Thursday, August 02, 2018

AREA BOARD REGULAR MEETING
711 Executive Place, Fayetteville, NC 28305
4:00-6:00 p.m.

MEMBERS PRESENT: MEMBERS PRESENT: ☒Glenn Adams, Cumberland County Commissioner, JD, ☒Cynthia Binanay, Chair, MA, BSN, ☒Christopher Bostock, BSIM, ☐Heidi Carter, Durham County Commissioner, MPH, MS, ☒George Corvin, Vice-Chair, MD, ☒David Curro, BS, ☒Greg Ford, Wake County Commissioner, MA, ☐Lodies Gloston, MA, ☐Duane Holder, MPA, ☐Curtis Massey, JD, ☒Donald McDonald, MSW (via phone), ☒Gino Pazzaglini, MSW, ☒Pam Silberman, JD, DrPH, ☐Lascel Webley, Jr., MBA, MHA (via phone; exited at 6:05 pm), and ☐McKinley Wooten, Jr., JD

GUEST(S) PRESENT: Jackie Blue, Cumberland CFAC; Denise Foreman, Wake County Manager’s Office (via phone); Yvonne French, NC DHHS/DMH; Mary Hutchings, Wake County Finance Department (via phone); and Sally Shutt, Cumberland County Manager’s Office

ALLIANCE STAFF PRESENT: Michael Bollini, Executive Vice-President/Chief Operating Officer; Hank Debnam, Cumberland Site Director/Veterans Point of Contact; Terrasine Gardner, Community Relations Manager; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Nathania Headley, Project Manager; Veronica Ingram, Executive Assistant II; Ann Oshel, Senior Vice-President/Community Relations; Briana Parkins, I/DD Care Coordination Supervisor; Carlotta Ray, MH/SUD Care Coordination Supervisor; Laressa Whitt, Community Education Specialist; Sara Wilson, Government Relations Director; Carol Wolff, General Counsel; and Doug Wright, Director of Individual and Family Affairs

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

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Announcements</td>
<td>Chair Binanay mentioned the fifth anniversary of the merger with Alliance and the Cumberland LME (local management entity). Mr. Robinson congratulated Hank Debnam on his work in this field and his pending retirement; Mr. Robinson expressed appreciation for staff at Alliance’s Cumberland office.</td>
</tr>
<tr>
<td></td>
<td>Mr. Bostock and Ms. Gloston thanked board members for traveling to Cumberland County for this meeting; they also presented gifts from Cumberland County. Commissioner Adams introduced guests from the Cumberland community.</td>
</tr>
<tr>
<td></td>
<td>Chair Binanay shared that James Edgerton resigned from the Board effective August 1, 2018; she expressed appreciation for his service on the board and mentioned that he received his commemorative plaque for board service.</td>
</tr>
<tr>
<td></td>
<td>Next, Chair Binanay directed Board members to update their contact information with Ms. Ingram.</td>
</tr>
<tr>
<td></td>
<td>Mr. Robinson mentioned that Alliance is not renewing its lease for its current location in Wake County; many staff in that location will work out of the new home office, some will work mostly within the community, and some will occasionally work at a new smaller location for meetings with families.</td>
</tr>
<tr>
<td>3. Agenda Adjustments</td>
<td>There were no adjustments to the agenda.</td>
</tr>
<tr>
<td>4. Public Comment</td>
<td>There were no public comments.</td>
</tr>
</tbody>
</table>
### AGENDA ITEMS:

<table>
<thead>
<tr>
<th>DISCUSSION:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5. Committee Reports</strong></td>
<td></td>
</tr>
<tr>
<td>A. Consumer and Family Advisory Committee – page 5</td>
<td>The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Durham, Wake, Cumberland or Johnston Counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services. This month’s report included draft minutes from the July Wake and Durham subcommittee meetings.</td>
</tr>
<tr>
<td>David Curro, CFAC Chair, presented the report. Mr. Curro mentioned that Lotta Fisher, Cumberland CFAC Chair, is deceased and extended condolences. He also mentioned that the Johnston CFAC subcommittee will be forwarding minutes as part of future CFAC reports. Additionally, Mr. Curro mentioned a recent petition to fully fund the Innovations Waiver that will be forwarded to legislators; he will send the petition link to board members.</td>
<td></td>
</tr>
<tr>
<td>As Board Quality Committee Chair, Mr. Curro encouraged board members to complete the board surveys and mentioned how their input can increase the board’s efficacy.</td>
<td></td>
</tr>
<tr>
<td><strong>BOARD ACTION</strong></td>
<td>The Board received the report; the Committee report is attached to and made part of these minutes.</td>
</tr>
<tr>
<td>B. Finance Committee – page 39</td>
<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 June 7, 2018, meeting, the Summary of Savings/ (Loss) by Funding Source, Statement of Revenue and Expenses (budget to actual) report, and ratios for the period ending May 31, 2018.</td>
</tr>
<tr>
<td>Christopher Bostock, Committee Chair, presented the report. Mr. Bostock mentioned that revenues exceeded expenditures due to reduction in State Single Stream funding. The State mandated ratios were met. He mentioned that the Finance Committee recommends approval of agenda item 6H: LS3P Contract Amendment; these funds are part of the current reinvestment plan and per policy G-10: Delegation of Authority to the Chief Executive Officer, require review by the Finance Committee before they are presented to the Board for approval. Additionally, Mr. Bostock mentioned additional items for upcoming Finance Committee reports.</td>
<td></td>
</tr>
<tr>
<td><strong>BOARD ACTION</strong></td>
<td>The Board received the report; the Committee report is attached to and made part of these minutes.</td>
</tr>
</tbody>
</table>
### AGENDA ITEMS:

<table>
<thead>
<tr>
<th>6. Consent Agenda</th>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Draft Minutes from June 7, 2018, Regular Board Meeting – page 47</td>
<td>The consent agenda was sent as part of the Board packet. There were no comments or discussion about the consent agenda.</td>
</tr>
<tr>
<td>B. Draft Minutes from June 29, 2018, Special Board Meeting – page 56</td>
<td></td>
</tr>
<tr>
<td>C. County Commissioners Advisory Board Report - 59</td>
<td></td>
</tr>
<tr>
<td>D. Executive Committee Report – page 63</td>
<td></td>
</tr>
<tr>
<td>E. Human Rights Committee Report – page 67</td>
<td></td>
</tr>
<tr>
<td>F. Network Development and Services Committee Report – page 107</td>
<td></td>
</tr>
<tr>
<td>G. Quality Management Committee Report – page 133</td>
<td></td>
</tr>
<tr>
<td>H. LS3P Contract Amendment #2 – page 181</td>
<td></td>
</tr>
</tbody>
</table>

**BOARD ACTION**

A motion was made by Mr. Wooten to approve the consent agenda; motion seconded by Vice-Chair Corvin. Motion passed unanimously.

| 7. Training/ Presentation: Moving from Homeless to Housing and Beyond – page 182 | Ann Oshel, Senior Vice-President/Community Relations, presented information on homelessness and two examples of supportive housing programs Alliance has implemented. Ms. Oshel provided definitions of homelessness, a brief overview of the types of services available, and the current number of people Alliance serves who are homeless, including how this data is calculated. Additionally, Ms. Oshel provided an overview of Alliance’s health and housing program with Duke Health Systems and Resources for Human Development, and a bridge housing program at Harrington Place. |

**BOARD ACTION**

The Board accepted the training/presentation; it is attached to and made part of these minutes.

| 8. Legislative Update – page 194 | Sara Wilson, Government Relations Director, provided an update of House Bill 403, legislation recently signed into law that amends NC’s Medicaid Transformation law to authorize integration of behavioral health services into Standard Plans and create BH I/DD (behavioral health, intellectual/developmental disabilities) Tailored Plans. |

The Board reviewed the current timeline, how these changes impact the structure of the managed care system, and the potential impact on the people Alliance currently serves, particularly when transitioning to the Standard Plan. The Board discussed next steps including project planning and a timeline for making decisions.

**BOARD ACTION**

The Board accepted the update.

| 9. Chair’s Report | Chair Binanay reminded Board members of the previous process to review the CEO, where the Board’s Executive Committee provided preliminary review and developed recommendations. Board members discussed this process. |

**BOARD ACTION**

A motion was made by Mr. Curro to appoint the Executive Committee as the FY19 ad hoc committee to provide preliminary review of the CEO and make recommendations to the Board; motion seconded by Ms. Gloston. Motion passed unanimously.
### AGENDA ITEMS:

<table>
<thead>
<tr>
<th>ITEM</th>
<th>DISCUSSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.</td>
<td>Closed Session(s)</td>
</tr>
<tr>
<td></td>
<td><strong>BOARD ACTION</strong></td>
</tr>
<tr>
<td></td>
<td>A motion was made by Mr. McKinley Wooten to enter closed session pursuant to NCGS 143-318.11 (a) (1) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1; motion seconded by Mr. Pazzaglini. Motion passed unanimously.</td>
</tr>
<tr>
<td></td>
<td>The Board returned to open session.</td>
</tr>
<tr>
<td>11.</td>
<td>Adjournment</td>
</tr>
<tr>
<td></td>
<td>With all business being completed the meeting adjourned at 7:03 p.m.</td>
</tr>
</tbody>
</table>

**Next Board Meeting:**

Thursday, September 06, 2018

4:00 – 6:00 pm

---

Robert Robinson, Chief Executive Officer

Date Approved: 9/6/2018
ITEM: Consumer and Family Advisory Committee (CFAC) Report

DATE OF BOARD MEETING: August 2, 2018

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

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

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

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

REQUEST FOR AREA BOARD ACTION: Receive draft minutes and documents from the July Wake and Durham subcommittee meetings; receive draft minutes and documents from the June Cumberland subcommittee meeting. Our Steering Committee did not meet in July; the next meeting will be August 6 and in-person.

CEO RECOMMENDATION: Receive the report.

RESOURCE PERSON(S): Dave Curro, CFAC Chair; Doug Wright, Director of Individual and Family Affairs.
**MEMBERS PRESENT:** ☑ Steve Hill, ☐ Tammy Harrington, ☐ Joe Kilsheimer, ☐ James Henry, ☐ Latasha Jordan, ☑ Dave Curro, ☑ Kyle Reece, ☑ Trulia Miles, ☑ Brenda Solomon

**GUEST(S) PRESENT:** ☑ Chris Dale, ☐ Dan Shaw, ☑ Susan Hertz

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

---

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

1. **WELCOME AND INTRODUCTIONS**

2. **REVIEW OF THE MINUTES:** Accepted as is.

---

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Comments</td>
<td>Dave Curro announced that Dan Shaw and Tammy Harrington are now married. Congratulations 😊</td>
<td>Ongoing</td>
<td>N/A</td>
</tr>
</tbody>
</table>
| Interest in Membership/Outreach | Chris Dale has been voted in as a member of the Durham CFAC Subcommittee.  
Steve Hill mentioned that James Henry, Latasha Jordan, and Kyle Reece have been absent for several meetings and that he would conduct an outreach effort to get them re-engaged in CFAC. | Ongoing/ Update on Next meeting in August. | 30 Days |
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs &amp; Gaps</td>
<td>Doug handed out the current combined list of all counties in our catchment area on the needs and gaps for 2018.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Alcohol Awareness Training</td>
<td>Ramona went over the PowerPoint presentation on Alcohol Awareness Training. Members engaged in conversation about the information received.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>LME/MCO Updates</td>
<td>Doug went over the HB403 update:</td>
<td>Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>NC General Assembly on June 15, 2018, passed House Bill 403, legislation to modify the State's Medicaid Transformation law. Notably, the new bill creates a pathway for LME/MCOs to establish and operate Behavioral Health and IDD Tailored Plans under North Carolina Medicaid Transformation. These BH IDD Tailored Plans are managed care health plans specifically designed to serve the complex needs of individuals with significant behavioral health disorders, intellectual and developmental disabilities, substance use disorders, and traumatic brain injury – populations LME/MCOs have long served. HB403 enables LME/MCOs to play a lead role in implementing the State's proposal to integrate behavioral health and physical health services to best serve the needs of these individuals.</td>
<td>Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Upon becoming law (the bill was presented to the Governor on June 15th), HB403 will modify North Carolina’s Medicaid Transformation law to establish and create parameters for BH IDD Tailored Plans. The legislation provides that LME/MCOs will be the sole entities operating BH IDD Tailored Plans during the plans’ initial four-year contract term. LME/MCOs desiring to operate a BH IDD Tailored Plan must apply to the North Carolina Department of Health and Human Services and pass a comprehensive readiness review. HB403 requires LME/MCOs</td>
<td>Ongoing</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>selected to operate BH IDD Tailored Plans to partner with a commercial plan or provider-led entity to integrate behavioral and physical health services. This legislation defines the services and populations covered by BH IDD Tailored Plans and requires DHHS to present a detailed plan for their implementation to the General Assembly by June 22, 2018.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The DHHS (Department of Health and Human Services) has published a Plan for Implementation of Behavioral Health and Intellectual/Developmental Disability Tailored Plans. It can be accessed by going to the DHHS website: <a href="https://www.ncdhhs.gov/medicaid-transformation">https://www.ncdhhs.gov/medicaid-transformation</a> Click on the link: Read the JLOC report.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doug also encouraged everyone to read the report and think about the measurable outcomes.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Event Planning</td>
<td>Ramona went over information on the Recovery Community of Durham’s event “Durham Celebrated Recovery” that will take place on 09.08.2018 from 2-6pm @ Durham Central Park.</td>
<td>Ramona updated the group on status of CFAC t-shirts. She has requested a CFAC logo and is awaiting the samples to present to the group.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>• Keynote speakers are needed to talk about Recovery and what it means to them. (10 minutes)</td>
<td>• A Family is desired to speak on what personal growth and change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Next meeting is 07.18.2018 from 3-430pm @ Wellness City- 401 E Lakewood Ave Durham NC, 27707</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### AGENDA ITEMS:

<table>
<thead>
<tr>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ramona also read to the group the Durham Subcommittee Summary for the 2017 CFAC Annual Report. Members are asked to email Ramona @ <a href="mailto:rbranch@alliancebhc.org">rbranch@alliancebhc.org</a> if they would like to add any additional comments on this summary. Please do so by Friday 07.13.2018.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Announcements/Opportunities</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

5. **ADJOURNMENT:**

7:15pm
MEMBERS PRESENT: Megan Mason, Israel Pattison, Greg Schweitzer, Annette Smith, Ben Smith, Carole Johnson, and Faye Griffin  
GUEST(S) PRESENT: Karen McKinnon, CJ Lewis, Connie King Jerome, Doug Wright, and Stacy Guse

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

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES Moved by Israel and seconded by Megan 5:37 pm. Approved unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Comments</td>
<td>Israel brought up the concerns for homeless children.</td>
<td>TBD</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Israel also stressed the concern for those with special needs and the gaps within the system and how CFAC can help bring attention to those gaps.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needs and Gaps</td>
<td>Review of Needs and Gaps summary for Carlyle. Doug reviewed the document compiled from each of the individual County CFACs and expressed the importance of the Needs and Gaps and how it drives Alliance’s direction.</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>LME/MCO Updates</td>
<td>Legislative passed HB403 – Tailored Plans Update: Doug discussed that HB 403 has passed. HB 403 is modifying the Medicaid transformation and allowing only MCOs to morph into tailored plans. Two different types of plans: standard and tailored plans. Doug states that we will be required to partner with commercial providers for the individual in the standard plans. Annette asked about ISP for the individuals, she was told there will be 3 different plans and the individuals will have to choose from those plans. Doug was not aware of this change and will find out about any changes and will inform the Wake CFAC. Doug stressed the ISP plans will not be affected by the HB 403</td>
<td>Further discussion next Wake CFAC meeting August 13, 2018</td>
<td>August 13, 2018</td>
</tr>
</tbody>
</table>
**AGENDA ITEMS:**

<table>
<thead>
<tr>
<th>Event Planning for Wake CFAC Annual Event</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DISCUSSION:</strong></td>
</tr>
</tbody>
</table>
| 1. Need to Plan a Wake event-  
  • Stacy will meet with Wake Chair Carole Johnson to start planning the Wake event at Crossroads Fellowship church. | Further discussion next Wake CFAC meeting August 13, 2018, Stacy and Carole will meet before the meeting. | August 13, 2018 |
| 2. Who will man a table at RCNC Recovery Rally Oct 7th  
  Stacy will set up the table and will check in accordingly?  Stacy will provide enough information to CFAC volunteers.  Stacy will have business cards available to those who needs additional assistance.  
  • Ben and Annette Smith will 12-2 shift.  
  • Connie will cover the 10-12. | Stacy will send out CFAC welcome and stipend documents. | 2 weeks |

<table>
<thead>
<tr>
<th>Elections</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DISCUSSION:</strong></td>
</tr>
</tbody>
</table>
| • Welcome Megan Mason as a newly elected member.  
  • Two new members elected: Karen McKinnon and Connie King Jerome | Stacy will send out CFAC welcome and stipend documents. | August 13, 2018 |

<table>
<thead>
<tr>
<th>Wake County Committee Charter/Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DISCUSSION:</strong></td>
</tr>
</tbody>
</table>
| • Discuss priorities for Wake CFAC and the upcoming year. Doug explained the purpose of CFAC and how the committees advise Alliance Behavioral Healthcare to understand and meet the needs in our communities.  
  • Israel asked if his tenure at Wake CFAC is over since it has been 3 years. | • Ongoing discussion  
  • Doug will check out and contact Israel | August 13, 2018 |

