MEMBERS PRESENT: ☒Cynthia Binanay, Vice-Chairwoman, ☒Christopher Bostock, Chairman, ☒George Corvin, MD, ☒Kenneth Edge (via phone), ☒James Edgerton, ☒Lodies Gloston, ☒Phillip Golden (via phone), ☒John Griffin, Ed.D, ☒Curtis Massey, ☐Rev. Michael Page, ☒George Quick, ☒Vicki Shore (exited at 5:22 pm), ☒William Stanford, Jr., ☒Caroline Sullivan, ☐Amelia Thorpe, ☒Lascel Webley, Jr. (via phone; exited at 6:06 pm), and ☒McKinley Wooten, Jr.

GUEST(S) PRESENT: Caroline Ambrose, CFAC Chair; Denise Foreman, Wake County Manager’s Office; and Rick Brajer, Secretary of NC Department of Health and Human Services (DHHS)

ALLIANCE STAFF PRESENT: Michael Bollini, Chief Strategy Officer; Dr. Tedra Anderson-Brown, Medical Director; Hank Debnam, Cumberland Site Director/Veterans Point of Contact; Joey Dorsett, CIO; Doug Fuller, Director of Communications; Kelly Goodfellow, CFO; Amanda Graham, Chief of Staff; Carol Hammett, General Counsel; Veronica Ingram, Executive Assistant; Ken Marsh, Medicaid Program Director; Ann Oshel, Chief Community Relations Officer; Sara Pacholke, Controller; Kelly Phillips, Director of Budget and Financial Analysis; Monica Portugal, Chief Compliance Officer; Al Ragland, Chief HR Officer; Rob Robinson, CEO; Matthew Ruppel, Director of Program Integrity; Sean Schreiber, Chief Clinical Officer; and Doug Wright, Director of Consumer Affairs

1. CALL TO ORDER: Chairman Christopher Bostock called the meeting to order at 4:04 p.m.

AGENDA ITEMS:

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Announcements</td>
<td>A. FUTURE DEVELOPMENT WORKGROUP: Chairman Bostock reminded Board members that this staff workgroup meets monthly and Board members are invited to attend these meetings. The next meeting will be Tuesday, June 7, 2016, at 4:00 pm. Board members are encouraged to contact Ms. Ingram to confirm their attendance.</td>
</tr>
<tr>
<td></td>
<td>B. BOARD SEAT VACANCY: Chairman Bostock reported that Ann Akland has resigned from the Board.</td>
</tr>
<tr>
<td>3. Agenda Adjustments</td>
<td>Chairman Bostock mentioned one agenda adjustment: item11A will occur after the CFAC report. There were no other adjustments to the agenda.</td>
</tr>
<tr>
<td>4. Public Comment</td>
<td>There were no public comments.</td>
</tr>
<tr>
<td>5A. CFAC Report – page 5</td>
<td>The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Durham, Wake, or Cumberland counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services. This month’s report included draft minutes from the Cumberland, Durham and Wake CFAC subcommittees. The committee reports were sent as part of the Board packet; Caroline Ambrose, CFAC Chair, presented the report. Ms. Ambrose mentioned recent CFAC events: participation at NAMI walk, received annual training on mental health awareness and financial stability, and CFAC continues to review and revise its by-laws as needed. Additionally, Ms. Ambrose shared that planning has begun for next year’s CFAC events and selection of FY17 officers which will occur at the next CFAC meeting.</td>
</tr>
</tbody>
</table>
### 11A. Closed Session

**BOARD ACTION**

A motion was made by Dr. George Corvin to enter closed session pursuant to NC General Statute 143-381.11 (1) to prevent disclosure of information that is confidential and not a public record under NCGS 122C-126.1; seconded by Commissioner Caroline Sullivan. Motion passed unanimously.

The Board returned to open session.

### 5. Committee Reports

#### B. FINANCE COMMITTEE – page 76

The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board. This month’s report included draft minutes from the May meeting. James Edgerton, Finance Committee Chair, presented the report. Mr. Edgerton stated that state mandated ratios were met and revenues exceeded expenditures. He and Kelly Phillips, Director of Budget and Financial Analysis, provided background information to support the Finance Committee’s recommended budget adjustments.

**BOARD ACTION**

A motion was made by Mr. James Edgerton to increase the SAMHSA/BECOMING grant budget by $4,590,274 due to the match needing to be accounted for in the budget; seconded by Mr. George Quick. Motion passed unanimously.

A motion was made by Mr. James Edgerton to amend the 2016 budget by $14,979,129 due to higher than anticipated Medicaid payments, receipt of additional allocations and retro-Medicaid payments; seconded Dr. George Corvin. Motion passed unanimously.

#### C. POLICY COMMITTEE – page 83

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 to meet this requirement. This month’s report included minutes from the May meeting and policies recommended for continued use or revision.

Curtis Massey, Committee Chair, presented the report. He noted that the following HR policies are recommended for continued use: Recruitment and Selection; Conditions of Employment; Classification and Compensation; Alcohol and Drug-Free Workplace; Time and Attendance; Sexual Harassment; Leave; Clinical Staff Credentialing; Performance Management; Separation; Employee Complaint; and Reduction in Force

Mr. Massey reviewed the recommended revisions for the following HR policies: Equal Employment Opportunity/Affirmative Action; Employee Benefits; Family and Medical Leave Act; Disciplinary Action; and Employee Grievance.
Mr. Massey reminded Board members that personnel policies, employee benefit plan, and budget amendments require a super majority (75%) approval. Additionally, Mr. Massey mentioned that review of the by-laws would occur at an upcoming Policy Committee meeting.

**BOARD ACTION**

A motion was made by Mr. Curtis Massey to adopt the policies as existing subject to the amendments detailed; seconded by Mr. George Quick. Motion passed unanimously.

<table>
<thead>
<tr>
<th>6. Consent Agenda</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Draft Minutes from May 5, 2016, Board Meeting – page 109</td>
<td></td>
</tr>
<tr>
<td>B. Audit and Compliance Committee Report – page 114</td>
<td></td>
</tr>
<tr>
<td>C. Executive Committee Report – page 132</td>
<td></td>
</tr>
<tr>
<td>D. Network Development and Services Committee Report – page 135</td>
<td></td>
</tr>
<tr>
<td>E. Quality Management Committee Report – page 160</td>
<td></td>
</tr>
<tr>
<td>F. HR FY17 Classification and Grade Plan – page 228</td>
<td></td>
</tr>
</tbody>
</table>

Chairman Bostock reminded Board members that the consent agenda was sent as part of the Board packet; there were no questions or discussion about the consent agenda.

**BOARD ACTION**

A motion was made by Commissioner Caroline Sullivan to approve the consent agenda; seconded by Mr. William Stanford. Motion passed unanimously.

<table>
<thead>
<tr>
<th>7. FY17 Recommended Budget</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. PUBLIC HEARING – page 235</td>
<td></td>
</tr>
<tr>
<td>At the May Board meeting Kelly Goodfellow, CFO, and Kelly Phillips, Director of Budget and Financial Analysis, presented the FY17 recommended budget. Chairman Bostock mentioned that as required by Local Government Budget Fiscal Control Act, § 159-12 (b), the Board shall hold a public hearing before adopting the budget ordinance for the fiscal year. The Board held a public hearing on the FY17 budget. There were no comments; the public hearing closed.</td>
<td></td>
</tr>
<tr>
<td>B. 2017 APPROVED BUDGET – page 236</td>
<td></td>
</tr>
<tr>
<td>Kelly Phillips provided a follow up presentation for the FY17 budget. The FY17 budget presentation is attached to and made part of these minutes.</td>
<td></td>
</tr>
</tbody>
</table>

**BOARD ACTION**

Per the by-laws a seventy-five percent majority is required to vote on budgetary matters; the Board did not have 75% of its members in attendance. The Board discussed holding an additional meeting in conjunction with the Executive Committee meeting scheduled on June 21, 2016, at 4:00 pm to approve the FY17 budget.
8. Proposal to Cancel the July 7, 2016, Board Meeting – page 265

As stated in Article III Sections A and D of the Board by-laws, regular meetings of the Area Board shall be held at least six times each year at a location and time designated by the Area Board. The matter placed before the Board was for a vote on whether the Board would like to cancel the July regularly scheduled meeting.

**BOARD ACTION**

A motion was made by Dr. John Griffin to cancel the July 7, 2016, Board meeting; seconded by Commissioner Caroline Sullivan. Motion passed unanimously.

9. Election of FY17 Board Officers – page 267

As stated in the by-laws officers of the Area Board shall be chosen for a one-year term at the final meeting of the fiscal year and shall be as follows: Chairperson and Vice-Chairperson. Officers shall serve for no more than two consecutive terms. Each Area Board member shall be eligible to serve as an officer.

**BOARD ACTION**

A motion was made by Dr. George Corvin to nominate Chris Bostock as FY17 Chair; seconded by Commissioner Caroline Sullivan. Nominations closed. By unanimous vote via show of hands and verbal confirmation Christopher Bostock was elected as Chair.

A motion was made by Mr. William Stanford to nominate Cynthia Binanay as FY17 Vice-Chair; seconded by Commissioner Caroline Sullivan. Nominations closed. By unanimous vote via show of hands and verbal confirmation Cynthia Binanay was elected Vice-Chair.

10. Chairman’s Report

There was no report.

11. Closed Session

**BOARD ACTION**

A motion was made by Mr. George Quick to enter closed session pursuant to NC General Statute 143-318.11(a) (6) to consider the qualifications, competence, and performance of an employee; seconded by Dr. George Corvin. Motion passed unanimously.

The Board returned to open session.

12. Adjournment

With all business being completed the meeting adjourned at 6:34 p.m.

---

**Next Board Meeting**

**Thursday, August 04, 2016**

4:00 – 6:00
ITEM: Consumer and Family Advisory Committee (CFAC) Report

DATE OF BOARD MEETING: June 2, 2016

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

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

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

The Alliance CFAC tries to meet its statutory requirements by providing you with the minutes to our meetings, letters to the board, participation on committees, outreach to our communities, providing input to policies affecting consumers, and by providing the Board of Directors and the State CFAC with an Annual Report as agreed upon in our Relational Agreement describing our activities, concerns, and accomplishments. The Alliance CFAC is currently chaired by Caroline Ambrose while Israel Pattison serves as vice-chair.

REQUEST FOR AREA BOARD ACTION:
The Alliance CFAC subcommittees met in their individual counties in May. Please receive the minutes and accompanying documents for your review.

CEO RECOMMENDATION:
Receive the draft minutes.

RESOURCE PERSON(S):
Caroline Ambrose, CFAC Chair; Doug Wright, Director of Consumer Affairs
MEMBERS PRESENT: Jackie Blue, Tracey Glenn-Thomas, Dr. Michael McGuire, Carrie Morrisey, Dorothy M. Johnson

GUEST(S) PRESENT: Doug Wright (Alliance), Starlett Davis (Alliance), C.J. Lewis (NC Division MH/DD/SAS)

1. WELCOME AND INTRODUCTIONS - Doug welcomed everyone to meeting.

2. REVIEW OF THE MINUTES - Minutes from Jan. 28th and March 24th were tabled. No quorum at the beginning of the meeting. Doug facilitated in the absence of the chair and co-chair.

<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>Doug Wright asked for Public Comments/Concerns in the community. Tracey expressed concern about an individual she is assisting and wanting to gain resources in the community. She explained her concerns with the child needing a safe place to express themselves and needing an outlet. Tracey was concerned because the child was starting to act out. Doug explained that services needed could be obtained by calling the 24 hour access number. He also explained that if there was some type of trauma involved, minors could call without the parents. We discussed that care reviews are an option to get resources in the community. She also asked Starlett Davis, Consumer Affairs Specialist, for possible resources in the community. She explained she would get a resource list together and email it to her by the end of the day, Friday. Carrie was happy to be here and out of the house after her operations. Tracey shared that there will be a drop off this weekend. It is a safe place you can drop off expired medication for it to be disposed of properly. Dorothy shared that there is a drop off</td>
<td>Starlett Davis will provide Tracey with resources requested.</td>
<td>4/29/2016</td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------</td>
<td>-------------</td>
<td>------------</td>
</tr>
<tr>
<td>State Updates</td>
<td>C.J. did not have any major updates. The next State CFAC is May 11, 2016 at Dorthea Dix Campus. See C.J. for additional information. Next State to Local conference call is May 18. He has number and access code if you want to participate. That is from 7:30 to 8:30pm. That was all for the updates.</td>
<td>The next State CFAC meeting can be attend via phone or in person on 5/11/16 at 7:30pm to 8:30pm.</td>
<td>May 11, 2016</td>
</tr>
<tr>
<td>MCO Updates</td>
<td>The State Collaborative was held in Ashville. Doug went along with other Alliance/CFAC members and supporters from the triangle area. CFAC members and others came from all over the state to talk to the secretary about what’s going on. It was an enjoyable trip and the secretary seems to be</td>
<td>The Secretary is still moving forward with the merger. Reports are due to him the end of September.</td>
<td>September 2016</td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------</td>
<td>-------------</td>
<td>------------</td>
</tr>
<tr>
<td>at the police station on Raeford rd. and at the substation. There is a drop off at the station downtown. Dorothy talked about the community happenings and meetings she attended. She explained she went to a collaborative meeting at the Police Department and they have a list they are putting out at the library of where the expired medication drop off areas will be. Cape Fear Valley will be putting out a resource book on the different services they have available through the hospital. Mobile Crisis Team plans to hire two more full time staff depending on funding. Roxie has finished doing the detox facility. They have programs that are 11 to 16 day stay with 4 beds. They will eventually have a therapist in the Alliance building and can be seen if they person can pay or not. NAMI will have their National Children Mental Health Awareness day on May 3rd for the kids. On the 5th, NAMI will have their conference at DSS on Ramsey St. The NAMI Walk will be next Saturday. Jackie spoke to the individuals in CIT and they were very receptive. She was pleased with the reaction form the individuals.</td>
<td>NAMI will have their Nat. Chid. Men. Hlth Aware, Day on May 3rd and their conference on May 5th</td>
<td>May 3, 2016 May 5, 2016</td>
<td></td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>very engaged in listening to consumers and families. He seems to be genuine in that manner and tries to ask more questions and listen instead of talking. Doug believes he would like to see things get better. Some of the CFAC displayed brochures. Doug displayed the annual agreement and public seemed to be interested in that. Crystal Farrell was also a speaker and spoke about the Crisis Solutions in regards to what is going on in society today. It was relative to what we are doing down here in regards to Fellowship Health Resources and the jail to try to give the individuals coming out of jail really good case management for about 9 months after getting out. Hopefully this will become a part of the service definition to be utilized in all populations. That is the goal. The Secretary did talk about the mergers a bit. Nothing has changed. His expectation is to have a plan delivered to him by the end of September explaining how Alliance and Sandhills will merge together and become one entity. We stand willing and open to conversations with Sandhills. However, nothing has moved forward at this point. There will 4 MCO’s so that we will be effective and compete well in the market and keep the MCO system for behavioral health in NC. The money that we save gets invested back in the community. The Secretary knows that this is important. Mental Health Awareness Month. Ms. Dorothy gave a run down. We have NAMI Walks, Children Awareness Day, and NAMI conference. Doug reminded CFAC that they made a commitment to participate in the NAMI walk. The table was requested by CFAC so it has been provided. FYI: Doug will not be here for the May meeting which is next month.</td>
<td></td>
<td>CFAC is to participate in NAMI Walks as they requested prior. The walk is on May 7, 2016.</td>
<td>May 7, 2016</td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Budget: The Board of Directors will be doing the approval for the budget at the June meeting. Some of the CFAC members went on a retreat and presented on behalf of what you needed.</td>
<td>Consumer Affair Specialist will be preparing to conduct the walk through and will occur monthly starting May.</td>
<td>Continuous starting May 2016</td>
<td></td>
</tr>
<tr>
<td>Doug announced that the Consumer Affairs will be performing an executive walk through. This is meant to be a quality improvement process. This process will start by calling the providers to set an appointment, evaluating how long it takes to answer the phone or if you get an email. The specialist will then access if there is a bus stop nearby, how far away it is and if the building is handicap accessible. It will continue with spending time with some of the consumers and accessing how they feel about the agency and how long they had to wait, the atmosphere of the facility and the energy of the staff. It will conclude with the specialist speaking with a designated person on what the MCO can do to help or change. A letter will follow up the visit giving suggestions and recommendations on encouragement in being recovery and consumer oriented.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dorothy expressed concerned about the confusion of the website and how the public is made aware of the provider’s service. She suggested that the information be posted at Alliance. Doug explained that there are a few thousand of providers in the area that would be a challenge.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ms. Jackie suggested that we request City Hall to make a proclamation for Mental Health Awareness Month for this year if it isn't too late or next year. Dorothy explained that this may happen at the NAMI conference. She also suggested she contact Ms. Hannah to discuss it. Dr. McGuire</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>suggested that Kenneth Edge, Larry Wright, and Charles Evans to be called. These two are very supportive of these events and Alliance. He also suggested to contact Paul from the Fayetteville Observer to find someone to cover the upcoming events.</td>
<td>Consumer Affairs Specialist will continue to do the Satisfaction Surveys to obtain our progress and needs in the Community Relations/ Consumer Affairs Department.</td>
<td>Consumer Affairs Specialist will continue to do the Satisfaction Surveys to obtain our progress and needs in the Community Relations/ Consumer Affairs Department.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Consumer Affairs is doing a new process in the care reviews. We are conducting a Satisfaction Survey. The process is where Star speaks with the consumer and families after the review to see how they feel it worked for them and how we might improve that process. This gives Star an opportunity to give them a card and make that personal contact. They are able to call and ask any questions that they may have thought of.</td>
<td>Gaps and Needs have been acknowledge and documented for review.</td>
<td>Gaps and Needs have been acknowledge and documented for review.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Dr. McGuire inquired will the merger have any effect on the innovations waiver list. Doug explained the process of the waitlist changes when it went from CAP to Innovations. Each county will have a list and there should not be any reshuffling as it did in the past. Dr. McGuire also explained that when a child transitions into an adult they are falling through the cracks because the providers are not letting them know they will have to change providers. Doug explained that the individual will stay with the services through innovations unless they stop using them. The needs may change a bit but they will still have services. Dr. McGuire explained that the providers are not letting the parents know that they are going to need another provider for the adult services/ guardianship issues and the consumers are falling through the cracks. Tracey explained that the Care Coordinators would help with that transition in keeping the parent informed. Doug explained that it is the responsibility of the guardian to make sure they are</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>obtaining whatever information needed for this transition from the Care Coordinator and other resources. The Care Coordinators are responsible for guiding them in the process. If there is an issue with this process, then the consumer or guardian can call the access number. Doug or Star and file a complaint and go from there. Dr. McGuire explained that one of our gaps is getting out information and this spans across the board including the educational system. Doug explained that one way that barrier can be broken is participating in the PTA as advocates and parents. Doug stated that it is recognized in our needs and gaps and that some efforts are being made to advertise and market.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ellen Gibson, other potential members, members not participating.</td>
<td>Contact Ellen Gibson to make sure she will be at the June 6, 2016 Corporate CFAC meeting.</td>
<td>June 6, 2016</td>
<td></td>
</tr>
<tr>
<td>Membership Discussion</td>
<td>Doug stated that he is happy that the individuals present were there. However, we need more people. Last month was a challenge. There were more visitors that members. There are a lot of people on the list that are not showing up. That’s ok but they need to be taken off of the roster. That is what needs to be done at the next meeting. The individuals that are not coming need to be contacted and notified. The CFAC committee needs to recruit more members. This is the responsibility of the committee. Alliance is here to support. Ms. Jackie and Tracie inquired about the guidelines of membership. Ms. Tracie explained that the Care Coordinator letting the consumer know about the meetings was very helpful and asked if they would continue to refer the consumers here.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**AGENDA ITEMS:**

**DISCUSSION:**

We discussed Ellen Gibson and being presented at the last Corporate CFAC meeting. Doug would like her to be present at the next Corporate CFAC meeting to be presented then if possible via the video conference or in person in Durham. Doug brought up that we need to think about considering meeting every other month due to the lack of participation in the meeting. Jackie and Tracey did not care not meeting as often in person. Doug explained that it is not something that has to be decided on right now but needs to be discussed at the next meeting. Doug also explained that the days that the meeting occurs should be discussed since there may be a gap if the meeting frequency changes.

Doug explained it is time to do a community event. It could be a large or small event. Dorothy explained that CFAC information should be taken to other meetings in the community so they will be aware of CFAC as well as the upcoming events CFAC is doing. Jackie suggested using the public radio station being interested in advertising for CFAC. Doug suggested Greg Perkins as a resource.

**NEXT STEPS:**

Meeting frequency and community event will be discussed at the May meeting.

**TIME FRAME:**

May 26, 2016

| Appreciation | Doug expressed appreciation for all of us being there. | N/A | N/A |

5. **ADJOURNMENT**

Meeting was adjourned at 7:07pm.

Next meeting May 26, 2016, 5:30pm.
MEMBERS PRESENT: Jim Henry, Joe Kilsheimer, Allison Stutts, Tammy Harrington, Dan Shaw, Steve Hill, Sharon O’Brien
GUEST(S) PRESENT: Alliance Staff: Doug Wright-Director of Consumer Affairs, Yancee Pérez-Consumer Affairs Specialist, C.J. Lewis- NC Division MH/DD/SAS

1. WELCOME AND INTRODUCTIONS: Meeting and welcome by Steve 5:45 p.m.
2. REVIEW OF THE MINUTES: Joe moved to accept the minutes, seconded by Dan.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Comment/</td>
<td>No comments made.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumer/Family Concerns</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Updates</td>
<td>Next State CFAC meeting will be held on May 11th at the Dorthea Dix Campus from 9 a.m.-3 p.m. The state to local conference call- connect with C.J. for the number to call in. Self-assessment questionnaire; please complete this form and send back to C.J. Lewis at: <a href="mailto:Chris.J.Lewis@dhhs.nc.gov">Chris.J.Lewis@dhhs.nc.gov</a> before the next Durham Subcommittee meeting in July.</td>
<td>Email C.J. for the most current Consumer Empowerment Team Update.</td>
<td></td>
</tr>
<tr>
<td>MCO Updates</td>
<td>First in Families presented at the Alliance CFAC in April, a key component of their presentation was the sibling support group. Find out more info: <a href="https://www.siblingsupport.org/">https://www.siblingsupport.org/</a> Israel is working on completing the bylaws as a committee of one. Be on the lookout for the new edition. Doug encouraged participation by other CFAC members in helping complete/revise the new bylaws. There is an invite that is to come via Google docs. Doug encouraged CFAC members to look at the document. There was a question from Dan regarding whether Johnston county would be coming in? Doug responded that this is something to think about at mergers are on the horizon.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Regarding mergers; there is really nothing new to report. The secretary has asked the LME/MCO’s to submit a plan by September. Jim posed the question of how Alliance would merge. Doug responded that the best way is to bring in an outside facilitator, because in essence you become a new company and would want to draw from the strengths of both LME/MCO’s. When it is someone from the outside, it takes the emotions out of it. Has it been decided that Sandhills will be who we merge with? The answer is yes. Doug: the state has made it apparent that in order to be viable when Medicaid reform takes place there must be a merger. These are the thoughts of the secretary. It appears that the process of merging will be a 12 to 18 month process. A question was posed as to CFAC’s input in the merger. Doug responded that CFAC needs to ask for the opportunity to have input in this process. CFAC is autonomous and can begin the conversation now. There was further conversation as to the best way to have this take place. Ultimately a motion was made to have Doug propose, at the full Alliance CFAC, the action of contacting the Sandhills CFAC to begin a conversation. The motion was passed. Doug to be on vacation at the end of this month.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>The board will present their budget at the June meeting and it will be approved in June. Carrie participates on the board.</td>
<td>Doug reminded the CFAC that it is time once again for the annual report, so take note of activities, wish list, concerns, etc. Doug will send out a form to aid in the gathering of this information, as well as look over past minutes and glean information from there. Essentially, the report will list the legislative responsibilities and what CFAC has done to address each one.</td>
<td>Contact Doug if you would like to volunteer.</td>
<td></td>
</tr>
<tr>
<td>The NC Council spring policy forum is coming up and a need for volunteers from CFAC is requested. Volunteering involves announcing speakers, making announcements, etc. The forum will be held in Raleigh at the Hilton June 20th-21st. Doug needs to know by the 10th if you would like to volunteer.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Consumer Affairs Department recently hired staff member, Stacy Guse, to be the new Consumer Affairs Specialist in Wake county. Also, the Consumer Affairs Department have implemented something new called an executive walkthrough. This process involves setting up an appointment with provider agencies (random sample of those in the network) and letting them know we are coming by to do a walkthrough. What we want to glean are some things like: is it easy to find? Was there a bus stop nearby? Is it handicap accessible? Is it recovery oriented? This also serves to give the provider an opportunity to tell Alliance what it can do to make things better. After the walkthrough providers can expect a letter regarding the information obtained during the visit. We do this because we want to see providers and get to know what they are like. Information is</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td></td>
<td>then generated and passed on to QM. The Consumer Affairs department is also directly involved in the care review process and also completing 3 month follow-up phone calls. Immediately following the care review, individuals fill out a survey about their experience. This is also an opportunity for the Consumer Affairs Specialist to give their number to the person, in case they get home and have questions, they can call and get some support.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Awareness</td>
<td>This month is Mental Health Awareness month and there are multiple activities happening throughout the Durham community throughout the month. BECOMING (the SAMHSA grant) has multiple activities on their calendar.</td>
<td>Yancee to send out BECOMING calendar of events via email to CFAC members.</td>
<td></td>
</tr>
<tr>
<td>Announcements</td>
<td>Sharon spoke about the State CFAC Collaborative in Asheville towards the end of April. The secretary, Rick Brajer, was in attendance alongside CEO of Smokey Mountain LME/MCO. She also mentioned the ribbon cutting ceremony of a new behavioral health urgent care facility, and a conversation held around the topic of integrated care. There were multiple opportunities during the conference to pose questions, and make comments.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5.  **ADJOURNMENT**

Meeting adjourned 7:15 p.m.
Mental Health Awareness
Understanding Mental Health Challenges

- A medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning
- Affect every aspect of life
- Can affect persons of any age, race, religion or income
- Not the result of personal weakness, lack of character or poor upbringing
Understanding Mental Health Challenges

• One in four adults in America experiences a mental health disorder in a given year
  o One in 17 lives with a serious mental health challenge such as schizophrenia, depression or bipolar disorder

• Half of the adults in America will develop a mental health challenge sometime in their lives

• One in 10 children lives with a serious mental or emotional disorder
Understanding Mental Health Challenges

• Symptoms of mental health challenges can appear as physical problems, such as abdominal pain, back pain or headache.

• A thorough medical workup is important to understanding the cause and diagnosis of mental health challenges.
Serious Mental Health Challenges

• Major depression
  o Mood state that goes well beyond temporarily feeling sad or blue

• Schizophrenia/schizo-affective disorder
  o Affects 2.4 million American adults

• Bipolar disorder
  o Chronic illness with recurring episodes of mania and depression
Serious Mental Health Challenges

• Obsessive compulsive disorder (OCD)
  o Obsessions are intrusive, irrational thoughts; unwanted ideas or impulses

• Anxiety/panic disorder

• Posttraumatic stress disorder (PTSD)
  o Affects many different people, from survivors of rape and natural disasters to military service men and women
Serious Mental Health Challenges

• Borderline personality disorder
  o Pervasive instability in moods, interpersonal relationships, self-image and behavior

• Attention-deficit hyperactivity disorder (ADHD)
  o Characterized by inattention, hyperactivity and impulsivity

• Dissociative Identity Disorder
Risk Factors

• Close blood relative with a mental health challenge.

• Mother’s exposure to viruses, toxins, drugs or alcohol during pregnancy

• Stressful life situations, such as financial problems, a loved one’s death or a divorce

• Chronic medical condition, such as cancer

• Brain damage as a result of a serious injury
Risk Factors

• Traumatic experiences, such as military combat or being assaulted
• Use of illegal drugs
• Being abused or neglected as a child
• Lack of friends or healthy relationships
• Having a previous mental health challenge
<table>
<thead>
<tr>
<th>Signs and Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Feeling sad or down</td>
</tr>
<tr>
<td>• Confused thinking or reduced ability to concentrate</td>
</tr>
<tr>
<td>• Excessive fears or worries</td>
</tr>
<tr>
<td>• Extreme mood changes of highs and lows</td>
</tr>
<tr>
<td>• Withdrawal from friends and activities</td>
</tr>
<tr>
<td>• Significant tiredness, low energy or problems sleeping</td>
</tr>
</tbody>
</table>
Signs and Symptoms

- Delusions, paranoia or hallucinations
- Inability to cope with daily problems or stress
- Extreme feelings of guilt
- Alcohol or drug abuse
- Major changes in eating habits
- Sex drive changes
- Excessive anger, hostility or violence
- Suicidal thinking
Complications of Mental Health Challenges

- Unhappiness and decreased enjoyment of life
- Family conflicts
- Relationship difficulties
- Social isolation
- Problems with tobacco, alcohol and other drugs
- Problems at work or school
- Poverty and homelessness
Complications of Mental health Challenges

• Self-harm and harm to others, including suicide or homicide
• Increased risk of motor vehicle accidents
• Weakened immune system
• Heart disease and other medical conditions
Recovery from Mental Health Challenges

- As people become familiar with their illness they recognize their own patterns of behavior
- A holistic process that involves a variety of perspectives
- Recovery journey is unique for each individual
- A process, not an event
- Requires community support and continuity of care
Recovery from Mental Health Challenges

• Seek effective and timely care  
  o Because mental health challenges have no cure, treatment may need to be continuous

• Treatment extends beyond medication  
  o Includes attaining and maintaining physical health

• Individuals with a mental health challenges benefit tremendously from taking responsibility for their own recovery
Treatment of Mental Health Challenges

• Medications available to help with challenges including psychosis, depression and anxiety
  o Usually effective but side effects should be monitored and minimized

• Treatment program should also include other essential components such as:
  o Psychotherapy
  o Support groups
  o Patient understanding of the challenge
What Can You Do?

• If you have any signs or symptoms of a mental health challenge, see your doctor, mental health provider or other health professional

• If your loved one shows signs of a mental health challenge, have an open and honest discussion with him or her about your concerns
The Treatment Team

- Family or primary care doctor
- Psychiatrist
- Psychotherapist, such as a psychologist or a licensed counselor
- Pharmacist
- Social worker
- Family members/Peers
Questions for the Healthcare Team

• What mental health challenge might I have?
• Why can't I get over it on my own?
• How do you treat my mental health challenge?
• Will counseling or psychotherapy help?
• Are there medications that might help?
• How long will treatment take?
• What can I do to help myself?
Questions for the Healthcare Team

• Do you have any brochures or other printed material that I can have?

• What websites do you recommend?
Dealing with Suicidal Thoughts

• Call 911 or your local emergency number

• Call a suicide hotline number, such as 800-273-TALK, to reach a trained counselor

• Reach out to a close friend or loved one or a minister or someone in your faith community

• Contact your doctor, other health care provider or mental health specialist
Living Well with Mental Health Challenges

- Stick to your treatment plan
- Avoid alcohol and drug use
- Stay active
- Don't make important decisions when your symptoms are severe
- Prioritize your life
- Learn to adopt a positive attitude
MEMBERS PRESENT: Dave Curro, Caroline Ambrose, Israel Pattison, Eric Hall (telephonic), Cynthia Daniels-Hall (telephonic), Denise Wood (telephonic)  
GUEST(S) PRESENT: Doug Wright, Stacy Guse, CJ Lewis, Tanya Held, Carol Gray

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES - minutes from March 8th were approved, Eric motioned, seconded by Israel.

<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 and Family Challenges and Solutions</td>
<td>Dave talked about the challenges his son had in getting the Community Guide service set up. Delays in Alliance getting the psychological exam to the provider, took 6 weeks; then a 3 month delay in getting staff from the provider. He complained to the provider and they responded immediately, once he got the services everything went real well.</td>
<td>Doug to provide feedback to Alliance.</td>
<td>5/13/2016</td>
</tr>
<tr>
<td>State Updates</td>
<td>CJ reminded everyone that the state CFAC meeting was the next day, and the local to state phone call was the next Wednesday. He would provide any logistical information to anyone that needed it.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
| MCO Updates | Mergers – Nothing new to report, Alliance and Sandhills have been named as partners and have until the end of September to give the Secretary their plan to merge.  

A shout out to all members who manned the CFAC table at the NAMI walk, a special thanks to Dave for leading the effort!  
The Alliance Board of Directors was presented the budget for the next fiscal year at its May meeting and will vote on the budget in June. A reminder of the input CFAC had on the | | | |
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>budget during the gaps and needs analysis and the board budget retreat.</td>
<td>Report back</td>
<td>September</td>
</tr>
<tr>
<td></td>
<td>Consumer Affairs implementing an Executive Walk Through project. They will be calling on providers and doing a walk through to get a real sense of what the people we serve feel when they receive services. Feedback will be given back to the provider agencies and provider networks at Alliance. They will also be asking for feedback from the provider agencies about what Alliance might do differently. Consumer Affairs staff are now doing satisfaction surveys with consumers and families after each care review to give us a sense of how we are doing and to have the opportunity to introduce themselves to the consumer and family in a more private setting, encouraging them to use staff if they have any questions or concerns moving forward.</td>
<td>Send in information sheets.</td>
<td>June</td>
</tr>
<tr>
<td></td>
<td>Annual Report time for CFAC. Doug has sent out a copy of last year’s annual report and an information request sheet for members to fill out and return. The goal would be to have the report done and presented to the Board in August.</td>
<td>Pass information to Jean Overstreet.</td>
<td>5/12/2016</td>
</tr>
<tr>
<td></td>
<td>Doug ask for an additional volunteer for the NC Council Spring Policy forum in Raleigh. Carrie volunteered.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Independence Training</td>
<td>Dave Curro presented a training on financial independence to the group. Everyone was very engaged and interested in the training. The training is attached.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>By-Laws</td>
<td>Israel went through many of the proposed by-law changes, the biggest changes being in how membership would be viewed. People were encouraged to use the link given by Israel and make comments on the proposed changes so that Israel is not just working by himself. Talked about having by-laws that would make it easy to expand upon during mergers, about most of the work getting done at the local level, then the corporate meeting only happening maybe every quarter.</td>
<td>Review and comment to Israel.</td>
<td>5/31/2016</td>
</tr>
<tr>
<td>Membership</td>
<td>A short discussion was had about current membership, how to deal with people that are not showing up anymore but still holding a seat. The need to get some new members involved was discussed. The committee looked at how many people they have on the role, 10 currently with a limit of 12, so 2 seats available. They decided to deal with members as needed when they have someone interested in serving.</td>
<td>Recruit new members.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Mental Health Awareness</td>
<td>Distribute power point – informational/no presentation</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Announcements</td>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. ADJOURNMENT
The mission of National Disability Institute is to drive social impact to build a better economic future for people with disabilities and their families.
National Landscape

- Renewed focus on low wage workers
- Shift from employment to financial stability
- Increased understanding of the impact of healthcare costs on individual finances
Why the Shift

• Welfare reform called for a movement of individuals from welfare to work – this led organizations to take a closer look at what tools an individual and family needed to be economically self-sufficient.

