focus on individuals that become incarcerated who are currently in or have recently been recipients of care coordination, have had crisis or inpatient admissions within the previous 6 months of their incarceration and those with serious and persistent mental illness and Opioid Use Disorders.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What the report can tell us that CJ LEADS alone can not</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Who from Alliance’s catchment area is incarcerated state wide</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Currently has a Care Coordinator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Has had recent crisis/inpatient event and who the provider was</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The role of Alliance with CJ LEADS/ALPHA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Wake County CJ Leads Flow Chart</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY 16-17 Wake Detention Summary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charts depicting Breakdowns of Booked Consumers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is all Means</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opioid Action Website</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doug Wright went over the announcement sent out on the launching of Alliance’s Opioid Action Website. He pulled the Opioid Action Website. He pulled the</td>
<td>Follow up with Starlett Davis and Doug with any questions.</td>
<td>Ongoing</td>
<td></td>
</tr>
</tbody>
</table>
## AGENDA ITEMS:

### DISCUSSION:

- **website up on the projector so that everyone could see it and how it worked. He was able to show how to reach resources and useful information on opioids and how to get help. The site address is [www.allianceforaction.org](http://www.allianceforaction.org). Everyone was provided with the release paper for their information.**

- **Doug Wright gave an update about the Raise the Age forums in the catchment area. It was passed and will go into effect 2019. Wes Ryder, DHHS, gave us state updates. Advocacy Day is . Martha Brock, State CFAC, will be giving more information out after she meets with legislature. I will get additional information to the committee and guest. Suzanne Thompson, DHHS, is reserving blocks of rooms for anyone interested in staying at the Holiday Inn. The hotel is waiving the parking fee of $7 daily for 25 people that are staying in the reserved rooms. State to Local is 4/18/18. The last call was 3/21/18 and it was discussed that Columbus County is leaving Eastpointe and going to Trillium. The state CFAC minutes will be coming out soon. Starlett Davis will get those minutes to the committee. The next State CFAC meeting is 4/11/18. Wes also explained that the State of NC also has an Opioid Action plan that goes from 2017 to 2021. It is a living document. Starlett will get the website out to the committee. Wes gave out handouts about the list of trainings given by the state. They are free trainings delivered by DHHS.**

### NEXT STEPS:

- Please see State Website for updates
- Follow up with Starlett Davis and Doug with any questions.
- State to Local call
- State CFAC

### TIME FRAME:

- Ongoing
- April 18, 2018
- April 11, 2018

### MCO Updates

- **Doug Wright and Starlett Davis spoke about the Homeless Care Reviews started in Cumberland County. Starlett explained that these care reviews were for individuals that were homeless or have a significant threat of being homeless and needing resources for basic needs, mental health needs, educational needs, and etc. We also spoke about the stigma**

- **Follow up with Starlett Davis and Doug with any questions.**

- **Ongoing**
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Membership Discussion</td>
<td>that surrounds this population and in general and how important it is to understand that resources are important to assist those in need to be an impact member of society. Starlett gave an example of how stigmas were affecting a person in need and how her personal story of recovery gave proof of recovery. Wes Ryder also gave some of his experiences with homelessness and his successes. Doug wen over the different types of care reviews we have in the different catchment areas. Doug gave legislative updates. We could have a decision in a few weeks about the 1115 waiver. There is an option to expand Medicaid with a work requirement. Johnston County will be consolidating with Alliance on July 1, 2018. Isreal, CFAC Chair will be presenting concerns at The Board of Directors at the Budget Retreat.</td>
<td>Starlett will reach out to planning committee the following week.</td>
<td>March 26-March 29, 2018</td>
</tr>
<tr>
<td>Community outreach</td>
<td>Starlett Davis and discussed Event Planning/ Membership Recruitment for Public event. We talked about getting a building to do the showing of the documentary, Generation Found. We had a flyer from the Durham CFAC and their movie night. We discussed if this is something we wanted to do. Doug suggested we form a small planning committee to gather information and bring back to the next meeting. Shirley, Dorothy, and Ellen volunteered to assist Starlett with this task. Starlet will reach out next week to schedule first meeting.</td>
<td>Starlett will reach out to planning committee the following week.</td>
<td>March 26-March 29, 2018</td>
</tr>
<tr>
<td>Prep for the next meeting</td>
<td>We discussed the next meeting agenda items. The planning committee will bring possible venue information for the community event.</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Appreciation</td>
<td>Everyone went around and spoke their appreciation.</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>
5. **ADJOURNMENT**

Meeting adjourned at 7:13pm. The next Cumberland CFAC meeting April 26, 2018 at 5:30pm.
ITEM: Finance Committee Report

DATE OF BOARD MEETING: April 5, 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 March 1, 2018, meeting, the Statement of Revenue and Expenses (Budget to Actual) report and ratios for the period ending February 28, 2018.

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
1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the February 1, 2018, meeting were reviewed; a motion was made by Mr. Quick and seconded by Mr. Bostock to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
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</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 January 31, 2018.  
                               | a) Alliance has a deficit of $4,278,204 through January 31st. This was anticipated due to the legislative reductions.  
                               | b) Ms. Pacholke discussed a new report option that was requested at the February meeting. Ms. Pacholke presented 3 options and the Committee chose the option that included fund balance in the summary as well as the fund balance impact at the bottom. This summary will be presented with the detailed Statement of Revenue and Expenses each month.  
                               | c) Alliance is meeting all required Senate Bill 208 and DMA contract ratios. | The Finance Committee will take to the Board for approval. | 3/1/18 meeting |
| 4. Deputy Finance Officer        | A motion was made by Mr. Webley and seconded by Mr. Bostock to appoint Jeff Wright as the Deputy Finance Officer. |                                                       |                      |
| 5. Delegation of Authority Procedure | Mr. Massey went over the policy committee’s changes to the Delegation of Authority procedure. Changes were made to clarify that it’s non-provider contracts $250,000 or less cumulative to the fiscal year. It also added that the CEO can delegate authority for non-provider contracts under $250,000 to | The Policy Committee will take to the Board for approval. | 3/1/18 meeting |

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
### Summary of Savings/(Loss) by Funding Source as of February 28, 2018

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Fund Balance</th>
<th>Revenue</th>
<th>Expense</th>
<th>Savings/(Loss)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Waiver Services</td>
<td>$ -</td>
<td>$ 249,072,936</td>
<td>$ 240,326,316</td>
<td>$ 8,746,620</td>
</tr>
<tr>
<td>Federal &amp; State Grants</td>
<td>10,540,832</td>
<td>26,761,216</td>
<td>37,302,048</td>
<td>(0)</td>
</tr>
<tr>
<td>Local Grants</td>
<td>-</td>
<td>16,733,311</td>
<td>17,590,124</td>
<td>(856,814)</td>
</tr>
<tr>
<td>Administrative</td>
<td>-</td>
<td>36,030,020</td>
<td>35,668,941</td>
<td>361,079</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 10,540,832</strong></td>
<td><strong>$ 328,597,482</strong></td>
<td><strong>$ 330,887,429</strong></td>
<td><strong>$ 8,250,886</strong></td>
</tr>
</tbody>
</table>