<table>
<thead>
<tr>
<th>Training: Suicide Prevention and Depression for youth</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DISCUSSION:</strong></td>
</tr>
<tr>
<td>Stacy provided handouts of the training and wasn’t able to go over the training due to time constraints.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Announcements/Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DISCUSSION:</strong></td>
</tr>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

5. **ADJOURNMENT** Israel motioned and Megan seconded at 7:02 pm. 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></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Johnston County

- Transportation Services (JCAT) – doesn’t work well
- MAT clinics hours of operation are limited.
- Employment – job training, employer training (NCBLN)
- Resources in school system
- Medicaid services in the school system
- Pre-school age services
- Detoxification in Johnston County
- Housing – accessible, affordable, senior
- I/DD group Living
- Day Treatment – I/DD, MH
- Summer Camps – autism (affordable)
- Stigma Reduction
- Pediatric I/DD beds

Durham County

- This should not cost much but represents a mental health policy issue: assuring that people in detention or jail have immediate access to all their prescribed meds. And that all first responders receive CIT training
- I think there are a fair number of teens and young adults who have insurance and can’t afford the weekly co-pay for therapy or for medications, yet they are in families that earn too much to qualify for Medicaid. There’s a big gap in the middle class.
- There is a lack of training for Professional and effective resources/services for consumers whose cognitive functioning is low enough to interfere in their ability to benefit from traditional psychiatric approaches but whose IQ not low enough to qualify for IDD.
- Many IDD approaches/techniques would be beneficial to this significant group of people.
- They cannot access these more effective approaches because their IQ too high for IDD making them a square peg in the MH system which does not have the ability to serve them or often even to recognize why their approach is failing.
- Affordable, Supportive Housing
- Appropriate support for individuals that reside in group homes with mental health and low cognitive functioning
- Jail bridging in communities
- Transportation
- Supportive Employment
- Transition Services for High School aged individuals
- LGBTQ Services (*designation of service providers)
• Case Management support for families (* paid or volunteered support group)
• Online Support Group
• Alliance App
• Group Home Oversight

**Wake County**

• Housing
• Resources
• Affordable internet
• Accessible alternatives to on-line forms
• Staff shortages – Direct Care workers
• After Hours Emergency Transportation
• Crisis services
• More I/DD providers – many have waiting lists
• Urgent Care
• Direct care workers receive higher living wages.

**Cumberland County**

Needs:

• Cumberland County is in need of more community outreach to inform the public of the resources and services available for Medicaid recipients, uninsured and underinsured. Brochures should be more wide spread in places such as welcome centers, bus terminals, etc.
• There needs to be more collaboration with Cumberland County schools so that the school and Alliance can work together to make sure that the Innovations Waiver is being discussed in the early grades if needed. There also needs to be more discussion about the services available for individuals in the I/DD population during after school hours as well as once a young person graduates.
• More collaboration with school administration in regards to mental health, substance use, and I/DD in general so that the schools can be as impactful as possible, build a relationship with those in the mental health community, and be able to give parents information needed.
• Transportation options for individuals not on the bus line and in rural areas.
• More programing for youth in the community such as back pack buddies.
• More Training in Crisis situations for youth with challenges in the school system and public.

**Gaps**

• Transportation services in all of Cumberland County for mental health needs and services
• Collaboration between the school system and mental health when it comes to the Innovations Waiver and services available for the I/DD population.
• Information availability to the public about Alliance in a way that can be understood by the majority of the community.
• Training for the community and schools to assist in crisis of individuals with mental health challenges.
• Programing for youth.
Alcohol Awareness:
An Orientation
Alcohol Facts

- The most commonly used addictive substance in the United States
  - 17.6 million people (1 in 12 adults) suffer from alcohol abuse or dependence
  - Millions more engage in risky binge drinking patterns that could lead to alcohol problems

- Alcoholism is the third leading lifestyle-related cause of death in the nation
Alcohol Facts

• Long-term use can cause serious health complications, affecting every organ

• Up to 40% of U.S. hospital beds used to treat alcohol-related health conditions

• Can damage emotional stability, finances, career, and personal relationships

• Underage use is more likely to kill young people than all illegal drugs combined
Alcohol’s Effect

• Alcohol is a central nervous system depressant

• Rapidly absorbed and circulated throughout the body, including the brain

• “Getting drunk” results from drinking more alcohol than the body can break down
Alcohol’s Effect