• Significant research by the Annie E. Casey Foundation and others showed progress when certain strategies (as we will describe) were applied within concentrated low income communities.

• Poverty numbers started to increase and in 2008 were their highest since 1997.
Asset Poverty Varies Significantly

- 33% of all American households have no assets or are in debt.
- 54% of Hispanic households have a similar status.
- 60% of African American households have no net assets.
- 80% of persons with disabilities have no net assets.
Disability and Poverty

• People with disabilities are more likely to be unemployed and to live in poverty than any other single demographic group in the United States today.

• Public benefit programs for people with disabilities, especially Supplemental Security Income (SSI), are not aimed at increasing assets and independence for people with disabilities.
  • More so then any other population on a fixed income, services and policies do not hold the expectation of economic self-sufficiency.
Financial Stability

What is it? &

Why is it important?
Defining Terms

- **Financial Capability**: Combination of knowledge and skills to inform financial decisions and behaviors, identify opportunities to improve financial stability, and manage financial resources effectively.

- **Economic Security**: the condition of having stable income or other resources to support a standard of living now and in the foreseeable future.

- **Asset**: a resource or item with economic value that an individual owns or controls with the expectation that it will provide future benefit.

- **Asset Development**: a series of strategies that can help people improve their economic status.

- **Work Supports**: any subsidy or service that supports one’s ability to obtain or retain employment.
Financial Education vs. Financial Capability vs. Financial Stability

- Financial Education (Knowledge & Skills)
- Financial Capability (Actions)
- Financial Stability (Outcomes)
Financial Stability
What is it?

Financial Stability is a series of strategies that has the potential to:

• help people with disabilities improve their economic stability,
• decrease stress and financial crisis in an individual’s life
• expand opportunities for community participation, and
• positively impact an individual’s quality of life experience.
Paradigm Shift

The notion that employment is *one* goal
NOT *the* only goal.
Strategies

- Financial Literacy
  - Banking
  - Budgeting
  - Credit Repair

- Employment
  - Use of work incentives
  - Use of tax incentives
  - Earned Income Tax Credit

- Medicaid
  - Buy-in

- Family Self-Sufficiency Programs
  - Ways to Work
  - Individual Development Accounts
  - Assistive Technology Loan Funds
  - Student Loans

- Post-secondary education
  - Self-employment
  - Micro-Enterprise
  - Home Ownership
  - Transportation

- Protection and Advocacy, Taxpayer Advocates, Credit Counseling, Debt Management, Volunteer Income Tax Assistance, Benefits Specialist, Vocational Rehabilitation
Financial Stability
Why is it important?

• The presence of a disability and the need to maintain a public benefit should not require one to forfeit their economic stability and live in poverty. Without knowledge, guidance and encouragement, individuals are not empowered to earn, learn, save and build.

• To a person with a disability, saving money and developing assets will produce choices that directly impact their quality of life, especially regarding:
  • mental and physical health
  • positive self-concept and level of community participation
  • expectations and status with other community stakeholders
So what’s the barrier?

- Public attitudes

- Low expectations of and within the disability community, and

- Current partnerships don’t support savings and building a financial future.

- Regulations discourage saving for the future; retirement, emergencies, etc.
Create New Expectations

• Assume all people want to better their lives.
• Engage people with disabilities in the conversation.
• Provide simplified opportunities for individuals to improve their financial stability.
• Acknowledge the limited financial literacy of all Americans including those with disabilities.
• Just as you assume competence, assume the desire to live beyond poverty.
• Expect the systems to adjust to support this movement.
Strategies for Building Financial Stability

Financial Stability for Persons with Disabilities is Achievable!
Building Blocks for Self-Determination

• A person has the **FREEDOM** to dream, to make his or her own decisions and plan his or her own life.

• A person has the **AUTHORITY** to control how money is spent for his or her supports.

• A person has the **SUPPORT** needed from friends, family, and other people whom that person chooses.

• Individuals take **RESPONSIBILITY** to do what they say they will do.

• **CONFIRMATION** – the recognition that individuals themselves are a major part of the design of their long-term services and supports.
Vision Boards or Action Board

• A(n) vision board/action board:
  • Creates a visual tool of items we hope to achieve
  • Provides us with a constant reminder of our goal
  • Is our own dream/vision that we have for our future
  • Creates a fun activity to begin and/or enhance the conversation with individuals
  • Assists with identifying short-term and long-term goals towards financial stability
MY AMERICAN Dream!

1. I need to get more educated on the classes. I have to get good grades on!
2. Have money left and to also get a job to earn money to put into savings....!
3. A job is helpful to earn money to play bills and other fees/fees.

then to work hard as well!

4. Get better at computer arts or any computer skills needed.
   It's helpful for graphic design.
5. Do some serious crazy studying a lot and a lot or studying!
   Have to get ready for test and quizzes.
6. Graduate and be successful on what I learned from college and....
My American Dream

My American dream is to graduate from college. I also want to travel and experience different cultures. I want to become an architect and design beautiful homes.
MY AMERICAN DREAM

1. To volunteer
2. Research the job
3. Talking to people about the job
4. Safe money to get that job
5. Safe money to buy a home
Example of how NDI Incorporates Vision Boards and Action Boards

• My American Dream Activity
  – The My American Dream Activity provides an opportunity for individuals to define their American Dream.
  – The activity gives attendees the opportunity to create a vision board.
  – The activity allows individuals to build their knowledge over the course of the program.
  – It is key to allow the individuals to explore their creativeness in developing their Dream Board!
LET’S CREATE A VISION BOARD
How Do I Create a Vision Board or Action Board

• Supplies Needed:
  • Poster board or card stock paper
  • Magazines
  • Scissors
  • Glue
  • Markers
Steps to Creating a Vision Board or Action Board

• Identify that ultimate goal you feel would make you extremely happy or that item(s) that you would really like to have.
• Locate a picture or image of that item(s).
• Cut out the image and place it on the board preferably in the center. If you have more than 1 item that is ok put them all on the board.
• Identify next steps that you need to take to achieve one or more of your goals. Include them on the board as well.
Benefits Planning & Work Supports
anything that helps gain and retain employment

| SSI       | ______________ | ______________ |
| SSDI      | ______________ | ______________ |
| Medicaid  | ______________ | ______________ |
| Medicare  | ______________ | ______________ |

Page 71 of 267
## Financial Education

### Budgeting

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Credit Report

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Page 74 of 267
Asset Development

ABLE Act

Trusts
ITEM: Finance Committee Report

DATE OF BOARD MEETING: June 2, 2016

BACKGROUND:
The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board. The Finance Committee meets monthly at 3:00 p.m. prior to the regular Area Board Meeting.

REQUEST FOR AREA BOARD ACTION:
Accept the report.

CEO RECOMMENDATION:
Accept the report.

RESOURCE PERSON(S):
James Edgerton, Committee Chair; Robert Robinson, CEO; Kelly Goodfellow, CFO
## 1. WELCOME AND INTRODUCTIONS

## 2. REVIEW OF THE MINUTES – The minutes from the 4/7/16 meeting were reviewed; a motion was made by John Griffin and seconded by Vicki Shore.

### AGENDA ITEMS:

<table>
<thead>
<tr>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. The monthly financial reports were discussed which includes the Statement of Net Position, Statement of Revenue and Expenses – Actual to Budget, Senate Bill 208 Required Ratios, and DMA Contract Ratios</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Statement of Net Position as of March 31, 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Statement of Revenue and Expenses – Actual to Budget as of March 31, 2016 – Alliance currently has revenues exceeding expenses of $26,299,615. The majority of this is related to Medicaid and Medicaid risk reserve.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Senate Bill 208 Ratios - Alliance is currently meeting and exceeding all required Senate Bill 208 ratios.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) DMA Contract Ratios – Alliance is currently meeting and exceeding the defensive interval ratio. Alliance is not currently meeting the Medicaid Expense Ratio however we are held harmless until July 2017. Our service reinvestment plan will help us meet this ratio, however it takes time to get the reinvestment programs up and running.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Kelly Goodfellow discussed the FY17 Budget Recommendation that will be presented to the full Board. She provided explanations for the reduction between the FY16 and FY17 budgets. The reduction is due to 1) PMPM cuts on the Medicaid side. This effects both service and administrative</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

#### DISCUSSION:

- Reduction in the PMPM rate is expected due to the managed care model. We anticipate this eventually leveling off, but it is still early in the organization’s existence.
- Retro Medicaid revenue is factored into the FY16 budget through amendments, however it is not factored into the FY17 recommended budget. Retro Medicaid is hard to project therefore in order to be conservative it is not included in the budget until it’s known.

5. Sara Pacholke discussed the motion for the Board to appoint Kelly Phillips, Director of Budget and Financial Analysis as the Deputy Finance Officer. G.S. 159-24 requires the Board to appoint a Finance Officer, G.S. 159-28 allows for the appointment of a Deputy Finance Officer.

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
<th>NEXT STEPS</th>
<th>TIME FRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>dollars. Reduction in the PMPM rate is expected due to the managed care model. We anticipate this eventually leveling off, but it is still early in the organization’s existence</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2) Retro Medicaid revenue. Retro Medicaid revenue is factored into the FY16 budget through amendments, however it is not factored into the FY17 recommended budget. Retro Medicaid is hard to project therefore in order to be conservative it is not included in the budget until it’s known.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Sara Pacholke discussed the motion for the Board to appoint Kelly Phillips, Director of Budget and Financial Analysis as the Deputy Finance Officer. G.S. 159-24 requires the Board to appoint a Finance Officer, G.S. 159-28 allows for the appointment of a Deputy Finance Officer.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. ADJOURNMENT

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
<table>
<thead>
<tr>
<th></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>$36,294,009.00</td>
<td>$2,886,206.90</td>
<td>$30,229,741.44</td>
<td>$6,064,267.56</td>
<td>83.29%</td>
</tr>
<tr>
<td>State &amp; Federal Grants</td>
<td>54,491,655.00</td>
<td>2,549,904.47</td>
<td>35,124,571.29</td>
<td>19,367,083.71</td>
<td>64.46%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>372,401,144.00</td>
<td>31,219,301.67</td>
<td>305,040,072.53</td>
<td>67,361,071.47</td>
<td>81.91%</td>
</tr>
<tr>
<td>In Kind</td>
<td>-</td>
<td>-</td>
<td>1,051,365.04</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>463,186,808.00</td>
<td>36,655,413.04</td>
<td>371,445,750.30</td>
<td>92,792,422.74</td>
<td>80.19%</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>364,086.00</td>
<td>28,653.60</td>
<td>301,718.40</td>
<td>62,367.60</td>
<td>82.87%</td>
</tr>
<tr>
<td>LME Administrative Grant</td>
<td>4,359,385.00</td>
<td>363,282.00</td>
<td>3,632,820.50</td>
<td>726,564.50</td>
<td>83.33%</td>
</tr>
<tr>
<td>Medicaid Waiver Admin</td>
<td>47,325,972.00</td>
<td>4,056,290.90</td>
<td>39,630,909.17</td>
<td>7,695,062.83</td>
<td>83.74%</td>
</tr>
<tr>
<td>Miscellaneous Revenue</td>
<td>100,000.00</td>
<td>10,918.81</td>
<td>45,009.87</td>
<td>54,990.13</td>
<td>45.01%</td>
</tr>
<tr>
<td><strong>Total Administrative Revenue</strong></td>
<td>52,149,443.00</td>
<td>4,459,145.31</td>
<td>43,610,457.94</td>
<td>8,538,985.06</td>
<td>83.63%</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>515,336,251.00</td>
<td>41,114,558.35</td>
<td>415,056,208.24</td>
<td>101,331,407.80</td>
<td>80.54%</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>36,294,009.00</td>
<td>2,104,231.20</td>
<td>28,311,706.05</td>
<td>7,982,302.95</td>
<td>78.01%</td>
</tr>
<tr>
<td>State &amp; Federal Services</td>
<td>54,491,655.00</td>
<td>4,140,015.08</td>
<td>44,736,583.64</td>
<td>9,755,071.36</td>
<td>82.10%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>372,401,144.00</td>
<td>33,483,595.49</td>
<td>280,645,322.89</td>
<td>91,755,821.11</td>
<td>75.36%</td>
</tr>
<tr>
<td>In Kind Expenses</td>
<td>-</td>
<td>-</td>
<td>1,051,365.04</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Service Expenses</strong></td>
<td>463,186,808.00</td>
<td>39,727,841.77</td>
<td>354,744,977.62</td>
<td>109,493,195.42</td>
<td>76.59%</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational</td>
<td>7,160,467.00</td>
<td>525,214.89</td>
<td>4,934,895.33</td>
<td>2,225,561.67</td>
<td>68.92%</td>
</tr>
<tr>
<td>Salaries, Benefits, and Fringe</td>
<td>36,090,150.00</td>
<td>2,751,619.61</td>
<td>35,868,045.90</td>
<td>10,192,104.10</td>
<td>71.76%</td>
</tr>
<tr>
<td>Professional Services</td>
<td>8,798,836.00</td>
<td>759,918.90</td>
<td>5,828,710.90</td>
<td>2,970,125.10</td>
<td>66.24%</td>
</tr>
<tr>
<td>Miscellaneous Expense</td>
<td>100,000.00</td>
<td>-</td>
<td>-</td>
<td>100,000.00</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Administrative Expenses</strong></td>
<td>52,149,443.00</td>
<td>4,036,753.40</td>
<td>36,661,652.13</td>
<td>15,387,790.87</td>
<td>70.30%</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>515,336,251.00</td>
<td>43,764,595.17</td>
<td>391,406,629.75</td>
<td>124,880,986.29</td>
<td>75.95%</td>
</tr>
<tr>
<td><strong>CHANGE IN NET POSITION</strong></td>
<td>($2,650,036.82)</td>
<td>$23,649,578.49</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Senate Bill 208 Ratios - As of April 30, 2016

**CURRENT RATIO**

- **Bench Mark**
- **Alliance**

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

**PERCENT PAID**

- **Bench Mark**
- **Alliance**

**Percent Paid** = Percent of clean claims paid within 30 days of receiving. The benchmark is 90%.
**Defensive Interval** = Current assets divided by average daily operating expenses. This ratio shows how many days the organization can continue to pay expenses if no additional cash comes in. The benchmark is 30 days.
Medical Expense Ratio (MER) = Total Service Expenses divided by Total Medicaid Revenue less Risk Reserve Revenue. The benchmark is 85%. This is the ratio requirement per our contract with DMA. MCO’s are held harmless through July 2017.

Medical Loss Ratio (MLR) = Total Services Expenses plus Administrative Expenses that go towards directly improving health outcomes divided by Total Medicaid Revenue less Risk Reserve Revenue. The benchmark is 85%. This is the ratio that is currently being negotiated with DMA.
ITEM: Policy Committee Report

DATE OF BOARD MEETING: June 2, 2016

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

Policies reviewed at the May 12, 2016 Policy Committee meeting and ready for Board approval without revisions:
- Recruitment and Selection
- Conditions of Employment
- Classification and Compensation
- Alcohol and Drug Free Workplace
- Time and Attendance
- Sexual Harrassment
- Leave

Policies reviewed with suggested revisions:
- Equal Employment Opportunity/Affirmative Action
- Employee Benefits
- Family and Medical Leave Act
- Disciplinary Action
- Employee Grievance

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

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

RESOURCE PERSON(S):
Curtis Massey, Committee Chair; Monica Portugal, Chief Compliance Officer

STAFF PRESENT: Carol Hammett, General Counsel; Monica Portugal, Chief Compliance Officer; Al Ragland, Chief Human Resources Officer; Asheena McMillan, Administrative Assistant

2. REVIEW OF THE MINUTES: The minutes from the February 11, 2016, meeting were reviewed; a motion was made by Mr. Golden and seconded by Ms. Shore to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Announcements:</td>
<td>None</td>
<td>Draft minutes, reviewed policies and Agenda Action Form will be provided to the Board Clerk for inclusion in the June Board Packet.</td>
<td>5/23/2016</td>
</tr>
<tr>
<td>Documents Provided:</td>
<td>Minutes: February 11, 2016 minutes. HR Policies</td>
<td>Draft minutes, reviewed policies and Agenda Action Form will be provided to the Board Clerk for inclusion in the June Board Packet.</td>
<td>5/23/2016</td>
</tr>
<tr>
<td>Annual Review of Policies:</td>
<td><strong>HR-1-Equal Employment Opportunity/Affirmative Action.</strong> After discussion, Mr. Massey suggested including Retaliation language (per HR-9) to policy for consistency. Additionally, Ms. Hammett included a Participation Clause to policy and added Section III-Procedures language. A Motion was made by Mr. Golden to accept HR-1 as amended. Motion carried.</td>
<td>Draft minutes, reviewed policies and Agenda Action Form will be provided to the Board Clerk for inclusion in the June Board Packet.</td>
<td>5/23/2016</td>
</tr>
<tr>
<td></td>
<td><strong>HR-2-Recruitment and Selection.</strong> A motion was made by Mr. Golden to accept HR-2 as presented. Motion carried.</td>
<td>Draft minutes, reviewed policies and Agenda Action Form will be provided to the Board Clerk for inclusion in the June Board Packet.</td>
<td>5/23/2016</td>
</tr>
<tr>
<td></td>
<td><strong>HR-4-Conditions of Employment.</strong> A motion was made by Ms. Shore to accept HR-4 as presented. Motion carried.</td>
<td>Draft minutes, reviewed policies and Agenda Action Form will be provided to the Board Clerk for inclusion in the June Board Packet.</td>
<td>5/23/2016</td>
</tr>
<tr>
<td></td>
<td><strong>HR-5-Classification and Compensation.</strong> A motion was made by Mr. Golden to accept HR-5 as presented. Motion carried.</td>
<td>Draft minutes, reviewed policies and Agenda Action Form will be provided to the Board Clerk for inclusion in the June Board Packet.</td>
<td>5/23/2016</td>
</tr>
<tr>
<td></td>
<td><strong>HR-6-Employee Benefits.</strong> Ms. Hammett presented revisions to policy, including the inclusion of Sec. C-Additions and Deletions. Discussion ensued regarding the Board’s role in approving administrative changes to the Employee Benefits plans. Ms. Hammett noted that the Board Bylaws state</td>
<td>Draft minutes, reviewed policies and Agenda Action Form will be provided to the Board Clerk for inclusion in the June Board Packet.</td>
<td>5/23/2016</td>
</tr>
<tr>
<td>AGENDA ITEMS</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td></td>
<td>that a “super majority” must approve changes to employee benefit plans. Mr. Massey will discuss matter with Board Executive Committee to ascertain if any revisions to Bylaws should be considered to address what constitutes a ‘significant act.” A motion was made by Mr. Golden to approve HR-6 as amended. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-7-Alcohol and Drug Free Workplace.</td>
<td>Mr. Massey inquired whether language concerning employee use of certain prescription medications that may impair performance should be included in Policy. Mr. Ragland indicated that suspected misuse of prescription medication is investigated on a case by case basis. There is no policy compelling employee disclosure of prescription medications. Ms. Hammett will look into addressing the issue under the Travel Policy. A motion was made by Ms. Shore to accept HR-7 as presented. Motion carried</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-8-Employee Time and Attendance.</td>
<td>A motion was made by Mr. Golden to accept HR-8 as presented. Motion carried</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-9-Sexual Harassment.</td>
<td>A motion was made by Ms. Gloston to approve HR-9 as presented. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-10-Leave Policy.</td>
<td>A motion was made by Ms. Gloston to approve HR-10 as presented. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-11-Family and Medical Leave Act.</td>
<td>Mr. Massey and Ms. Gloston noted confusing language regarding use of FMLA and length of service. Ms. Hammett proposed clarifying language to policy statement. A motion was made by Ms. Golden to accept HR-11 as amended. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-12-Clinical Staff Credentialing.</td>
<td>A motion was made by Ms. Gloston to accept HR-12 as presented. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>HR-14-Disciplinary Action.</td>
<td>Revisions to policy statement were made to address part-time, probationary and volunteer employees. <em>A motion was made by Mr. Golden to accept HR-14 as amended. Motion carried.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-15-Performance Management.</td>
<td><em>A motion was made by Ms. Shore to accept HR-15 as presented. Motion carried.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-16-Separation.</td>
<td><em>A motion was made by Ms. Shore to accept HR-16 as presented. Motion carried.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-17-Employee Complaint.</td>
<td><em>A motion was made by Ms. Gloston to accept HR-17 as presented. Motion carried.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-18-Employee Grievance.</td>
<td>Mr. Ragland advised per HB-495, Career Status Employee language should be revised to read “12 months” instead of “24 months.” <em>A motion was made by Mr. Golden to approve HR-18 as amended. Motion carried.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR-19-Reduction in Force.</td>
<td><em>A motion was made by Ms. Shore to approve HR-19 as presented. Motion carried.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td>Ms. Portugal suggested that applicable policies be presented to Board Committees at the beginning of the fiscal year, requesting that they review and provide feedback at least one month prior to the scheduled Policy Committee annual review.</td>
<td>Committees will be provided with applicable policies</td>
<td>July 2016</td>
</tr>
</tbody>
</table>

3. ADJOURNMENT: *A motion was made by Mr. Golden to adjourn at 5:20pm. Motion carried.* The next meeting of the Board Policy Committee will be held on August 11, 2016, from 4:00 p.m. to 5:30 p.m.
I. PURPOSE

The purpose of this policy is to provide a standard for the staff recruitment and selection process.

II. POLICY STATEMENT

Alliance Behavioral Healthcare is committed to systematic recruitment and selection programs that are designed to identify, attract, and select from the most qualified applicants for employment. The Board strives for diverse representation at all levels of the workforce while engaging in recruitment and selection practices that are in compliance with all applicable employment laws. It is the policy of Alliance Behavioral Healthcare to provide equal employment opportunities for employment to all applicants and employees.

III. PROCEDURES

The Area Director will develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to define certain terms and conditions that individuals must meet to be hired by Alliance Behavioral Healthcare. The contents of this policy are not intended to serve as an exhaustive list of requirements or conditions of employment, and some or all of the requirements and conditions described in this policy may not apply to every individual who is hired.

II. PERSONS AFFECTED

This policy primarily impacts newly hired, transferred, or promoted employees in all employee classifications. It also requires all current employees to report felony convictions that occur at any time during their employment.

III. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare that all employees satisfy job-related eligibility conditions including but not limited to licensure, certification and/or credentialing and satisfactory criminal background checks and e-verify employment verification. Alliance shall not employ anyone who is excluded from participation in federal healthcare programs or federal procurement activities and has been identified on the list of excluded individuals/entities maintained by the Office of Inspector General of the US DHHS or the Excluded Parties List System maintained by the federal System for Award Management (SAM).

IV. PROCEDURES

The Area Director shall develop procedures to implement this Policy.
I. PURPOSE

The purpose of this policy is to establish and maintain a classification and compensation plan in order to attract, motivate, and retain highly qualified employees. The plan shall provide a structure to administer salaries fairly and equitably.

All employees shall be covered under the classification and compensation plan, except for the Area Director whose compensation is set by the Board of Directors.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to ensure that its system of compensation is internally equitable, market competitive and administered without regard to age, sex, race, color, creed, religion, national origin, physical or mental condition, sexual orientation, non-job related disability, political affiliation, marital status, or other non-merit factors.

A. The Classification and Compensation Plan

The Classification and Compensation Plan shall consist of a system for identifying all types and levels of positions together with standards and procedures for maintaining the plan. Each position in Alliance Behavioral Healthcare is grouped with similar positions. This grouping is called a “Classification.” Job classifications shall be established to reflect the type of work performed, level of difficulty, and responsibilities associated with a position. Annually, the Board shall review and approve the Classification and Compensation plan.

The Classification and Compensation Plan shall provide a salary rate structure that may be revised in response to labor market trends. Each classification shall be assigned to a grade level with a designated salary range. No beginning pay rate will be below the federal or state minimum wage.

B. Minimum Qualification Standards

It shall be the policy of Alliance Behavioral Healthcare to establish job related minimum qualification standards wherever practical for each class of work in the classification and compensation plan. The
standards shall be based on the required skills, knowledge, and abilities common to each classification. The qualification standards and job related skills, knowledge and abilities shall serve as guides for the selection and placement of individuals.

III. PROCEDURES

The Area Director shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to affirm the Area Board’s prohibition against the use, distribution, dispensation and possession of controlled substances and the use of alcohol and abuse of prescription drugs by employees and contractors at the workplace. This policy is also meant to comply with the requirements of the Drug Free Workplace Act of 1988 and Attachment H of the NC Department of Health and Human Services, Division of Medical Assistance 1915(b)/(c) waiver.

II. POLICY STATEMENT

It shall be the policy of Alliance Behavioral Healthcare to maintain an alcohol and drug free workplace. The unlawful manufacture, distribution, dispensation, possession or use of nonprescription controlled substance or alcohol in the workplace by Alliance Behavioral Healthcare employees or contractors is prohibited. Employees and contractors may not report to work under the influence of a nonprescription controlled substance or alcohol and may not use any such substance during work hours. Also prohibited is the misuse of prescription or nonprescription medication which results in impaired behavior on the job. Violation of this policy shall constitute inappropriate personal conduct which will subject the employee or contractor to disciplinary action up to and including dismissal.

III. PROCEDURES

The Area Director shall develop procedures to implement this policy.
I. PURPOSE

Alliance Behavioral Healthcare maintains work hours that ensure optimal productivity and customer service levels and which are compatible with state law, agency functions, and the maintenance of effective work schedules.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to comply with the Fair Labor Standards Act. The normal work week for nonexempt full-time employees is 40 hours per week. The normal work schedule for exempt full-time employees may average more than 40 hours per week in order to complete work assignments. Employment with Alliance Behavioral Healthcare is based on the following principles:

i. Employees are expected to report for each and every scheduled working day or shift, to report on time and to complete all scheduled hours.

ii. Being absent from or reporting to work after the scheduled beginning time requires the employee to properly notify the supervisor in advance and to utilize appropriate leaves or to lose payment for time not worked.

iii. Employees scheduled to work are expected to remain on the job until completion of the last hour of the scheduled work day or shift.

iv. Arrival any time after the beginning of the scheduled work day or shift is considered late or tardy for performance purposes.

III. PROCEDURES

The Area Director will develop procedures to implement this policy.
I. PURPOSE

The Area Board believes that all employees are entitled to work in an environment that is free of sexual harassment. To this end, the Board shall establish a policy to govern the behavior of all its employees, consultants, contractors, vendors, and suppliers regarding the prohibition of sexual harassment.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to provide a work environment that is free of sexual harassment. For purposes of this policy, sexual harassment is defined as deliberate, unsolicited and unwelcomed verbal or physical conduct of a sexual nature or with sexual implications which:

   i. has or may have a direct bearing on a selection decision;
   ii. creates an offensive, intimidating, or hostile work environment;
   iii. interferes with a person’s job or job seeking performance.

Sexual harassment is herein deemed a form of sex discrimination prohibited by Title VII of the Civil Rights Act of 1964 and NC G.S. 126-16.

In furtherance of this policy, the Area Board prohibits retaliatory action of any kind taken by any employee of Alliance Behavioral Healthcare against any other employee, client, or applicant for employment because that person filed a complaint or charge; or assisted, testified, or participated in any manner in a hearing, proceeding, or investigation of a sexual harassment complaint charge.

III. PROCEDURES

All complaints of sexual harassment shall be promptly and thoroughly investigated. The Area Director shall develop procedures for handling sexual harassment complaints.
I. PURPOSE

The purpose of this policy is to establish a consistent system of leave for Alliance Behavioral Healthcare staff.

II. POLICY STATEMENT

Alliance Behavioral Healthcare recognizes the importance of balancing work and time away from the workplace and shall provide leave to employees as a privilege when approved by a supervisor according to applicable procedures.

III. PROCEDURES

The Area Director shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to ensure that clinical staff of Alliance Behavioral Healthcare is appropriately credentialed to perform clinical functions.

II. DEFINITIONS

Credential: Attestation of qualification, competence or authority issued to an individual by an organization or entity of competent jurisdiction
 Credentialing: The process of establishing the qualifications of licensed/certified professionals

III. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to ensure that only those persons with appropriate training, education, credentials and/or experience perform clinical functions. In order to accomplish this, Alliance Behavioral Healthcare shall verify the clinical license and/or certification of applicable personnel at the time of employment or contract and no less than every three years thereafter.

Licensed and or certified employees and consultants shall notify Alliance Behavioral Healthcare management in writing of an adverse change in licensure or certification status immediately (within 24 hours) upon learning of the status change. Each employee or consultant shall attest to knowledge of this requirement by signing an attestation at the time of employment or beginning of a contract.

IV. PROCEDURES

The Area Director shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to establish a formal assessment program in which each staff member’s performance is evaluated on an annual basis.

II. POLICY STATEMENT

Alliance Behavioral Healthcare believes that employees need and deserve an opportunity to receive feedback from their supervisor relating to performance. In addition, a regular evaluation of employees’ performance supports the concept of ‘employee accountability’.

The performance appraisal:

1. Provides employees direction in their jobs and an opportunity to discuss any job problems and interests with his or her supervisor;
2. Enhances the likelihood of achieving both the organization’s and the department’s objectives by providing periodic feedback and coaching;
3. Provides an objective, consistent, and uniform way to gauge and improve each employee’s on-the-job performance using objective criteria; and,
4. Correlates the job-performance evaluation directly to the recommended merit increases.

A. Requirements

The appraisal policy requires managers and supervisors to develop a work plan with individual performance objectives with employees for the year within 30 days of hire. It also requires managers and supervisors to hold periodic review and coaching sessions with employees prior to completion of the probationary period or annual performance evaluation session.

Performance reviews are prepared annually. Probationary reviews are given to newly hired employees at the completion of the probationary period to determine performance level and determine regular status eligibility.
III. PROCEDURES

The Area Director shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to provide guidelines for separation of employment with Alliance Behavioral Healthcare.

II. POLICY STATEMENT

Separation from employment may result from either voluntary or involuntary termination. For the purpose of this policy, voluntary termination means separation is initiated by the employee (examples: resignation or retirement). Involuntary termination means separation occurs when the separation is not initiated by the employee (examples: appointment ended, dismissal, probationary dismissal, reduction-in-force, and unavailability of leave).

An employee is considered to have resigned in "good standing" if he/she provides written notice within at least fourteen calendar days of his/her separation date. Failure to give fourteen calendar days’ written notice may be cause for denial of consideration for reemployment, and the employee may be deemed to have resigned ‘not in good standing”. Unauthorized absences from work for a period of three or more days may be considered a voluntary resignation. The Area Director has the authority to set the time and conditions of employment separation.

Regular employees who separate from Alliance and return within 30 calendar days will be reinstated with no break in service.

III. PROCEDURES

The Area Director shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to provide a mechanism for employees to address unfair and/or poor employment practices that are not covered by the grievance policy.

II. DEFINITION

Complaint: Any written employee concern or dissatisfaction for which redress is sought, that is not otherwise covered under the Grievance Policy (see Policy HR-18).

Employee: Any permanent, temporary or contractual employee of Alliance Behavioral Healthcare.

III. POLICY STATEMENT

Alliance Behavioral Healthcare is committed to a consistent, equitable, and legally defensible process for the resolution of employee complaints. Employees shall have the right to file a complaint via the employee complaint procedure to address employment conditions other than disciplinary, reduction-in-force, or discriminatory actions.

An employee that files a complaint shall not be subject to retaliation for filing a complaint.

IV. PROCEDURES

The Area Director shall develop procedures to implement the provisions of this policy.
I. PURPOSE

The purpose of this policy is to provide guidance for executing reductions in the workforce due to shortages of funds or work and/or changes in organizational objectives and policies which cause the consolidation, reorganization, or elimination of programs, functions, positions, or organizational work units.

II. POLICY STATEMENT

Alliance Behavioral Healthcare will make every effort to consider all feasible alternatives to involuntary separation of employees through reduction-in-force (RIF). Factors that will be considered in determining which employee(s) will be separated include: (1) applicable laws and regulations; (2) impact on overall program objectives; (3) departmental organization structure; (4) funding sources and budgetary guidelines; (5) possible re-distribution of staff and other resources; (6) appointment type (regular, provisional, probationary, temporary, emergency, seasonal); (7) seniority; and (8) employee job performance.

The Area Director will present the circumstances of an impending RIF to the Area Board for approval. This notification should be in the form of a proposed reduction plan, which will document the reason(s) for the reduction in the workforce; the effective date of the reduction; the proposed course of action and associated factors considered; the specific classifications of positions scheduled for reallocation, reassignment and/or abolishment, along with before and after RIF organization charts.