Less Amount from Fund Balance $ (10,540,832)

Net Savings/(Loss) $ (2,289,946)
## Statement of Revenue and Expenses (Budget and Actual) - As of February 28, 2018

<table>
<thead>
<tr>
<th></th>
<th>Original Budget</th>
<th>Current Period</th>
<th>Year to Date</th>
<th>Balance</th>
<th>% Received/Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Grants</td>
<td>$36,857,390.00</td>
<td>$2,737,382.98</td>
<td>$16,733,310.67</td>
<td>$20,124,079.33</td>
<td>45.40%</td>
</tr>
<tr>
<td>State &amp; Federal Grants</td>
<td>47,781,186.00</td>
<td>3,153,324.33</td>
<td>26,761,216.15</td>
<td>21,019,969.85</td>
<td>56.01%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>359,425,264.00</td>
<td>33,270,950.99</td>
<td>249,072,935.76</td>
<td>110,352,328.24</td>
<td>69.30%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$444,063,840.00</td>
<td>$39,161,658.30</td>
<td>$292,567,462.58</td>
<td>$151,496,377.42</td>
<td>65.88%</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Administration</td>
<td>369,054.00</td>
<td>30,754.50</td>
<td>246,158.20</td>
<td>122,895.80</td>
<td>66.70%</td>
</tr>
<tr>
<td>LME Administrative Grant</td>
<td>4,359,385.00</td>
<td>363,283.00</td>
<td>2,906,263.98</td>
<td>1,453,121.02</td>
<td>66.67%</td>
</tr>
<tr>
<td>Medicaid Waiver Administration</td>
<td>46,704,978.00</td>
<td>4,386,523.12</td>
<td>32,391,088.06</td>
<td>14,313,889.94</td>
<td>69.35%</td>
</tr>
<tr>
<td>Miscellaneous Revenue</td>
<td>250,000.00</td>
<td>73,000.26</td>
<td>486,509.65</td>
<td>(236,509.65)</td>
<td>194.60%</td>
</tr>
<tr>
<td><strong>Total Administrative Reven</strong></td>
<td>51,683,417.00</td>
<td>4,853,560.88</td>
<td>36,030,019.89</td>
<td>15,653,397.11</td>
<td>69.71%</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>$495,747,257.00</td>
<td>$44,015,219.18</td>
<td>$328,597,482.47</td>
<td>$167,149,774.53</td>
<td>66.28%</td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Services</td>
<td>36,857,390.00</td>
<td>3,023,904.76</td>
<td>17,590,124.29</td>
<td>19,267,265.71</td>
<td>47.72%</td>
</tr>
<tr>
<td>State &amp; Federal Services</td>
<td>47,781,186.00</td>
<td>4,590,059.79</td>
<td>37,302,048.29</td>
<td>10,479,137.71</td>
<td>78.07%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>359,425,264.00</td>
<td>30,054,664.11</td>
<td>240,326,315.53</td>
<td>119,098,948.47</td>
<td>66.86%</td>
</tr>
<tr>
<td><strong>Total Service Expenses</strong></td>
<td>444,063,840.00</td>
<td>37,668,628.66</td>
<td>295,218,488.11</td>
<td>148,845,351.89</td>
<td>66.48%</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational</td>
<td>6,657,386.00</td>
<td>862,977.02</td>
<td>5,526,766.81</td>
<td>1,130,619.19</td>
<td>83.02%</td>
</tr>
<tr>
<td>Salaries, Benefits, and Fringe</td>
<td>38,175,919.00</td>
<td>3,049,475.78</td>
<td>26,014,658.72</td>
<td>12,161,260.28</td>
<td>68.14%</td>
</tr>
<tr>
<td>Professional Services</td>
<td>6,600,112.00</td>
<td>445,879.52</td>
<td>4,127,515.06</td>
<td>2,472,596.94</td>
<td>62.54%</td>
</tr>
<tr>
<td>Miscellaneous Expense</td>
<td>250,000.00</td>
<td>-</td>
<td>-</td>
<td>250,000.00</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Administrative Expenses</strong></td>
<td>51,683,417.00</td>
<td>4,358,332.32</td>
<td>35,668,940.59</td>
<td>16,014,476.41</td>
<td>69.01%</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>495,747,257.00</td>
<td>42,026,960.98</td>
<td>330,887,428.70</td>
<td>164,859,828.30</td>
<td>66.75%</td>
</tr>
<tr>
<td><strong>CHANGE IN NET POSITION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$1,988,258.20</td>
<td>($2,289,946.23)</td>
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</tr>
</tbody>
</table>
**Senate Bill 208 Ratios - As of February 28, 2018**

**CURRENT RATIO**

<table>
<thead>
<tr>
<th>Month</th>
<th>Bench Mark</th>
<th>Alliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEP-17</td>
<td>1.11</td>
<td>3.98</td>
</tr>
<tr>
<td>OCT-17</td>
<td>1.11</td>
<td>3.11</td>
</tr>
<tr>
<td>NOV-17</td>
<td>1.00</td>
<td>2.49</td>
</tr>
<tr>
<td>DEC-17</td>
<td>1.00</td>
<td>2.68</td>
</tr>
<tr>
<td>JAN-18</td>
<td>1.00</td>
<td>2.68</td>
</tr>
<tr>
<td>FEB-18</td>
<td>1.00</td>
<td>2.66</td>
</tr>
</tbody>
</table>

**Per Cent Paid**

<table>
<thead>
<tr>
<th>Month</th>
<th>Bench Mark</th>
<th>Alliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEP-17</td>
<td>99.91%</td>
<td>99.91%</td>
</tr>
<tr>
<td>OCT-17</td>
<td>99.92%</td>
<td>99.96%</td>
</tr>
<tr>
<td>NOV-17</td>
<td>99.96%</td>
<td>99.97%</td>
</tr>
<tr>
<td>DEC-17</td>
<td>99.97%</td>
<td>99.96%</td>
</tr>
<tr>
<td>JAN-18</td>
<td>99.96%</td>
<td>99.91%</td>
</tr>
<tr>
<td>FEB-18</td>
<td>99.91%</td>
<td>99.91%</td>
</tr>
</tbody>
</table>

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

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

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

MEDICAL LOSS RATIO

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: Draft Minutes from the March 1, 2018, Board Meeting

DATE OF BOARD MEETING: April 5, 2018

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

CEO RECOMMENDATION: Approve the minutes.