• Factors effecting how people react to alcohol
  o Age, gender, race or ethnicity
  o Physical condition (weight, fitness level)
  o Amount of food eaten before drinking alcohol
  o How quickly alcohol is consumed
  o Use of other drugs
  o Family history of alcohol problems.
Alcohol-Related Problems

• Dementia, stroke and neuropathy
• Cardiovascular problems, including hypertension
• Psychiatric problems, including depression, anxiety and suicide
• Social problems, including unemployment, family problems, child maltreatment, fights and homicide
Alcohol-Related Problems

- Unintentional accidents and injuries
- Increased risk for many kinds of cancer
- Liver diseases, including cirrhosis
- Gastrointestinal problems, including pancreatitis and gastritis
- Alcohol abuse or dependence – alcoholism
Understanding Alcohol Intake

• A standard alcohol drink contains about 14 grams of pure alcohol (0.6 ounces)
  o 12 ounces beer or cooler
  o 8 ounces malt liquor
  o 5 ounces of wine
  o 1.5 ounces or “shot” of distilled spirits

• What matters is the amount of alcohol consumed, not the type of alcoholic drink
Alcohol Intoxication is Dangerous

• Impaired brain function results in loss of balance, coordination and motor skills, poor judgment, reduced reaction time

• Causes dilation of blood vessels resulting in rapid loss of body heat

• Damage to a developing fetus if consumed by a pregnant women

• Increased risk of disease and other injuries
Dangers of Binge Drinking

• Drinkers who mix alcohol with energy drinks are three times more likely to binge drink

• One in six adults binge drinks four times a month

• More common among young adults 18–34 but drinkers aged 65+ bring drink more often

• More common among those with household incomes of $75,000 or more
Dangers of Binge Drinking

• 92% of U.S. adults who drink excessively report binge drinking

• 70% of binge drinking episodes involve adults age 26 years and older

• Men are twice as likely as women to binge drink

• Binge drinkers are 14 times more likely to report alcohol-impaired driving
Dangers of Binge Drinking

• 90% of the alcohol consumed by youth under age 21 is in the form of binge drinking

• More than half of the alcohol consumed by adults is in the form of binge drinks
What Can Parents Do?

• Call other parents to ensure social events are alcohol-free and chaperoned by responsible adults

• Refuse to supply alcohol to anyone under 21

• Lock up your alcoholic beverages

• Make sure alcohol is not brought onto your property by your teen’s friends

• Report underage drinking
People Who Should Not Drink

- Children and adolescents under 21
- Anyone who cannot limit their drinking
- Women who are pregnant or may become pregnant
- Individuals who plan to drive a car, operate machinery, etc.
- Those taking prescription or over-the-counter medications that can interact with alcohol
People Who Should Not Drink

• Individuals with certain medical conditions
• Persons recovering from alcoholism
Understanding Alcoholism

• Alcoholism is a brain disease
• Like many other diseases, like diabetes and hypertension, it is chronic and lasts a lifetime
• Has symptoms and usually follows a predictable course
• Relapse is not unusual
• Cannot be cured at this time
Understanding Alcoholism

• Alcoholic frequently in the grip of a powerful craving for alcohol

• Most alcoholics can't just stop drinking through "willpower"

• Most alcoholics need support and treatment to recover from their disease
Symptoms of Alcoholism

- **Craving** – A strong need, or urge, to drink
- **Loss of Control** – Being unable to stop drinking once drinking has begun
- **Physical Dependence** – Withdrawal symptoms, such as nausea, sweating, shakiness and anxiety after stopping drinking
- **Tolerance** – The need to drink greater amounts of alcohol to get "high"
Recovery from Alcoholism

• Recovery from substance dependence is a voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship.  
  Betty Ford Institute

• Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness and quality of life.  
  SAMHSA
“Guiding Principles of Recovery”

- There are many pathways to recovery
- Recovery is self-directed and empowering
- Recovery involves a personal recognition of the need for change and transformation
- Recovery is holistic
- Recovery has cultural dimensions
“Guiding Principles of Recovery”

- Recovery exists on a continuum of improved health and wellness
- Recovery is supported by peers and allies
- Recovery emerges from hope and gratitude
- Recovery involves a process of healing and self-redefinition
- Recovery involves addressing discrimination and transcending shame and stigma
“Guiding Principles of Recovery”

• Recovery involves (re)joining and (re)building a life in the community

• Recovery is a reality. It can, will and does happen!