III. PROCEDURES

The Area Director shall develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to ensure the fair treatment of applicants and employees in all aspects of personnel administration without regard to race, color, religion, sex, sexual orientation, national origin, political affiliations, age, or disability and with proper regard for their privacy and constitutional rights as citizens. This “fair treatment” principle includes compliance with the federal employment opportunity and nondiscrimination laws.

II. POLICY STATEMENT

1. Equal Employment Opportunity:

Alliance Behavioral Healthcare is committed to equal employment opportunity for all who seek employment with the organization as well as those employed by the organization. Discrimination in all forms is prohibited. As a means of carrying out its commitment, the Area Board shall enforce the relevant provisions of the Civil Rights Act of 1964 as amended, the Equal Pay Act of 1963, the Age Discrimination in Employment Act of 1967 as amended, the Rehabilitation Act of 1973 as amended and all other statutes or regulations governing equal employment opportunity.

In furtherance of this policy, the Area Board prohibits retaliatory action of any kind taken by any employee of Alliance Behavioral Healthcare against any other employee, client, or applicant for employment because that person filed a complaint or charge; or assisted, testified, or participated in any manner in a hearing, proceeding, or investigation of a complaint charge.

2. Affirmative Action:

Alliance Behavioral Healthcare is committed to ensuring utilization of women, minorities, and the disabled as part of its workforce. The Area Director shall develop and implement a program of affirmative action to assure that all personnel policies and practices facilitate employment opportunities for women, minorities and the disabled. Annually, the Area Director shall provide a report on the distribution of the gender, minorities and disabled employees to the Board.
III. PROCEDURES

The Area Director will develop procedures to implement this policy.
I. PURPOSE

The purpose of this policy is to set forth the basis for providing benefits for the employees of Alliance Behavioral Healthcare.

II. POLICY STATEMENT

Alliance Behavioral Healthcare shall offer a comprehensive benefits plan for employees and their eligible dependents as outlined below.

A. Eligibility

1. All probationary, provisional, trainee and regular employees who work a minimum of 50% of a regular work schedule per week are eligible.

2. Employees may also cover a legally recognized spouse and/or children, including legally adopted children, step children, children placed for adoption, children for whom legal guardianship has been awarded to the employee, and children whose coverage is court-ordered.

B. Benefits

The following Employee Benefits Plans shall be offered by Alliance:

1. Health Insurance
2. Dental Insurance
3. Vision Insurance
4. Life Insurance and Accidental Death and Dismemberment
5. Short Term Disability
6. Long Term Disability
7. Voluntary Life Insurance
8. Voluntary Long Term Care
9. Voluntary Hospital Confinement  
10. Voluntary Section 125-Flexible Spending Account  
11. Voluntary NC 529 College Savings Plan  
12. Local Government Employee Retirement System participation  
13. NC 401K Plan  
14. NC 457 Plan-Voluntary  
15. Employee Assistance Program (EAP)  

C. Availability of Funding  

Benefit offerings are subject to change based on funding availability and Alliance Behavioral Healthcare directives. Deletion or addition to the Benefits listed in B above shall be subject to Board approval pursuant to the Alliance by-laws, however changes to employee benefit offerings (i.e. deductibles and co-pays) may be approved by the Area Director.

D. COBRA Rights  

Employees who separate from Alliance Behavioral Healthcare for reasons other than gross misconduct may elect to continue their health, dental and vision benefits under COBRA (Consolidated Omnibus Budget Reconciliation Act).

III. PROCEDURES  

The Area Director shall develop procedures to implement this policy.
### I. PURPOSE

The purpose of this policy is to set forth the conditions and process for implementing the provisions of the Family and Medical Leave Act of 1993, as amended.

### II. POLICY STATEMENT

In compliance with the Family and Medical Leave Act (FMLA) of 1993, as amended, Alliance Behavioral Healthcare shall provide leave to eligible employees who have worked for Alliance for at least 12 months and at least 1,250 hours in the 12 calendar months immediately preceding the request for leave or otherwise deemed eligible under the FMLA Act.

### III. PROCEDURES

The Area Director will develop procedures to implement this policy.
## I. PURPOSE

The purpose of this policy is to ensure that Alliance Behavioral Healthcare develops a clear and consistent process for equitable disciplinary actions.

## II. POLICY STATEMENT

It is the Policy of Alliance to provide employees and supervisors a clear and consistent process for implementing and evaluating the fair and just delivery of appropriate disciplinary actions, promote efficient and equitable treatment for all employees. Alliance shall ensure that disciplinary actions, including dismissal, are administered in as near a uniform manner as possible, allow for the prompt, orderly and efficient resolution of problems and differences arising between the supervisor and employee, and ensure compliance with applicable federal and state laws, rules and regulations. It is the intent of Alliance to provide any employee, supervisors and management with a fair, clear and useful tool for correcting and improving performance issues, as well as to provide a process to assist management in addressing instances of unacceptable personal conduct.

## III. PROCEDURES

The Area Director shall develop procedures to implement this Policy.

---

**Deleted:** regular full time employees
I. PURPOSE

The purpose of this policy is to provide a grievance process for certain employees of Alliance Behavioral Healthcare contesting a disciplinary action, Reduction in Force, alleged illegal discrimination or harassment based on race, religion, color, national origin, sex (including pregnancy, childbirth, and related medical conditions), age, disability (physical or mental including AIDS/HIV status), genetic information (i.e. Sickle cell or hemoglobin C trait), citizenship status, military status or service, or political affiliation, or other issue grievable under state law. This policy applies to Alliance career status and permanent employees. Career status employees are eligible for appeal rights through the internal Alliance grievance process and the State Human Resources Commission and Office of Administrative Hearings. Permanent employees who have not yet attained career status have appeal rights through the Alliance grievance process, but not outside Alliance unless they allege the employment action is being imposed on the basis of illegal discrimination. This policy does not apply to probationary, intern, temporary or trainee employees, except for grievances on the basis of alleged illegal discrimination or harassment or as otherwise provided under state law. It is the intent of this policy to encourage employees to resolve their grievance at the lowest level possible.

II. DEFINITION

Career status employee – A permanent employee who has been continuously (without break) employed in a position subject to the State Personnel Act for the immediate preceding 12 months.

Permanent employee – An employee who has been appointed to a permanently established position following the satisfactory completion of a probationary period in accordance with 25 NCAC 01I .2002(c).

Probationary employee – An employee serving a probationary appointment of not less than 3 months but not more than 9 months in accordance with 25 NCAC 01I .2002(a).

Reduction in Force (RIF) – Separation of employment with Alliance based on reductions in the workforce due to shortages of funds or work and/or changes in organizational objectives and policies.
which cause the consolidation, reorganization, or elimination of programs, functions, positions, or organizational work units.

III. POLICY STATEMENT

Alliance Behavioral Healthcare is committed to a consistent, equitable, and legally defensible process for the resolution of employee grievances regarding hiring, separation, disciplinary, reduction-in-force, or alleged discriminatory actions that are grievable under state law.

Permanent employees have the right to grieve when they disagree with certain disciplinary actions (suspension, demotion, or dismissal) taken against them. All employees also have the right to grieve if they believe they have been subject to illegal discrimination or harassment. Permanent employees subject to a reduction-in-force may also grieve as permitted under state law. Written warnings, placement on investigatory status with pay, and extensions of disciplinary actions are not grievable and are not appealable to the State Office of Administrative Hearings (OAH). Employees may file a complaint for all employment issues not covered by this policy.

No action involving demotion, suspension, or dismissal is to be taken against an employee for disciplinary reasons until such action has been approved by the CEO/Area Director or designee except when, in the judgment of the manager the immediate suspension is necessary to protect the safety of persons or property. In no case, however, shall an employee be dismissed without the written approval of the Area Director/CEO or designee.

Employees seeking redress under the grievance policy shall not suffer retaliation for filing a grievance.

IV. PROCEDURES

The Area Director/CEO shall develop procedures to implement the provisions of this policy. The procedures shall comply with all relevant Federal, State and local requirements. If any provision of this policy conflicts with duly promulgated Federal or State laws, rules or regulations, the provision of the law, rule or regulation shall govern.
ITEM:  Draft Minutes from the May 5, 2016, Board Meeting

DATE OF BOARD MEETING:  June 2, 2016

REQUEST FOR BOARD ACTION:
Approve the draft minutes from the May 5, 2016, Board Meeting.

CEO RECOMMENDATION:
Approve the minutes.

RESOURCE PERSON(S):
Robert Robinson, CEO; Veronica Ingram, Executive Assistant
MEMBERS PRESENT: ☒ Ann Akland (via phone), ☒ Cynthia Binanay, Vice-Chair, ☒ Christopher Bostock, Chair, ☒ George Corvin, MD, ☒ Kenneth Edge (via phone), ☒ James Edgerton (via phone); ☒ Lodies Gloston (via phone), ☒ Phillip Golden, ☒ John Griffin, Ed.D, ☒ Curtis Massey, ☐ Rev. Michael Page, ☒ George Quick, ☒ Vicki Shore (via phone), ☒ William Stanford, Jr., ☒ Caroline Sullivan, ☒ Amelia Thorpe, ☐ Lascel Webley, Jr., and ☒ McKinley Wooten, Jr.

GUEST(S) PRESENT: Caroline Ambrose, CFAC Chair; Dennis Farley, DMH

ALLIANCE STAFF PRESENT: Michael Bollini, Chief Strategy Officer; Tedra Anderson-Brown, MD, Medical Director; Hank Debnam, Cumberland Site Director/Veterans Point of Contact; Joey Dorsett, CIO; Ashley Everette, Budget Analyst; Doug Fuller, Director of Communications; Kelly Goodfellow, CFO; Amanda Graham, Chief of Staff; Carol Hammet, General Counsel; Veronica Ingram, Executive Assistant; Geyer Longenecker, Quality Management Director; Beth Melcher, Chief of Network Development and Evaluation; Ann Oshel, Chief Community Relations Officer; Sara Pacholke, Controller; Kelly Phillips, Director of Budget and Financial Analysis; Monica Portugal, Chief Compliance Officer; Al Ragland, Chief HR Officer; Rob Robinson, CEO; Matthew Ruppel, Director of Program Integrity; Sean Schreiber, Chief Clinical Officer; Doug Wright, Director of Consumer Affairs

1. CALL TO ORDER: Chairman Christopher Bostock called the meeting to order at 4:03 p.m.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
</tr>
</thead>
</table>
| 2. Announcements | A. FUTURE DEVELOPMENT WORKGROUP: This is a staff workgroup that meets monthly. Board members are invited to attend this meeting. Chairman Bostock reminded Board members: the next meeting will be Tuesday, June 7 at 4:00 pm.  
B. ANNUAL REPORT: Mr. Robinson provided an overview of the report; Board members received at the meeting.  
C. MENTAL HEALTH AWARENESS MONTH: Mr. Robinson mentioned upcoming May events scheduled throughout Alliance’s catchment area. |
| 3. Agenda Adjustments | Chairman Bostock mentioned an adjustment to the agenda: recommendation for reappointment of one Board member. There were no other additional agenda adjustments. |
| 4. Public Comment | There were no public comments. |
| 5. Committee Reports | A. Consumer and Family Advisor Committee (5 minutes) – 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. This month’s report included draft minutes from the April 4, 2016, meeting.  
The committee reports were sent as part of the Board packet; Caroline Ambrose, CFAC Chair, presented the report. She noted highlights from the April meeting which included a presentation of Alliance’s reinvestment plan and Medicaid |
**AGENDA ITEMS:**

<table>
<thead>
<tr>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>reform/consolidation. Additionally, Ms. Ambrose expressed gratitude to Alliance on behalf of First in Families and the new Cumberland chapter. The April CFAC meeting also addressed the importance of CFAC member’s participation and how their input is impacts Alliance. CFAC has chosen to merge their Facebook page with Alliance’s. Mr. Robinson encouraged Board members to visit Alliance’s Facebook and LinkedIn pages.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Finance Committee (10 minutes) – page 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board. This month’s report included draft minutes from the April meeting and a request to appoint a deputy finance officer in accordance with GS 159-24 and 159-28.</td>
</tr>
</tbody>
</table>

George Quick presented the report on behalf of James Edgerton, Committee Chair. Mr. Quick mentioned that Alliance is in very good shape financially and revenues continue to exceed expenditures. He mentioned that Alliance exceeds the State required ratios with the exception of the medical loss ratio. As stated previously the medical expense ratio is being replaced by the medical loss ratio. Alliance is at 84% and the ratio is 85%; As the medical loss ratio methodology and definition have changed, Alliance is held harmless on this ratio through July 2017. Also, Mr. Quick mentioned the recommendation to appoint Kelly Phillips, Director of Budget and Financial Analysis, as Deputy Finance Officer. |

**BOARD ACTION**

A motion was made by Mr. George Quick to appoint Kelly Phillips as Deputy Finance Officer; seconded by Dr. John Griffin. Motion passed unanimously. |

<table>
<thead>
<tr>
<th>6. Consent Agenda</th>
<th>A. Draft Minutes from April 7, 2016, Board Meeting – page 26</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B. Audit and Compliance Committee Report – page 31</td>
</tr>
<tr>
<td></td>
<td>C. Executive Committee Report – page 34</td>
</tr>
<tr>
<td></td>
<td>D. Human Rights Committee Report – page 50</td>
</tr>
<tr>
<td></td>
<td>E. Draft Minutes from Board Budget Retreat – page 73</td>
</tr>
</tbody>
</table>

Chairman Bostock mentioned that the consent agenda was sent as part of the Board packet; there were no questions or discussion about the consent agenda. |

**BOARD ACTION**

A motion was made by Mr. Phillip Golden to adopt the consent agenda; seconded by Dr. George Corvin. Motion passed unanimously.
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. FY17 Recommended Budget (30 minutes) – page 126</td>
<td>The recommended FY 2016-2017 budget was presented for consideration. Kelly Goodfellow, CFO, mentioned that this is Alliance’s fifth budget and thanked members for attending the budget retreat. Kelly Phillips, Director of Budget and Financial Analysis, provided an overview from the budget retreat regarding statute requirements, general fund, and FY17 budget revenues and expenditures. She shared comparisons between FY16 budget and the FY17 recommended budget. Ms. Goodfellow mentioned that FY17 Medicaid rates from the State are lower compared to FY16 rates; she stated that this is typical for managed care as the expectation is to save money. The FY17 recommended budget presentation is attached to and made part of these minutes.</td>
</tr>
<tr>
<td>8. Review of Board Officer Selection Process (5 minutes) – page 127</td>
<td>As stated in the by-laws officers of the Area Board shall be chosen for a one-year term at the final meeting of the fiscal year. Chairman Bostock reviewed the process: according to Alliance by-laws officers may serve two consecutive (one year) terms. Both he and Vice-Chair Binanay are finishing their first terms and are willing to serve an additional term. Board members interested in serving as Chair or Vice-Chair for fiscal year 2016-2017 may forward names to Ms. Ingram (who will compile a list) or come prepared to state their nomination at the June 2, 2016, meeting. Board members discussed not having a nominating committee and instead having open nominations and then elections at the June meeting.</td>
</tr>
<tr>
<td>New Agenda Item</td>
<td>In accordance with NC General Statute 122C-118.1.d and Alliance by-laws, the initial terms of Alliance Board members were staggered with each initial term being considered a full term. NC Senate Bill 191 allows members to be reappointed for two additional three-year terms. John Griffin’s term expires on May 31, 2016. The matter brought before the Board today was to recommend his reappointment. There were no questions or discussion about the recommendation.</td>
</tr>
</tbody>
</table>

**BOARD ACTION**

The Board received the recommended budget; no further action required at this time.

The Board received the review; no further action required at this time.

**BOARD ACTION**

A motion was made by Mr. William Stanford to recommend John Griffin’s reappointment to the Cumberland Board of County Commissioners; seconded by Commissioner Kenneth Edge. Motion passed unanimously.
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
</tr>
</thead>
</table>
| 9. Updates   | • Mr. Robinson mentioned that the implementation date for NC Innovations waiver was changed from July 1, 2016 to November 1, 2016; this change will allow more time for implementation.  
• Mr. Robinson provided an update from recent meetings with NC legislators to discuss Medicaid Reform and budget cuts; Dr. Michael Bollini mentioned a recent meeting with legislators and specifically Alliance’s good reputation among providers.  
• Board discussed current IVC (involuntary commitment) rates at local hospitals. |
| 10. Chairman’s Report | There was no report. |
| 11. Closed Session | The Board entered closed session. |

**BOARD ACTION**

A motion was made by Mr. McKinley Wooten to enter closed session pursuant to NC General Statute 143-318.11 (a) (6) to consider the qualifications, competence, and performance of an employee and per NCGS 143-318.11 (1) to prevent disclosure of information that is confidential and not a public record under NCGS 122C-126.1; seconded by Mr. William Stanford. Motion passed unanimously.

The Board returned to open session.

**BOARD ACTION**

A motion was made by Ms. Lodies Gloston to approve the reduction in force for the Youth Opportunity Director and Youth Opportunity Coordinator positions; seconded by Dr. George Corvin. Motion passed unanimously.

| 12. Adjournment | With all business being completed the meeting adjourned at 6:07 p.m. |

**Next Board Meeting**  
**Thursday, June 02, 2016**  
**4:00 – 6:00**
ITEM: Audit and Compliance Committee Report

DATE OF BOARD MEETING: June 2, 2016

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

This report includes draft notes for the May 11, 2016 meeting and proposed revisions to the Corporate Compliance Plan.

The Alliance Corporate Compliance Plan includes the following elements: 1) the designation of a compliance officer and a compliance committee that are accountable to senior management; 2) written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with all applicable Federal and State standards; 3) effective training and education for the compliance officer and the organization's employees; 4) effective lines of communication between the compliance officer and the organization's employees; 5) enforcement of standards through well-publicized disciplinary guidelines; 6) provision for internal monitoring and auditing; 7) provision for prompt response to detected offenses, and for development of corrective action initiatives relating to the MCO's or PIHP's contract.

The Alliance Behavioral Healthcare Area Board adopted the Corporate Compliance Plan in 2012 and has reviewed and approved it every year since then, in accordance with the Area Board Corporate Compliance Plan Policy. The Audit and Compliance Committee has reviewed the minor revisions to the Plan this year and is recommending approval.

REQUEST FOR AREA BOARD ACTION:
Accept the report and approve the Plan.

CEO RECOMMENDATION:
Accept the report and approve the Plan.

RESOURCE PERSON(S):
Lascel Webley, Committee Chair; Monica Portugal, Chief Compliance Officer
1. WELCOME AND INTRODUCTIONS
   2. REVIEW OF THE MINUTES – Quorum was not met and therefore minutes were not reviewed.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Board Member Annual Conflict of Interest (COI) Disclosures</td>
<td>Two Board Members have not turned in their COI Disclosure forms. Ms. Portugal has issued memos to the two Members informing them that meeting stipends have been suspended according to the conflict of interest policy, until the forms have been submitted. The Board Clerk has been informed and stipends have been suspended in the system.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>4. Annual Review of Corporate Compliance Plan</td>
<td>Reviewed proposed revisions. Question was posed about removing language regarding the use of Corporate Compliance Committee approved audit tools (pg. 12). Ms. Portugal explained that the most common tools used by investigators are post payment review tools approved by the NCDHHS.</td>
<td>The revised plan will be submitted to the full board as a consent agenda item.</td>
<td>May 23, 2016</td>
</tr>
<tr>
<td>5. Annual Risk Assessment Update</td>
<td>Members reviewed the final Risk Identification Survey on surveymonkey. The survey has been distributed to all supervisors. Staff are currently conducting a historical review of compliance issues.</td>
<td>Risk Assessment results presented to Committee</td>
<td>Not established</td>
</tr>
<tr>
<td>6. Quarterly Reports</td>
<td>Members reviewed Corporate Compliance Dashboard (FY16 Q1-Q3): compliance reports, internal investigations, HIPAA incidents and privacy complaints.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>7. Other Business</td>
<td>Mr. Marsh provided updates regarding the CQI “alternate structure”, which has been approved by DMA and the upcoming combined Mercer/EQR review. The new audit compares well to the previous two with approximately 15 additional questions.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

8. ADJOURNMENT: Meeting was adjourned at 6 pm. Next meeting will be June 28, 2016, from 4:00 p.m. to 6:00 p.m.
Corporate Compliance Plan

FY167

Adopted by the Area Board: October 4th, 2012
Reviewed and Approved by the Area Board: June 11, 2013
Reviewed and Approved by the Area Board: June 5, 2014
Reviewed and Approved by the Area Board: June 4, 2015

Reviewed and Approved by the Area Board;
# Table of Contents

I. **Introduction and Statement of Purpose** ................................................................. 3

II. **Compliance Infrastructure** .................................................................................. 5  
    A. Chief Compliance Officer  
    B. Board Audit and Compliance Committee  
    C. Corporate Compliance Committee

III. **Policy Guidelines and Standards of Conduct** ....................................................... 8

IV. **Effective Education and Training** ...................................................................... 8

V. **Effective Lines of Communication** ..................................................................... 9  
    A. Reporting Compliance Issues  
    B. Investigating Compliance Issues

VI. **Enforcement of Standards and Disciplinary Guidelines** .................................... 11

VII. **Internal Auditing and Monitoring** ................................................................. 11

VIII. **Response and Remediation** ........................................................................ 12

IX. **Effectiveness of the Compliance Program** ......................................................... 13  
    A. Annual Compliance Report  
    B. Annual Risk Assessment and Compliance Work Plan  
    C. Revisions to the Compliance Plan

**Appendix A – Federal Criminal and Civil Statutes Related to Fraud and Abuse in the Context of Health care** ................................................................. 15  
Criminal Statutes  
Civil and Administrative Statutes

**References** ............................................................................................................. 16
CORPORATE COMPLIANCE PLAN

I. Introduction and Statement of Purpose

It is the policy of Alliance Behavioral Healthcare to follow ethical standards of business practice established by Alliance Behavioral Healthcare’s Area Board and Management Team, by oversight agencies, and state and federal law. Alliance Behavioral Healthcare has an ongoing commitment to ensure that its affairs are conducted in accordance with applicable law and sound ethical business practice. Alliance Area Board, employees, and provider network are fully informed of applicable laws and regulations to which Alliance Behavioral Healthcare is obligated so that they do not inadvertently engage in conduct that may raise compliance issues. Alliance Behavioral Healthcare recognizes that its business relationships with contracted providers and vendors, Medicaid enrollees, and recipients of behavioral healthcare services are subject to legal requirements and accountability standards.

To further its commitment to compliance and to protect its employees and contracted providers, Alliance Behavioral Healthcare places emphasis on its Compliance Plan to address regulatory issues likely to be of most consequence to Alliance operations. The Compliance Plan establishes the following framework for corporate compliance by Alliance Area Board, employees and providers:

A. Designation of a Chief Compliance Officer and Corporate Compliance Committee charged with directing the effort to enhance compliance and implement the Compliance Plan;

B. Incorporation of standards, policies, and administrative guidelines directing Alliance Behavioral Healthcare personnel and others involved with operational practices;

C. Prevention and identification of criminal and unethical conduct and legal issues that may apply to business relationships and methods of conducting business;

D. Effective education and training for the Chief Compliance Officer, Area Board, and employees addressing obligations for adherence to applicable compliance requirements;

E. Development and implementation of informational materials and training for employees, subcontractors, providers, and enrollees addressing obligations for adherence to applicable compliance requirements and information to prevent dishonest behavior which results in fraud, waste of public funding, and program abuse;

F. Implementation of mechanism for employees to raise questions and receive appropriate guidance concerning regulatory and operational compliance issues;
G. Development and implementation of an ongoing monitoring and auditing process identifying potential risk areas and operational issues requiring remediation;

H. Development and implementation of a process for employees, subcontractors, providers and recipients to report possible compliance issues, such as legal and ethical violations, or to report fraud, waste, and abuse, including a process for such reports to be fully and independently reviewed;

I. Enforcement of standards through documented disciplinary guidelines, policies and training addressing expectations and consequences;

J. Formulation of plans for corrective action or remediation plans to address identified areas of noncompliance;

K. Evaluation of the effectiveness of the overall compliance efforts of Alliance Behavioral Healthcare to ensure that operational practices reflect current compliance requirements and address strategic goals to improve Alliance Behavioral Healthcare operations.

This Compliance Plan is not intended to set forth all of the substantive programs and practices of Alliance Behavioral Healthcare that are designed to achieve compliance and integrity. In addition to this Plan, Alliance Behavioral Healthcare has developed and implemented a variety of monitoring processes for providers. The compliance practices included in those efforts will be coordinated with this Plan to direct Alliance’s overall compliance efforts.

It is intended that the scope of all compliance activities promotes integrity, ensures objectivity, fosters trust and supports the stated values of Alliance Behavioral Healthcare.
II. Compliance Infrastructure

A. Chief Compliance Officer (CCO)

The Chief Compliance Officer has been delegated day-to-day operational responsibility for the Alliance Behavioral Healthcare compliance program. The CCO will report compliance efforts and identified issues directly to the Chief Executive Officer (CEO) who has overall responsibility to ensure that Alliance has an effective compliance program. The CCO will report directly as necessary and required to the Area Board. The Alliance Area Board is accountable for governing Alliance Behavioral Healthcare as a knowledgeable body regarding the scope and operations of the compliance program, including expectations, practices, identified risk issues and compliance remediation.

The Chief Compliance Officer is responsible for the following activities:

1. Formulate, review, and revise policies and procedures to guide all activities and functions of Alliance Behavioral Healthcare that involve issues of compliance, with assistance from the Compliance Committee;

2. Ensure processes for compliance integrate with and support Alliance Behavioral Healthcare quality management and provider network monitoring processes;

3. Develop, in conjunction with the Compliance Committee and other relevant parties, the Code of Ethics and Conduct for Alliance employees and providers;

4. Develop, in conjunction with the Compliance Committee and other relevant parties, methods to ensure that employees and providers are aware of Alliance Behavioral Healthcare’s Code of Ethics and Conduct and understand the importance of compliance;
5. Develop and deliver, in conjunction with the Compliance Committee, educational and training programs;

6. Receive, review, and investigate instances of suspected internal and external compliance issues, communicate findings and develop action plans with the program suspected of noncompliance and as appropriate with the assistance of the Compliance Committee;

7. Supervise a Special Investigations Unit to conduct fraud and abuse detection activities including data mining, pre-investigations, and full investigations to detect and resolve instances of provider and enrollee fraud and abuse;

8. Refer to Division of Medical Assistance (DMA) Program Integrity Behavioral Health Section suspected cases of fraud for determination of credible allegation;

9. Prepare annual compliance summary for evaluation by the Corporate Compliance Committee and Board Audit and Compliance Committee, as set forth in this Plan;

10. Conduct an annual risk assessment, as set forth in this Plan, with the Corporate Compliance Committee and the Board Audit and Compliance Committee other relevant parties;

11. Prepare the annual compliance work plan, as set forth in this Plan, with the Corporate Compliance Committee and the Board Audit and Compliance Committee;

12. Prepare revisions to Alliance Behavioral Healthcare Compliance Plan together with the Corporate Compliance Committee and Board Audit and Compliance Committee, as set forth in this Plan; and

13. Report to and assist the Board of Directors through its Audit and Compliance Committee to fulfill its oversight responsibilities; and

14. Provide other assistance with initiatives regarding compliance as directed by the CEO and/or Board of Directors.

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

1. The integrity of the organization’s annual financial statements;

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

B.C. Corporate Compliance Committee (CCC)
To assist the Chief Compliance Officer (CCO) with the development and implementation of compliance efforts, a Corporate Compliance Committee has been formed representative of the clinical and administrative services of Alliance Behavioral Healthcare. The CCO will serve as the chair of the Committee and does not vote on any matters, unless the vote is required to break a tie. Committee members will serve one-year terms with no limitations on the number of terms to serve. The make-up of the committee will be re-evaluated at the end of each fiscal year. For the sake of maintaining the integrity of the Committee no more than 50% of committee members may resign from the Committee in the same year. New members will be nominated by their Department Head and will be selected by majority vote by the current Committee. The CCO must be consulted on the selection of membership.

The role of the CCC is to advise the CCO, to assist in the implementation of the compliance program, and to evaluate the effectiveness of Compliance efforts. The Committee’s responsibilities include:

1. Analyzing the organization’s regulatory obligations;
2. Working with employees and providers to develop standards of conduct and policies and procedures that promote compliance;
3. Developing and monitoring internal systems and controls to carry out Alliance Behavioral Healthcare standards, policies and procedures as part of Alliance Behavioral Healthcare’s daily operations;
4. Determining the appropriate strategy and approach to promote compliance and detection of potential risk areas through various reporting mechanisms;
5. Determining methodology to conduct the annual risk assessment, overseeing the process and determining the levels of risk as part of formulating the annual Compliance Work Plan;
6. Overseeing the implementation of the annual Compliance Work Plan in order to evaluate the effectiveness of compliance efforts;

7. Assisting, as appropriate, with the development of preventive and remediation plans;

8. Review Provider compliance violations and oversee enforcement of disciplinary guidelines, including making determinations regarding the approval of corrective actions and other sanctions as appropriate and per Alliance policies and procedures;

9. Developing a system to solicit, evaluate and respond to compliance issues, grievances, and other problems;

10. Monitoring findings of internal and external reviews for the purpose of identifying risk areas or deficiencies requiring further monitoring or preventive and corrective action; and

11. Reviewing and analyzing trends such as results from exclusions checks, internal and external monitoring and auditing efforts, fraud, waste and abuse investigations, billing audits, enforcement actions, and final disposition.

III. Policy Guidelines and Standards of Conduct

Alliance Behavioral Healthcare has adopted policies and procedures specific to Alliance Behavioral Healthcare’s operational practices. These policies and procedures are reviewed at least annually and revisions are made, as necessary. The policies and procedures specific to Alliance Behavioral Healthcare’s compliance efforts are intended to support and further define the operational practices and responsibilities and, when possible, are integrated within existing policies and procedures.

Alliance Behavioral Healthcare has also adopted an Employee Code of Ethics and Conduct to guide all business activity. This code reflects a common sense approach to ensuring legal and ethical behavior. All new employees receive training and provide acknowledgement of receipt of the Alliance Code of Ethics and Conduct. As a condition of employment the Code of Ethics and Conduct is reviewed and acknowledged annually thereafter.

It is the intent of Alliance Behavioral Healthcare to adopt and implement a Code of Ethics specific to the Alliance Provider Network. The Network Provider Code of Ethics will guide business activities of Providers who contract with Alliance.

IV. Effective Education and Training

It is essential to the Alliance Compliance Program to ensure that the Chief Compliance Officer receives effective training and education on an ongoing basis. The CCO shall seek out
opportunities to receive Continuous Education Credits in order to maintain Compliance Certification and to enhance job related skills.

The CCO and CCC are responsible for ensuring Alliance Behavioral Healthcare policies regarding compliance are disseminated and understood by employees. To accomplish this objective, the CCO will assist with the development of a systematic and ongoing training program that enhances and maintains awareness of Alliance Behavioral Healthcare policies. Training materials directed to clinical, administrative or other regulatory compliance issues will be submitted to the CCO for review with the CCC.

Upon hire and annually thereafter, all Alliance employees will participate in compliance training whereby a system is in place to document that such training has occurred. Employees will be required to take a post-test in order to measure the effectiveness of training efforts. Training materials will identify Alliance Behavioral Healthcare’s CCO as available to respond to questions specific to compliance training or regulatory issues. Employees are made aware of their compliance obligations as a condition of employment.

Adherence to policies will be addressed within the New Employee Orientation and ongoing training programs, and employee job descriptions. Employees will be expected to demonstrate a sufficient level of understanding as a result of compliance training. If a particular compliance or risk issue develops, the CCO and/or CCC may recommend that identified persons attend training addressing the risk issue.

The CCO and CCC will develop compliance training opportunities for Providers in the Alliance Network. Such training may include an overview of Alliance policies and procedures, Provider Network Code of Ethics and Conduct, Compliance Program requirements, and healthcare fraud, waste, and abuse.

To ensure compliance throughout the Alliance Network, the CCO and CCC will develop and offer training to Enrollees. Such training may include Client Rights and healthcare fraud, waste, and abuse.

V. Effective Lines of Communication

A. Reporting Compliance Issues

In keeping with Alliance policies, all employees are required to report promptly all known or suspected violations of an applicable law or regulation, the Code of Ethics and Conduct, breach of privacy or security or any Alliance policies to their supervisor, the Chief Compliance Officer (CCO), or the confidential Compliance Line. As a general practice, employees are directed to address questions about operational issues to persons having supervisory responsibility of that function. Supervisors are responsible for ensuring that issues or violations of which they are aware are immediately reported to the CCO.
As another reporting option, training materials will inform employees that they may report directly to the Alliance CCO or to a confidential third party 24 hour Hotline, Compliance Line. The training materials will provide a contact method(s) to address compliance issues to the CCO and to the Compliance Line. The CCO will use various communication methods, including electronic, web based and telephonic communication methods, to ensure timely communication of the elements of this compliance program. The various communication methods will be available 24 hours a day. The intent of publicizing various methods of communication is to ensure both convenience and confidentiality for employees and enable immediate response to submitted issues. All reports will be investigated unless the information provided contains insufficient information to permit a meaningful investigation.

Failing to report violations may result in disciplinary action. Employees reporting in good faith possible compliance issues will not be subjected to retaliation or harassment as a result of the report. Concerns about possible retaliation or harassment should be reported to the CCO or the CEO.

The Compliance Program will also include a confidential third party 24 hour Fraud and Abuse Line, as a means to offer providers, enrollees, or other persons in the community an opportunity to report suspected fraud, waste of program funding, or abuse of services anonymously. The Fraud and Abuse Line will be advertised on the Alliance website, in Consumer Handbooks, Provider Manual, and other informational and training materials. The Alliance Access and Information line is another option for placing reports of this nature.