RESOURCE PERSON(S): Robert Robinson, CEO; Veronica Ingram, Executive Assistant
MEMBERS PRESENT: ☒Glenn Adams, ☒Cynthia Binanay, Chair, ☒Christopher Bostock, ☒Heidi Carter, ☐George Corvin, MD, Vice-Chair, ☒James Edgerton, ☒Lodies Gloston, ☒Phillip Golden, ☒Duane Holder, ☒Curtis Massey, ☒George Quick, ☒William Stanford, Jr. (entered at 4:15 pm), ☒Lascel Webley, Jr., and ☒McKinley Wooten, Jr.

GUEST(S) PRESENT: Denise Foreman, Wake County Manager’s Office; Yvonne French, DMH (NC Department of Health and Human Services/Division of Mental Health); Mary Hutchins, Wake County Finance Department; and Israel Pattison, CFAC Chair

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; Denise Dirks, Administrative Assistant II; Diane Fening, Administrative Assistant III; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Veronica Ingram, Executive Assistant II; Katherine Hobbs-Knutson, MD, Chief Medical Officer; David Jones, Appeals Coordinator; Ken Marsh, Medicaid Program Manager; Beth Melcher, Executive Vice-President/Care Management; Ann Oshel, Senior Vice-President/Community Relations; Sara Pacholke, Senior Vice-President/Financial Operations; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Laura Pollock, Administrative Assistant II (via phone); Monica Portugal, Chief Compliance Officer; Roosevelt Richards, Criminal Justice Specialist; Robert Robinson, Chief Executive Officer; Laylon Williams, Criminal Justice Specialist; Sara Wilson, Government Relations Director; Carol Wolff, General Counsel; Doug Wright, Director of Individual and Family Affairs; Jeff Wright, Finance Manager; and Carla Young, Administrative Assistant I

1. CALL TO ORDER: Chair Cynthia Binanay called the meeting to order at 4:05 pm.

AGENDA ITEMS:

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Oath of Office</td>
<td>Veronica Ingram, notary public, administered the oath of office to Duane Holder.</td>
</tr>
</tbody>
</table>
| 3. Announcements | A. Outgoing Board Members: Chair Binanay expressed gratitude to outgoing Board members; she presented commemorative plaques to Phillip Golden, George Quick, and William Stanford, Jr. Their terms end March 31, 2018.  
B. Budget Retreat: Chair Binanay reminded Board members of this annual meeting on March 27, 2018. Kelly Goodfellow, CFO, will forward additional information.  
C. Mental Health Awareness: Chair Binanay reminded Board members of an upcoming event: May 22 Children’s Mental Health Awareness Dinner. Mr. Robinson shared that notice of additional Mental Health Month events is forthcoming.  
D. EQR (External Quality Review) Report: Mr. Robinson and Ken Marsh, Medicaid Program Manager, presented an overview of this report and next steps. |
| 4. Agenda Adjustments | There were no adjustments to the agenda. |
| 5. Public Comment | There were no public comments. |
| 6. Committee Reports | A. Consumer and Family Advisory Committee – page 3  
The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Durham, Wake, or Cumberland counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services. |
### AGENDA ITEMS:

<table>
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<tr>
<th>DISCUSSION:</th>
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<tr>
<td>This month’s report included minutes from the February Steering, Durham, and Wake committees and minutes from the Cumberland January meeting.</td>
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<tr>
<td>Israel Pattison, CFAC Chair, presented the report. Mr. Pattison mentioned that each subcommittee meets monthly in their respective counties; the joint steering committee also meets monthly and alternates between in-person and telephonic meetings. He thanked Chair Binanay and Mr. Robinson for attending the last steering committee meeting. Additionally, Mr. Pattison provided an overview of upcoming subcommittee meetings and new CFAC members. The CFAC report is attached to and made part of these minutes.</td>
</tr>
</tbody>
</table>

**BOARD ACTION**

The Board received the report.

B. Finance Committee – page 23

The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Board. This month’s report included draft minutes from the February 1, 2018, meeting, the Statement of Revenue and Expenses (Budget to Actual) report, and ratios for the period ending January 31, 2018. James Edgerton, Committee Chair, presented the report. Mr. Edgerton mentioned that all State mandated ratios were met; expenditures exceeded revenue due to a reduction in State funding. Additionally, he mentioned that the Finance Committee recommends that the Board approve Jeff Wright, Finance Manager, as Deputy Finance Officer. He also mentioned that the Finance Committee recommends approval of agenda item 9: Grant to Vermilion Homestead, LLC.

**BOARD ACTION**

A motion was made by Mr. James Edgerton to approve Jeff Wright as Deputy Finance Officer; motion seconded by Mr. Lascel Webley. Motion passed unanimously.

C. Policy Committee – page 29

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 November meeting, policies for continued use and policies with recommended changes.

The following policies were included in the agenda packet for approval without revisions: **CC1: Coordination of Care for Special Health Care Population Policy Management of Service Delivery; CR1: Client’s Rights to Dignity Privacy and Humane Care; CR2: Client’s Right to Confidentiality; CR3: Consumer Choice; CR4: Advanced Directives Advanced Instructions; CS1: Customer Services; PN1: Selection and Retention of Providers; PN2: Letters of Support; PN3: Provision of Services by Relatives-Legal Guardians; PN5:**
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<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
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<tr>
<td>Rule Waiver Requests; QM1: Consumer, Provider and Stakeholder Satisfaction; QM2: Management and Investigation of Grievances; QM3: Management of Incidents; UM1: Accessibility of UR-UM Process; UM2: Pre-Review Screening for Certification; UM3: Utilization Review Criteria; UM4: Utilization Review Process; and UM5: Appealing Clinical Utilization Management Decisions</td>
<td>Mr. Massey reviewed recommended changes for the following policy: G10: Delegation of Authority to the Chief Executive Officer.</td>
</tr>
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</table>

**BOARD ACTION**

A motion was made by Mr. Phillip Golden to approve revised policy G10: Delegation of Authority to the Chief Executive Officer with recommended revisions; motion seconded by Mr. McKinley Wooten. Motion passed unanimously.

| 7. Consent Agenda | A. Draft Minutes from February 1, 2018, Board Meeting – page 61  
B. Audit and Compliance Committee Report – page 67  
C. Executive Committee Report – page 69  
D. Network Development and Services Committee Report – page 72  
E. Quality Management Committee Report – page 102 | 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 adopt the consent agenda; motion seconded by Mr. Christopher Bostock. Motion passed unanimously.

| 8. Appointment Recommendations – page 169 | 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. A seat representing Durham County is currently vacant. Chair Binanay shared that the Board Executive Committee is recommending David Curro for this seat, with a term ending March 31, 2020. His application was sent previously to Board members. |

**BOARD ACTION**

A motion was made by Mr. Curtis Massey to recommend that the Durham Board of County Commissioners appoint David Curro to Alliance’s Board; motion seconded by Mr. Christopher Bostock. Motion passed unanimously.