Serving Durham, Wake, Cumberland and Johnston Counties
SAVE THE DATE!

HB 403 DISCUSSION!

HB 403, which outlines the requirements of the BH/IDD Tailored Plans, was signed by the Governor on June 22 and became law. Plan now to join this special **2-hour session (10am – noon)** during the August 8, 2018 State Consumer and Family Advisory Committee board meeting to learn about the details and what the passing of this bill means.

August 8
State CFAC Board Meeting

Change of Venue!
This meeting only!

Alliance Behavioral Healthcare Corporate Office

4600 Emperor Dr.
Durham, 27703

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Mental Health, Developmental Disabilities and Substance Abuse Services
HB 403 Legislative Update

NC General Assembly on June 15, 2018, passed House Bill 403, legislation to modify the State's Medicaid Transformation law. Notably, the new bill creates a pathway for LME/MCOs to establish and operate Behavioral Health and IDD Tailored Plans under North Carolina Medicaid Transformation. These BH IDD Tailored Plans are managed care health plans specifically designed to serve the complex needs of individuals with significant behavioral health disorders, intellectual and developmental disabilities, substance use disorders, and traumatic brain injury – populations LME/MCOs have long served. HB403 enables LME/MCOs to play a lead role in implementing the State's proposal to integrate behavioral health and physical health services to best serve the needs of these individuals.

Upon becoming law (the bill was presented to the Governor on June 15th), HB403 will modify North Carolina's Medicaid Transformation law to establish and create parameters for BH IDD Tailored Plans. The legislation provides that LME/MCOs will be the sole entities operating BH IDD Tailored Plans during the plans' initial four-year contract term. LME/MCOs desiring to operate a BH IDD Tailored Plan must apply to the North Carolina Department of Health and Human Services and pass a comprehensive readiness review. HB403 requires LME/MCOs selected to operate BH IDD Tailored Plans to partner with a commercial plan or provider-led entity to integrate behavioral and physical health services. This legislation defines the services and populations covered by BH IDD Tailored Plans and requires DHHS to present a detailed plan for their implementation to the General Assembly by June 22, 2018.
ITEM: Finance Committee Report

DATE OF BOARD MEETING: August 2, 2018

BACKGROUND: The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Board. The Finance Committee meets monthly at 3:00 p.m., prior to the regular Board Meeting. This month’s report includes the draft minutes from the June 7, 2018, meeting, the Summary of Savings/ (Loss) by Funding Source, Statement of Revenue and Expenses (budget to actual) report and ratios for the period ending May 31, 2018.

REQUEST FOR BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Chris Bostock, Committee Chair; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer
JOINT FINANCE AND COUNTY COMMISSIONER ADVISORY BOARD MEETING
4600 Emperor Boulevard, Durham, NC 27703
2:30 – 4:00 p.m.

APPOINTED MEMBERS PRESENT: ☒ Cynthia Binanay; ☒ Chris Bostock, BSIM; ☒ James Edgerton, B.S. (Committee Chair); ☒ Gino Pazzaglini; ☒ Lascel Webley, Jr.

BOARD MEMBERS PRESENT: ☒ Commissioner Glenn Adams, Cumberland County (arrived 2:50 p.m.); ☒ Commissioner Heidi Carter, Durham County; ☒ Commissioner Gregory Ford, Wake County (arrived 3:02 p.m.)

GUEST(S): Mary Hutchings, Wake County Internal Audit

STAFF PRESENT: Robert Robinson, CEO; Kelly Goodfellow, EVP/CFO; Sara Pacholke, Senior Vice-President/Financial Operations (CPA); Carol Wolff, General Counsel; Brian Perkins, Senior Vice-President/Strategy & Government Relations; Sara Wilson, Government Relations Director; Denise Dirks, Administrative Assistant II

1. WELCOME AND INTRODUCTIONS – Mr. Edgerton called the meeting to order. Mr. Pazzaglini was introduced as a new Board member and new member of the Finance Committee. Wake County Commissioner Gregory Ford was also introduced as a new Board member.