Reported compliance concerns related to Providers will be logged in the Alliance Behavioral Healthcare grievance database. Concerns regarding fraud, waste, and abuse will be tracked in a separate compliance software by the CCO and/or Special Investigations Unit. Compliance concerns related to Alliance employees will be treated as a confidential document whereby access will be limited to the CCO and designated Compliance employee/s as requested by the reporter and as allowed by law. Internal compliance matters will be tracked using a confidential compliance software available to the CCO and designated Compliance employee/s.

B. Investigating Compliance Issues
When conduct is reported that is determined to be inconsistent with regulations, rules or laws or Alliance Behavioral Healthcare policy, the CCO will determine the level of potential risk and respond accordingly. If this preliminary review indicates that a problem may exist, the CCO will promptly report the risk issue to the CEO and inquiry into the matter will be undertaken. This inquiry may include appropriate assistance from Legal Counsel. Alliance employees and providers will be expected to cooperate fully with any inquiries undertaken. The CCO shall report any compliance issues that may result in negative publicity and risk to Alliance Behavioral Healthcare to the Area Board.

Responsibility for conducting the investigation will be decided on a case-by-case basis by the CCO. The CCO will delegate investigations of suspected provider or recipient abuse or fraud to the Director of Program Integrity and Special Investigations Unit. As appropriate, persons
responsible for the investigation will use audit tools approved by the CCC. The findings will be reviewed by the CCO to ensure consistency in the investigative process. All investigations will be documented in a confidential compliance software. Suspected cases of provider or enrollee fraud will be referred to DMA Program Integrity Behavioral Health Section for determination of credible allegation of fraud. Alliance will cooperate with DMA and/or the Department of Justice Medicaid Investigations Division on all fraud investigations.

When the compliance issue concerns an Alliance employee, the investigative process will adhere to Alliance policies and procedures regarding internal investigations and applicable Human Resources policies. To the extent practical and appropriate, efforts will be made to maintain the confidentiality of such inquiries and the information gathered. Consequences for conduct inconsistent with Alliance Behavioral Healthcare’s policy will be addressed according to the provisions identified in the applicable policies.

VI. Enforcement of Standards and Disciplinary Guidelines

Compliance standards will be consistently enforced through appropriate disciplinary actions, up to and including termination of employment. For providers in the Alliance Network compliance with standards will be enforced through sanctions up to and including termination of contract.

The following guidelines will be used. Discipline must be:
1. documented and well-publicized;
2. consistent;
3. dependent on the severity of the violation;
4. enforced for those who commit a violation; and
5. enforced for those who fail to report a known violation

The CCO and CCC, in collaboration with Human Resources, will develop policies and procedures to guide disciplinary actions. CCC will ensure that such policies and procedures are made available to employees and providers through electronic means as well as incorporated into manuals and training materials. Disciplinary procedures will be approved by the CEO. The CCO will monitor to ensure consistent implementation of disciplinary guidelines.

VII. Internal Auditing and Monitoring

Audits and monitoring are preventative and detective compliance measures which assist Alliance Behavioral Healthcare in identifying and acting on real or potential issues before they become larger compliance risks. Audits are objective and independent planned activities determined by the annual risk assessment and included in the annual compliance work plan. Monitoring is a subjective, detective control done as a self-review within a Department or by the Compliance Department. Monitoring may be planned and part of the annual compliance work plan or may be conducted as a reaction to concerning trends identified as part of the Continuous Quality Improvement process, or based on concerns from within a Department, etc.
Internal audits and monitoring will be completed using tools as appropriate and will be documented in the Compliance Audit or Monitoring Report. At a minimum, the following components will be included in all audits and monitoring:

1. Sample selection
2. Data review and collection
3. Data analysis; and
4. Reporting

Techniques may vary depending on the nature of the area reviewed and may be a combination of two or more of the following:

1. On-site visits;
2. Unannounced mock audits;
3. Interviews;
4. Questionnaires;
5. Trend analysis;
6. Review and tracking of work flow and processes;
7. Reviews of written materials and documentation prepared by the different departments; and
8. Other

The CEO delegates authority to the CCO to seek consultation with legal counsel when expert review is necessary to analyze the risk issue. If a review identifies risk issues for Alliance Behavioral Healthcare, the CCO will report the facts to the CEO. In consultation with legal counsel, as appropriate, the CCO will review the situation to determine whether there appears to have been activity inconsistent with federal and state rules and regulations, Alliance policies, procedures or the Code of Ethics and Conduct.

In addition to internal audits and monitoring, the Network Operations Department will conduct ongoing provider monitoring and billing audits according to Alliance Behavioral Healthcare’s policies and procedures on provider monitoring. Results of these reviews will be communicated to the CCC by the Provider Network Evaluators and/or Quality Management Department.

All audit and monitoring activities will be reviewed by the CCC, and CEO and summarizd for Alliance Behavioral Healthcare Area Board, including sufficient information to evaluate the appropriateness of responses to identified violations of Alliance’s policies and Federal or State laws.

VIII. Response and Remediation

When an internal compliance issue has been identified through an audit or monitoring activity, the CCO will ensure the issue is reported to the CEO and will facilitate the process to develop corrective action initiatives or to enforce standards through disciplinary actions promptly as required by policies and law.
As appropriate, the CCO will develop a remediation plan in collaboration with the CCC. Plans may include:

1. additional or modified training and education;
2. corrective action;
3. development of new policies and procedures;
4. revision to existing policies and procedures;
5. revision to the Compliance Plan;
6. additional monitoring and auditing; or
7. reporting to outside agencies

The CCO must be involved in the development of all remediation plans that:

1. result from a significant compliance violation;
2. affect multiple departments; or
3. involve revisions or additions to the Compliance Plan or policies and procedures.

Reporting a compliance violation to an outside agency must be coordinated through the CCO prior to reporting. The Corporate Compliance Department monitors settlement of issues reported to outside authorities.

Remediation plans, including any reporting to an external agency, should be attached to the investigative documentation in the confidential compliance software, or to the Compliance Audit/Monitoring Report. Remediation plans that require further monitoring are considered “open” and are not resolved and closed until the monitoring period is successfully completed.

In accordance with Alliance’s policies and procedures, providers who have engaged in legal or ethical misconduct will be subject to consideration of penalties, sanctions, termination of contract for services and/or excluded from providing local, state, grant, and/or Medicaid funded services in the Alliance Provider Network, and/or other sanctions and penalties as required by law or state policy.

All providers’ corrective action plans will be maintained electronically and will be used as historical reference tools whereby identified issues may be included in Alliance Behavioral Healthcare’s provider profiling and review processes.

IX. Effectiveness of the Compliance Program

A. Annual Compliance Report

The Chief Compliance Officer (CCO) will ensure a review of Alliance Behavioral Healthcare’s status with current compliance and regulatory operations. The purpose of the review is to ascertain whether the compliance operations of Alliance Behavioral Healthcare are of sufficient scope and within substantial compliance with Alliance’s policy and regulatory requirements. The results of the self-assessment process along with a report of compliance efforts during the preceding year will be prepared by the CCO. With review and comments provided by the
Corporate Compliance Committee (CCC) and Board Audit and Compliance Committee, the Annual Report will be presented to the Alliance Behavioral Healthcare Area Board.

B. Annual Risk Assessment and Compliance Work Plan
Annually, the CCO and CCC will conduct a compliance risk assessment using an approved Risk Assessment tool. Risk will be identified through interviews with department heads, document reviews with input from management, results from previous audits and investigations, and review of the annual Office of Inspector General work plan, Fraud Alerts, Special Advisory Bulletins, and advice and guidance by Division of Medical Assistance. The level of risk will be assessed based on legal, reputational and financial risk to Alliance. Based on the assessment, CCC will prioritize the highest scored risk areas and will include at a minimum the top 5 to 10 areas that relate to Compliance in the annual compliance work plan.

C. Revisions to the Compliance Plan
This Compliance Plan is intended to be flexible and readily adaptable to changes in regulatory requirements and in the health care system as a whole. The plan will be regularly reviewed by the CCO and the CCC to assess the viability of the Plan and the inclusion of all appropriate Alliance policies and regulatory requirements. The Plan will be revised as experience demonstrates that a certain approach is not effective or suggests a better alternative. The Area Board will review and approve the Compliance Plan annually.
APENDIX A
Federal Criminal and Civil Statutes Related to Fraud and Abuse in the Context of Health care

Criminal Statutes
This section contains references to criminal statutes related to fraud and abuse in the context of health care. It is not intended to be a compilation of all federal statutes related to health care fraud and abuse. It is merely a summary of some of the more frequently cited federal statutes.

- Health Care Fraud (18 U.S.C. 1347)
- Theft of Embezzlement in Connection with Health Care (18 U.S.C. 669)
- False Statements Relating to Health Care Matters (18 U.S.C. 1035)
- Obstruction of Criminal Investigations of Health Care Offenses (18 U.S.C. 1518)
- Mail and Wire Fraud (18 U.S.C. 1341 and 1343)
- Anti-Kickback law/Criminal Penalties for Acts Involving Federal Health Care Programs (Section 1128B of the Social Security Act/42 U.S.C. 1320a 7b)

Civil and Administrative Statutes
This section contains a description of civil and administrative statutes related to fraud and abuse in the context of health care. It is not intended to be a compilation of all federal statutes related to health care fraud and abuse. It is merely a summary of some of the more frequently cited federal statutes.

- The False Claims Act (31 U.S.C. 3829-3733)
- Civil Monetary Penalties Law (Section 1128A of the Social Security Act/42 U.S.C. 1320a-7aa)
- Stark/Self-Referral Law/Limitations on Certain Physician Referrals (Section 1877 of the Social Security Act/42 U.S.C. 1395nn)
- Exclusion From Federal Health Care Programs (Section 1128(a), (b) and (c) of the Social Security Act/42 U.S.C. 1320a-7a)
REFERENCES


42 CFR § 438.608 Program Integrity Requirements.

2013 Federal Sentencing Guidelines Manual Chapter 8, Part B – Remedying Harm from Criminal Conduct, and Effective Compliance and Ethics Program
ITEM: Executive Committee Report

DATE OF BOARD MEETING: June 2, 2016

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 Area Board at the next scheduled meeting. Draft minutes from the May 17, 2016, meeting are attached.

REQUEST FOR AREA BOARD ACTION:
Accept the report.

CEO RECOMMENDATION:
Accept the report.

RESOURCE PERSON(S):
Christopher Bostock, Area Board Chair; Robert Robinson, CEO
1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the April 19, 2016, Executive Committee meeting were reviewed; a motion was made by Mr. Stanford and seconded by Mr. Massey to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Updates a) NEXT FUTURE DEVELOPMENT WORKGROUP MEETING: Chairman Bostock mentioned the upcoming staff meeting on June 7, 2016. Board members may participate in this meeting. b) NC LEGISLATION: Ms. Hammett provided an update on the current proposed NC budget. Committee discussed how the potential reduction in proposed funding cuts could impact Alliance. Alliance will keep advocating for an elimination/reduction in funding cuts. c) BOARD SEAT VACANCY: Mr. Robinson provided an update on the Board vacancy. Board members discussed current and potential upcoming composition of the Board. d) BY-LAWS and HEALTH BENEFITS: Mr. Massey reviewed the by-laws and voting requirements as stated in Article III and Section E. Mr. Massey also provided an overview of benefits as stated in HR-6 Employee Benefits Policy. He mentioned a recent Policy Committee meeting, recommendations to clarify the by-laws reference to employee benefit changes, and a proposed revision to HR-6 policy to details parts of benefit plan.</td>
<td>a) Committee members may contact Ms. Ingram to confirm their attendance. b) None specified. c) Mr. Robinson will develop advertisement for newspaper, Facebook, and LinkedIn posts to advertise for the vacant seat. d) Mr. Massey will present the Policy Committee’s recommendation to the Area Board.</td>
<td>a) 6/7/2016 b) N/A c) None specified. d) 6/2/2016</td>
<td></td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>4. June 2, 2016, Area Board Draft Agenda</td>
<td>Committee members reviewed draft agenda and made revisions.</td>
<td>Ms. Ingram will forward agenda to staff to prepare for the June Area Board meeting.</td>
<td>5/18/2016</td>
</tr>
<tr>
<td>5. Closed Session</td>
<td><strong>COMMITTEE ACTION</strong>&lt;br&gt;A motion a motion was made by Mr. Stanford and seconded by Dr. Corvin to enter closed session pursuant to NC General Statue 143-318.11(a) (6) to consider the qualifications, competence, and performance of an employee and NC GS 143-318.11(a) (1) to prevent the disclosure of confidential information. Motion passed unanimously.&lt;br&gt;Committee returned to open session.</td>
<td>Chairman Bostock will present the Committee’s recommendation at the June 2, 2016, Area Board meeting.</td>
<td>6/2/2016</td>
</tr>
</tbody>
</table>

6. **ADJOURNMENT:** the next Committee meeting will be May 17, 2016, at 4:00 p.m.
ITEM: Network Development and Services Committee Report

DATE OF BOARD MEETING: June 2, 2016

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 May 11, 2016, meeting.

REQUEST FOR AREA BOARD ACTION:
Accept the report.

CEO RECOMMENDATION:
Accept the report.

RESOURCE PERSON(S):
Ann Akland, Committee Chair; Beth Melcher, Chief of Network Development and Evaluation
APPOINTED MEMBERS PRESENT: ☒Ann Akland, Committee Chair, B.S., ☒Cynthia Binanay, B.S.N., M.A., ☒George Corvin, M.D., ☐William Stanford, B.A., J.D., ☐Amelia Thorpe, B.A.

BOARD MEMBERS PRESENT: None
GUEST(S) PRESENT: None
STAFF PRESENT: Beth Melcher, Chief of Network Development and Evaluation;

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the March 9, 2016, meeting were reviewed; a motion was made by Ms. Akland and seconded by Ms. Binanay to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Network Development Plan Status</td>
<td>Reviewed status of current plan. Quite a few initiatives have been completed since last meeting. All items are on track for completion by July 1st with the exception of two, IDD crisis respite and evaluation of integrated care projects. IDD crisis respite will continue into next year. Negotiations with provider have taken longer than expected but are targeting fall as a time to implement. Evaluation of integrated care projects are scheduled to be complete by September based on our contract with evaluators.</td>
<td>Complete initiatives on plan and carry over the fall the two items that will not be complete by July.</td>
<td></td>
</tr>
<tr>
<td>Draft FY 2017 Network Development Plan</td>
<td>Reviewed the nine major goals of the network development plan identified through the needs and gaps assessment. Each goal has multiple initiatives. Many initiatives are items from the re-investment plan. Timeframes for implementation of these initiatives are still being developed taking into account funding and work flow. This will be completed by the next meeting.</td>
<td>Place goals and initiatives into a workplan</td>
<td>Next meeting</td>
</tr>
</tbody>
</table>

4. ADJOURNMENT: next meeting will be June 8, 2016, from 4:00 p.m. to 5:00 p.m.
Network Development Plan
2016-17
Services Committee
May 11, 2016
Expand capacity for crisis, hospital diversion and respite services for all ages/disabilities

• Assure the availability of high quality, accessible and effective Mobile Crisis services in all counties

• Expand access to Behavioral Health Urgent Care Centers (Tier II Same Day Access)

• Expand capacity for facility based crisis services in Wake Co.

• Develop peer respite capacity

• Develop Facility Based Crisis Capacity for Children
Expand capacity for crisis, hospital diversion and respite services for all ages/disabilities

- Expand access to rapid response crisis diversion services for children and adolescents.
- Develop Peer Transition Teams
- Develop Short Term Stabilization PRTF
- Reimburse first responders for crisis diversion in all counties
Increase breadth, access and quality of residential options

- Enhanced Therapeutic Foster Care
- Intensive Wrap-Around for children and transition age youth
- Support technology assisted homes
Increase capacity to serve consumers with IDD or co-occurring IDD/MI

- Implement intensive autism treatment and make sure services available
- IDD Crisis Respite Facility
- Development and implementation of behavior plans
Improve Access to Services for Underserved Populations

- Services for non-English speaking consumers
- Improve referral resources for underserved
Increase availability, tracking and oversight of specialty services and evidence-based practices

- Promote EBPs for PSR programs
- Implement EBP in Therapeutic Foster Care programs
- Implement Family Oriented EBPs within IIH
- Expand Trauma Informed Therapeutic Foster Care
Develop and enhance the continuum of care for individuals with Substance Use Disorders

• Define and create a service continuum

• Expand Opioid Treatment availability for Medicaid (Cumberland) and State-funded consumers (Cumberland, and Johnston).
Increase availability of resources for transportation

- Mobility on Demand
Increase availability of resources for employment

• Peer Run Business
Develop a more uniform State benefit package across the four-county Alliance area

• Review and address disparities as funds allow
# How State Initiatives are Addressed

<table>
<thead>
<tr>
<th>State Initiatives</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recovery is Possible</td>
<td>Recovery Oriented System of Care Steering committee</td>
</tr>
<tr>
<td>Crisis Solution Initiative</td>
<td>Crisis Plan</td>
</tr>
<tr>
<td>Employment</td>
<td>Peer run business; SE/LTVS</td>
</tr>
<tr>
<td>Housing Options</td>
<td>Housing plan</td>
</tr>
<tr>
<td>Integrated Care</td>
<td>Integrated Care Initiatives</td>
</tr>
<tr>
<td>Resilient Child and Family</td>
<td>Enhanced Therapeutic Foster Care</td>
</tr>
<tr>
<td></td>
<td>IIH EPB</td>
</tr>
<tr>
<td></td>
<td>Trauma informed TFC</td>
</tr>
<tr>
<td></td>
<td>Intensive Wrap-Around</td>
</tr>
<tr>
<td>Opioid and Prescription Drug Abuse</td>
<td>Opioid Prescribing Initiative</td>
</tr>
</tbody>
</table>
## FY16 Network Development Plan Update 5-11-16

### Status Summary

<table>
<thead>
<tr>
<th>Status Summary</th>
<th># of Initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed</td>
<td>18</td>
</tr>
<tr>
<td>Almost complete</td>
<td>4</td>
</tr>
<tr>
<td>In progress</td>
<td>16</td>
</tr>
<tr>
<td>Grand Total</td>
<td>38</td>
</tr>
</tbody>
</table>

### NDP Objective

<table>
<thead>
<tr>
<th>NDP Objective</th>
<th>Project</th>
<th>Status / Updates</th>
<th>% Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand services to meet geographic access and choice standards</td>
<td>Expand Medicaid (b)(3) Individual Support (Cumberland, Johnston)</td>
<td>Completed; selected providers in all counties through RFP process.</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Expand Opioid Treatment availability for Medicaid (Cumberland) and State-funded consumers (Cumberland, Durham, Johnston and Wake).</td>
<td>Developed modified services definition and contract scope of work for Medication-Assisted Treatment with Buprenorphine. Cost model developed and approved by Rate Setting, Budget &amp; Finance and UM committees. The modifier will increase options for provision of evidence-based medication assisted treatment for SA and enable tracking of EBP use. Service is now available for addition to provider contracts, and notification has been posted on the Alliance website.</td>
<td>95%</td>
</tr>
<tr>
<td></td>
<td>Develop Medication Assisted Treatment programs in all counties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add State-funded PSR services in Cumberland County.</td>
<td>Add State-funded PSR services in Cumberland County</td>
<td>Completed; added contract for state-funded PSR in Cumberland County</td>
<td>100%</td>
</tr>
<tr>
<td>Add State-funded SACOT in Durham County</td>
<td>Add State-funded SACOT in Durham County</td>
<td>Completed; added contract for state-funded SACOT in Durham County</td>
<td>100%</td>
</tr>
<tr>
<td>Develop a more uniform State benefit package across the four-county Alliance area</td>
<td>Develop a more uniform State benefit package across the four-county Alliance area</td>
<td>Reviewed Alliance benefit plan for state-funded services to identify county-specific variation and developed recommendations for addressing disparities. Results will be included in 2016 Community Needs Assessment and will be released.</td>
<td>100%</td>
</tr>
<tr>
<td>NDP Objective</td>
<td>Project</td>
<td>Status / Updates</td>
<td>% Complete</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Expand capacity for crisis, hospital diversion and respite services for all ages/disabilities</td>
<td>Assure the availability of high quality, accessible and effective Mobile Crisis services in all counties and increase capacity</td>
<td>discussed with Alliance Board in FY17 budget preparation process. Completed review of Mobile Crisis data and potential services models. Preparing Scope of Work for mobile crisis management that will reflect recommendations for service models and scope of mobile crisis coverage.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expand access to and capacity of walk-in crisis centers (Behavioral Health Urgent Care Centers), including evening hours (Tier II Same Day Access)</td>
<td>Completed inventory of Same Day Access providers and developed survey regarding service accessibility and barriers to SDA implementation. Survey completed and additional review of Monarch’s Same Day Access model is in process. Obtained funding for expansion of Same Day Access to include evenings, and Monarch began offering expanded evening hours 5/2/16. Further analysis will assist with identifying challenges, opportunities and cost model assumptions for further development.</td>
<td>75%</td>
</tr>
</tbody>
</table>
|                                                                             | Expand/Enhance Capacity of Facility Based Crisis                        | *Completed RFP process for Durham Crisis services and selected provider.  
*Posted RFP for additional Wake crisis facility and vendor, Monarch, has been selected. Implementation plans are being developed and Monarch is exploring potential facility locations.  
*Cape Fear will expand crisis beds to 16 and add IVC capacity on May 9 | 90%        |
<p>|                                                                             | Provide education to urgent care and primary care practices about Alliance and crisis response resources and how to access them, including Open Access, mobile crisis, facility based crisis | Obtained information from CCNC to identify priority practices for training. Met with CCNC to develop joint training information, and setting up primary care/behavioral health provider meetings. Purchased software to run routine reports on primary care practices with high number of behavioral health consumers. Integrated Care Director has been hired and started Feb. 2. CMT has been implemented with initial focus on notification for consumers who did not fill antipsychotic | 90%        |</p>
<table>
<thead>
<tr>
<th>NDP Objective</th>
<th>Project</th>
<th>Status / Updates</th>
<th>% Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective</strong></td>
<td><strong>Project</strong></td>
<td><strong>Status / Updates</strong></td>
<td><strong>% Complete</strong></td>
</tr>
<tr>
<td>Project Status / Updates</td>
<td>Implement Advanced Practice Paramedics program in Durham</td>
<td>medication prescriptions and notifying PCPs about potential opioid abuse issues. Part of communication strategy will be to education primary care physicians about non-ED crisis services available to their patients.</td>
<td></td>
</tr>
<tr>
<td>Project Status / Updates</td>
<td>Develop capacity for IDD Crisis Respite</td>
<td>Coordinated training program for Durham CIT-certified EMS paramedics to receive additional on-line training. Both Wake and Durham EMS have completed webinar training. We received allocation letters for Wake and Durham to be reimbursed for alternative drop off destinations.</td>
<td>100%</td>
</tr>
<tr>
<td>Project Status / Updates</td>
<td>Review outcomes for rapid response crisis diversion services for children and adolescents</td>
<td>Review of Wake rapid response has been completed. We will re-evaluate after we obtain more accurate and specific data. Workgroup has been convened and is working through issues related to 131D licensure rules and crisis beds.</td>
<td>75%</td>
</tr>
<tr>
<td>Project Status / Updates</td>
<td>Implement Critical Time Intervention (CTI) in Cumberland</td>
<td>Completed selection of provider through RFP and have implemented services in Cumberland.</td>
<td>100%</td>
</tr>
<tr>
<td>Increase breadth, access and quality of residential options</td>
<td>Evaluate transitional living outcomes and capacity and determine need for expansion</td>
<td>Completed analysis of claims data and developed survey to gather additional information from Transitional Living providers. <strong>Surveys will be completed in May.</strong> Follow-up evaluation of outcomes is planned for Summer 2016.</td>
<td>90%</td>
</tr>
<tr>
<td>Increase breadth, access and quality of residential options</td>
<td>Develop Comprehensive Assessment for youth with complex needs prior to referral to residential services</td>
<td>Identified provider, reviewed list of standard measures that will be required in assessment, and requested rate proposal from provider. Contract pending with UNC to provide this service, with services expected to begin in January-February 2016.</td>
<td>90%</td>
</tr>
<tr>
<td>NDP Objective</td>
<td>Project</td>
<td>Status / Updates</td>
<td>% Complete</td>
</tr>
<tr>
<td>---------------</td>
<td>---------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td></td>
<td>Complete residential continuum study- Add recommendations from study</td>
<td>TAC report completed; Alliance will hire director of housing and this position will implement specific project plan to address housing gaps. TAC report was presented to Alliance Board Services Committee on 11/18.</td>
<td>90%</td>
</tr>
<tr>
<td>Increase capacity to serve dually diagnosed (IDD/MI) consumers</td>
<td>Implement pilot Youth Villages Choices model for dually diagnosed (IDD/MI) youth</td>
<td>Identified three CHOICES consumers through Care Coordination, and referrals are in process for initial pilot implementation. Augmenting pilot with addition of residential services through RFP.</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Evaluate increased funding support for NC START</td>
<td>Funding has been identified for adolescent START program, based on proposal submitted by Easter Seals UCP. Contract is pending, NC START has hired clinical team lead, and in-home supports team lead, with plan to begin services in mid-January.</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Offer dual diagnosis (IDD/MI) training for Mobile Crisis teams</td>
<td>Completed training.</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Offer training on IDD/MI dual diagnosis issues to large behavioral health practices</td>
<td>Completed training</td>
<td>100%</td>
</tr>
<tr>
<td>Develop plan to address service gaps between enhanced benefit and outpatient services and to address need for case management</td>
<td>Develop alternative service definition for Medicaid-funded outpatient treatment</td>
<td>Working with consultant, Partners MCO and providers to develop proposed alternative service definition. Draft completed and submitted to DMA.</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Develop service definition to fill service gap between ACTT and CST</td>
<td>Working with consultant, Partners MCO and providers to develop proposed alternative service definition. Working on cost model and revision of service definition.</td>
<td>100%</td>
</tr>
<tr>
<td>Increase availability, tracking and oversight of specialty services and evidence-based practices</td>
<td>Increase number of evidence based practices meeting fidelity for substance abuse providers</td>
<td>Working with SA providers through SA Treatment Provider Collaborative, and developed contract to provide individualized provider consultations on EBPs. Requested proposals from SA providers and selected six providers who</td>
<td>90%</td>
</tr>
<tr>
<td>NDP Objective</td>
<td>Project</td>
<td>Status / Updates</td>
<td>% Complete</td>
</tr>
<tr>
<td>---------------</td>
<td>-------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td></td>
<td>Contract for EBP models for IIH and require independent fidelity reviews</td>
<td>will received individualized on-site consultations. Consultation has been completed with Cape Fear and written recommendations are being prepared.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meeting monthly with IIH providers to implement change in contract requiring family-oriented EBPs. Multiple meetings and workgroups with providers, developers and implementation resources to refine implementation plans. Developing cost models for training and long-term sustainability of EBPs, in collaboration with providers and EBP developers. Developing contract scopes of work for IIH EBPs for addition to Medicaid contracts effective 7/1/16.</td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td>Develop process for development and implementation of evidence-based practices with external fidelity verification</td>
<td>Meeting monthly with IIH providers to implement change in contract requiring family-oriented EBPs. Multiple meetings and workgroups with providers, developers and implementation resources to refine implementation plans. Developing cost models for training and long-term sustainability of EBPs, in collaboration with providers and EBP developers. Developing contract scopes of work for IIH EBPs for addition to Medicaid contracts effective 7/1/16.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Promote EBPs for PSR programs including peer led programs, recovery oriented programs, and for dually diagnosed (MH/IDD)</td>
<td>Measuring and evaluating the integration of evidence-based practices into the daily operations of the organization.</td>
<td>85%</td>
</tr>
<tr>
<td></td>
<td>Provide Training and Consultation for Providers to promote improved quality and implementation of evidence based practices</td>
<td>Peer Support training was held on November 20 and is scheduled for December 14 for both providers and Alliance staff.</td>
<td>90%</td>
</tr>
</tbody>
</table>

**Note:** The table above summarizes the objectives, projects, and updates related to the NDP (Not for Profit) initiative. Each row details the specific project goals, the status and updates, and the completion percentage.
<table>
<thead>
<tr>
<th>NDP Objective</th>
<th>Project</th>
<th>Status / Updates</th>
<th>% Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ID high cost/high need populations and match with EBP</strong></td>
<td>Implement pilots for Youth Villages Intercept model, Kidspace TFC and Mentor Family Centered Treatment model for high needs youth</td>
<td>Pilots all launched effective July 1.</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Improve access to services for non-English speaking consumers</strong></td>
<td>Implement First Episode Psychosis Program in Wake County</td>
<td>Completed implementation.</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Increased capacity to serve TBI population</strong></td>
<td>Conduct survey of providers with identified services for non-English speaking consumers. Clarify service availability and capacity for more robust bilingual/bicultural program emphasis.</td>
<td>Worked with Alliance Cultural Competency committee to develop provider survey and have posted on website for provider input. Results will be included in 2016 Community Needs Assessment.</td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td>Participate in TBI HRSA grant</td>
<td>Screening for TBI through Call Center and collecting data for state analysis. Working with Brain Injury Association of NC and neuroresource facilitator to develop TBI-specific trainings for provider community. *Met with new TBI Specialists at DMH (Scott Pokorny and Travis Williams). Will begin reviewing data through TBI Grant Steering Committee. *DHHS has announced plans for a TBI waiver that will be piloted with Alliance in the first year of the waiver. There are 49 slots attached to the waiver for Alliance.</td>
<td>90%</td>
</tr>
<tr>
<td>NDP Objective</td>
<td>Project</td>
<td>Status / Updates</td>
<td>% Complete</td>
</tr>
<tr>
<td>---------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Expand integrated behavioral health/medical care</td>
<td>Conduct Inventory of current integrated care initiatives (e.g., Turning Point, Lincoln, UNC WakeBrook; Johnston Public Health, exploring Duke/CBC co-location and reverse co-location; FHR Dartmouth In-Shape, Southlight)</td>
<td>Completed inventory.</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Implement integrated healthcare pilots</td>
<td>Developed charters and project plans for each pilot. Hired consultant to evaluate pilots. Contracts in place for new initiatives with Carolina Outreach, and Easter Seals UCP, UNC, Duke and Carolina Behavioral Care.</td>
<td>95%</td>
</tr>
<tr>
<td></td>
<td>Conduct evaluation of current integrated behavioral health/medical care initiatives and development of recommendations for further expansion</td>
<td>Hired consultant to evaluate pilot projects. Evaluation in process. Consultation report expected Sept. 2016. Ongoing evaluation and development of integrated healthcare initiatives will be included in comprehensive plan for integrated healthcare that is in development.</td>
<td>75%</td>
</tr>
<tr>
<td>Increase availability of resources for transportation</td>
<td>Review transportation initiatives in other states, inventory provider and stakeholders efforts and develop recommendations</td>
<td>Review of transportation initiatives completed.</td>
<td>100%</td>
</tr>
<tr>
<td>Increase availability of resources for employment</td>
<td>Increase number of persons receiving MH/SA SE/LTVS</td>
<td>Conducted RFP for SE/LTVS services in Cumberland, selected vendor and in the process of expanding services in Cumberland. Meeting regularly with SE/LTVS providers through collaborative. *NC is now working with several other states and federal government through Vision Quest and Office of Disability and Employment Policy (ODEP) to look at sustainability of IPS at a statewide level. Alliance is participating in this planning process.</td>
<td>90%</td>
</tr>
<tr>
<td>NDP Objective</td>
<td>Project</td>
<td>Status / Updates</td>
<td>% Complete</td>
</tr>
<tr>
<td>---------------</td>
<td>---------</td>
<td>------------------</td>
<td>------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*We are looking at feasibility of aligning b3 rate and service definition with state rate and service definition. * Project planning with SPMO on increasing TCLI numbers and IPS SE.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evaluate impact of MH/SA SE-LTVS</td>
<td>Transitioned to Alliance Business Process Team, which will be conducting ongoing analysis of IPS SE/LTVS as part of TCLI monitoring.</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Explore models and supports for consumer-run businesses</td>
<td>Review of consumer-run models completed.</td>
<td>100%</td>
</tr>
</tbody>
</table>
ITEM: Global Quality Management Committee Report

DATE OF BOARD MEETING: June 2, 2016

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

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

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

The draft minutes from May are attached (the March minutes were not finalized because a quorum was not present). At the May meeting, the committee agreed to the application and memo to recruit new provider representatives, as the terms for the existing representatives are ending. The committee also received an update on the URAC site visit (expected in the fall) and Quality Management involvement in monitoring URAC standards. QM provided an update on progress of Quality Improvement Projects for FY 16 and proposed two new projects for the next fiscal year. Committee members are being asked to review the QIP presentation and FY 17 proposals prior to the next meeting in order to be prepared to discuss and vote on projects at the June meeting.

REQUEST FOR AREA BOARD ACTION:
Accept the report.

CEO RECOMMENDATION:
Accept the report.