<p>| 9. Grant to Vermilion Homestead, LLC – page 170 | The developer, Vermilion Homestead, LLC, is seeking a grant from Alliance in the amount of $300,000.00 in consideration for 12 townhome type units for 20 years located at 1311 Cooke Road in Durham. These funds are included in the 2017-2018 Alliance Budget for housing initiatives. The grant is contingent upon NCHFA (NC Housing Finance Agency) approving Vermilion Homestead, LLC’s Integrated Supportive Housing Program (ISHP) loan application. |</p>
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<th>AGENDA ITEMS:</th>
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<tr>
<td>Carol Wolff, General Counsel, reviewed the proposed grant; details of the proposal were sent as part of the board packet. Ms. Wolff mentioned the benefits of this proposal which is also in the current fiscal year’s budget.</td>
<td></td>
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<tr>
<td><strong>BOARD ACTION</strong></td>
<td>A motion was made by Commissioner Heidi Carter to approve issuing a grant of $300,000 to Vermilion Homestead with 12 units reserved for use by Alliance, and subject to approval of the ISHP (integrated supportive housing program w/ NCHFA); motion seconded by Mr. Phillip Golden. Motion passed unanimously.</td>
</tr>
</tbody>
</table>
| 10. Training(s)/Presentations | A. Overview of Jail Mental Health Initiatives – page 190  
Ann Oshel, Senior Vice-President of Community Relations, presented an overview of Alliance’s jail mental health and criminal justice initiatives. Ms. Oshel reviewed current criminal justice efforts, CIT (Crisis Intervention Teams) training for law enforcement officials to interact with persons in a mental health crisis; she also included current numbers of officers trained in each county in Alliance’s catchment area.  
Additionally, Ms. Oshel mentioned the Stepping Up Initiative; this is a national initiative to reduce the number of people with mental illness in jails. Ms. Oshel mentioned the significance of data to develop targeted intervention; this is done through the CJ LEADS report which is compiled daily in each county in Alliance’s catchment area. Board members clarified current post-release programs, continued behavioral health services and lapse of Medicaid coverage for people who are incarcerated in jails. This presentation is attached to and made part of these minutes.  
B. Key Performance Indicators (KPIs) – page 207  
Alliance leadership reviews monthly key performance indicators to ensure organizational performance is on track and where needed course corrections are identified and implemented. Michael Bollini, Executive Vice-President/Chief Operating Officer, presented internal and external key performance indicators including a highlight of Staying Well Initiatives. |  |
| 11. Legislative Update/Priorities – page 208 | Brian Perkins, Senior Vice-President/Strategy and Government Relations, and Sara Wilson, Government Relations Director, presented a legislative update and Alliance’s legislative priorities for NC General Assembly’s legislative short session, which is scheduled to commence in May 2018.  
Mr. Perkins mentioned information sent previously to Board members including recent activity of the NC General Assembly. Ms. Wilson provided an update on the State’s MCAC (Medical Care Advisory Committee) subcommittees; she shared that Alliance staff are participating on these subcommittees. |
AGENDA ITEMS: DISCUSSION:

Mr. Perkins and Ms. Wilson provided an overview of the 2018 legislative priorities. Priorities may be added and adjusted on an as-needed basis to account for developments. Board members discussed potential advocacy partners; the legislative priorities are attached to and made part of these minutes.

**BOARD ACTION**
A motion was made by Mr. James Edgerton to accept the 2018 legislative priorities as outlined by the government relations team; motion seconded by Mr. McKinley Wooten. Motion passed unanimously.

12. Chairman’s Report
Chair Binanay mentioned that next month’s meeting will be at Alliance’s community site in downtown Durham.

13. Closed Sessions

**BOARD ACTION**
A motion was made by Ms. Lodies Gloston to enter closed session pursuant to NCGS 143-318.11 (a) (1) 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.

The Board returned to open session.

**BOARD ACTION**
A motion was made by Mr. Phillip Golden to approve the Johnston County deal points as presented and authorize the CEO to complete negotiations as directed; motion seconded by Mr. McKinley Wooten. Motion passed unanimously.

14. Adjournment
With all business being completed the meeting adjourned at 6:53 p.m.

Next Board Meeting
Thursday, April 05, 2018
4:00 – 6:00 pm

Robert Robinson, Chief Executive Officer

Date Approved
ITEM: County Commissioners Advisory Board Report

DATE OF BOARD MEETING: April 5, 2018

BACKGROUND: As stated in Alliance’s by-laws, the County Commissioner Advisory Board’s duties include serving as the chief advisory board to the area authority and to the director of the area authority on matters pertaining to the delivery of services for individuals with mental illness, intellectual or other developmental disabilities and substance abuse disorders in the catchment area. The draft minutes from the March 1, 2018 meeting are attached.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Robert Robinson, CEO; Denise Dirks, Administrative Assistant
### 1. WELCOME AND INTRODUCTIONS

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
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<tr>
<td>2. Approval of CCAC Minutes.</td>
<td>The minutes from the September 1, 2016 and the September 7, 2017 County Commissioner Advisory Committee meetings were reviewed. The minutes from the September 1, 2016 and the September 7, 2017 County Commissioner Advisory Committee meetings were reviewed and unanimously approved.</td>
<td>None</td>
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<td>3. Purpose / Structure of Future CCAB Meetings</td>
<td>Mr. Robinson described the purpose, scope, and structure of this meeting and invited input from the Commissioners about potential changes to the meeting going forward. All members agreed to keep the meetings in their current structure for the time being.</td>
<td>Commissioners are welcome to submit suggestions for changes to meeting structure at any time.</td>
</tr>
<tr>
<td>4. Legislative Priorities</td>
<td>Brian Perkins, SVP, Strategy &amp; Government Relations, and Sara Wilson, Government Relations Director, presented Alliance’s primary legislative priorities going into the NC General Assembly’s legislative short session, which is scheduled to commence in May 2018. Priorities may be added and adjusted on an as-needed basis to account for developments. Mr. Perkins answered questions about cuts to single-stream funding and how they have impacted Alliance’s re-investment planning. This material was also presented at the March 1, 2018 Alliance Board of Directors Meeting. Commissioner Adams suggested that Alliance reach out to the State Association of County Commissioners, the State Sheriffs Association, and to local hospitals to assist in advancing Alliance’s legislative priorities.</td>
<td>None</td>
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Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
<table>
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<tr>
<td>5. County-Specific Concerns to be Addressed</td>
<td>Commissioners were invited to suggest topics of interest for future meetings. Commissioners discussed the status of the pending crisis facility in Wake County and challenges funding uninsured and underinsured individuals throughout Alliance’s catchment area.</td>
<td>None</td>
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</table>

6. **ADJOURNMENT:** the next County Commissioner Advisory Board meeting will be held June 7, 2018, at 3:00 p.m.
ITEM: Executive Committee Report

DATE OF BOARD MEETING: April 5, 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 March 20, 2018, 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 February 20, 2018, Executive Committee meeting were reviewed; a motion was made by Mr. Bostock and seconded by Mr. Wooten to approve the minutes. Motion passed unanimously.