RESOURCE PERSON(S):
George Corvin, Committee Chair; Geyer Longenecker, Quality Management Director; Tina Howard, Quality Review Manager
VOTING MEMBERS PRESENT:  ☐ Ann Akland, BS (Area Board); ☒ George Corvin, MD, Chair (Area Board); ☒ Phillip Golden, BA (Area Board); ☐ Joe Kilsheimer, MBA (CFAC); ☒ Amelia Thorpe (CFAC); ☐ Lascel Webley, Jr., MBA, MHA (Area Board)

NON-VOTING MEMBERS PRESENT:  ☒ Tim Ferreira, BA (Provider Representative, I/DD); ☒ Nicole Novello Olsen, MSM (Provider Representative, MH/SA)

STAFF PRESENT:  ☒ May Alexander, MS, LMFT, Quality Management Data Manager; ☒ Tina Howard, MA, Quality Review Manager; ☒ Geyer Longenecker, JD, Quality Management Director; ☒ Shruti Mehta, Quality Review Coordinator II, QM; ☒ Tedra Anderson-Brown, Medical Director; ☒ Doug Wright, Director of Consumer Affairs; ☒ Sandra Ellis, Administrative Assistant/Scribe

GUEST(S) PRESENT:  ☐

WELCOME AND INTRODUCTIONS – George Corvin, MD

REVIEW OF THE MINUTES:  Because of a lack of quorum, the March 3, 2016 minutes were not reviewed. They will be reviewed for voting at the June 2, 2016 meeting.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
</table>
| OLD BUSINESS: Crisis/ED/Inpatient Report (Tina)  | Incorporating State Facility Data but did not have the UM committee meeting to approve.  
At the last meeting membership was discussed as two provider’s terms are coming to an end. The committee discussed representatives for this committee and involvement of providers to serve on the Project Advisory Teams for Quality Improvement Projects which are organization-wide initiatives to assess and improve processes and outcomes of health care services as well as other process improvement teams. Another project for provider feedback may be on improving accuracy of e-mails to create a sustainable system where e-mails are being constantly updated.  | • Tina will e-mail GQMC Committee when the process is complete and approved.  
• Committee provide input to Tina.  
• Tina will distribute via e-mail, e-mail lists, website/newsletters and have volunteer names to present at the next meeting.  
• Dr. Corvin stressed the importance of committee attendance.  | • June 2, 2016 meeting |
| NEW BUSINESS: URAC Updates (Geyer)  | • Presentation of the FY16 Quality Improvement Projects Review which was presented to the CQI Leadership Team on April 27, 2016.  
• Alliance currently has four URAC continuations:  
  o FY16 Crisis Services QIP  
  o FY16 First Responder QIP  | | |
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
</table>
| ▪ FY13-16 Intensive In Home QIP  
▪ FY16 Access to Care QIP | Recommendations for Closures:  
▪ FY16 Grievance QIP  
▪ FY16 Care Coordination (MHSA) – IF goal of 80% is met  
▪ FY16 UM Call Monitoring (IDD) – IF benchmark of 85% is met  
▪ FY15 IRR  
▪ FY15 Reduce ED Admissions | | |
| | Recommendations for New Products:  
▪ Improve initiation within 45 days (Innovations)  
▪ Improve Care Coordination (MHSA) for Individuals Discharging from Inpatient  
▪ Split Access to Care QIP into two separate projects – continue focus of one project on callers needing Urgent and Routine care, Start a new project focusing on callers needing Emergent care | | |
| | Goals - FY16 Quality Improvement Projects (Reduce use of Crisis Services in Wake and Cumberland Counties*)  
▪ Reduce ED admissions of youth in best practice pilot programs (FCT and Enhanced TFC) in Cumberland County  
▪ Increase number of consumers served through Same Day Access (Tier II) after regular business hours  
▪ Reduce percentage of time that WakeBrook CAS in Wake Counties is on diversion by 2% (source: self-report)  
▪ FY15 Reduce ED Admissions | | |
| | FY16 Quality Improvement Project – Red Flags  
▪ Delays in FY15 QIP  
▪ Continue UM IDD Call Monitoring (FY15 Mystery Shopper QIP)  
▪ Continue IDD Care Coordination QIP  
▪ Continue MH/SA Care Coordination QIP  
▪ Some improvement in Access to Care Routine performance | | |
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
</table>
| Report on URAC Standards (Tina/Geyer/May) | • Should have the last one completed by next year prior to the end of the fiscal year. URAC will not be here until September-October timeframe; EQR will be here in January so there should be time to complete URAC in time to prepare for EQR.  
• Reviewing submission which will be reviewed the month prior to URAC’s site visit. This is an important product as it will allow us to see how the system is run and the type of reporting needed. There will be a re-accreditation function for this site and also for the new call center location. With three years under this process, we should be much more prepared.  
Core (Delegation Oversight) – Summary of Concerns Against Alliance – FY16  
• Core standards that involve QM and URAC Standards (Tina) URAC calls these delegated functions. The Full delegate is responsible for all functions; QM does oversight functions and runs through the ones which involve Alliance.  
• FY16 Summary of Concerns Against Alliance (May) Reported to the Civil Rights, Human Rights Committee and HIPAA. Thus far 47 against Alliance; have a 30-day window to resolve and reflect complaints as were filed but are not necessarily issues.  
• One (1) Clients Rights – 46 LME/MCO Functions  
• Seven (&) different sources submitted complaints (Consumer, Parent/Guardian, Provider, Family Member, Attorney, Consumer Advocate/Rep., Other)  
• Nineteen (19) of forty-seven (47) were External Stakeholder concerns; twenty-six (26) were Grievances; two (2) were Internal Employee Concerns  
Consumer Satisfaction Results for all Consumer Satisfaction Surveys (Tina) - Include ECHO – Two (2) Perception of Care surveys is not the same survey we sent out but is a convenient sample. Alliance tries to encourage as much participation as possible. NCI (National Core Survey) is another survey as is IDD consumers. Survey report was presented to Tina will follow up with IDD. | | June 2, 2016 |
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>the Provider Network Management Committee who in turn will present to the Provider Advisory Council and the Medical Director Provider Group. Continuing personal center training. &lt;br&gt;• Report shows strengths from the surveys; concerns noted in the surveys; action plan and results. &lt;br&gt;• Geyer stated that the most recent Gaps Analyst was submitted on April 1, 2016 and is on our website; 100% were met. In February, the GQMC received an update from Alison Rieber. &lt;br&gt;• Call Center Standards involving QM - (Admin performance, triage of calls, clinical/education response times, triage dispositions) &lt;br&gt;• Health Utilization Management (IRR, adverse action reviews, appeals data &amp; timeframes) are within presentations. Refer to performance of these standards in the Quarterly Report from Geyer. &lt;br&gt;• First Responder FY16 Quality Improvement Projects is a test of the crisis line. There is improvement on agencies referred to Alliance. There was a of 77% errors in system with huge success in reducing the error rate. Working on getting the model updated and working on ways to improve. Base line is how everyone within the organization did. &lt;br&gt;• The goals are to reduce the number of errors by 10%. &lt;br&gt;• Red flags are IDD Call Monitoring and Access to Care. &lt;br&gt;• FY17 QIP – Recommendations: Alliance must report New Projects Care Coordination/utilization issues as a State measurement. They were reported at one time and discontinued but see the need to begin reporting again to address waste between varying steps. &lt;br&gt;• A more detailed written out proposal is needed to look more closely at care coordination and reduce the number of days between discharge and when they are contacted by our staff. There could be a “side” proposal. &lt;br&gt;• Want to split two proposals presented to GQMC Committee on May 4, 2016:</td>
<td>“Report Card” will continue. &lt;br&gt;• Turn over to the Quality Process Team to map for errors/streamline and address external partner DHHS.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tina distributed proposals for committee review and vote on June 2, 2016.</td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
</tr>
<tr>
<td>----------------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td></td>
<td>o  Proposed Quality Improvement Project for FY17 (Jul 1, 2016 - Jun 30, 2017) – IDD Initiation in Services</td>
<td>• All Committee members need to be present to vote.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o  Proposed Quality Improvement Project for FY17 (Jul 1, 2016 – Jun 30, 2017) – [MH/SA Care Coordination]</td>
<td>• Tina send out matrix with projects and requirements and indicate how each project is meeting. Proposals will help to decide whether to move forward or not.</td>
<td></td>
</tr>
</tbody>
</table>

Geyer addressed DOJ Initiative:
- A draft contract has been sent to the State with whom we are working to obtain greater focus. We are evaluating 3-4 areas while looking at PCPS sent to the State and will be identifying individuals while awaiting direction from the State. This committee will be given updates as we move forward.

<table>
<thead>
<tr>
<th>UPCOMING MEETINGS: Dates and locations are same as Board, topics are tentative</th>
<th>June 2, 2016 (location: Corporate) – Vote on QIP Proposals, Performance Standards Dashboard, drafts of QM Plan &amp; Evaluation</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>July 2016 – Meeting cancelled, Summer break</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>August 4, 2016 (location: Durham site, 414 East Main Street, Durham) – Vote on QM Plan &amp; QM Evaluation, Updates on obtaining data on access to primary care &amp; service patterns/costs of high risk consumers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>September 1, 2016 (location: Corporate) – To be determined (TBD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>October 6, 2016 (location: Cumberland site, 722 Executive Place, Fayetteville) – TBD</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>November 3, 2016 (location: Corporate) - TBD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| ADJOURNMENT:         | 3:20pm                                                                        |                                                                              |                     |
## Alliance Behavioral Healthcare

### Proposed Quality Improvement Project for FY 17 (Jul 1, 2016 – Jun 30, 2017)

<table>
<thead>
<tr>
<th>Project Name (Areas of Focus, Requirements Met)</th>
<th>Project Description</th>
<th>Data Source(s)</th>
<th>Duration</th>
<th>Resources Needed</th>
</tr>
</thead>
</table>
| **IDD Initiation in Services** 
(Clinical, MCO-wide, URAC-UM & Health Network) | **Concern:** Alliance has struggled to meet the Innovations Performance Measure #18 (Services received within 45 days), particularly in FY 16. The state requires Alliance to report, on a quarterly basis, the number of new Innovations participates who receive services within 45 days of approval of their Individualized Service Plan (ISP). The state set a benchmark of 85%. Alliance’s performance is below the standard: 
FY 16, Q1 – 68.75%
FY 15, Q2 – 75% 

When a small group met to discuss root causes, they created a quick process map and discovered several internal bottlenecks in the process. Additionally, data indicated delays in UM processing (at least 5% exceeding TAT standard) and initial dates of service. |
| Innovations paid claims, Alpha CM | 3/1/16 – 6/30/17 | LME/MCO POC: QR Manager 
Additional Resources: QM, IDD Care Coordination, IDD UM, MD, Chief Clinical Officer, Business Process Team, Finance |

**Research Question:** What are the root causes of delays in services and what interventions are needed to reduce those delays?

**QI Project:** Conduct a full process mapping exercise to identify all bottlenecks in process, prioritize 1 – 2 bottlenecks (within Alliance’s control), create interventions to address the concerns, analyze impact of interventions, and create sustainability plan if successful. Review impact of provider capacity and delays with DSS activation of IN indicator.

**Goals:**
- Streamline process for requesting LOC, creating ISP, and activating IN indicator at DSS
- At least 85% of new Innovations participants receive services within 45 days of ISP approval
## Alliance Behavioral HealthCare

### Proposed Quality Improvement Project for FY 17 (Jul 1, 2016 – Jun 30, 2017)

<table>
<thead>
<tr>
<th>Project Name (Areas of Focus, Status, Requirements Met)</th>
<th>Project Description</th>
<th>Data Source(s)</th>
<th>Duration</th>
<th>Resources Needed</th>
</tr>
</thead>
</table>
| [MH/SA Care Coordination] (Clinical & Consumer Safety, MCO-wide) | **Concern:** For the past 2 years Alliance has conducted a QIP focused on improving adherence to MH/SA Care Coordination procedures for outreach and contact with consumers, in an effort to be able to determine which Care Coordination interventions are making the biggest impact on consumer outcomes. In FY 16 the goal of 80% adherence to the standard of first contact with the consumer or MH/SA service provider within two business days was met, for adults identified as Medium Intensity Level, the largest pool of consumers served by Care Coordination. However, when analyzing the Care Coordinator interventions 46% of the first contacts resulted in the Care Coordinator either not being successful in contacting the consumer due to incorrect contact information or leaving a voice mail with consumer and/or provider to determine if the consumer was seen for the follow-up appointment post inpatient discharge. Additionally, 32% of consumers experience at least one crisis admission within 60 days of their previous discharge, while open to Care Coordination services.  
**Research Question:** Will interventions that promote improved contact with consumers and better facilitate linkage and engagement with providers prior to inpatient discharge reduce the number and frequency of repeat admissions to crisis facilities for consumers receiving Care Coordination services? | Alpha Care Coordination Caseload reports, Alpha Crisis and MH/SA Screening Notes, Alpha authorization and/or claims reports | June 1, 2016 – June 30, 2017 | LME/MCO POC: QR Coordinator  
Additional Resources: QM Team members, Care Coordination, Medical Director or Asst. Medical Director, Chief Clinical Officer |
<table>
<thead>
<tr>
<th>Project Name (Areas of Focus, Status, Requirements Met)</th>
<th>Project Description</th>
<th>Data Source(s)</th>
<th>Duration</th>
<th>Resources Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QI Project:</strong> Conduct a full process mapping exercise and root cause analysis to identify opportunities for improvement, prioritize 1 – 2 opportunities for improvement (within Alliance’s control), create interventions to address the concerns, analyze impact of interventions, and create sustainability plan if successful.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Goals:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Increase successful contact with consumers post inpatient discharge.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Develop interventions to promote and facilitate linkage and service engagement with providers prior to inpatient discharge.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Maintain adherence to 1st contact within 2 business days.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Application

Please complete the application below and email to Tina Howard at thoward@alliancebhc.org by Wednesday, May 25, 2016. You are encouraged to include a resume or CV to supplement this application.

I am Applying for (pick one):
- Global Quality Management Committee
- First Responder QIP Project Advisory Team
- Access to Care QIP Project Advisory Team
- Intensive In-Home QIP Project Advisory Team
- Update Provider Emails Team

Name:            Agency:

Agency’s Sites in Alliance Area:       Phone #:

Email Address:

Current Responsibilities and Description of Duties:

Please indicate reasons you would like to serve on the Alliance Global Quality Management Committee or the QIP Advisory Teams:

Describe other quality improvement committees you have served on and in what capacity:
MEMO

DATE: April 2016

TO: Alliance Network Providers

FROM: Alliance Quality Management

RE: Recruiting provider volunteers for Alliance committees

Alliance Behavioral Healthcare’s Global Quality Management Committee is recruiting provider representatives with credentialed sites in Cumberland, Durham, Johnston, or Wake Counties to serve on the committee for a term of two years (July 1, 2016 – June 30, 2018). The Global Quality Management Committee serves as the Alliance Area Board’s Monitoring and Evaluation Committee charged with the review of statistical data and provider monitoring reports. The goals of the committee are to ensure the quality and effectiveness of services and to identify and address opportunities for improvement in LME/MCO operations and the local service system. Provider representatives add valuable insight into improving the quality of care for our consumers. The selected provider representatives are expected to participate in approximately 9-10 committee meetings/year and review materials sent by email in a timely manner.

Alliance also has opportunities to serve on Project Advisory Teams for Quality Improvement Projects, which are organization-wide initiatives to assess and improve processes and outcomes of health care services, and other process improvement teams. Alliance currently operates seven active QIPs. We are recruiting provider representatives to serve on the teams that advise the design and implementation of provider-focused projects. The teams meet on an ad hoc basis of about 2 – 4 times/year. Representatives are expected to give constructive feedback at each meeting, either in person or via conference call, and, when requested, via email in a timely manner. Descriptions of the projects are provided on the next page:
**First Responder QIP** – Improve response to consumers in crisis. Providers offering certain enhanced services are required to respond to their consumers who are in crises as an initial intervention to stabilize the individual. This project includes testing the crisis phone numbers of providers during non-business hours and analyzing data on consumer crisis use. The results of the tests are emailed to the provider. Providers who perform better are called less frequently, while providers who perform poorly are called more frequently and may be referred for compliance actions. See Alliance’s website (http://www.alliancebhc.org/providers/quality-management/#First_Responder_QI_Project) for more information.

**Intensive In-Home QIP** – Improve the quality of services delivered under the service definition of Intensive In-Home. Interventions include implementing specific, family-focused evidence-based models with external fidelity monitoring, training, and technical assistance. The goals of the project are to reduce the use of crisis services, reduce behavioral health interference with daily activities, and decrease the severity of mental health symptoms.

**Person-Centered Planning QIP** – Improve the quality of MH/SA Person-Centered Plans. Alliance assesses quality of plans using a tool developed from the PCP Guidance Manual. The goal of the project is to increase the percent of quality elements met or partially met. Providers receive feedback letters after each review, training, and technical assistance. A copy of the training presentation is available on the Alliance website here: http://www.alliancebhc.org/wp-content/uploads/Person-Centered-Planning-Presentation-1.pdf

Alliance currently has one process improvement team that is requesting provider involvement:

**Update Provider Emails Team** – The goal of the team is to improve accuracy of provider emails in our database system and create an efficient and sustainable process for updating the emails on a regular basis. The team is seeking a representative from provider agencies who has experience with the Alpha provider portal, information technology, and communication processes.
**Strengths from the Surveys:**

Cultural Competency
Improved functioning mentioned by adult consumers and family members of child consumers
I/DD consumers like where they work (if they are working)
I/DD consumers like their staff
I/DD consumers feel safe in their homes

**Concerns Noted in the Surveys:**

Limited information about treatment options
Fewer consumers indicated that they had been told about side effects of medication
Lower ratings on outcomes measures (even though ratings are above state average) in 2014
Less involvement in treatment planning, planning incorporates consumer goals

Fewer I/DD consumers aware they could change case manager/coordinator (results from 2013-2014)
Fewer I/DD consumers like their day program or regular activity (results from 2013-2014)

**Action Plan:**

Follow up on action plan from Provider Network Management Committee (Nov/Dec 2015 meeting)-NCI & ECHO-presented to APAC, who recommended forwarding to MD Advisory Group (re: information about medication)
Continue training on person-centered planning - QM/UM/Care Coordination/Community Relations continued PCP training sessions between May 2014 & April 2015 - 4 sessions totaling 179 participants
Implement evidence-based treatment programs, that have shown positive outcomes, for high risk youth (youth receiving Intensive In Home and Therapeutic Foster Care)
Implemented other best practice programs for adults (Critical Time Intervention at Cumberland County jail, Transitional Living Facility in Wake County)
Implementation of Home & Community Based Services for Innovations (expected 7/2016)
Follow up with IDD Care Coordination leadership re: more recent results of satisfaction with Care Coordination

**Results:**

Perception of Care - higher ratings for positive outcomes (particularly for adults) and general satisfaction
Improvement in positive ratings for involvement in treatment planning (also from the Perception of Care survey)
Summary of Concerns Against Alliance - FY16

47 complaints against Alliance in FY 2016

46 LME/MCO Functions. 1 Clients Rights

7 different sources (Consumer, Parent/Guardian, Provider, Family Member, Attorney, Consumer Advocate/Rep., Other) submitted complaints.

19 of 47 were External Stakeholder concerns; 26 were Grievances; 2 were Internal Employee Concerns

<table>
<thead>
<tr>
<th>Month</th>
<th># of Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>5</td>
</tr>
<tr>
<td>August</td>
<td>7</td>
</tr>
<tr>
<td>September</td>
<td>3</td>
</tr>
<tr>
<td>October</td>
<td>3</td>
</tr>
<tr>
<td>November</td>
<td>8</td>
</tr>
<tr>
<td>December</td>
<td>9</td>
</tr>
<tr>
<td>January</td>
<td>8</td>
</tr>
<tr>
<td>February</td>
<td>4</td>
</tr>
<tr>
<td>March</td>
<td></td>
</tr>
<tr>
<td>April</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td></td>
</tr>
<tr>
<td>June</td>
<td></td>
</tr>
</tbody>
</table>

Number of Concerns Against Alliance

Nature of Issue

<table>
<thead>
<tr>
<th>Nature of Issue</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients Rights</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Confidentiality/HIPAA</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>LME/MCO Functions</td>
<td>5</td>
<td>7</td>
<td>3</td>
<td>3</td>
<td>8</td>
</tr>
</tbody>
</table>

# of Concerns Against Alliance by Nature of Issue
### Number of Concerns Against Alliance by Month - FY16

<table>
<thead>
<tr>
<th></th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>December</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>7</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Nature of Issue - FY16
<table>
<thead>
<tr>
<th>Month</th>
<th># of Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>February</td>
<td>4</td>
</tr>
</tbody>
</table>

*LME/MCO Functions*
**Rights & Confidentiality Concerns**

**FY2016 Summary:**

*31 concerns regarding Clients Rights or HIPAA/Confidentiality in FY16
*20 were Clients Rights, 11 were HIPAA/Confidentiality
*6 of 31 were initiated by an Alliance employee

<table>
<thead>
<tr>
<th>Month</th>
<th>Clients Rights</th>
<th>HIPAA/Confidentiality</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>August</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>September</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>October</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>November</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>December</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>January</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>February</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>March</td>
<td></td>
<td></td>
</tr>
<tr>
<td>April</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May</td>
<td></td>
<td></td>
</tr>
<tr>
<td>June</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Breakdown of Clients Rights & HIPAA/Confidentiality Concerns - FY16**

![Graph showing monthly distribution of concerns]
<table>
<thead>
<tr>
<th></th>
<th>Durham</th>
<th>Wake</th>
<th>Cumberland</th>
<th>Johnston</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-15</td>
<td>60</td>
<td>140</td>
<td>27</td>
<td>12</td>
</tr>
<tr>
<td>Feb-15</td>
<td>48</td>
<td>99</td>
<td>24</td>
<td>5</td>
</tr>
<tr>
<td>Mar-15</td>
<td>57</td>
<td>145</td>
<td>42</td>
<td>12</td>
</tr>
<tr>
<td>Apr-15</td>
<td>60</td>
<td>145</td>
<td>47</td>
<td>10</td>
</tr>
<tr>
<td>May-15</td>
<td>65</td>
<td>145</td>
<td>38</td>
<td>8</td>
</tr>
<tr>
<td>Jun-15</td>
<td>40</td>
<td>109</td>
<td>34</td>
<td>10</td>
</tr>
<tr>
<td>Jul-15</td>
<td>45</td>
<td>108</td>
<td>25</td>
<td>11</td>
</tr>
<tr>
<td>Aug-15</td>
<td>52</td>
<td>126</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td>Sept-15</td>
<td>41</td>
<td>111</td>
<td>23</td>
<td>9</td>
</tr>
<tr>
<td>Oct-15</td>
<td>42</td>
<td>105</td>
<td>32</td>
<td>17</td>
</tr>
<tr>
<td>Nov-15</td>
<td>45</td>
<td>111</td>
<td>18</td>
<td>9</td>
</tr>
<tr>
<td>Dec-15</td>
<td>49</td>
<td>118</td>
<td>23</td>
<td>17</td>
</tr>
<tr>
<td>Jan-16</td>
<td>38</td>
<td>114</td>
<td>37</td>
<td>17</td>
</tr>
<tr>
<td>Feb-16</td>
<td>48</td>
<td>138</td>
<td>33</td>
<td>10</td>
</tr>
<tr>
<td>Mar-16</td>
<td>70</td>
<td>142</td>
<td>43</td>
<td>12</td>
</tr>
</tbody>
</table>
URAC Standards

Monitoring of Health Utilization Management (HUM) Standards
April 2016 – for Global Quality Management Committee
HUM Standards that Involve QM

HUM 12 & 13 – Initial Clinical Review & Peer Review
Non-Certifications (denials): Procedures state that UM Care Managers must refer to Peer (MD or PhD) if they decide not to approve, criteria applied consistently

HUM 19 – 22: Timeframes for UM Decisions:
Aggregate data reviewed monthly in UM Committee

HUM 24: Written Notice of Non-Certifications: (Bright Idea) – Review content & timeliness of letters
HUM Standards that Involve QM

HUM 38-40: Appeals Process Timeframes & Notification: Data on adherence to timeframes – monitored monthly in UM Committee
Monitoring Activities

HUM 12 & 13: Inter-Rater Reliability studies – QM facilitates and analyzes studies at least 3 times/year

HUM 19 – 22: Timeframes for UM Decisions – Data and improvement strategies reported to QMC quarterly in Performance Standards Dashboard (see GQMC minutes from February 2016 for latest update)

HUM 24: Adverse letter review: conducted most recently in September 2015, Results: 97% met; in process of conducting review now
HUM Standards that Involve QM

HUM 38-40: Appeals Process Timeframes & Notification: Review data in QMC (will be scheduled for a later date)
URAC Standards

Monitoring of Core, Network Management, & Credentialing Standards

April 2016 – for Global Quality Management Committee
Core Standards that Involve QM

Core 1 & 2 – Clearly defined structure, oversight, & reporting: Quality Management Plan

Core 5 – Coordination: Continuous Quality Improvement Leadership Team: Membership & minutes

Core 9 – Oversight of Delegated Functions: Reports of monitoring of Call Center and UM Delegates

Core 12 – Client (funder) satisfaction: Performance reports from state
Core Standards that Involve QM


Core 20-21 – Quality Management Committee: Committee membership & minutes, Quality Management Plan & procedures, QM Evaluation

Core 22-24 – Quality Improvement Projects: Reports, Updates to QMC & internal staff

Core 34 – Access to Care: Aggregate reports, QIP, reporting to QMC
Core Standards that Involve QM

Core 35, 38 – Complaints & Consumer safety: Grievance procedures, reports, analysis reported to QMC

Core 39 – Consumer Satisfaction: Procedures for collecting satisfaction, analyzing results, actions to improve services, reporting to QMC
Network Management & Credentialing Standards that Involve QM

NM 1 – Scope of Services: Geo access mapping illustrating area served

NM 2 – Network Access & Availability: Geo access mapping illustrating access and availability goals, achievement of goals

NM 5 – Provider Representation: Provider representatives on QMC (minutes, membership)

CR 10 – Consumer Safety: Grievance procedures
Network Management & Credentialing Standards that Involve QM

CR 13 – Credentialing Determination Notification: Credentialing reviews

CR 16 – Recredentialing & Provider Quality Monitoring: Monitoring team, recredentialing report
Monitoring Activities

Core 9: Semi-annual review of Call Center delegate in Call Center presentation, UM delegate: review quarterly at UM Committee. Results of most recent review (Q2): Concerns noted about % partially denied (almost 1/5), requested IRR

Core 12: Client (funder) satisfaction reported to QMC (& CQI) on quarterly basis in Performance Standards Dashboard (see GQMC minutes from February 2016)

Core 17- 21: QM Plan and Evaluation reviewed and approved annually, due in August
Monitoring Activities

Core 22-24: QIP reports – data presented ad hoc to Project Advisory Teams, reviewed at CQI Sub-committees approximately quarterly, reviewed at CQI bi-monthly, and reviewed by QMC quarterly.

Core 34: Aggregate data presented to UM Committee, CQI, and QMC on quarterly basis.

Core 35: Complaints data reviewed by Human Rights Committee, CFAC on quarterly basis, annual review by QMC, some data presented quarterly in Performance Standards Dashboard.
Core 39: Consumer satisfaction – presented to CQI and QMC on ad hoc basis, action plans created. See attachment for most recent summary of findings and actions.
Monitoring Activities


CR 13 – Most recent review of credentialing process in September 2015 = 100% met

CR 16 – See latest monitoring report from February 2016 GQMC meeting
URAC (Departmental Monitoring)

Monitoring of Information & Access Center activities (HCC # 13 – 16, Core # 9)

Revised April 2016 – for Global Quality Management Committee
Call Center Standards that Involve QM

HCC 10 – Telephone Performance Monitoring: Results are reviewed by QMC, (Bright Idea) Note complaints of Call Center

HCC 11 – Telephone Performance Thresholds: (Bright Idea) Listen to calls to evaluate quality/access

HCC 13 – Clinical Staff Response Requirements: Response timeframes & monitoring results are reviewed by QMC

HCC 14 – Handling of Triage Calls: Response timeframes & monitoring results are reviewed by QMC
Call Center Standards that Involve QM

HCC 15 – Health Education Communication: Results of health education requests are monitored & reviewed by QMC

HCC 16 – Triage Dispositions: (Bright Idea) Results are monitored & reviewed by QMC

Core 9 – Delegation Oversight (of delegated contractor for Call Center): Periodic review of quality of contractor, (Bright idea) – results reported to QMC
Monitoring Activities

HCC 10 – Reviewed monthly by UM Committee, reported to QMC once/year and when there’s a red flag; from July-Dec 2015, there were 5 complaints against Call Center in those 6 months.

HCC 11 – Mystery Shopper QIP: One year post-closure analysis, reported to QMC at end of year

HCC 13 – 16: Monitored by QR Team, presented to UM Committee & CQI, then reported to QMC

Core 9 – QM conducts semi-annual review, reported to UM Committee, reported to QMC once/year and when there’s a red flag
Monitoring Activities – Results

Update: Results need to be reviewed by UM Committee and CQI, first. UM Committee did not meet in April. Results will be reviewed in May and brought to Global QMC in June.
FY 16
Quality Improvement Projects

Presentation to the CQI Leadership Team (4/27/16) & Global Quality Management Committee (5/5/16)
FY 16 Quality Improvement Projects

Summary:
- 7 FY 16 QIPs
- Wrapping up 3 FY 15 QIPs

Successes:
- FY 16 – First Responder QIP – Improvement in satisfactory calls following Compliance actions
- FY 16 – Crisis Services QIP – Tier II in Wake County, after hours, will open May 2
- FY 16 – Grievance QIP – Met benchmark in only 3 months!
- FY 15 – IRR – Recommending closure because IDD UM Care Managers exceeded benchmark (88% agreement)
FY 16 Quality Improvement Projects

Red Flags:

- Delays in FY 15 QIP –IIH data not available until late 2017 due to start of EBP models (March 2017), may be earlier if training completed sooner
- Continue UM IDD Call Monitoring (FY 15 Mystery Shopper QIP) because benchmark not met
- Continue IDD Care Coordination QIP because benchmark not met, recommend new QIP (Initiation in 45 days-see subsequent slides for details)
- Continue MH/SA Care Coordination QIP, goal met but changes in case assignment date may have biased results, recommend new QIP (Individuals Discharging from Inpatient-see subsequent slides for details)
- Some improvement in Access to Care Routine performance (draft Q3 data indicates 58% performance), still concerns about callers coded as Emergent showing for care within 2:15 hours
FY 16 Quality Improvement Projects

Recommendations:

Continuations

- FY 16 Crisis Services QIP
- FY 16 First Responder QIP
- FY 16 Improve Person Centered Plans QIP
- FY 13-16 Intensive In Home QIP
- FY 16 Access to Care QIP
FY 16 Quality Improvement Projects

Recommendations:

Closures

- FY 16 Grievance QIP
- FY 16 Care Coordination (MHSA) – IF goal of 80% is met
- FY 16 UM Call Monitoring (IDD) – IF benchmark of 85% is met
- FY 15 IRR
- FY 15 Reduce ED Admissions
FY 17 Quality Improvement Projects

Recommendations:

New Projects

- Improve initiation within 45 days (Innovations)
- Improve Care Coordination (MHSA) for Individuals Discharging from Inpatient
- Split Access to Care QIP into two separate projects – continue focus of one project on callers needing Urgent and Routine care, start a new project focusing on callers needing Emergent care
Detailed Results for QIPs
FY 16 Quality Improvement Projects

Reduce use of Crisis Services in Wake and Cumberland Counties*

Goals:

- Reduce ED admissions of youth in best practice pilot programs (FCT and Enhanced TFC) in Cumberland County
- Increase # of consumers served through Same Day Access (Tier II) after regular business hours
- Reduce percentage of time that WakeBrook CAS in Wake County is on diversion by 2% (source: self-report)

*Continuation from FY 15 ED Reduction QIP, revised goals
FY 16 Quality Improvement Projects

Interventions (Cumberland):
- Family Centered Treatment (FCT) and Enhanced Therapeutic Foster Care (TFC) pilots

Interventions (Wake):
- Encourage providers offering Same Day Access (Tier II) to open after regular business hours

Update:
- Promising results from Cumberland pilots (no ED/Crisis/Inpatient admissions of experimental groups)
- Wake: Monarch expanded hours of Tier II on 4/18, now open until 7 PM on Mondays and Thursdays, plan to open later and more frequently by end of fiscal year
- Wake: Monarch awarded contract for additional Tier IV
FY 16 Quality Improvement Projects

Improve Person-Centered Plans*

Goals:
- 85% of quality elements are met or partially met
- at least 55% of health and safety quality elements are met or partially met

Interventions:
- Feedback letters sent to providers
- Training on person-centered elements of planning and crisis plan
- Review of plans for individuals in Transitions to Community Living Initiative
- Additional technical assistance to providers
- Notice from UM informing providers that authorization requests without comprehensive crisis plan are considered incomplete

*Continuation from FY 15 Mystery Shopper QIP
FY 16 Quality Improvement Projects

Improve Person-Centered Plans

Update:

- Held training in Dec 2015 for 49 participants and in February 2016 for 58 participants
- Provided technical assistance to 4 providers (2 additional providers in late Jan)

Results:

- Next review scheduled for May for authorizations in March
FY 16 Quality Improvement Projects

First Responder* – test crisis lines of providers

Goals: 100% of calls answered within 30 seconds and 95% of providers return calls in 1 (follow up) hour

Interventions:

- Providers assigned to “Tiers” based on last FY’s performance (some called more frequently, others less)
- Written feedback to all providers after calls
- Refer to Compliance for providers who continue to score “unsatisfactory”, issue POC if poor performance continues
- Compare test results with actual data of consumers, open to enhanced services, using crisis services

*Continuation from FY 15 QIP
FY 16 Quality Improvement Projects

Update:

- 7 providers referred to Compliance, 5 POCs and 2 Warning Letters issued

Results:

- All POCs successfully closed (and successful tests) except for one
- The agency that did not successfully close POC is now on probation for 6 months; provider subject to monthly testing, first two monthly tests have been successful
- Q3 Results: 52% Satisfactory, 48% Unsatisfactory

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Calls Returned Within 1 Hour</td>
<td>33%</td>
<td>39%</td>
<td>50%</td>
<td>20% (1/5)</td>
<td>95%</td>
</tr>
<tr>
<td>Calls Answered Within 30 Seconds</td>
<td>92%</td>
<td>88%</td>
<td>92%</td>
<td>96%</td>
<td>100%</td>
</tr>
</tbody>
</table>
FY 16 Quality Improvement Projects

**Intensive In-Home*** – Improve quality of IIH services

**Goals:** Reduce use of crisis services, reduce behavioral health interference with daily activities, and decrease severity of mental health symptoms.

**Interventions:**
- IIH providers to implement specific, family-focused EBP with external fidelity monitoring
- Training and technical assistance to providers

**Update:**
- EBP models selected, Alliance offering subsidized trainings May -June 2016, EBP implementation plans included in FY17 contracts, implementation deadline March 2017, collect post-intervention data late 2017

*Continuation from FY 15 QIP*
FY 16 Quality Improvement Projects

Care Coordination* – *Improve Care Coordination Services*

Goals:

- MH/SA: Increase adherence to procedures (CC contact within 2 business days)
- I/DD: Reduce # of authorization requests denied/reduced due to lack of justification

Interventions:

- MH/SA: Training on Care Coordination expectations, change in documentation procedures
- I/DD: Training/coaching of Care Coordination staff, UM training IDD Supervisors on Service Definitions, workgroup to improve ISPs

*Continuation from FY 15 QIP, due to delay in data and interventions*
FY 16 Quality Improvement Projects

Care Coordination

Results:

  - Baseline: 43%
  - Post-Intervention: 87%
  - Recommendation: Continue to monitor due to possible bias in results, Consider new interventions, PAT to meet

- I/DD: Reduce % of authorization requests denied/reduced due to lack of justification
  - Baseline: 78%
  - Post-Intervention: 82%
  - Recommendation: Consider new interventions, PAT to meet
### FY 16 Quality Improvement Projects

**Access to Care** – *Improve initiation in services*

**Goals:**

- Increase consumer initiation in services based on need:

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Revised Baseline (FY15Q3)</th>
<th>Goals</th>
<th>State Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergent (within 2.25 hours)</td>
<td>83%</td>
<td>97%</td>
<td>97%</td>
</tr>
<tr>
<td>Urgent (within 48 hours)</td>
<td>52%</td>
<td>62%</td>
<td>82%</td>
</tr>
<tr>
<td>Routine (within 14 days)</td>
<td>53%</td>
<td>63%</td>
<td>75%</td>
</tr>
</tbody>
</table>

*Continued from FY 15 due to changes in data parameters by state*
FY 16 Quality Improvement Projects

Access to Care

**Interventions:**

- Addressed technical issues of aggregating accurate data
- Identified more accurate methods of collecting valid data sources for Emergent & Urgent appointments
- Training of Call Center staff to address inconsistencies in data entry
- Break data down by provider, county, and funding source to identify root causes and in December 2015 started reminder calls to routine consumers.
## FY 16 Quality Improvement Projects

### Results*

#### Overall

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Baseline (FY15Q3)</th>
<th>FY 15, Q4: Apr-Jun 2015</th>
<th>FY 16, Q1: Jul-Sept 2015</th>
<th>FY 16, Q2: Oct-Dec 2015</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergent (within 2.25 hours)</td>
<td>83%</td>
<td>71%</td>
<td>72%</td>
<td>69%</td>
<td>97%</td>
</tr>
<tr>
<td>Urgent (within 2 days)</td>
<td>52%</td>
<td>49%</td>
<td>48%</td>
<td>50%</td>
<td>62%</td>
</tr>
<tr>
<td>Routine (within 14 days)</td>
<td>53%</td>
<td>47%</td>
<td>47%</td>
<td>53%</td>
<td>63%</td>
</tr>
</tbody>
</table>

#### By Funding Source

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Medicaid FY 15, Q3</th>
<th>Medicaid FY 15, Q4</th>
<th>Medicaid FY 16, Q1</th>
<th>Medicaid FY 16, Q2</th>
<th>Non-Medicaid FY 15, Q3</th>
<th>Non-Medicaid FY 15, Q4</th>
<th>Non-Medicaid FY 16, Q1</th>
<th>Non-Medicaid FY 16, Q2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergent</td>
<td>76%</td>
<td>79%</td>
<td>67%</td>
<td>62%</td>
<td>87%</td>
<td>68%</td>
<td>75%</td>
<td>63%</td>
</tr>
<tr>
<td>Urgent</td>
<td>55%</td>
<td>53%</td>
<td>51%</td>
<td>47%</td>
<td>50%</td>
<td>46%</td>
<td>47%</td>
<td>52%</td>
</tr>
<tr>
<td>Routine</td>
<td>53%</td>
<td>52%</td>
<td>52%</td>
<td>51%</td>
<td>53%</td>
<td>43%</td>
<td>41%</td>
<td>54%</td>
</tr>
</tbody>
</table>

*Provider data incomplete, only 50% of data is populated, working with Call Center to improve data collection.*
FY 16 Quality Improvement Projects

Reduce Errors in Grievance Module

Description:

Alliance staff enter grievances and complaints in the Grievance Module of Alpha. In FY 15, QM staff noted a 69% rate of errors of all the data entered. QIP will focus on reducing errors in most important 16 fields. The number of grievance with errors for these 16 fields was 77%.

Goal:

- Reduce the grievance data entry error rate by 10%.
FY 16 Quality Improvement Projects

Reduce Errors in Grievance Module

**Interventions:**

- Revised initial interventions of Dept Supervisors providing oversight and second-level review of all complaints entered into system because it was too cumbersome.

- New Interventions: simplified definition of grievance, provided training to all staff, Grievance Specialists assume responsibility of entering most fields except for critical 5 fields.

- Waiting for Alpha to upgrade Grievance module to streamline and improve ease of use (estimated for May 2016).
FY 16 Quality Improvement Projects

Reduce Errors in Grievance Module

Results:

<table>
<thead>
<tr>
<th>Insert User Data:</th>
<th>Month</th>
<th>Number of Concerns with Errors</th>
<th>Total Number of Concerns Entered</th>
<th>Percentage of Concerns with Errors</th>
</tr>
</thead>
<tbody>
<tr>
<td>December</td>
<td>35</td>
<td>61</td>
<td>57%</td>
<td></td>
</tr>
<tr>
<td>January</td>
<td>44</td>
<td>69</td>
<td>64%</td>
<td></td>
</tr>
<tr>
<td>February</td>
<td>47</td>
<td>65</td>
<td>72%</td>
<td></td>
</tr>
<tr>
<td>Totals:</td>
<td>126</td>
<td>195</td>
<td>65%</td>
<td></td>
</tr>
</tbody>
</table>

Recommendation:

- Close QIP at end of fiscal year if data continues to show improvement
FY 15 QIPs – Closing Out

Conduct follow-up reviews:

• Mystery Shopper – UM call monitoring – retest in next several months because of new interventions by UM IDD team
• Inter-Rater Reliability – Close out because IDD UM staff exceeded benchmark of 85%
• ED QIP – Close out because data indicated that rate of ED admissions in FY 15 decreased for Wake and Cumberland Counties, plus QIP has been replaced with “Crisis Services QIP”
ITEM: FY17 Classification and Grade Plan

DATE OF BOARD MEETING: June 2, 2016

BACKGROUND:
Annually Alliance is required to report its classification and grade plan to the North Carolina Office of State Human Resources. This report requires that the Alliance Board review and approve this annual Plan. Changes to the salary plan are highlighted on the attached document. Positions have been added or reclassified as a result of the strategic plan and departmental needs.

REQUEST FOR AREA BOARD ACTION:
Approve the report.

CEO RECOMMENDATION:
Approve the report.

RESOURCE PERSON(S):
Alvin Ragland, Chief Human Resource Officer
<table>
<thead>
<tr>
<th>Working Title</th>
<th>Classification</th>
<th>Salary Grade</th>
<th>Min</th>
<th>Mid</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access Clinician</td>
<td>MH/SA Clinician II</td>
<td>33</td>
<td>$ 46,115</td>
<td>$ 62,750</td>
<td>$ 79,385</td>
</tr>
<tr>
<td>Access Coordinator</td>
<td>Human Services Counselor I</td>
<td>27</td>
<td>$ 34,313</td>
<td>$ 46,691</td>
<td>$ 59,069</td>
</tr>
<tr>
<td>Access Director</td>
<td>MH/SA Unit/Program Director III</td>
<td>40</td>
<td>$ 65,104</td>
<td>$ 88,590</td>
<td>$ 112,076</td>
</tr>
<tr>
<td>Access Supervisor</td>
<td>MH/SA Unit Supervisor II</td>
<td>35</td>
<td>$ 50,890</td>
<td>$ 69,248</td>
<td>$ 87,605</td>
</tr>
<tr>
<td>Accountant</td>
<td>Accountant I</td>
<td>33</td>
<td>$ 46,115</td>
<td>$ 62,750</td>
<td>$ 79,385</td>
</tr>
<tr>
<td>Accounting Manager</td>
<td>Accounting Manager</td>
<td>36</td>
<td>$ 53,460</td>
<td>$ 72,745</td>
<td>$ 92,029</td>
</tr>
<tr>
<td>Accounts Payable Clerk</td>
<td>Accounting Technician IV</td>
<td>24</td>
<td>$ 29,599</td>
<td>$ 40,276</td>
<td>$ 50,953</td>
</tr>
<tr>
<td>Accounts Payable Supervisor</td>
<td>Senior Accountant</td>
<td>34</td>
<td>$ 48,443</td>
<td>$ 65,919</td>
<td>$ 83,394</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>Administrative Assistant I</td>
<td>26</td>
<td>$ 32,664</td>
<td>$ 44,447</td>
<td>$ 56,230</td>
</tr>
<tr>
<td>Administrative Care Coordinator</td>
<td>Human Services Counselor I</td>
<td>27</td>
<td>$ 34,313</td>
<td>$ 46,691</td>
<td>$ 59,069</td>
</tr>
<tr>
<td>Appeals Coordinator</td>
<td>Administrative Clinical Support Specialist I</td>
<td>26</td>
<td>$ 32,664</td>
<td>$ 44,447</td>
<td>$ 56,230</td>
</tr>
<tr>
<td>Application/Web Developer</td>
<td>Business &amp; Technology Application Specialist II</td>
<td>41</td>
<td>$ 36,046</td>
<td>$ 49,049</td>
<td>$ 62,052</td>
</tr>
<tr>
<td>Area Director</td>
<td>CEO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistant General Counsel</td>
<td>Attorney I</td>
<td>42</td>
<td>$ 71,846</td>
<td>$ 97,763</td>
<td>$ 123,681</td>
</tr>
<tr>
<td>Associate Medical Director</td>
<td>Medical Director I</td>
<td>54</td>
<td>$ 129,764</td>
<td>$ 176,575</td>
<td>$ 223,386</td>
</tr>
<tr>
<td>BECOMING Project Coordinator</td>
<td>Human Services Coordinator III</td>
<td>35</td>
<td>$ 50,890</td>
<td>$ 69,248</td>
<td>$ 87,605</td>
</tr>
<tr>
<td>Budget Analyst</td>
<td>Budget Analyst</td>
<td>35</td>
<td>$ 50,890</td>
<td>$ 69,248</td>
<td>$ 87,605</td>
</tr>
<tr>
<td>Care Review Coordinator</td>
<td>Community Services Consultant</td>
<td>28</td>
<td>$ 36,046</td>
<td>$ 49,049</td>
<td>$ 62,052</td>
</tr>
<tr>
<td>Chief Clinical Officer</td>
<td>Chief Clinical Operations</td>
<td>50</td>
<td>$ 106,554</td>
<td>$ 144,992</td>
<td>$ 183,430</td>
</tr>
<tr>
<td>Chief Community Relations Officer</td>
<td>MH Program Administrator II</td>
<td>46</td>
<td>$ 87,496</td>
<td>$ 119,059</td>
<td>$ 150,622</td>
</tr>
<tr>
<td>Chief Financial Officer</td>
<td>Chief Financial Officer</td>
<td>53</td>
<td>$ 123,526</td>
<td>$ 168,087</td>
<td>$ 212,647</td>
</tr>
<tr>
<td>Chief Human Resources Officer</td>
<td>HR Director</td>
<td>45</td>
<td>$ 83,290</td>
<td>$ 113,335</td>
<td>$ 143,381</td>
</tr>
<tr>
<td>Chief Information Officer</td>
<td>Information Technology Executive</td>
<td>53</td>
<td>$ 123,526</td>
<td>$ 168,087</td>
<td>$ 212,647</td>
</tr>
<tr>
<td>Chief of Network Dev and Evaluation</td>
<td>MH Program Administrator II</td>
<td>46</td>
<td>$ 87,496</td>
<td>$ 119,059</td>
<td>$ 150,622</td>
</tr>
<tr>
<td>Chief of Staff</td>
<td>MH Program Administrator I</td>
<td>43</td>
<td>$ 75,474</td>
<td>$ 102,701</td>
<td>$ 129,927</td>
</tr>
<tr>
<td>Chief Strategy Officer</td>
<td>MH Program Administrator II</td>
<td>46</td>
<td>$ 87,496</td>
<td>$ 119,059</td>
<td>$ 150,622</td>
</tr>
<tr>
<td>Claims Analyst</td>
<td>Claims Analyst</td>
<td>28</td>
<td>$ 36,046</td>
<td>$ 49,049</td>
<td>$ 62,052</td>
</tr>
<tr>
<td>Claims Auditor</td>
<td>Claims Analyst</td>
<td>28</td>
<td>$ 36,046</td>
<td>$ 49,049</td>
<td>$ 62,052</td>
</tr>
<tr>
<td>Claims Manager</td>
<td>Claims Manager</td>
<td>35</td>
<td>$ 50,890</td>
<td>$ 69,248</td>
<td>$ 87,605</td>
</tr>
<tr>
<td>Claims Specialist</td>
<td>Claims Specialist</td>
<td>24</td>
<td>$ 29,599</td>
<td>$ 40,276</td>
<td>$ 50,953</td>
</tr>
<tr>
<td>Claims Supervisor</td>
<td>Claims Supervisor</td>
<td>31</td>
<td>$ 41,786</td>
<td>$ 56,863</td>
<td>$ 71,936</td>
</tr>
<tr>
<td>Position</td>
<td>Current Title</td>
<td>Age</td>
<td>Current Salary</td>
<td>Previous Year Salary</td>
<td>Next Year Salary</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>---------------------------------------------------</td>
<td>-----</td>
<td>----------------</td>
<td>-----------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Community Relations Specialist</td>
<td>Community Relations Specialist</td>
<td>28</td>
<td>$36,046</td>
<td>$49,049</td>
<td>$62,052</td>
</tr>
<tr>
<td>Community Relations Specialist-Court Liaison</td>
<td>Community Relations Specialist</td>
<td>28</td>
<td>$36,046</td>
<td>$49,049</td>
<td>$62,052</td>
</tr>
<tr>
<td>Community Relations Specialist-Housing</td>
<td>Community Relations Specialist</td>
<td>28</td>
<td>$36,046</td>
<td>$49,049</td>
<td>$62,052</td>
</tr>
<tr>
<td>Community Relations Specialist-Jail Liaison</td>
<td>Community Relations Specialist</td>
<td>28</td>
<td>$36,046</td>
<td>$49,049</td>
<td>$62,052</td>
</tr>
<tr>
<td>Community Relations Specialist-SOC</td>
<td>Human Services Coordinator II</td>
<td>30</td>
<td>$39,779</td>
<td>$54,128</td>
<td>$68,478</td>
</tr>
<tr>
<td>Community Relations Supervisor</td>
<td>MH/SA Unit Supervisor I</td>
<td>32</td>
<td>$43,898</td>
<td>$59,733</td>
<td>$75,569</td>
</tr>
<tr>
<td>Community Support Liaison</td>
<td>Community Relations Specialist</td>
<td>28</td>
<td>$36,046</td>
<td>$49,049</td>
<td>$62,052</td>
</tr>
<tr>
<td>Compliance Analytics &amp; Reporting Analyst</td>
<td>Business Analyst</td>
<td>35</td>
<td>$50,890</td>
<td>$69,248</td>
<td>$87,605</td>
</tr>
<tr>
<td>Compliance Officer</td>
<td>Compliance Program Administrator</td>
<td>45</td>
<td>$83,290</td>
<td>$113,335</td>
<td>$143,381</td>
</tr>
<tr>
<td>Consumer Affairs Specialist</td>
<td>Advocate</td>
<td>27</td>
<td>$34,313</td>
<td>$46,691</td>
<td>$59,069</td>
</tr>
<tr>
<td>Contract Administrator</td>
<td>Contract Administrator</td>
<td>34</td>
<td>$48,443</td>
<td>$65,919</td>
<td>$83,394</td>
</tr>
<tr>
<td>Contract Specialist</td>
<td>Administrative Clinical Support Specialist II</td>
<td>27</td>
<td>$34,313</td>
<td>$46,691</td>
<td>$59,069</td>
</tr>
<tr>
<td>Controller</td>
<td>Controller</td>
<td>45</td>
<td>$83,290</td>
<td>$113,335</td>
<td>$143,381</td>
</tr>
<tr>
<td>Credentialing Manager</td>
<td>Administrative Officer II</td>
<td>35</td>
<td>$50,890</td>
<td>$69,248</td>
<td>$87,605</td>
</tr>
<tr>
<td>Credentialing Specialist</td>
<td>Administrative Clinical Support Specialist II</td>
<td>27</td>
<td>$34,313</td>
<td>$46,691</td>
<td>$59,069</td>
</tr>
<tr>
<td>Credentialing Supervisor</td>
<td>Administrative Officer I</td>
<td>32</td>
<td>$43,898</td>
<td>$59,733</td>
<td>$75,569</td>
</tr>
<tr>
<td>Cultural and Linguistic Competence Coord.</td>
<td>Community Services Consultant</td>
<td>28</td>
<td>$36,046</td>
<td>$49,049</td>
<td>$62,052</td>
</tr>
<tr>
<td>Data Consultant</td>
<td>Business Analyst</td>
<td>35</td>
<td>$50,890</td>
<td>$69,248</td>
<td>$87,605</td>
</tr>
<tr>
<td>Data Processor</td>
<td>Statistical Assistant</td>
<td>22</td>
<td>$26,821</td>
<td>$36,497</td>
<td>$46,172</td>
</tr>
<tr>
<td>Desktop Infrastructure Supervisor</td>
<td>Network Analyst (Senior)</td>
<td>38</td>
<td>$58,995</td>
<td>$80,277</td>
<td>$101,559</td>
</tr>
<tr>
<td>Desktop Infrastructure Technician</td>
<td>Technology Support Analyst</td>
<td>31</td>
<td>$41,786</td>
<td>$56,863</td>
<td>$71,936</td>
</tr>
<tr>
<td>Director of Budget &amp; Financial Analysis</td>
<td>Finance Director</td>
<td>45</td>
<td>$83,290</td>
<td>$113,335</td>
<td>$143,381</td>
</tr>
<tr>
<td>Director of Communications</td>
<td>Information and Communication Specialist III</td>
<td>36</td>
<td>$53,460</td>
<td>$72,745</td>
<td>$92,029</td>
</tr>
<tr>
<td>Director of Community Engagement &amp; Outreach</td>
<td>MH/SA Unit/Program Director II</td>
<td>38</td>
<td>$58,995</td>
<td>$80,277</td>
<td>$101,559</td>
</tr>
<tr>
<td>Director of Consumer Affairs</td>
<td>MH/SA Unit Supervisor I</td>
<td>32</td>
<td>$43,898</td>
<td>$59,733</td>
<td>$75,569</td>
</tr>
<tr>
<td>Director of Housing</td>
<td>MH/SA Unit/Program Director III</td>
<td>40</td>
<td>$65,104</td>
<td>$88,590</td>
<td>$112,076</td>
</tr>
<tr>
<td>Director of I/DD Care Coordination</td>
<td>I/DD Program Manager</td>
<td>38</td>
<td>$58,995</td>
<td>$80,277</td>
<td>$101,559</td>
</tr>
<tr>
<td>Director of Infrastructure and Security</td>
<td>Information Technology Director</td>
<td>47</td>
<td>$91,914</td>
<td>$125,071</td>
<td>$158,228</td>
</tr>
<tr>
<td>Director of IT Applications Development</td>
<td>Information Technology Director</td>
<td>47</td>
<td>$91,914</td>
<td>$125,071</td>
<td>$158,228</td>
</tr>
<tr>
<td>Director of IT Reporting</td>
<td>Information Technology Director</td>
<td>47</td>
<td>$91,914</td>
<td>$125,071</td>
<td>$158,228</td>
</tr>
<tr>
<td>Director of MH/SA Care Coordination</td>
<td>MH/SA Unit/Program Director III</td>
<td>40</td>
<td>$65,104</td>
<td>$88,590</td>
<td>$112,076</td>
</tr>
<tr>
<td>Position</td>
<td>Level</td>
<td>Years</td>
<td>Base Salary</td>
<td>Midpoint</td>
<td>High Point</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------------------------------</td>
<td>-------</td>
<td>-------------</td>
<td>----------</td>
<td>------------</td>
</tr>
<tr>
<td>Director of Program Integrity</td>
<td>MH/SA Unit/Program Director III</td>
<td>40</td>
<td>$65,104</td>
<td>$88,590</td>
<td>$112,076</td>
</tr>
<tr>
<td>Director of Provider Network Operations</td>
<td>MH/SA Unit/Program Director III</td>
<td>40</td>
<td>$65,104</td>
<td>$88,590</td>
<td>$112,076</td>
</tr>
<tr>
<td>Director of Provider Network Strategic Initiatives</td>
<td>MH/SA Unit/Program Director III</td>
<td>40</td>
<td>$65,104</td>
<td>$88,590</td>
<td>$112,076</td>
</tr>
<tr>
<td>Director of Quality Management</td>
<td>Quality Management Director</td>
<td>39</td>
<td>$61,975</td>
<td>$84,331</td>
<td>$106,688</td>
</tr>
<tr>
<td>Director of Strategic Project Management</td>
<td>Sr. Project Manager</td>
<td>41</td>
<td>$68,392</td>
<td>$93,064</td>
<td>$117,735</td>
</tr>
<tr>
<td>ED Claims Reviewer</td>
<td>Mental Health Nurse II</td>
<td>34</td>
<td>$48,443</td>
<td>$65,919</td>
<td>$83,394</td>
</tr>
<tr>
<td>EDI Specialist</td>
<td>Business &amp; Technology Analyst II</td>
<td>38</td>
<td>$58,995</td>
<td>$80,277</td>
<td>$101,559</td>
</tr>
<tr>
<td>Eligibility &amp; Enrollment Research Assistant</td>
<td>Statistical Assistant</td>
<td>22</td>
<td>$26,821</td>
<td>$36,497</td>
<td>$46,172</td>
</tr>
<tr>
<td>Eligibility &amp; Enrollment Team Lead</td>
<td>Processing Unit Supervisor</td>
<td>26</td>
<td>$32,664</td>
<td>$44,447</td>
<td>$56,230</td>
</tr>
<tr>
<td>Executive Assistant</td>
<td>Executive Assistant</td>
<td>30</td>
<td>$39,779</td>
<td>$54,128</td>
<td>$68,478</td>
</tr>
<tr>
<td>Facilities Manager</td>
<td>Facilities Manager</td>
<td>34</td>
<td>$48,443</td>
<td>$65,919</td>
<td>$83,394</td>
</tr>
<tr>
<td>Family Partner Coordinator</td>
<td>Community Services Consultant</td>
<td>28</td>
<td>$36,046</td>
<td>$49,049</td>
<td>$62,052</td>
</tr>
<tr>
<td>General Counsel</td>
<td>Attorney II</td>
<td>46</td>
<td>$87,496</td>
<td>$119,059</td>
<td>$150,622</td>
</tr>
<tr>
<td>Geriatric Therapist</td>
<td>MH/SA Clinician I</td>
<td>32</td>
<td>$43,898</td>
<td>$59,733</td>
<td>$75,569</td>
</tr>
<tr>
<td>Geriatric Trainer</td>
<td>Community Services consultant</td>
<td>28</td>
<td>$36,046</td>
<td>$49,049</td>
<td>$62,052</td>
</tr>
<tr>
<td>Health Information Coordinator</td>
<td>Medical Information Data Manager</td>
<td>32</td>
<td>$43,898</td>
<td>$59,733</td>
<td>$75,569</td>
</tr>
<tr>
<td>Healthcare Integration Director</td>
<td>MH Program Administrator I</td>
<td>43</td>
<td>$75,474</td>
<td>$102,701</td>
<td>$129,927</td>
</tr>
<tr>
<td>Helpdesk Coordinator</td>
<td>Technology Support Analyst</td>
<td>31</td>
<td>$41,786</td>
<td>$56,863</td>
<td>$71,936</td>
</tr>
<tr>
<td>Hospital Liaison</td>
<td>MH/SA Clinician I</td>
<td>32</td>
<td>$43,898</td>
<td>$59,733</td>
<td>$75,569</td>
</tr>
<tr>
<td>Hospital Relations Director</td>
<td>MH Program Administrator I</td>
<td>43</td>
<td>$75,474</td>
<td>$102,701</td>
<td>$129,927</td>
</tr>
<tr>
<td>HR Business Partner</td>
<td>HR Analyst</td>
<td>32</td>
<td>$43,898</td>
<td>$59,733</td>
<td>$75,569</td>
</tr>
<tr>
<td>Human Resources Specialist</td>
<td>HR Specialist</td>
<td>29</td>
<td>$37,866</td>
<td>$51,526</td>
<td>$65,186</td>
</tr>
<tr>
<td>I/DD Access Coordinator</td>
<td>I/DD Specialist</td>
<td>27</td>
<td>$34,313</td>
<td>$46,691</td>
<td>$59,069</td>
</tr>
<tr>
<td>I/DD Care Coordination Supervisor</td>
<td>I/DD Program Supervisor</td>
<td>34</td>
<td>$48,443</td>
<td>$65,919</td>
<td>$83,394</td>
</tr>
<tr>
<td>I/DD Care Coordinator</td>
<td>I/DD Care Coordinator</td>
<td>30</td>
<td>$39,779</td>
<td>$54,128</td>
<td>$68,478</td>
</tr>
<tr>
<td>I/DD Clinical Director</td>
<td>I/DD Clinical Director</td>
<td>40</td>
<td>$65,104</td>
<td>$88,590</td>
<td>$112,076</td>
</tr>
<tr>
<td>I/DD Olmstead Liaison</td>
<td>I/DD Care Coordinator</td>
<td>30</td>
<td>$39,779</td>
<td>$54,128</td>
<td>$68,478</td>
</tr>
<tr>
<td>Information and Communication Specialist</td>
<td>Information and Communication Specialist I</td>
<td>26</td>
<td>$32,664</td>
<td>$44,447</td>
<td>$56,230</td>
</tr>
<tr>
<td>Inreach Peer Support Specialist</td>
<td>Advocate</td>
<td>27</td>
<td>$34,313</td>
<td>$46,691</td>
<td>$59,069</td>
</tr>
<tr>
<td>Investigator I</td>
<td>Investigator I</td>
<td>29</td>
<td>$37,866</td>
<td>$51,526</td>
<td>$65,186</td>
</tr>
<tr>
<td>Investigator II</td>
<td>MH/SA Clinician III</td>
<td>34</td>
<td>$48,443</td>
<td>$65,919</td>
<td>$83,394</td>
</tr>
<tr>
<td>IT Project Manager</td>
<td>Sr. Project Manager</td>
<td>41</td>
<td>$58,995</td>
<td>$80,277</td>
<td>$101,559</td>
</tr>
<tr>
<td>Position</td>
<td>Department</td>
<td>Years of Experience</td>
<td>2023 Salary</td>
<td>2024 Salary</td>
<td>2025 Salary</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-------------------------------------</td>
<td>---------------------</td>
<td>-------------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>IT Quality Assurance Specialist</td>
<td>Business Systems Analyst II</td>
<td>38</td>
<td>$ 58,995</td>
<td>$ 80,277</td>
<td>$ 101,559</td>
</tr>
<tr>
<td>IT Quality Engineer</td>
<td>Business &amp; Technology Application Specialist I</td>
<td>40</td>
<td>$ 65,104</td>
<td>$ 88,590</td>
<td>$ 112,076</td>
</tr>
<tr>
<td>IT Quality Engineering Manager</td>
<td>Information Technology Manager</td>
<td>41</td>
<td>$ 68,392</td>
<td>$ 93,064</td>
<td>$ 117,735</td>
</tr>
<tr>
<td>IT Technical Trainer</td>
<td>Business Systems Analyst II</td>
<td>38</td>
<td>$ 58,995</td>
<td>$ 80,277</td>
<td>$ 101,559</td>
</tr>
<tr>
<td>Legal Assistant</td>
<td>Paralegal</td>
<td>29</td>
<td>$ 37,866</td>
<td>$ 51,526</td>
<td>$ 65,186</td>
</tr>
<tr>
<td>Medicaid Program Director</td>
<td>MH/SA Unit/Program Director III</td>
<td>40</td>
<td>$ 65,104</td>
<td>$ 88,590</td>
<td>$ 112,076</td>
</tr>
<tr>
<td>Medical Director</td>
<td>Medical Director II</td>
<td>58</td>
<td>$ 158,030</td>
<td>$ 215,037</td>
<td>$ 272,044</td>
</tr>
<tr>
<td>MH/SA Care Coordination Supervisor</td>
<td>MH/SA Unit Supervisor II</td>
<td>35</td>
<td>$ 50,890</td>
<td>$ 69,248</td>
<td>$ 87,605</td>
</tr>
<tr>
<td>MH/SA Care Coordinator</td>
<td>MH/SA Clinician I</td>
<td>32</td>
<td>$ 43,898</td>
<td>$ 59,733</td>
<td>$ 75,569</td>
</tr>
<tr>
<td>MH/SA Crisis Services Team Lead</td>
<td>MH/SA Clinician III</td>
<td>34</td>
<td>$ 48,443</td>
<td>$ 65,919</td>
<td>$ 83,394</td>
</tr>
<tr>
<td>MHSA Care Coordinator-CCNC</td>
<td>Mental Health Nurse II</td>
<td>34</td>
<td>$ 48,443</td>
<td>$ 65,919</td>
<td>$ 83,394</td>
</tr>
<tr>
<td>Office Assistant</td>
<td>Office Assistant IV</td>
<td>22</td>
<td>$ 26,821</td>
<td>$ 36,497</td>
<td>$ 46,172</td>
</tr>
<tr>
<td>Organizational Development Specialist</td>
<td>Staff Development Coordinator</td>
<td>34</td>
<td>$ 48,443</td>
<td>$ 65,919</td>
<td>$ 83,394</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>Pharmacist</td>
<td>46</td>
<td>$ 87,496</td>
<td>$ 119,059</td>
<td>$ 150,622</td>
</tr>
<tr>
<td>Physician Peer Reviewer</td>
<td>Medical Director I</td>
<td>54</td>
<td>$ 129,764</td>
<td>$ 176,575</td>
<td>$ 223,386</td>
</tr>
<tr>
<td>Power Analyst</td>
<td>Business &amp; Technology Analyst I</td>
<td>37</td>
<td>$ 56,159</td>
<td>$ 76,418</td>
<td>$ 96,677</td>
</tr>
<tr>
<td>Project Manager</td>
<td>Project Manager</td>
<td>35</td>
<td>$ 50,890</td>
<td>$ 69,248</td>
<td>$ 87,605</td>
</tr>
<tr>
<td>Provider Enrollment Specialist</td>
<td>Administrative Clinical Support Specialist II</td>
<td>27</td>
<td>$ 34,313</td>
<td>$ 46,691</td>
<td>$ 59,069</td>
</tr>
<tr>
<td>Provider Network Development Specialist</td>
<td>Program/Services Development Specialist</td>
<td>30</td>
<td>$ 39,779</td>
<td>$ 54,128</td>
<td>$ 68,478</td>
</tr>
<tr>
<td>Provider Network Development Specialist II</td>
<td>Program Development Specialist II</td>
<td>32</td>
<td>$ 43,898</td>
<td>$ 59,733</td>
<td>$ 75,569</td>
</tr>
<tr>
<td>Provider Network Development Supervisor</td>
<td>MH/SA Unit Supervisor II</td>
<td>35</td>
<td>$ 50,890</td>
<td>$ 69,248</td>
<td>$ 87,605</td>
</tr>
<tr>
<td>Provider Network Development Team Lead</td>
<td>MH/SA Unit Supervisor I</td>
<td>32</td>
<td>$ 43,898</td>
<td>$ 59,733</td>
<td>$ 75,569</td>
</tr>
<tr>
<td>Provider Network Evaluation Supervisor</td>
<td>MH/SA Unit Supervisor II</td>
<td>35</td>
<td>$ 50,890</td>
<td>$ 69,248</td>
<td>$ 87,605</td>
</tr>
<tr>
<td>Provider Network Evaluator I</td>
<td>QA Specialist II</td>
<td>28</td>
<td>$ 36,046</td>
<td>$ 49,049</td>
<td>$ 62,052</td>
</tr>
<tr>
<td>Provider Network Evaluator II</td>
<td>QA Specialist III</td>
<td>31</td>
<td>$ 41,786</td>
<td>$ 56,863</td>
<td>$ 71,936</td>
</tr>
<tr>
<td>Provider Network Helpdesk Specialist</td>
<td>Administrative Clinical Support Specialist I</td>
<td>26</td>
<td>$ 32,664</td>
<td>$ 44,447</td>
<td>$ 56,230</td>
</tr>
<tr>
<td>Purchasing Manager</td>
<td>Business Officer</td>
<td>38</td>
<td>$ 58,995</td>
<td>$ 80,277</td>
<td>$ 101,559</td>
</tr>
<tr>
<td>QM Data Manager</td>
<td>Quality Management Manager I</td>
<td>34</td>
<td>$ 48,443</td>
<td>$ 65,919</td>
<td>$ 83,394</td>
</tr>
<tr>
<td>Quality Assurance Analyst</td>
<td>Social Research Associate I</td>
<td>30</td>
<td>$ 39,779</td>
<td>$ 54,128</td>
<td>$ 68,478</td>
</tr>
<tr>
<td>Quality Review Coordinator I</td>
<td>Social Research Associate I</td>
<td>30</td>
<td>$ 39,779</td>
<td>$ 54,128</td>
<td>$ 68,478</td>
</tr>
<tr>
<td>Position</td>
<td>Title</td>
<td>Age</td>
<td>Base Pay</td>
<td>Mid-Pay</td>
<td>Top Pay</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>--------------------------------</td>
<td>-----</td>
<td>----------</td>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td>Quality Review Coordinator II</td>
<td>Social Research Associate II</td>
<td>32</td>
<td>$41,786</td>
<td>$56,863</td>
<td>$71,936</td>
</tr>
<tr>
<td>Quality Review Manager</td>
<td>Quality Management Manager I</td>
<td>34</td>
<td>$48,443</td>
<td>$65,919</td>
<td>$83,394</td>
</tr>
<tr>
<td>Receptionian</td>
<td>Office Assistant III</td>
<td>20</td>
<td>$24,305</td>
<td>$33,072</td>
<td>$41,840</td>
</tr>
<tr>
<td>Report Developer</td>
<td>Business &amp; Technology Analyst II</td>
<td>38</td>
<td>$58,995</td>
<td>$80,277</td>
<td>$101,559</td>
</tr>
<tr>
<td>Research Assistant</td>
<td>Statistical Assistant</td>
<td>22</td>
<td>$26,821</td>
<td>$36,497</td>
<td>$46,172</td>
</tr>
<tr>
<td>School Based Care Coordinators</td>
<td>MH/SA Clinician I</td>
<td>32</td>
<td>$43,898</td>
<td>$59,733</td>
<td>$75,569</td>
</tr>
<tr>
<td>Senior Accountant</td>
<td>Senior Accountant</td>
<td>34</td>
<td>$48,443</td>
<td>$65,919</td>
<td>$83,394</td>
</tr>
<tr>
<td>Senior Claims Analyst</td>
<td>Claims Analyst II</td>
<td>29</td>
<td>$37,866</td>
<td>$51,526</td>
<td>$65,186</td>
</tr>
<tr>
<td>Senior Database Administrator</td>
<td>Business &amp; Technology Application Specialist I</td>
<td>40</td>
<td>$65,104</td>
<td>$88,590</td>
<td>$112,076</td>
</tr>
<tr>
<td>Senior Financial Analyst</td>
<td>Senior Financial Analyst</td>
<td>34</td>
<td>$48,443</td>
<td>$65,919</td>
<td>$83,394</td>
</tr>
<tr>
<td>Senior HR Business Partner</td>
<td>HR Analyst (Senior)</td>
<td>34</td>
<td>$48,443</td>
<td>$65,919</td>
<td>$83,394</td>
</tr>
<tr>
<td>Senior Network Specialist</td>
<td>Networking Specialist (Senior)</td>
<td>40</td>
<td>$65,104</td>
<td>$88,590</td>
<td>$112,076</td>
</tr>
<tr>
<td>Senior Psychologist</td>
<td>Senior Psychologist</td>
<td>38</td>
<td>$58,995</td>
<td>$80,277</td>
<td>$101,559</td>
</tr>
<tr>
<td>Senior Sharepoint Architect</td>
<td>Business &amp; Technology Application Specialist II</td>
<td>41</td>
<td>$68,392</td>
<td>$93,064</td>
<td>$117,735</td>
</tr>
<tr>
<td>Senior UM Care Manager-MH/SA</td>
<td>MH/SA Clinician IV</td>
<td>35</td>
<td>$50,890</td>
<td>$69,248</td>
<td>$87,605</td>
</tr>
<tr>
<td>Sharepoint Developer</td>
<td>Business &amp; Technology Application Specialist I</td>
<td>40</td>
<td>$65,104</td>
<td>$88,590</td>
<td>$112,076</td>
</tr>
<tr>
<td>SIS Evaluator</td>
<td>I/DD Specialist II</td>
<td>30</td>
<td>$39,779</td>
<td>$54,128</td>
<td>$68,478</td>
</tr>
<tr>
<td>Site Director</td>
<td>Site Director</td>
<td>39</td>
<td>$61,975</td>
<td>$84,331</td>
<td>$106,688</td>
</tr>
<tr>
<td>Social Marketing Coordinator</td>
<td>Information and Communication Specialist I</td>
<td>26</td>
<td>$32,664</td>
<td>$44,447</td>
<td>$56,230</td>
</tr>
<tr>
<td>Special Investigations Supervisor</td>
<td>Program Integrity Unit Supervisor</td>
<td>33</td>
<td>$46,115</td>
<td>$62,750</td>
<td>$79,385</td>
</tr>
<tr>
<td>Sr. Compliance Analyst</td>
<td>Senior Compliance Analyst</td>
<td>34</td>
<td>$48,443</td>
<td>$65,919</td>
<td>$83,394</td>
</tr>
<tr>
<td>Statistical Research Assistant</td>
<td>Statistical Research Assistant I</td>
<td>26</td>
<td>$32,664</td>
<td>$44,447</td>
<td>$56,230</td>
</tr>
<tr>
<td>Technical Assistance Coordinator</td>
<td>Community Services Consultant</td>
<td>28</td>
<td>$36,046</td>
<td>$49,049</td>
<td>$62,052</td>
</tr>
<tr>
<td>Training Manager</td>
<td>Staff Development Coordinator</td>
<td>34</td>
<td>$48,443</td>
<td>$65,919</td>
<td>$83,394</td>
</tr>
<tr>
<td>Training Specialist</td>
<td>Staff Development Specialist I</td>
<td>32</td>
<td>$43,898</td>
<td>$59,733</td>
<td>$75,569</td>
</tr>
<tr>
<td>Transition Coordinator</td>
<td>Community Services Consultant</td>
<td>28</td>
<td>$36,046</td>
<td>$49,049</td>
<td>$62,052</td>
</tr>
<tr>
<td>Transitions to Community Living Supervisor</td>
<td>MH/SA Unit Supervisor II</td>
<td>35</td>
<td>$50,890</td>
<td>$69,248</td>
<td>$87,605</td>
</tr>
<tr>
<td>UM Care Manager-I/DD</td>
<td>I/DD Specialist II</td>
<td>30</td>
<td>$39,779</td>
<td>$54,128</td>
<td>$68,478</td>
</tr>
<tr>
<td>UM Care Manager-MH/SA</td>
<td>MH/SA Clinician III</td>
<td>34</td>
<td>$48,443</td>
<td>$65,919</td>
<td>$83,394</td>
</tr>
<tr>
<td>UM Care Manager-MH/SA RN</td>
<td>Mental Health Nurse II</td>
<td>34</td>
<td>$48,443</td>
<td>$65,919</td>
<td>$83,394</td>
</tr>
<tr>
<td>Position</td>
<td>Title</td>
<td>Age</td>
<td>Salary 1</td>
<td>Salary 2</td>
<td>Salary 3</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>--------------------------------------------</td>
<td>-----</td>
<td>----------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>UM Director-MH/SA</td>
<td>MH/SA Unit/Program Director III</td>
<td>40</td>
<td>$65,104</td>
<td>$88,590</td>
<td>$112,076</td>
</tr>
<tr>
<td>UM I/DD Team Lead</td>
<td>Human Services Coordinator III</td>
<td>35</td>
<td>$50,890</td>
<td>$69,248</td>
<td>$87,605</td>
</tr>
<tr>
<td>UM MH/SA Supervisor</td>
<td>MH/SA Unit/Program Director II</td>
<td>38</td>
<td>$58,995</td>
<td>$80,277</td>
<td>$101,559</td>
</tr>
<tr>
<td>Unit Supervisor</td>
<td>MH/SA Unit Supervisor I</td>
<td>32</td>
<td>$43,898</td>
<td>$59,733</td>
<td>$75,569</td>
</tr>
<tr>
<td>Utilization Review Manager</td>
<td>MH/SA Unit Supervisor II</td>
<td>35</td>
<td>$50,890</td>
<td>$69,248</td>
<td>$87,605</td>
</tr>
<tr>
<td>Youth Coordinator</td>
<td>Community Services Consultant</td>
<td>28</td>
<td>$36,046</td>
<td>$49,049</td>
<td>$62,052</td>
</tr>
<tr>
<td>Youth Opportunity Coordinator</td>
<td>Human Services Coordinator II</td>
<td>30</td>
<td>$39,779</td>
<td>$54,128</td>
<td>$68,478</td>
</tr>
<tr>
<td>Youth Opportunity Director</td>
<td>Human Services Coordinator III</td>
<td>35</td>
<td>$50,890</td>
<td>$69,248</td>
<td>$87,605</td>
</tr>
<tr>
<td>Youth Resource Specialist</td>
<td>Human Services Counselor I</td>
<td>27</td>
<td>$34,313</td>
<td>$46,691</td>
<td>$59,069</td>
</tr>
<tr>
<td>Accounting Specialist II</td>
<td></td>
<td>32</td>
<td>$43,898</td>
<td>$59,733</td>
<td>$75,569</td>
</tr>
<tr>
<td>Administrative Assistant II</td>
<td></td>
<td>28</td>
<td>$36,046</td>
<td>$49,049</td>
<td>$62,052</td>
</tr>
<tr>
<td>Administrative Assistant III</td>
<td></td>
<td>30</td>
<td>$39,779</td>
<td>$54,128</td>
<td>$68,478</td>
</tr>
<tr>
<td>Administrative Officer III</td>
<td></td>
<td>38</td>
<td>$58,995</td>
<td>$80,277</td>
<td>$101,559</td>
</tr>
<tr>
<td>Business &amp; Technology Applications Technician</td>
<td></td>
<td>31</td>
<td>$41,786</td>
<td>$56,863</td>
<td>$71,936</td>
</tr>
<tr>
<td>Data Specialist</td>
<td></td>
<td>29</td>
<td>$37,866</td>
<td>$51,526</td>
<td>$65,186</td>
</tr>
<tr>
<td>Deputy Director</td>
<td></td>
<td>48</td>
<td>$96,556</td>
<td>$131,387</td>
<td>$166,218</td>
</tr>
<tr>
<td>Information and Communication Specialist II</td>
<td></td>
<td>30</td>
<td>$39,779</td>
<td>$54,128</td>
<td>$68,478</td>
</tr>
<tr>
<td>Internal Auditor</td>
<td></td>
<td>28</td>
<td>$36,046</td>
<td>$49,049</td>
<td>$62,052</td>
</tr>
<tr>
<td>MH/SA Unit/Program Director I</td>
<td></td>
<td>36</td>
<td>$53,460</td>
<td>$72,745</td>
<td>$92,029</td>
</tr>
<tr>
<td>Network Analyst I</td>
<td></td>
<td>33</td>
<td>$46,115</td>
<td>$62,750</td>
<td>$79,385</td>
</tr>
<tr>
<td>Network Analyst II</td>
<td></td>
<td>34</td>
<td>$48,443</td>
<td>$65,919</td>
<td>$83,394</td>
</tr>
<tr>
<td>Networking Specialist I</td>
<td></td>
<td>35</td>
<td>$50,890</td>
<td>$69,248</td>
<td>$87,605</td>
</tr>
<tr>
<td>Networking Specialist II</td>
<td></td>
<td>36</td>
<td>$53,460</td>
<td>$72,745</td>
<td>$92,029</td>
</tr>
<tr>
<td>Statistical Research Assistant II</td>
<td></td>
<td>28</td>
<td>$36,046</td>
<td>$49,049</td>
<td>$62,052</td>
</tr>
<tr>
<td>Statistician</td>
<td></td>
<td>30</td>
<td>$39,779</td>
<td>$54,128</td>
<td>$68,478</td>
</tr>
</tbody>
</table>
ITEM: Public Hearing on the FY 2016-2017 Recommended Budget