AGENDA ITEMS: | DISCUSSION: | NEXT STEPS: | TIME FRAME:
---|---|---|---
3. Updates | a) Non-Medicaid Funding Redesign: Ms. Goodfellow provided a preview of the Non-Medicaid services redesign that will be part of next week’s budget retreat presentation. b) Medicaid Reform/NC Legislation: Mr. Robinson mentioned recent activity at the NC General Assembly and potential bills that may impact MCOs. c) Board Vacancies: Chair Binanay shared pending appointment recommendations. d) By-Laws Training: Ms. Ingram shared that a presentation was developed for staff who support Board Committees. This training covers recent changes to the by-laws and how these changes impact Committees and quorum for Committee meetings. e) Johnston County: Mr. Robinson mentioned that Johnston County Commissioners agreed to discussion points on March 5 at their Board of County Commissioners’ meeting. Next steps are with IT and HR departments. Ms. Wolff mentioned that a resolution to validate the merger, amendment to by-laws, lease agreement, etc. are forthcoming. f) CEO Performance Review Schedule: Chair Binanay mentioned revising this process with consultation with the Senior Vice-President/Human Relations. | a) Committee members will view the full presentation at the annual Board budget retreat. b) None specified. c) None specified. d) Ms. Ingram will forward this training electronically to all Committee members. e) Ms. Wolff will provide an update at the May Committee meeting for approval at the June Board meeting. f) As part of the process, Mr. Robinson will forward an overview of the year to the full Board by early April. | a) 3/27/18 b) N/A c) N/A d) 3/21/18 e) 5/15/18 f) Early April |

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

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<tbody>
<tr>
<td>4. Applicant Interview</td>
<td>The Committee interviewed an applicant for a vacant seat representing Durham County.</td>
<td>Ms. Ingram will add this topic to the April agenda.</td>
<td>3/20/18</td>
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<tr>
<td><strong>COMMITTEE ACTION</strong></td>
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<td>A motion was made by Mr. Bostock to recommend that the Board forward Pam Silberman’s application to the Durham Board of County Commissioners; motion seconded by Mr. Edgerton. Motion passed unanimously.</td>
<td></td>
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<tr>
<td>5. 2019 EQR Dates and March Board Meeting</td>
<td>Mr. Robinson mentioned a date conflict for the 2019 external quality review (EQR) and scheduled Board meeting. Committee agreed to move the March 2019 Board and Board Committee dates to March 14, 2018.</td>
<td>Ms. Ingram will include this information for draft 2019 calendar. This calendar will be presented to the Board for approval by December 2019.</td>
<td>3/20/18</td>
</tr>
<tr>
<td>6. Duration of Board Meetings</td>
<td>Mr. Robinson provided multiple recommendations to the Executive Committee to more effectively utilize Board meetings. The Committee discussed options and agreed to hold one presentation/training per Board meeting (with specified time parameters) and requested additional information about events in the community.</td>
<td>Ms. Ingram will update future draft agendas per the Committee’s input.</td>
<td>4/17/18</td>
</tr>
<tr>
<td>7. August 6, 2015, Area Board Draft Agenda</td>
<td>Committee reviewed draft agenda and provided input.</td>
<td>Ms. Ingram will forward the revised agenda to staff.</td>
<td>3/21/18</td>
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</table>

**9. ADJOURNMENT:** the next Committee meeting will be April 17, 2018, at 4:00 p.m.
ITEM: Network Development and Services Committee Report

DATE OF BOARD MEETING: April 5, 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 March 14, 2018, meeting.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): McKinley Wooten, Committee Chair; Beth Melcher, Executive Vice-President/Care Management
APPOINTED MEMBERS PRESENT: ☒ Heidi Carter, M.P.H., M.S., ☐ George Corvin, M.D., ☐ William Stanford, Jr., J.D., ☒ Marilyn Avila; ☒ McKinley Wooten, Jr., J.D. (Committee Chair)

BOARD MEMBERS PRESENT: Cynthia Binnay

GUEST(S) PRESENT: None

STAFF PRESENT: Beth Melcher, Executive Vice-President/Care Management Division; Jeff Payne, Director IDD Care Coordination

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the February 14, 2018, meeting were reviewed; a motion was made by Commissioner Carter and seconded by Mr. Wooten 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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<tr>
<td>3. Presentation on initiatives to support individuals with complex needs</td>
<td>Committee reviewed initiatives to better support individuals with complex needs requiring long term services and supports. Efforts focus on creating multi-disciplinary care teams to provide more comprehensive support. New care management software will support this more robust approach. Also working with providers to create service definition for an interim level of care between institutional and community ICF level of care.</td>
<td>Committee will hear presentation on initiatives related to the DOJ settlement at next meeting</td>
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<tr>
<td>4. ADJOURNMENT: next meeting will be May 9, 2018, from 4:00 p.m. to 5:00 p.m.</td>
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</table>
Targets of the project

• Develop a new model of care management
• Improve health outcomes for people served
• Maximize human resources within Alliance
• Serve the most people in the most impactful way
Why Change Our Approach?

- Changes in DMA/DMH contracts
- Address silos in practice
- Respond to unmet and underserved needs
- Introduce Population Health approach (LTC)
- Changes in Managed Care market in NC
- Litigation (eg. DRNC) re. waiting lists
Progress Before Complete Care

• Preparation to pilot 2 new TBI 1915c waivers
• CRT/Outlier teams within Care Coordination
• High performance of Olmstead IDD team
• Strategic reinvestment of B3DI resources
Care Team Initiative

- Pilot interdisciplinary care team design according to member need and population profile within CRT/Outlier IDD and MHSUD CC