DATE OF BOARD MEETING: June 2, 2016

BACKGROUND:
Per G.S. 159-12 (b), the board shall hold a public hearing before adopting the budget ordinance for the fiscal year.

REQUEST FOR AREA BOARD ACTION:
Receive and consider input on the FY17 recommended budget.

CEO RECOMMENDATION:
Receive input on the FY17 recommended budget and consider the received comments prior to approving the budget.

RESOURCE PERSON(S):
Robert Robinson, CEO; Kelly Goodfellow, CFO
ITEM: 2017 Approved Budget

DATE OF BOARD MEETING: June 2, 2016

BACKGROUND:
The FY 2016-2017 Approved Budget is being presented to the Board for consideration and approval.

REQUEST FOR AREA BOARD ACTION:
Approve the report.

CEO RECOMMENDATION:
Approve the report.

RESOURCE PERSON(S):
Robert Robinson, CEO; Kelly Goodfellow, CFO
Alliance Behavioral Healthcare
Annual Budget
FY 2016-2017

Board of Directors

Christopher Bostock, Chair
Cynthia Binanay, Vice Chair

**Durham County**
Cynthia Binanay
Phillip Golden
Curtis Massey
Commissioner Michael Page
George Quick
Amelia Thorpe
Lascel Webley, Jr.

**Wake County**
Ann Akland
George Corvin, MD
James Edgerton
William Stanford, Jr.
Commissioner Caroline Sullivan
McKinley Wooten, Jr.

**Cumberland County**
John Griffin, Ed. D
Commissioner Kenneth Edge
Lodies Gloston

**Johnston County**
Vicki Shore

Robert Robinson, CEO
Table of Contents

Reader’s Guide .......................................................................................................................... 5
Alliance Demographic Information ......................................................................................... 7
Departmental Information ........................................................................................................ 8
  Clinical Operations .................................................................................................................. 8
  Business Operations ............................................................................................................... 9
Provider Network and Evaluation .............................................................................................. 11
Information Technology ......................................................................................................... 12
Community Relations .............................................................................................................. 13
Corporate Compliance ............................................................................................................ 14
Strategic Operations ............................................................................................................... 15
General Fund Revenues .......................................................................................................... 18
General Fund Revenues .......................................................................................................... 19
General Fund Expenditures ..................................................................................................... 20
Budget Comparison .................................................................................................................. 22
Budget and Amendment Process ............................................................................................. 24
Budget Calendar ...................................................................................................................... 25
Glossary of Terms .................................................................................................................... 25
June 2, 2016

Alliance Board Members,

On behalf of the entire organization I thank each of you for your expertise, guidance and support during the past year of continued organizational growth.

Since the recommended budget was presented to you on May 5, 2016, several changes have been made resulting in a reduction of Alliance’s budget by $2.7M. These changes include a reduction to the PMPM related to the postponement of the resource allocation services as well as an increase of $580k in County funds. The change in County funds relate to an increase in Wake funds for services and a decrease in Durham funds due to the County directly funding some of their judiciary services.

With this budget we will maintain our ongoing effort to build North Carolina’s most fiscally-stable, clinically-sound behavioral health managed care organization. We are excited to have reached a point at which we can begin to implement a plan to strategically reinvest some of our savings into innovative, effective services and supports that fill identified gaps in our communities and help ensure effective pathways to recovery and self-determination for the individuals we serve.

I told you in this letter last year that Alliance was in a strong position as we looked to the future of Medicaid reform in North Carolina, and our work over the past year, as well as the work that this budget will fund, will continue to enhance that position.

Best Regards,

Rob Robinson
Chief Executive Officer
Reader’s Guide

FY 2016 - 2017 is the fifth annual budget presented for Alliance Behavioral Healthcare (Alliance). This section is provided to help the reader understand the budget by explaining how the document is organized. This document details the budget for fiscal year 2016 - 2017 for Alliance’s administrative and service operations covering Durham, Wake, Cumberland and Johnston counties. The budget year begins July 1, 2016 and ends June 30, 2017. The document will show how the funds are allocated and how they will be spent.

Alliance Behavioral Healthcare LME/MCO will have one fund called the General Fund. The General Fund will account for all administrative and service operations and will be divided into functional areas for Administration, Medicaid Services, State Services, Local Services, and Grant Funds, when applicable.

Revenues and Expenditures of the General Fund
The categories of the revenue and expenditures are the same. They include the following:

Administration
Alliance Behavioral Healthcare is administratively funded through a combination of the Medicaid waiver, state LME allocation, and county administrative contribution.

Alliance began the management of Medicaid services under a waiver according to Session Law 2011-264 House Bill 916 on February 1, 2013. These funds refer to the administration dollars allocated under a contract with the NC Division of Medical Assistance. The funds are allocated based on a per member per month basis. The members per month budgeted is based on historical experience and projections.

The NC Division of Mental Health, Developmental disabilities, and Substance Abuse services (NC DMH) continue to allocate funds to administer state and federal block grant dollars for the purposes of serving the non-Medicaid population.

Cumberland, Durham, and Wake counties allocate 1% of the county dollars in administrative support for the management of their dollars in serving consumers in their respective county.

Miscellaneous
This category is to account for any funds received during the fiscal year that do not fall into one of the above mentioned categories and are not significant enough to require their own category. The funds roll up into the Administrative budget.

Medicaid Services
Alliance Behavioral Healthcare began the management of Medicaid services under a waiver according to Session Law 2011-264 House Bill 916 on February 1, 2013. These funds refer to the dollars allocated under the contract with the NC Division of Medical Assistance to provide services to Medicaid enrollees of Durham, Wake, Cumberland, and Johnston counties.

State Services
These funds represent state allocated dollars for Durham, Wake, Cumberland, and Johnston communities to provide services for non-Medicaid citizens with mental health, intellectual/developmental disabilities and substance abuse needs. The funds include Federal Block Grant dollars as allocated from the NC DMH.
Local Services
These funds represent the Cumberland, Durham, and Wake county allocations to Alliance to provide services for citizens with mental health, intellectual/developmental disabilities, and substance abuse needs in their respective counties.

Grants
When applicable, grant funds are those that are specified for a particular project or program.

Draft Budget Ordinance
A draft budget ordinance is being included for informational purposes.

Additional Information
The basis of accounting and budgeting for Alliance Behavioral Healthcare is modified accrual per G.S. 159-26. This means that revenues are recorded in the time period in which they are measurable and available. Revenues are recognized when they are received in cash. Expenditures are recognized in the period when the services are received or liabilities are incurred.

This document was prepared by Alliance Behavioral Healthcare Business Operations and is available online at www.alliancebhc.org. If further information is needed, please contact Kelly Phillips, Director of Budget & Financial Analysis, at 4600 Emperor Blvd, Durham, North Carolina 27703 or by email at kphillips@alliancebhc.org.
## Alliance Demographic Information

### Alliance Regional Population Data

<table>
<thead>
<tr>
<th>Region</th>
<th>Population</th>
<th>Medicaid Eligible</th>
<th>Medicaid Eligible % of Population</th>
<th>Medicaid Served</th>
<th>Non-Medicaid Served</th>
<th>Total Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumberland</td>
<td>323,838</td>
<td>71,466</td>
<td>22.1%</td>
<td>10,859</td>
<td>2,952</td>
<td>13,811</td>
</tr>
<tr>
<td>Durham</td>
<td>300,952</td>
<td>49,278</td>
<td>16.4%</td>
<td>8,044</td>
<td>3,554</td>
<td>11,598</td>
</tr>
<tr>
<td>Johnston</td>
<td>185,660</td>
<td>36,796</td>
<td>19.8%</td>
<td>5,138</td>
<td>1,683</td>
<td>6,821</td>
</tr>
<tr>
<td>Wake</td>
<td>1,024,198</td>
<td>113,852</td>
<td>11.1%</td>
<td>15,637</td>
<td>8,645</td>
<td>24,282</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,834,648</strong></td>
<td><strong>271,392</strong></td>
<td><strong>14.8%</strong></td>
<td><strong>39,678</strong></td>
<td><strong>16,834</strong></td>
<td><strong>56,512</strong></td>
</tr>
</tbody>
</table>

* 2015 Statistics, US Census Bureau

### Persons Served by Age and Disability Based on Claims Paid by Medicaid and IPRS

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Mental Health</th>
<th>SA</th>
<th>I/DD</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child/Youth (ages 0-17)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cumberland</td>
<td>4,956</td>
<td>185</td>
<td>721</td>
<td>5,862</td>
</tr>
<tr>
<td>Durham</td>
<td>3,877</td>
<td>74</td>
<td>501</td>
<td>4,452</td>
</tr>
<tr>
<td>Johnston</td>
<td>2,367</td>
<td>35</td>
<td>374</td>
<td>2,776</td>
</tr>
<tr>
<td>Wake</td>
<td>7,955</td>
<td>152</td>
<td>1187</td>
<td>9,294</td>
</tr>
<tr>
<td><strong>Total Child/Youth</strong></td>
<td><strong>19,155</strong></td>
<td><strong>446</strong></td>
<td><strong>2783</strong></td>
<td><strong>22,384</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adult (ages 18+)</th>
<th>Mental Health</th>
<th>SA</th>
<th>I/DD</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumberland</td>
<td>6,824</td>
<td>1495</td>
<td>799</td>
<td>9,118</td>
</tr>
<tr>
<td>Durham</td>
<td>5,552</td>
<td>1812</td>
<td>830</td>
<td>8,194</td>
</tr>
<tr>
<td>Johnston</td>
<td>3,517</td>
<td>869</td>
<td>341</td>
<td>4,727</td>
</tr>
<tr>
<td>Wake</td>
<td>11,496</td>
<td>3007</td>
<td>1973</td>
<td>16,476</td>
</tr>
<tr>
<td><strong>Total Adult</strong></td>
<td><strong>27,389</strong></td>
<td><strong>7,183</strong></td>
<td><strong>3,943</strong></td>
<td><strong>38,515</strong></td>
</tr>
</tbody>
</table>

| **Total Served** | **56,512** |

### Providers: Credentialed

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies</td>
<td>343</td>
</tr>
<tr>
<td>CABHAs</td>
<td>49</td>
</tr>
<tr>
<td>Hospitals</td>
<td>61</td>
</tr>
<tr>
<td>ED Only</td>
<td>100</td>
</tr>
<tr>
<td>LIP - Group</td>
<td>100</td>
</tr>
<tr>
<td>LIP - Solo</td>
<td>321</td>
</tr>
<tr>
<td>LP Only</td>
<td>5,113</td>
</tr>
<tr>
<td>PRTF</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6,099</strong></td>
</tr>
</tbody>
</table>
Clinical Operations

Brief Description of Department and Units

The Clinical Operations Department is comprised of five units and receives clinical oversight from the Alliance Medical Director.

- The Access and Information Center (the Alliance 24/7 call center) links consumers to a range of services in the community and ensures that callers in need of crisis services are provided with timely access and follow-up. In addition to screening and referral activities, the call center provides information to general healthcare providers, CCNCs and to crisis providers to help coordinate the care of consumers needing routine services or during an after-hours crisis. It handles general information requests for Alliance as well.
- MH/SA and IDD Utilization Management (UM) are responsible for authorizing services and monitoring and managing consumers during an episode of care. Activities include monitoring utilization of services authorized, reviewing effectiveness of treatment interventions and making recommendations to improve the effectiveness of consumer treatment plans.
- MH/SA and IDD Care Coordination are responsible for working with specific high-risk populations identified within the waiver contract and priority populations that have been identified by Alliance, including individuals with high ED utilization patterns. Care Coordination links consumers with both services and supports and helps eliminate barriers that allow consumers to live as successfully as possible within the community. MH/SA Care Coordination is extending their ability to better address the needs of individuals with serious and persistent mental illness with co-occurring physical health conditions.
- Eligibility and Enrollment staff process State-funded consumer enrollment requests and consumer demographic updates, assist the UM team with a number of administrative tasks and provide support to the MDs by scheduling URAC required post denial peer-to-peer conversations.
- UM Appeals manually processes all adverse decision letters and manages the entire UM appeals process.

Accomplishments for FY16

- Clinical Operations met all waiver performance standards for the year.
- Innovations spending was within budget targets.
- Significant increase in utilization of Multi Systemic Therapy (MST); MST moved to a case rate model of reimbursement.
- There has been a continued downward trend in Intensive In-Home utilization; met target utilization goal for the end of the year and continues to trend downward.
- Improved care coordination functions that are managed within the Access Center primarily around assisting families waiting for C Waiver slots and needing Medicaid covered behavioral health services. Average days between a call to Access and an appointment was 4 days.
- Maintained low Psychiatric Residential Treatment Facility (PRTF) utilization. No children in true out of state facilities.
- ED liaisons had a reported significant impact on both reducing consumer time in the ED and deferring consumers from inpatient care, with inpatient readmission rates low throughout the year.
- Successfully implemented best practice integrated care models in all Alliance counties.
- Successfully filled all available Innovations slots, moved from ICFs to the community using Money Follows the Person Funding and B3 services.
Implemented three evidenced based outpatient models of care with enhanced rates
Added IDD/MHSA care coordinator to Wake CC Team, reduction in IDD wait times in EDs already occurring
Implemented NC START program for children, available to all Alliance counties
Implemented a population health analytics tool

Summary of Goals and Objectives for FY17

- Continue to meet and exceed all waiver contract requirements.
- Expand the use of case rates and other risk sharing payment arrangements
- Decrease ED readmissions by expanding ED liaisons to additional hospitals and increase the follow-up scope of positions.
- Improve consumer adherence with antipsychotic medications
- Decrease services that require prior authorization and manage based on data review, including outcome measures.
- Decrease number of consumers with stays beyond expected ranges for highly utilized services
- Develop and pilot an IDD Patient Centered Behavioral Health Home that is responsible for managing total health of patient population.
- Maintain low consumer appeals rate.
- Increase number of consumers served through integrated healthcare teams.
- Increase intensive in-home and residential services alternatives.
- Expand use of general outpatient services.
- Increase use of Medication Assisted Treatment for substance abusers.
- Decrease average length of stay (ALOS) of children in Therapeutic Foster Care.
- Implement law enforcement division program in Cumberland for individuals arrested for low level drug offenses.
- Decrease inappropriate Opiate and Benzodiazepine prescribing practices of both in-network and primary care prescribers.
- Improve options and use of community based treatment for youth with problematic sexual behavior.
- Implement Resource Allocation Model under the Medicaid C Waiver.

Business Operations

Brief Description of Department and Units

The Business Operations Department is responsible for the oversight and management of Alliance’s financial accountability relating to budgeting, claims, auditing and financial analysis. It includes:

- Finance and Accounting - responsible for the agency's financial transactions, financial reporting, adherence to Generally Accepted Accounting Principles (GAAP), ensuring adequate and effective internal controls, etc.
- Claims Processing - responsible for the monitoring and review of all claims processing for all funding sources, analysis of paid and denied claims, special ED claim review, etc.
- Budget and Financial Analysis - responsible for the development and monitoring of the Alliance budget and analyzing budget to actual at both the administrative and service level. The staff in this unit are also responsible for the review and analysis of Medicaid dollars to include Per Member Per Month (PMPM) spending by category of service and aid, budget vs. actual, individual provider or service trends, etc. Responsibility also includes rate setting for programs, services, and providers.
- Facility Management - responsible for the oversight of all Alliance leased locations in coordination with landlord and management of Alliance vehicles.
Accomplishments for FY16

- Implemented a formal procurement program to increase control and security of procurement cards.
- Hired an Accounting Manager which allows for greater segregation of duties and oversight.
- Revised our Vendor Maintenance procedure and incorporated an IRS Tax Identification Number Verification program to improve accuracy of vendor information.
- Formed a new committee specifically designed to review our Medicaid Per Member Per Month (PMPM) by category of service on a monthly basis. The Committee has allowed for some very informative discussions as well as provided an opportunity to compare financial data with clinical data.
- Implemented a new IBNR model to improve the accuracy of estimating our outstanding claims liability.
- Implemented a web based employee expense reimbursement which improves the efficiency and accuracy of the reimbursement process.
- Improved department efficiencies by combining Reimbursement and Analysis team with the Budget and Analysis team.
- Revised the reimbursement and rate setting process which allowed for efficiency in approving rates and greater communication among departments.
- Formalized administrative budget reports, as well as budget to actual reports, for reporting to the Chiefs to allow for budget ownership and flexibility of spending.
- Alliance claims staff continues to provide weekly claims training for providers to ensure updated knowledge of systems and claim information is shared with all providers. Provider survey satisfaction noted that Alliance claims rated as one of the best in claims training, accurate information given to provider, and claims processed in a timely and accurate manner.
- The HMS audit for March 2015 through August 2015 resulted in high scores of 99.96% in timeliness of provider payment, 99.81% in claims processing accuracy, and 99.96% in financial accuracy.

Summary of Goals and Objectives for FY17

- Review the need for additional positions in all areas to increase support and improve efficiencies such as a Grant Accountant who can focus on federal funding requirements.
- Implement changes to our billing software which will improve the interface between the billing software and accounting software.
- Upgrade our accounting software to a newer version which will give team members access to more efficient software.
- Identify budget software that works in conjunction with the accounting software.
- Review the need for building modifications, relocation of site staff, and complete a review of all facility needs including a 3-5 facility plan.
- Continue to enhance our reporting and analysis of our services especially in the area of Medicaid drilling down to the population level, Medicaid eligible lives, and category of service.
- Enhance training and development so that staff are fully trained and have the tools they need to do their job. We will focus on building a unified team with the help of updated procedures and process flows, mutual understanding of work, cross departmental training and most importantly adhering to our mission and values.
Provider Network and Evaluation

Brief Description of Department and Units

The Provider Network and Evaluation Department is responsible for the continuous review and evaluation of the provider network for quality of services, adherence to contract requirements, standards of care and performance, while ensuring a full array of providers is available to meet the needs of our service recipients. It also is responsible to ensure the quality of all Alliance services and processes through quality management activities and evaluating the quality of services provided by Alliance.

The Department is comprised of two sections:

- Provider Network Operations has three components:
  - Networks is responsible for managing the communication and dissemination of information to the community of providers, identifying and recruiting new providers, and for providing or arranging for technical assistance for currently enrolled providers.
  - Credentialing assures that all providers in the Alliance network meet agency, State, Federal and accreditation requirements and that credentialing information is reviewed and tracked for continuous and timely review.
  - Contracts is responsible for the timely development and distribution of all contracts, amendments, and extensions and ensures coordination of administrative activities including official correspondence with providers, provider education and liaison, and administration of provider contracts.

- Quality Management is responsible for creating a culture of continuous quality improvement across the agency and assuring quality within the agency, across the provider network, and with contracted vendors. Quality Management has three components:
  - Quality Assurance develops reports for Alliance management, committees and the state; investigates and resolves incidents and complaints and analyzes data from NC-TOPPS, IRIS and other sources.
  - Quality Review oversees our Quality Improvement Projects (QIPs); performs quality reviews to identify opportunities for improvement; conducts in-depth analyses of provider programs; and develops quality management standards and training for our providers.
  - Provider Monitoring completes on-site monitoring reviews to determine provider compliance with rules and regulations; conducts post-payment reviews to identify inappropriate payments to providers; and completes focused reviews to investigate other compliance issues. Data Analysis manages data, creates reports, and offers analysis of data to support decision making.

Accomplishments for FY16

- Establishment of provider collaboratives to provide technical assistance and improve quality.
- Expansion of Continuous Quality Improvement (CQI) processes throughout the agency.
- Implementation of multiple evidence based practice service models.
- Development of multiple new evidence based service definitions to fill service gaps.
- Improved processes and relationships with our hospital partners.
- Implementation of contract tracking software to improve accuracy and efficiency.

Summary of Goals and Objectives for FY17

- Improve and streamline business process for implementing new services.
- Implement credentialing software.
- Improve relationships with and contract management of hospitals/health systems.
- Improve capacity for risk and trends analysis.
• Address provider network needs and gaps as specified in network development plan.
• Focus provider collaborative efforts on implementation of evidence based practices.
• Enhance provider performance measure reporting.
• Streamline reports generation.
• Increase number of provider contracts for evidence based practices.
• Identify and implement a process for monitoring evidence based practices.
• Improve communication processes with Providers.

Information Technology

Brief Description of Department and Units

The IT department is comprised of three distinct teams:

• Application Development and Quality Assurance - Responsible for all internal application
development, including SharePoint and the corporate Intranet. Manages all quality assurance and
user acceptance testing and documentation to support corporate audits.
• Informatics/Business Intelligence Development - Responsible for extracting, organizing, cataloging
and defining all key data elements that support Alliance. BI also is responsible for report and
dashboard development to support the information needs of the company.
• IT Infrastructure and Support - Installs and supports all business data and voice networks within the
Alliance sites. They are responsible for maintaining network and data security, HIPAA compliancy,
email security, network and server performance and administration.

Accomplishments for FY16

• Deployed Enterprise Vault Email Archiving system.
• Deployed Netwrix Password management system.
• Deployed Commvault File Archiving and Unitrends Backup systems.
• Relocated hardware, network and communication systems to new Call Center location.
• Migrated SharePoint and Existing Shared Drives to New Storage Solution.
• Developed Corporate Intranet to Provide Efficient Enterprise Communications.
• Selected Care Management Technologies and MicroStrategy Business Intelligence Solutions to
provide enterprise class reporting solutions.
• Developed Independent Living Initiative application and provider portal to streamline the process of
evaluating and approving the application.
• Implemented agile approach to software development.
• Implemented New ICD-10 Codes in AlphaMCS, Back Office Systems and Providers to meet
conversion date of October 1, 2015.
• Fully implemented Team Foundation Server in department to effectively monitor application
development and testing.

Summary of Goals and Objectives for FY17

• Continue to improve quick response and reduce resolution time on KACE support tickets.
• Enhance disaster recovery solution and relocate to secondary colocation facility.
• Upgrade corporate PC's to Windows 10.
• Develop Accounts Receivable reconciliation application to track all claims activity submissions and
messaging.
• Develop DOJ Application and provider portal for Supported Employment Initiative.
• Implement MicroStrategy as an enterprise wide reporting solution for Alliance.
• Develop and begin implementation of Alliance IT Strategic Plan.
• Enhance Credentialing Workflow within AlphaMCS Application.
• Develop Provider Search and Resource Availability Tracking Application.
• Develop improved process for requesting and tracking AlphaMCS enhancements.

Community Relations

Brief Description of Department and Units

Community Relations is one of the most varied and diverse departments within Alliance. Recognizing that a local and visible presence is essential to building and sustaining partnerships critical to meeting organizational outcomes, the Community Relations teams take an innovative approach to improving the systems that support the effectiveness of services.

Teams are continually assessing system and service gaps from multiple vantage points including co-location within other systems, outreach activities to stakeholders and advocates, and hosting community collaborative and workgroups. Utilizing a System of Care (SOC) framework, Community Relations focuses on the strengths and vulnerabilities of complex public systems, treatment of the “whole person,” and system transformation to improve policy, shared funding, collaboration and best practices.