- Learn from predictive analytics

- Use technology to create efficiencies (Jiva)
# Care Management Framework

<table>
<thead>
<tr>
<th>Care Management Components</th>
<th>Definition</th>
<th>Tools / Strategies</th>
</tr>
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</table>
| Identification             | Identification, stratification, and prioritization should be used to identify consumers at the highest risk who offer the greatest potential for improvements in health outcomes. Programs should incorporate clinical and non-clinical sources of information to identify consumers who will most benefit from care management. | - Health risk assessments  
- Predictive models (algorithm-driven model that uses multiple inputs to predict high-risk opportunities for care management)  
- Surveys (e.g., Patient Health Questionnaire 9, Short Form 12)  
- Case finding (e.g., chart reviews, surveys)  
- Referrals (from member, provider, community) |
| Stratification             | Interventions should be tailored to meet individual consumer need, respecting the role of the consumer to be a decision maker in the care planning process. Interventions should be designed to best serve the consumer, be multi-faceted, improve quality and cost effectiveness, and ensure coordination of care. | - Evidence-based practices  
- Interactive care plan, developed based on consumer-set priorities  
- Multidisciplinary care teams  
- “Go to” person  
- Medical home  
- Physical/behavioral health integration  
- Specialized patient engagement (e.g., self-management training) |
| Prioritization             | Evaluation should include systematic measurement, testing, and analysis to ensure that tailored interventions improve quality, efficiency, and effectiveness. Careful and consistent evaluation will build the evidence base in terms of what works for complex and special need populations. | - Program evaluations  
- Rapid-cycle micro experiments (e.g., continuous quality improvement, testing, and program adjustments)  
- Representative measures of quality (e.g., HEDIS, CAHPS)  
- Representative measures of cost (e.g., ROI calculations) |
|                            | Payment/financing should be aligned to support improvements in care management by rewarding consumers and providers for participating in interventions/evaluations and establishing accountability for quality and cost. | - Pay for performance at multiple levels (e.g., health plan, provider, and consumer level)  
- Share in program savings (gainsharing)  
- Case management/medical home payments |
Pilot with CRT/Outlier

- Existing teams in MHSUD and IDD CC which both target underserved, tough to engage, crisis circumstances
- Manageable pilot census to study (n=40)
- Launch pilot within Clinical Ops - bring IDD, MHSUD and medical expertise together
Application of Analytics within CRT/Outlier census

• Use Johns Hopkins ACG for primary health
• Use VCU Social Determinant Screening tool
• Use homegrown ABH Behavioral health algorithm
JH ACG findings for CRT/Outlier

JH Groupers: Resource Utilization Band

JH Groupers: Active Ingredient Count

JH Groupers: Probability of IP Hospitalization
Care Team Composition Proposed

- Service Navigator (Care Coordination)
- BH Clinician (Care Coordination)
- Nurse (Medical)
- Community Navigator (Community Relations)
- Provider Liaison (PN & CC)
- Benefits Coordinator (Finance, Eligibility, Legal)
Evolution

• Stratification and assessment determines care team composition

• ABH employees focus work on practice area specific to member needs (contract changes)

• Team is flexible and changes with members needs

• Team communication and accountability managed in Jiva
ICF Pay for Performance

• Create a step down from high cost state ICFs while promoting community living for individuals with complex needs
• Create a new service line for most acute cases with limited LOS
• Maintain or reduce current expenditures
## Individuals with Complex Needs with Medicaid (2017)

* Medicaid B/B3 only

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Number Served</th>
<th>Annual Cost/Member</th>
<th>Annual Cost to Alliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICF-IID State*</td>
<td>130</td>
<td>$270,769/year</td>
<td>$35.2 Million</td>
</tr>
<tr>
<td>ICF-IID Community*</td>
<td>422</td>
<td>$121,090/year</td>
<td>$51.1 Million</td>
</tr>
<tr>
<td>Innovations</td>
<td>1868</td>
<td>$49,464/year</td>
<td>$92.4 Million</td>
</tr>
<tr>
<td>B3 Medicaid IDD only*</td>
<td>711</td>
<td>$2390/year</td>
<td>$1.7 Million</td>
</tr>
<tr>
<td>TBI Specialty Care*</td>
<td>2</td>
<td>$346,750/year</td>
<td>$693,500</td>
</tr>
<tr>
<td>Waiting List for IDD with Medicaid*</td>
<td>3026</td>
<td>$3205/year</td>
<td>$9.7 Million</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5448</strong></td>
<td></td>
<td><strong>$190.7 Million</strong></td>
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</table>
Olmstead and Provider Engagement

• 13 B3DI transitions since 2015 reducing care costs $1.1 million annually

• 28 individuals identified for transition to lower level of care from hospital, PRTF, state and community ICFs

• 10/27/17 meeting with 7 ICF providers

• Review of alternative definitions to create new LOC
Waiting List Reinvestment

- 3026 persons on ABH IDD Waiting List (prevalence rate is estimated to be 36,000 for ABH service areas, 2% of population).
- # of persons with TBI Waiting unknown (prevalence rate is estimate to be 1440 for ABH service areas, .0008%)
- DRNC filed litigation regarding waiting lists in May 2017
Waiting List Reinvestment

• ABH members wait between 8-10 years to access Innovations waiver

• State budget cuts threaten to reduce or freeze future service enrollment
Waiting List Reinvestment Effort to date

• ABH receives a PMPM for 60% of the Medicaid recipients on the waiting list based on Category of Aid

• After deducting Med B expenses for all persons on waiting list, there was a $2.2 million shortfall, meaning expenses exceeded revenues for this group

• Initial proposal to use savings to increase enrollments may not be possible
Other Reinvestment Challenges

• State funded service cuts will require cost shifting of state service expenses to Medicaid (eg. ADVP)

• Not all Medicaid programs generate the same amount of PMPM revenue

• 14% of those on the waiting list exceeded payments. 32% had Medicaid types which generated no revenue for ABH. 54% generated more revenue than they spent.

• Of the 14% whose revenue exceeded expenses, 1 person had $278,000 more in expenses than revenue generated
Reinvestment Next Steps

• Consider how to redirect savings from ICF and Olmstead transitions to waiting list

• Expand waiting list screening to include anticipated service needs and associated costs

• Project enrollments in 1115 waiver if approved
Project Acknowledgements

- Sharonda Jones
- Jenna Flynn
- Ginger Yarbrough
- Meredith Therrien
- Carlotta Ray
- Nave Sands
- Jarret Stone
- Terrasine Gardner
- Kim Harrer

Dr. Kate Hobbs-Knutson
Dr. Heidi Middendorf
Alison Rieber
Kristy Myers
Anamika Singh
Dena Cannon
Niki Ashmont
Walter Linney
Heather Copely
Kelli Goodfellow
Daniel Fleck
ITEM: Global Quality Management Committee Report

DATE OF BOARD MEETING: April 5, 2018

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

The Alliance Board of Directors’ Chairperson appoints the committee consisting of five voting members consisting of Board members and consumers and/or their family members. Other non-voting members include at least one MCO employee and at least two provider representatives. The MCO employees typically assigned are the Director of the Quality Management (QM) Department who has the responsibility for overall operation of the Quality Management Program; the MCO Chief Medical Officer, who has ultimate responsibility of oversight of quality management; the Quality Review Manager, who staffs the committee; and other staff as designated.

The Global QMC meets at least six times each fiscal year and provides ongoing reporting to the Alliance Board. The Global QMC approves the MCO’s annual Quality Improvement Projects, monitors progress in meeting Quality Improvement goals, and provides guidance to staff on QM priorities and projects. Further, the Committee evaluates the effectiveness of the QM Program and reviews and updates the QM Plan annually. The QM Committee shall review statistical data and provider monitoring reports and make recommendations to the Board of Directors or other Board committees. The QM Committee serves as the Board’s Monitoring and Evaluation Committee charged with the review of statistical data and provider monitoring reports.