Recognizing that social determinants of health (i.e. homelessness, poverty/inequality and lack of education/employment) are key drivers of health care costs, Community Relations often plays a tangential role to the MCO functions - improving the environments in which people live increases engagement and retention in services, overall health and wellness, and more meaningful and productive lives that promote recovery.

Accomplishments for FY16

• Implemented short-term rental assistance program (ILI) in each community.
• Developed a standardized Alliance overview presentation training to over 500 community partners and stakeholders.
• Each community has highly successful Crisis Intervention Training (CIT) training programs with designated CIT Coordinators.
• Implemented Care Review in each community.
• Developed crisis reduction plans for each community.
• Won two national Excellence in Communication and Community Outreach Awards for BECOMING.
• Funding renewed for two HUD-funded supportive housing programs in Durham.
• Wake and Durham Community Collaborative completed strategic plans outlining SOC priorities.

Summary of Goals and Objectives for FY17

• Hire a Director of Housing and Director of Community Relations.
• Study the need for additional personnel to target key areas across the 4 counties (i.e. System of Care Manager).
• Promote cross-departmental collaboration to improve person and service outcomes.
• Assist in the development of models of care for special and high-risk populations.
• Assist in the development of comprehensive community supports to increase community tenure and
good quality of life for high-risk adolescents and adults.
• Expand Assertive Engagement to special populations across the four communities.
• Identify activities of Community Relations (i.e. housing, Care Review) and develop key
performance indicators to show the impact and return on investment.
• Develop pilot programs in partnership with other internal departments to study the quality and
effectiveness of programs targeting high risk populations (i.e. IIH, ED diversion, etc.).

Corporate Compliance

Brief Description of Department and Units

The Alliance Corporate Compliance Department focuses on the prevention, detection and correction of
violations of federal and state laws and regulations, and fraud control and unethical conduct,
and encourages an environment where employees can report compliance concerns without fear of
retaliation.

It includes thirteen employees and is responsible for internal and external compliance to include policies
and procedures, accreditation compliance, compliance training, internal audits and monitoring, claims
audits, hotline reporting, investigation and correction of non-compliance, remediation, HIPAA privacy
and security, medical records, public records, Network fraud and abuse investigations, provider actions
and sanctions, and provider dispute resolution.

Accomplishments for FY16

• Opened 114 fraud and abuse investigations, closed 87 investigations, and referred 10 full
investigations to DMA Program Integrity for determination of credible allegation of fraud.
• Identified over $147,000 in overpayments as a result of fraud, waste and abuse investigations.
• Conducted internal audits of three major Alliance functions.
• Continued the implementation process for policy and procedure management, third party risk
management, contract management, incident management, and HIPAA breaches.
• Monitored all sites for HIPAA Privacy compliance. Contracted with external vendor to conduct
Security Risk Assessment.
• Implemented a Compliance Page on the Alliance Intranet, containing resources, training materials,
information about internal compliance and program integrity, etc.
• Issued 48 notice of action letters in response to Network compliance issues referred to the
Compliance Committee.
• Identified over $1 million in overpayments through the Corporate Compliance Committee process.
• Managed 29 requests for reconsideration of actions against providers.
• Audited 3% of adjudicated claims weekly.
• Audited inpatient and ED claims weekly.
• Conducted internal investigations and developed remediation plans where applicable, monitored
corrective action plans to ensure successful implementation.
• Conducted new hire orientation ongoing, annual compliance training to all employees and the Board
of Directors, providers and published informational materials related to compliance, fraud and abuse
to a variety of stakeholder groups.
• Conducted targeted HIPAA training to clinical departments.
• Conducted targeted Program Integrity training to several internal departments.
Summary of Goals and Objectives for FY17

- Our goal is to embed compliance, fraud control, and business ethics into Alliance day-to-day business through the use of infrastructures and tools designed to help achieve compliance with Federal, State, and local laws and regulations, and accreditation standards. The infrastructure and tools of focus for FY17:
  - Continue/finalize the implementation of C360 to increase efficiencies, improve employee training and track internal compliance as well as Business Associate compliance.
  - Improve process to assess the impact of regulatory changes on Alliance operations, including review and revision to policies and procedures, manuals and training to ensure compliance with applicable changes.
  - Contract with vendor for fraud detection data mining purposes to enhance our current methods and increase effectiveness of fraud detection efforts.
  - Provide specialized training to department staff to promote professional growth and to achieve nationally recognized certifications in the areas of fraud examination and internal audits.
  - Adjust positions within the department in order to continue to meet the needs of Alliance.
  - Add positions in areas where current staffing is inadequate and to meet the increased demands of our department.

- An annual work plan developed as a result of an annual risk assessment drives all compliance operations. Items selected for the work plan pose significant risk (legal, financial, reputation) to Alliance. The plan is finalized at the beginning of each fiscal year and has therefore not yet been developed for FY17. Below are a few anticipated areas of focus:
  - Increased staff training with focus on HIPAA, confidentiality, policies and procedures, and regulatory and accreditation requirements.
  - Expand the internal audit plan and increase compliance monitoring with timely resolution and implementation of risk mitigation plans.
  - Monitor implementation of identified strategies to correct HIPAA security deficiencies and audit for compliance.
  - Provide compliance training and resources to providers.
  - Expand focused and ad hoc claims audits to identify overpayments, underpayments and other irregularities or compliance issues.
  - Prepare for and achieve URAC reaccreditation
  - Conduct fraud and abuse investigations to detect and deter fraud and abuse in the Alliance Network. Prioritize areas of highest risk.
  - Provide assistance, input and compliance oversight of Alliance pilots and other efforts.

Strategic Operations

Brief Description of Department and Units

The Strategic Operations Department is housed under Administration and provides support and connectivity to the entire organization, serving as a change agent and a cross departmental liaison to all Alliance departments. The Chief of Staff leads the 11 staff members who make up the department, which is comprised of 4 distinct units, below:

- The Strategic Project Management team (SPMO) is maturing into an internal consulting group, including a director and 3 project managers. They have engaged in a number of high priority projects including the ICD-10 transition, analysis and reengineering of the DOJ/TCLI processes, strategic plan initiatives, encounter data enhancements, and implementation of integrated care pilots. All of the projects have centered on cross departmental workflows and increasing efficient use of resources while meeting contractual requirements. The SPMO has also offered intensive 6 month training to Alliance staff in Project management skills and is embarking on a 6 month training on
Process Improvement, enhancing skill building across the company and modeling a culture of cross functional collaboration.

- The Alliance Communications Unit, which consists of the Director of Communications and a Communications Specialist, has oversight of all internal and external organizational communications to multiple stakeholders within a four-county audience of nearly two million people. This broad scope of work includes all organizational advertising/marketing development and production, oversight of organizational branding efforts, content maintenance of a robust and complex website and social media program, a leadership role in organizational internal communications, and provision of communications support and technical assistance for the entire organization.

- The Medicaid Program Director (MPD) is responsible for ensuring compliance with the DMH and Medicaid Waivers contracts, all external reviews (EQRO, Mercer, and TCLI) and projects related to same, and is a liaison between Alliance and DHHS staff. As a team of one, the MPD participates in multiple cross functional work groups to ensure collaboration and compliance.

- Cumberland and Johnston sites - The Cumberland site director oversees the facilities and two administrative staff at the Cumberland site and is also the Military Veterans Point of Contact (MVPOC) for the entire Alliance catchment area, as established by statute. The MVPOC is required to serve as a care coordination liaison for veterans and their families who qualify for services, and to educate staff and other stakeholders about the special needs of veterans. The Chief of Staff serves as the executive liaison to the Johnston site director.

Accomplishments for FY16

- 103 staff members attended the Project Management 101 classes conducted across all of Alliance’s offices and 25 students completed the 6 month project management class curriculum.
- 83 staff members attended the Business Process Improvement introduction classes across all Alliance office locations with 27 students that have registered for the BPR curriculum over the upcoming months.
- The Process Reengineering project for TCL/DOJ team helped in preparation for the DOJ audit and streamlined the end to end process including Supportive Employment and Tenancy Supports while clarifying roles and responsibilities for staff and providers.
- SPMO led the successful ICD10 conversion project which went live without issues on Oct 10th.
- The SPMO has successfully managed 25 projects so far sponsored by 16 distinct Alliance departments.
- Organizational branding campaign in multiple media developed and executed, resulting in 8% increase in brand awareness, 10+% increase in web traffic, and significant positive stakeholder feedback.
- SEO (Search Engine Optimization) analysis completed, including numerous website enhancements creating easier navigation, improved site search capacity and search engine search results, overall better user experience, and enhanced analytic capacity.
- Created social media plan and user guidelines and implemented polished organizational Facebook and LinkedIn presence; worked with key units across organization on using social media and email automation to meet their business goals.
- Completed production of high-quality Annual Report six weeks sooner than in 2015; made changes to core brochures to reflect changes in WakeBrook branding; ensure adequate supply of all materials
- Hired Communications Specialist with knowledge of public system and MCO experience.
- MVPOC successfully completed Mental Health First Aid training and is partnering with Community relations staff to serve communities.
- Progress made on implementation of Alliance's Military Veterans Plan.
- Strategic Plan implementation: of 30 original initiatives, 12 initiatives completed, 8 are in progress and on target, and 10 are pending with a 22% cross departmental staff participation in the work.
Summary of Goals and Objectives for FY17

- Recruit and hire additional Project Manager for SPMO.
- Identify funding for additional administrative support staff person.
- Focus on training and certification preparation for additional Project Management team.
- Funding for additional consultation and support from Zelos to ensure successful implementation of the Strategic Plan and other projects of high importance.
- Funding for ongoing consultation to improve business process reengineering projects
- Plan, manage and communicate strategic plan initiatives and other high impact cross departmental projects.
- Develop the SPMO into an internal consulting team.
- Increase skill mastery if project management principles and process reengineering methodologies across Alliance.
- Assist in identifying and addressing Business Process Re-engineering opportunities, aligning with strategic goals, to provide maximum effectiveness and efficiency, potentially utilizing external resources/consultants.
- Assist Executive Leadership Team with evaluation and research analysis for strategic opportunities.
- Develop and implement next stage of organizational branding based on outcome of consolidation/service area expansion.
- Continue to build social media/email automation program to meet identified business goals.
- Provide technical assistance in the creation of an organizational internal communications plan.
- Investigate a plan to increase organizational awareness of the importance of health literacy.
- Expand Alliance’s role as a leader in the state on Veteran’s issues by ongoing implementation of the Military Veterans Plan.
- Improve Alliance's performance on newly created Annual External review from previous EQRO and Mercer scores by 12%.
## General Fund Revenues

**FY2016-2017 Approved Budget**

**Total General Fund Revenues: $489,368,403**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Administrative funds</td>
<td>$369,836</td>
</tr>
<tr>
<td>LME Administrative funds</td>
<td>$4,359,385</td>
</tr>
<tr>
<td>Medicaid Administrative funds</td>
<td>$44,330,623</td>
</tr>
<tr>
<td>Medicaid Services &amp; Reserves</td>
<td>$348,220,800</td>
</tr>
<tr>
<td>Alliance Federal</td>
<td>$5,563,857</td>
</tr>
<tr>
<td>Durham State</td>
<td>$11,066,741</td>
</tr>
<tr>
<td>Durham Federal</td>
<td>$2,093,427</td>
</tr>
<tr>
<td>Durham County</td>
<td>$6,089,867</td>
</tr>
<tr>
<td>Wake State</td>
<td>$17,614,466</td>
</tr>
<tr>
<td>Wake Federal</td>
<td>$5,256,417</td>
</tr>
<tr>
<td>Wake County</td>
<td>$26,032,181</td>
</tr>
<tr>
<td>Cumberland State</td>
<td>$7,131,287</td>
</tr>
<tr>
<td>Cumberland Federal</td>
<td>$1,305,339</td>
</tr>
<tr>
<td>Cumberland County</td>
<td>$4,752,000</td>
</tr>
<tr>
<td>Johnston State</td>
<td>$4,293,829</td>
</tr>
<tr>
<td>Johnston Federal</td>
<td>$385,124</td>
</tr>
<tr>
<td>Grants</td>
<td>$403,224</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$100,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$489,368,403</strong></td>
</tr>
</tbody>
</table>
General Fund Revenues
FY2016-2017 Approved Budget
Total General Fund Revenues: $489,368,403

- Medicaid Services 71.15%
- County Administration 10.02%
- County 7.55%
- State Services 11.28%

- County
- Administration
- Medicaid Services
- State Services
### General Fund Expenditures
**FY2016-2017 Approved Budget**

**Total General Fund Expenditures: $489,368,403**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative</td>
<td>49,059,844</td>
</tr>
<tr>
<td>Medicaid Services</td>
<td>348,220,800</td>
</tr>
<tr>
<td>State Services</td>
<td>54,710,487</td>
</tr>
<tr>
<td>Local Services</td>
<td>36,874,048</td>
</tr>
<tr>
<td>Grants</td>
<td>403,224</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>100,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$ 489,368,403</strong></td>
</tr>
</tbody>
</table>
General Fund Expenditures
FY2016-2017 Approved Budget
Total General Fund Expenditures: $489,368,403

Services 89.97%
Administrative 10.03%
### Budget Comparison

<table>
<thead>
<tr>
<th></th>
<th>Budgeted Revenue</th>
<th>Budgeted Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FY16</td>
<td>FY17</td>
</tr>
<tr>
<td>Administrative</td>
<td>$ 52,049,443</td>
<td>$ 49,059,844</td>
</tr>
<tr>
<td>Medicaid Services</td>
<td>$ 372,401,144</td>
<td>$ 348,220,800</td>
</tr>
<tr>
<td>Alliance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal</td>
<td>$ 5,563,857</td>
<td>$ 5,563,857</td>
</tr>
<tr>
<td>Durham</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>$ 11,066,741</td>
<td>$ 11,066,741</td>
</tr>
<tr>
<td>Federal</td>
<td>2,093,427</td>
<td>2,093,427</td>
</tr>
<tr>
<td>County</td>
<td>6,594,828</td>
<td>6,089,867</td>
</tr>
<tr>
<td>Wake</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>$ 16,992,410</td>
<td>$ 17,614,466</td>
</tr>
<tr>
<td>Federal</td>
<td>5,256,417</td>
<td>5,256,417</td>
</tr>
<tr>
<td>County</td>
<td>24,947,181</td>
<td>26,032,181</td>
</tr>
<tr>
<td>Cumberland</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>$ 7,131,287</td>
<td>$ 7,131,287</td>
</tr>
<tr>
<td>Federal</td>
<td>1,305,339</td>
<td>1,305,339</td>
</tr>
<tr>
<td>County</td>
<td>4,752,000</td>
<td>4,752,000</td>
</tr>
<tr>
<td>Johnston</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>$ 4,293,829</td>
<td>$ 4,293,829</td>
</tr>
<tr>
<td>Federal</td>
<td>385,124</td>
<td>385,124</td>
</tr>
<tr>
<td>Grants</td>
<td>403,224</td>
<td>403,224</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>100,000</td>
<td>100,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$ 515,336,251</strong></td>
<td><strong>$ 489,368,403</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative</td>
<td>$ 52,049,443</td>
<td>$ 49,059,844</td>
</tr>
<tr>
<td>Medicaid Services</td>
<td>372,401,144</td>
<td>348,220,800</td>
</tr>
<tr>
<td>State &amp; Federal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Services</td>
<td>36,294,009</td>
<td>36,874,048</td>
</tr>
<tr>
<td>Grants</td>
<td>403,224</td>
<td>403,224</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>100,000</td>
<td>100,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$ 515,336,251</strong></td>
<td><strong>$ 489,368,403</strong></td>
</tr>
</tbody>
</table>

Administrative funding decreased by $2,989,599 and Medicaid service funding decreased by $24,180,344. The decrease is due to the reduction of our PMPM as well as the recognition of retro-active Medicaid payments in FY16 but not in FY17.

The state dollars for Wake were more by $622,056. This is due to an increase in the state inpatient bed contract with one of the local hospitals.

The county dollars for Wake were more by $1,085,000. This is due to Wake County agreeing to fund additional services within the county. The county dollars for Durham were less by $504,961. This is due to the County directly funding some of their judiciary services.
ANNUAL BUDGET ORDINANCE
ALLIANCE BEHAVIORAL HEALTHCARE
FY 2016 - 2017

WHEREAS, the proposed budget and budget message for FY 2016 - 2017 was submitted to the Alliance Behavioral Healthcare Area Board on May 5, 2016 by the Budget Officer; was filed with the Executive Secretary to the Board;

WHEREAS, on June 2, 2016, the Alliance Behavioral Healthcare Area Board held a public hearing pursuant to NC G.S. 159-12 prior to adopting the proposed budget;

BE IT ORDAINED by the Alliance Behavioral Healthcare Area Board that for the purpose of financing the operations of Alliance Behavioral Healthcare, for the fiscal year beginning July 1, 2016 and ending June 30, 2017, there is hereby appropriated funds the following by function:

Section 1: General Fund Appropriations

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>$49,059,844</td>
</tr>
<tr>
<td>Medicaid Services</td>
<td>$348,220,800</td>
</tr>
<tr>
<td>State Services</td>
<td>$54,710,487</td>
</tr>
<tr>
<td>Local Services</td>
<td>$36,874,048</td>
</tr>
<tr>
<td>Grants</td>
<td>$403,224</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$100,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$489,368,403</strong></td>
</tr>
</tbody>
</table>

Section 2: General Fund Revenue

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>$49,059,844</td>
</tr>
<tr>
<td>Medicaid Services</td>
<td>$348,220,800</td>
</tr>
<tr>
<td>State Services</td>
<td>$54,710,487</td>
</tr>
<tr>
<td>Local Services</td>
<td>$36,874,048</td>
</tr>
<tr>
<td>Grants</td>
<td>$403,224</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$100,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$489,368,403</strong></td>
</tr>
</tbody>
</table>

Section 3: Authorities

A. The LME/MCO Board authorizes the Budget Officer to transfer within an appropriation up to $100,000 cumulatively without report to the Board.

B. The LME/MCO Board authorizes the Budget Officer to transfer up to $100,000 between appropriations with a report to the Board at the subsequent meeting.

C. The CEO may enter into the following within budgeted funds:

1. Form and execute grant agreements within budgeted appropriations;
2. Execute leases for normal and routine business;
3. Enter into consultant, professional, maintenance, provider, or other service agreements;
4. Approve renewals for of contracts and leases;
5. Purchase of apparatus, supplies, materials or equipment and construction or repair work;
6. Reject any and all bids and re-advertise to receive bids.
Budget and Amendment Process

Overview
The purpose of the budget and amendment process is to ensure that public dollars are spent in the manner as intended and in an effort to meet the needs of the citizens in relation to mental health, intellectual/developmental disabilities, and substance abuse needs. Through the budget, Alliance Behavioral Healthcare aims to fulfill its mission as granted by NC G.S. 122-C.

Governing Statutes
Alliance Behavioral Healthcare abides by the North Carolina Local Government Budget and Fiscal Control Act. It is the legal framework in which all government agencies must conduct their budgetary processes. NC G.S. 159 provides the legislation which includes several key dates such as:

- 159-10 - By April 30, Departments must submit requests to the Budget Officer
- 159-11(b) - By June 1, the Recommended Budget must be submitted to the Board
- 159-12(b) - A public hearing must be held
- 159-13(a) - From 10 days after submitting to the Board, but by July 1, a balanced budget must be adopted

Budget Process
FY 2016-2017 is the fifth recommended budget representing Alliance Behavioral Healthcare as a multi-county Area Authority. The budget represents services for Cumberland, Durham, Johnston and Wake counties.

The administrative budget for this fiscal year was driven by our Per Member Per Month (PMPM) rate, FY17 projected costs, FTE positions, Department of Health and Human Services contract requirements, and costs related to the operating the Medicaid waiver.

The Medicaid service budget was created based on historical experience and projections into the next fiscal year. Alliance will review the need for a budget amendment in the first quarter of FY17 if the projection of lives has changed based on payments received.

The State and Local services budget was developed by gathering service information for each area based on the claims trends and information from staff. The FY17 allocations and benefit packages were reviewed and staff worked together to ensure all services were appropriately planned to be consistent with current services.

Amendment Process
The budget ordinance is approved at a function/appropriation level. The Budget Officer is authorized to transfer budget amounts within an appropriation up to $100,000 cumulatively without reporting to the Board. The Budget Officer is authorized to transfer budget amounts between functions up to $100,000 with an official report of such transfer being noted at the next regular Board meeting.

Per G.S. 159-15, the governing board may amend the budget ordinance at any time after the ordinance's adoption in any manner, so long as the ordinance, as amended, continues to satisfy the requirements of G.S. 159-8 and 159-13.
Budget Calendar

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday, May 5, 2016</td>
<td>FY 2016-2017 recommended budget presented at LME/MCO Board meeting</td>
</tr>
<tr>
<td>By Friday, May 13, 2016</td>
<td>Notice of June 2, 2016 Public Hearing published</td>
</tr>
<tr>
<td>Thursday, June 2, 2016</td>
<td>Public Hearing</td>
</tr>
<tr>
<td>By Friday, June 24, 2016</td>
<td>LME/MCO Board adoption of FY 2016-2017 Budget Ordinance</td>
</tr>
<tr>
<td>Friday, July 1, 2016</td>
<td>Budget is available in the General Ledger system</td>
</tr>
</tbody>
</table>

Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>LME</td>
<td>Per G.S. 122C-3(20b), Local Management Entity or LME means an area authority, county program, or consolidated human services agency. It is a collective term that refers to functional responsibilities rather than governance structure.</td>
</tr>
<tr>
<td>MCO</td>
<td>Managed Care Organization; LMEs that have adopted the financial risk and service review functions of the 1915(b) and 1915(c) waivers. LME-MCOs carry out the function of an LME and also act as health plans that provide health care in return for a predetermined monthly fee and coordinate care through a defined network of providers, physicians and hospitals.</td>
</tr>
<tr>
<td>Medicaid Waiver</td>
<td>States can submit applications to the federal Centers for Medicare and Medicaid Services, asking to be exempt from certain requirements. If granted a “1915(b)” waiver, a state can limit the number of providers allowed to serve consumers, easing the state’s administrative burden and saving money. If granted a “1915(c)” waiver, a state can offer more services focused on helping an intellectually or developmentally disabled consumer continue living in his or her home, rather than a group home.</td>
</tr>
</tbody>
</table>
Summary of Changes
Recommended to Approve

• Approved Budget represents ($2.6m) decrease
  • Medicaid: ($2.9m)
  • County Services: $580k
  • Administrative: ($365k)

• Medicaid decreased due to a decrease in PMPM related to the postponement of the resource allocation services.

• Wake County increased funding for services by $1.1m; Durham County will directly fund some of their judiciary services resulting in a decrease of $510k.

• Total Administrative dollars decreased by $365k. County Admin increase by $6k, while Medicaid went down by $371k due to the reduced PMPM.
## FY17 Budget Comparison

<table>
<thead>
<tr>
<th>FY17 Budget</th>
<th>Approved</th>
<th>Recommended</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Administrative</td>
<td>$369,836</td>
<td>$364,086</td>
<td>$5,750</td>
</tr>
<tr>
<td>LME Allocation</td>
<td>4,359,385</td>
<td>4,359,385</td>
<td>-</td>
</tr>
<tr>
<td>Medicaid Administrative</td>
<td>44,330,623</td>
<td>44,701,760</td>
<td>(371,137)</td>
</tr>
<tr>
<td><strong>Total Admin Revenue</strong></td>
<td><strong>$49,059,844</strong></td>
<td><strong>$49,425,231</strong></td>
<td><strong>($365,387)</strong></td>
</tr>
<tr>
<td>Medicaid Services</td>
<td>348,220,800</td>
<td>351,149,760</td>
<td>(2,928,960)</td>
</tr>
<tr>
<td>NonMedicaid Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal</td>
<td>14,604,164</td>
<td>14,604,164</td>
<td>-</td>
</tr>
<tr>
<td>State</td>
<td>40,106,323</td>
<td>40,106,323</td>
<td>-</td>
</tr>
<tr>
<td>County</td>
<td>36,874,048</td>
<td>36,294,009</td>
<td>580,039</td>
</tr>
<tr>
<td>Grants</td>
<td>403,224</td>
<td>403,224</td>
<td>-</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>100,000</td>
<td>100,000</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Service Revenue</strong></td>
<td><strong>$440,308,559</strong></td>
<td><strong>$442,557,480</strong></td>
<td><strong>($2,248,921)</strong></td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td><strong>$489,368,403</strong></td>
<td><strong>$491,982,711</strong></td>
<td><strong>($2,614,308)</strong></td>
</tr>
<tr>
<td><strong>Expenditures</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative</td>
<td>$49,059,844</td>
<td>$49,425,231</td>
<td>($365,387)</td>
</tr>
<tr>
<td>Medicaid Services</td>
<td>348,220,800</td>
<td>351,149,760</td>
<td>(2,928,960)</td>
</tr>
<tr>
<td>Federal Services</td>
<td>14,604,164</td>
<td>14,604,164</td>
<td>-</td>
</tr>
<tr>
<td>State Services</td>
<td>40,106,323</td>
<td>40,106,323</td>
<td>-</td>
</tr>
<tr>
<td>County Services</td>
<td>36,874,048</td>
<td>36,294,009</td>
<td>580,039</td>
</tr>
<tr>
<td>Grant Services</td>
<td>403,224</td>
<td>403,224</td>
<td>-</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>100,000</td>
<td>100,000</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Expenditures</strong></td>
<td><strong>$489,368,403</strong></td>
<td><strong>$491,982,711</strong></td>
<td><strong>($2,614,308)</strong></td>
</tr>
</tbody>
</table>
ITEM:  Proposal to Cancel the July 7, 2016, Board Meeting

DATE OF BOARD MEETING:  June 2, 2016

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

The matter is placed before the Board for a vote on whether the Board would like to cancel the July 2016 regularly scheduled meeting. If canceled, the proper notice shall be published by the Executive Secretary of the Board.

REQUEST FOR BOARD ACTION:
Consider meeting schedule and determine if the Board will meet on July 7, 2016.

CEO RECOMMENDATION:
Consider meeting schedule and determine if the Board will meet on July 7, 2016.

RESOURCE PERSON(S):
Robert Robinson, CEO
2016 Board/Board Committee Meetings

December

November

October

September

August

July

June

May

April

March

February

January

Board/Board Committee Meeting
Human Rights Committee
Network Development and Services Committee
Executive Committee
Quality Management Committee
Finance Committee
Board Meeting
Network Development and Services Committee
Policy Committee
Executive Committee
Quality Management Committee
County Commissioner Advisory Committee
Finance Committee
Board Meeting
Network Development and Services Committee
Executive Committee
Annual Budget Retreat
Finance Committee
Board Meeting
Network Development and Services Committee
Human Rights Committee
Executive Committee
Quality Management Committee
Finance Committee
Board Meeting
Network Development and Services Committee
Policy Committee
Executive Committee
Quality Management Committee
County Commissioner Advisory Committee
Finance Committee
Board Meeting
Network Development and Services Committee
Executive Committee
Finance Committee
Board Meeting
Network Development and Services Committee
Executive Committee
Human Rights Committee
Quality Management Committee
Finance Committee
Board Meeting
Network Development and Services Committee
Policy Committee
Executive Committee
Quality Management Committee
County Commissioner Advisory Committee
Finance Committee
Board Meeting
Network Development and Services Committee
Executive Committee
Quality Management Committee
Finance Committee
Board Meeting
Network Development and Services Committee
Executive Committee
Human Rights Committee
Quality Management Committee
Finance Committee
Board Meeting
Network Development and Services Committee
Policy Committee
Executive Committee
Quality Management Committee
County Commissioner Advisory Committee
Finance Committee
Board Meeting
Network Development and Services Committee
Executive Committee

Date

Time

1/14/2016
1/13/2016
1/19/2016
2/4/2016
2/4/2016
2/4/2016
2/10/2016
2/11/2016
2/16/2016
3/3/2016
3/3/2016
3/3/2016
3/3/2016
3/9/2016
3/15/2016
3/29/2016
4/7/2016
4/7/2016
4/13/2016
4/14/2016
4/19/2016
5/5/2016
5/5/2016
5/5/2016
5/11/2016
5/12/2016
5/17/2016
6/2/2016
6/2/2016
6/2/2016
6/2/2016
6/8/2016
6/21/2016
7/7/2016*
7/7/2016*
7/13/2016
7/19/2016
7/14/2016
8/4/2016
8/4/2016
8/4/2016
8/10/2016
8/11/2016
8/16/2016
9/1/2016*
9/1/2016*
9/1/2016*
9/1/2016*
9/14/2016
9/20/2016
10/6/2016
10/6/2016
10/6/2016
10/12/2016
10/18/2016
10/13/2016
11/3/2016
11/3/2016
11/3/2016
11/9/2016
11/10/2016
11/15/2016
12/1/2016
12/1/2016
12/1/2016
12/1/2016
12/14/2016
12/20/2016

4:00-5:30 pm
4:00-5:00 pm
4:00-6:00 pm
2:00-3:30pm
3:00-4:00 pm
4:00-6:00 pm
4:00-5:00 pm
4:00-6:00 pm
4:00-6:00 pm
2:00-3:30pm
3:00-4:00 pm
3:00-4:00 pm
4:00-6:00 pm
4:00-5:00 pm
4:00-6:00 pm
12:30-4:00 pm
3:00-4:00 pm
4:00-6:00 pm
4:00-5:00 pm
4:00-5:30 pm
4:00-6:00 pm
2:00-3:30pm
3:00-4:00 pm
4:00-6:00 pm
4:00-5:00 pm
4:00-6:00 pm
4:00-6:00 pm
2:00-3:30pm
3:00-4:00 pm
3:00-4:00 pm
4:00-6:00 pm
4:00-5:00 pm
4:00-6:00 pm
3:00-4:00 pm
4:00-6:00 pm
4:00-5:00 pm
4:00-6:00 pm
4:00-5:30 pm
2:00-3:30pm
3:00-4:00 pm
4:00-6:00 pm
4:00-5:00 pm
4:00-6:00 pm
4:00-6:00 pm
2:00-3:30pm
3:00-4:00 pm
3:00-4:00 pm
4:00-6:00 pm
4:00-5:00 pm
4:00-6:00 pm
2:00-3:30pm
3:00-4:00 pm
4:00-6:00 pm
4:00-5:00 pm
4:00-6:00 pm
4:00-5:30 pm
2:00-3:30pm
3:00-4:00 pm
4:00-6:00 pm
4:00-5:00 pm
4:00-6:00 pm
4:00-6:00 pm
2:00-3:30pm
3:00-4:00 pm
3:00-4:00 pm
4:00-6:00 pm
4:00-5:00 pm
4:00-6:00 pm

Location
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Wake Site: 5000 Falls of Neuse Road, Raleigh, NC 27609
Wake Site: 5000 Falls of Neuse Road, Raleigh, NC 27609
Wake Site: 5000 Falls of Neuse Road, Raleigh, NC 27609
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Johnston Site: 521 N. Brightleaf Boulevard, Smithfield, NC 27577
Johnston Site: 521 N. Brightleaf Boulevard, Smithfield, NC 27577
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Durham Site: 414 E. Main Street, Durham, NC 27701
Durham Site: 414 E. Main Street, Durham, NC 27701
Durham Site: 414 E. Main Street, Durham, NC 27701
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Cumberland Site: 711 Executive Place, Fayetteville, NC 28305
Cumberland Site: 711 Executive Place, Fayetteville, NC 28305
Cumberland Site: 711 Executive Place, Fayetteville, NC 28305
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703
Corporate Site: 4600 Emperor Boulevard, Suite 200, Durham, NC 27703

*Meeting is scheduled near a holiday; it may be cancelled or rescheduled. Current information can be found at www.alliancebhc.org/about-alliance/board.
**Audit and Compliance Committee meetings will be posted on Alliance's website.

Key:
Audit and Compliance Committee Meetings**
County Commissioners Advisory Committee Meetings
Executive Committee Meetings
Finance Committee Meetings

Page 266 of 267

Human Rights Committee Meetings
Monthly Area Board Meetings
Network Development and Services Committee Meetings
Policy Committee Meetings
Quality Management Committee Meetings


ITEM: Election of FY17 Board Officers: Chairperson and Vice-Chairperson

DATE OF BOARD MEETING: June 2, 2016

BACKGROUND:
As stated in the by-laws officers of the Area Board shall be chosen for a one-year term at the final meeting of the fiscal year in which the Area Board is serving, and shall be as follows: Chairperson and Vice-Chairperson.

With the exception of the position of Executive Secretary (which shall be filled by the Area Director/CEO), no officer shall serve in a particular office for more than two consecutive terms. Each Area Board member shall be eligible to serve as an officer. Duties of officers shall be as follows:

- Chairperson – this officer shall preside at all meetings and generally perform the duties of a presiding officer. The Chairperson shall appoint all Area Board committees.
- Vice Chairperson – this officer shall be familiar with the duties of the Chairperson and be prepared to serve or preside at any meeting on any occasion where the Chairperson is unable to perform his/her duties.
- Executive Secretary – The Area Director/CEO (or his/her designee) shall serve as the Executive Secretary. The Area Director/CEO shall not be an official member of the Area Board nor have a vote. As Executive Secretary, the Area Director/CEO shall:
  o Send Area Board packets of information.
  o Maintain a true and accurate account of all proceedings at Area Board meetings.
  o Maintain custody of Area Board minutes and other records.
  o Notify the County Commissioners of any vacancies on the Area Board or attendance compliance issues.

Nominations will be presented and Board members will elect officers at the June 2, 2016, Board meeting.

REQUEST FOR AREA BOARD ACTION:
Elect Chairperson and Vice-Chairperson.

CEO RECOMMENDATION:
Elect Chairperson and Vice-Chairperson.

RESOURCE PERSON(S):
Robert Robinson, CEO