The draft minutes and materials from the March 2018 meeting are attached. There was not a quorum. The February meeting minutes were not approved due to lack of quorum. Old business presented to the committee included the very positive results (96% met) from the EQR review. The committee heard a presentation from Sherry Perkins, Alliance’s Privacy & Security Officer, about changes and new guidance regarding 42 CFR (Substance Use Disorder confidentiality), at their request. Most of the rest of the meeting was devoted to a special report on access and availability of services. Call Center staff talked about how individuals may access services through our Access & Information line, in addition to other ways (such as walk ins or direct referrals). Provider Networks staff talked about how providers enter our network and are monitored for compliance with rules and regulations. Tina Howard, Quality Review Manager, gave a quick
update on how Alliance determines whether existing services are meeting needs of individuals served.

Finally, QM presented a proposal for a new Quality Improvement Project focused on Utilization Management, as required by our accreditation body, URAC. Committee members were asked to review the proposal and email Tina if they have any questions or concerns. Since there was no quorum, a vote did not occur. This item will be rescheduled for the next meeting in May (the April meeting is canceled due to Spring Break).

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): George Corvin, Committee Chair; 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); ☒ Joe Kilsheimer, MBA (CFAC)

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

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

GUEST(S) PRESENT: Sherry Perkins, HIPAA Privacy & Security Officer; Cathy Estes, Director of Provider Network Operations; Tiffany Harris, LCSW, Customer Service Supervisor; Laura Bram, MH/SUD Care Coordinator; Yvonne French, Director & Liaison DMH/DD/SAS; Mary Hutchings, Wake Co. Internal Audit;

REVIEW OF THE MINUTES: Approval of the February 1, 2018 meeting minutes was tabled until next month because the committee did not meet quorum.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Welcome &amp; Introductions:</td>
<td>Welcome: Dr. Corvin was not present. Committee Member Phillip Golden opened the meeting and welcomed guests and committee members.</td>
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<td>2. Old Business:</td>
<td>EQR Update (Wes) Alliance received positive results—we scored 96% met (two points higher than last year). Quality Management scored 94% met, the same as last year. We are working on the 15 Corrective Action Items requested by EQR.</td>
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<td>3. New Business:</td>
<td>New Guidance on 42 CFR (Sherry Perkins) SAMHSA finalized proposed changes and issued guidance for 42 CFR (Confidentiality of Substance Use Disorder Patient Records) in January 2018. The committee asked for clarification from Alliance’s Privacy &amp; Security Officer about whether the new changes would help Alliance access data on Medicaid members receiving substance use disorder treatment services (particularly, opioid treatment) from contractors billing the state directly. Sherry explained that the new guidance does not automatically allow the state to give us the information. It would be up to the NC Division Director to determine if we</td>
<td>Alliance staff research Business Agreement with CCNC to determine if information exchange is allowed</td>
<td>Report on progress at next meeting</td>
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</table>
meet the criteria for an exception. Ms. French suggested working with CCNC agencies to exchange information.

**Special Report - Access & Availability (Tina)**
Alliance’s contract with DMA requires that we monitor the “adequacy, accessibility, and availability” of services in our network. The analysis and monitoring include 24/7/365 telephone access, a choice of providers in each community, geographic requirements, enrollee materials, and crisis services. This report provides an overview of Alliance’s efforts to ensure access and availability.

CMS recently issued guidelines related to access and availability which include timeliness of appointments, distance and timely access standards with physical and cultural accessibility.

- **Accessing Services (Tiffany Harris)**
  Tiffany briefed the group of the service accessibility through the Call Center. A small percentage of the calls received by the Call Center are requests for services. Quality measures of Call Center performance include answering calls within 30 seconds (average time: 6-7 seconds, 98% answered in 30 seconds), abandonment rate (less than 1%), and scheduling appointments based on the level of care needed (Routine callers: 94% within 14 days, Urgent callers: about 65% within 2 days). Services are also available through open access clinics in each county for walk-ins, direct call-in, and emergency services.

- **Provider Network Capacity & Choice Update (Tina)**
  Tina explained the process for completing the Needs Assessment and Gap Analysis for the providers in our network. Alliance meets all the required service standards for Medicaid members. Alliance has been given a waiver to some non-Medicaid services. The Needs and Gap Assessment from May 2017 can be found at: [https://www.alliancebhc.org/providers/publications-forms-documents/#Community_Needs_Assessment](https://www.alliancebhc.org/providers/publications-forms-documents/#Community_Needs_Assessment)

- **Credentialing (Cathy Estes)**
  Each Provider must meet certain criteria prior to being in our network. Verifications include criminal background checks, healthcare exclusion lists, licensing, and credibility of ownership and staff. Providers need to be enrolled in NC Tracks as well.
Alliance does issue a limited number of Out of Network contracts typically for Medicaid members that are living outside of our catchment area. Requests are reviewed for feasibility and if services will meet our needs. Contractors must meet the same criteria as our in-network Providers.

- **Network Evaluation/Monitoring for Access Requirements (Damali)**
  Monitoring is conducted by the Network Evaluator utilizing the DHHS monitoring tool for agencies and LIPs (Licensed Independent Practitioners). Evaluators monitor policies/procedures for office wait times, scheduling appointment times within specified timeframes, reasonable accommodations for those with physical or mental disabilities, and posted hours of operation.

### New QIP Proposal (Tina)

#### UM Turn Around Time
Since two QIPs related to UM were closed at the last meeting, Alliance is requesting approval to open another UM-related QIP (per URAC standards for two at any given time). Data indicated that turn-around times (TAT) for Innovations reviews, authorizations, and denials has steadily increased. This QIP is to monitor (TAT) in Innovation Services. Proposed interventions include standardizing the Care Coordination process and ensuring all documentation is received using a checklist. Alliance may consider using a reminder system will be put into place for the Care Coordinator to submit documentation by the deadline.

Committee members are asked to review the proposal and email Tina if they have any questions or concerns. The committee chair may want to vote on the New QIP either by a special meeting called in April or at the next scheduled meeting in May.

### Upcoming Meeting:
At this point, there is no April Meeting due to Spring Break, unless Committee Chair Dr. Corvin decides to call a special meeting to review the new QIP proposal.

The committee requested that the following topics to be discussed at the next meeting:
- **ABLE Accounts (for members with I/DD)** – Alliance’s education efforts and availability of accounts
- **A second new QIP related to UM**
Next meeting is scheduled for May 3, 2018 (Time: 2:00 – 3:30 pm) **Location:** Home Office.
This is Phillip Golden’s last meeting. Phil would like to thank everyone for their time and efforts serving on this committee, Joe with serving on CFAC and others who serve on the Board. Tina, continue with the outstanding job you are doing as well.

Adjournment: Meeting adjourned at 3:00 p.m.
Access & Availability Overview

Presentation to the Global Quality Management Committee
March 1, 2018
Access & Availability

• Definitions – access to all services, availability to meet needs of population, “timely use of personal health services to achieve the best health outcomes”\(^1\).

• Contract requirements (DMA &/or DMH):
  
  • “…[E]stablish, maintain, and monitor a provider network with…provider to provide adequate access to all services”

  • Comply with time access requirements

  • 24/7/365 telephone access

Access & Availability

• Contract requirements:

  • Offer choice of providers (exception if only one provider available-specialties or LME/MCO received approved waiver)

  • Meet geographic requirements (30 miles/30 minutes drive time; rural: 45/45)

  • Send new enrollee materials (within 14 days)

  • Appointment availability (Emergency-2 hours, Urgent-48 hours/2 days, Routine-14 days)
Access & Availability

• CMS guidelines\(^2\):
  • Time & distance standards
  • Timely access standards (typically appointment wait times; could include: in office wait times, operational hours, or telephone access)
  • Provider-enrollee ratios
  • Physical/cultural accessibility

How to Access Services

• Call Center
• Walk-Ins
• Direct referrals
• Emergency services
Availability of Services

• Capacity:
  • 1,613 licensed professionals
  • 285 agencies
  • 249 outpatient practices
  • 36 hospitals/residential treatment

• Capacity and choice requirements – Alliance meets all standards, except those with approved exceptions:
  • Non-Medicaid: Day Treatment, Opioid Treatment, Day Activity, SACOT, PRTF, Level 2 Residential, IDD Supported Living
Availability of Services

• How providers enter network:
  • Credentialing
  • Out of network contracts
  • Single-case agreements
  • Grant-funded contracts
Monitoring Access & Availability

• Outcome measures
• Annual gaps/needs assessment
• Recredentialing
• Monitoring providers for access requirements

\(^3\)Alliance’s most recent Needs & Gaps Assessment (May 2017) is available on our website at: https://www.alliancebhc.org/providers/publications-forms-documents/#Community_Needs_Assessment
## Alliance Behavioral HealthCare
### Proposed Quality Improvement Project for FY 19

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Project Description</th>
<th>Data Source(s)</th>
<th>Duration</th>
<th>Resources Needed</th>
</tr>
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<tbody>
<tr>
<td>UM Turn Around Time (Non-Clinical, MCO-wide, URAC-UM)</td>
<td>Concern: The turn-around time (TAT) for UM decisions (the amount of time it takes to make a decision on a service request) is an important quality element for UM and a URAC standard. Overall, the average TAT has remained well within the requirement of 14 days. However, there has been an increase in average TAT for Innovations reviews—from 7.59 days (Jan-Mar 2017) and 7.29 days (Apr-Jun 2017) to 8.25 days (Jul-Sept 2017). The longest TAT for Innovations authorizations are those that are denied—14.5 days for administrative denials and 10.54 for clinical denials. 11% of all Innovations authorizations are deemed unable to process, an increase from 6% in Jan-Jun 2017. Additionally, this decision took an average of 8.23 days, an increase of 1.2-1.4 days from Jan-Jun 2017. The average TAT for approved authorizations (those expected to take the least amount of time) was 8.13 days. Additionally, 89% of reviews that exceed 14 days involve Innovations services. Additionally, Alliance has received allocation for increased waiver slots however, this did not result in new IDD UM Care Manager positions. This requires the department to improve in efficiencies to meet the demands of the increase in waiver reviews anticipated. IDD UM reviewers reported that missing documentation is a key reason for longer TAT and coding reviews as unable to process.</td>
<td>Alpha, MS (SAR Decision Date &amp; IDD ISP Submission Reports)</td>
<td>October 2017 – June 30, 2019</td>
<td>LME/MCO POC: QR Coordinator II Additional Resources: UM Director, Care Coordination-IDD Director, Exec. VP-Care Management</td>
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<td>Project Name</td>
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<td>QI Project:</td>
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<td>Goals:</td>
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<td>- Reduce average TAT for Innovations authorizations to 8 days or less</td>
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<td>- 100% of administrative denials reviewed within 10 days or less</td>
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<td>- Reduce average TAT for approved authorizations to 6 days or less</td>
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<td>Proposed interventions:</td>
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<td>- Transition IPRS and B3 requests to licensed staff working in MH/SUD UM to reduce IDD workload and improve quality of clinical reviews</td>
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<td>- Implement checklist for Care Coordinators to ensure all needed paperwork is included with request</td>
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<td>- Monthly data analysis (as automated as possible)</td>
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<td>Real-time feedback (by UM Administrative Staff) to Care Coordinators &amp; their Supervisors regarding presence and timeliness of checklist submission. Backup Interventions:</td>
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<td>If performance has not improved within 3 months after start of QIP, the PAT will consider the following additional interventions:</td>
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<td>- UM create a reminder system, several days prior to deadline, for Care Coordinators and their Supervisors when information is missing or not yet received</td>
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<tr>
<td>Project Name (Areas of Focus, Status, Requirements Met)</td>
<td>Project Description</td>
<td>Data Source(s)</td>
<td>Duration</td>
<td>Resources Needed</td>
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<td>• Share checklist with individuals, their families, and providers in notice of administrative denial letters</td>
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ITEM: Appointment Recommendation for Alliance Board of Directors

DATE OF BOARD MEETING: April 5, 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. A seat representing Durham County is currently vacant. The Board Executive Committee is recommending Pam Silberman for this seat, with a term ending March 31, 2020.

REQUEST FOR AREA BOARD ACTION: The Board is requested to recommend to the Durham Board of County Commissioners the appointment of Pam Silberman.

CEO RECOMMENDATION: Recommend to the Durham Board of County Commissioners the appointment of Pam Silberman.

RESOURCE PERSON(S): Cynthia Binanay, Board Chair; Robert Robinson, CEO
ITEM: Alliance Complete Care

DATE OF BOARD MEETING: April 5, 2018

BACKGROUND: Alliance has been developing a population health model named Alliance Complete Care to more effectively support and manage the populations we serve, achieve better health outcomes, and prepare for the transition to a tailored plan in Medicaid reform. The model utilizes data analytics to identify populations and takes a comprehensive care approach to incorporate effective interventions, engagement and self-management strategies, physical health, and social determinants of health. The model envisions creating multi-disciplinary teams responsible for implementing this population management model.

REQUEST FOR AREA BOARD ACTION: Receive the training.

CEO RECOMMENDATION: Discuss the training.

RESOURCE PERSON(S): Beth Melcher, Ph.D., Executive Vice-President/Care Management