2. REVIEW OF THE MINUTES – The minutes from the May 3, 2018 meeting were reviewed; a motion was made by Mr. Bostock 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. Monthly Financial Reports</td>
<td>The monthly financial reports were discussed, which include the Summary of Savings/(Loss) by Funding Source, the Statement of Revenue and Expenses, the Senate Bill 208 Required Ratios, and the DMA Contract Ratios as of April 30, 2018. Funding sources are at anticipated levels. Currently, $12.6 million is needed to counteract single-stream funding reductions from the State. Alliance is meeting and exceeding ratio requirements. DMA contractual requirements are being met and exceeded.</td>
<td>None</td>
<td>N/A</td>
</tr>
<tr>
<td>4. Holloway Investment</td>
<td>Carol Wolff, General Counsel, presented a proposal for Alliance to grant $200,000 to Investment Partners, LLC to assist in the renovation of 16 units at 2733 Holloway Street in Durham County. In exchange, Alliance would be able to use 4 of the 16 units for housing for its consumers for 15-20 years.</td>
<td>The Finance Committee will take to the</td>
<td>6/7/18 meeting</td>
</tr>
</tbody>
</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
Mr. Edgerton made a Motion to Recommend to Approve the Holloway Investment, which will be discussed later under the housing investment topic.

5. Insurance Contract Approvals

Sara Pacholke, SVP/Financial Operations, elaborated upon and answered questions regarding the FY19 Insurance Contracts, including coverages and costs.

Mr. Edgerton made a Motion to Approve signing the FY19 Insurance Contracts which is on the consent agenda. The motion was seconded by Mr. Bostock. Motion passed unanimously.

6. Budget Amendment for FY18

Ms. Pacholke presented a Budget Amendment request to bring before the Board for the remainder of FY18. The overall increase is $13,123,338. This adjustment is due to increases in administrative and Medicaid services.

Mr. Edgerton made a Motion to Approve the FY18 Amendment 2 to increase the budget by $13,123,338. This motion was seconded by Mr. Webley. Motion passed unanimously.

7. Budget Approval for FY19

Kelly Goodfellow, Chief Financial Officer, led discussion of the revised FY19 Budget proposal. The revisions are based upon recommendations from the March Board Budget Retreat. Changes to the Budget and to Alliance’s Reinvestment Plan were covered. The Board will be requested to approve the Budget at the June meeting.

After discussion of the FY19 Reinvestment plan, a motion was made to approve the FY19 approve budget of $500,329,015 to present to the Board.

8. Wake Crisis Facility

Ms. Goodfellow led discussion of two items in the Unrestricted portion of the FY19 Reinvestment Plan that have to do with a proposed Behavioral Health

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Edgerton made a Motion to Recommend to Approve the Holloway Investment, which will be discussed later under the housing investment topic.</td>
<td>Board for approval.</td>
<td>6/7/18 meeting</td>
<td></td>
</tr>
<tr>
<td>5. Insurance Contract Approvals</td>
<td>Sara Pacholke, SVP/Financial Operations, elaborated upon and answered questions regarding the FY19 Insurance Contracts, including coverages and costs. Mr. Edgerton made a Motion to Approve signing the FY19 Insurance Contracts which is on the consent agenda. The motion was seconded by Mr. Bostock. Motion passed unanimously.</td>
<td>The Finance Committee will take to the Board for approval.</td>
<td>6/7/18 meeting</td>
</tr>
<tr>
<td>6. Budget Amendment for FY18</td>
<td>Ms. Pacholke presented a Budget Amendment request to bring before the Board for the remainder of FY18. The overall increase is $13,123,338. This adjustment is due to increases in administrative and Medicaid services. Mr. Edgerton made a Motion to Approve the FY18 Amendment 2 to increase the budget by $13,123,338. This motion was seconded by Mr. Webley. Motion passed unanimously.</td>
<td>The Finance Committee will take to the Board for approval.</td>
<td>6/7/18 meeting</td>
</tr>
<tr>
<td>7. Budget Approval for FY19</td>
<td>Kelly Goodfellow, Chief Financial Officer, led discussion of the revised FY19 Budget proposal. The revisions are based upon recommendations from the March Board Budget Retreat. Changes to the Budget and to Alliance’s Reinvestment Plan were covered. The Board will be requested to approve the Budget at the June meeting. After discussion of the FY19 Reinvestment plan, a motion was made to approve the FY19 approve budget of $500,329,015 to present to the Board.</td>
<td>The Budget will be presented to the Board for approval.</td>
<td>6/7/18 meeting</td>
</tr>
<tr>
<td>8. Wake Crisis Facility</td>
<td>Ms. Goodfellow led discussion of two items in the Unrestricted portion of the FY19 Reinvestment Plan that have to do with a proposed Behavioral Health</td>
<td>The FY19 Reinvestment</td>
<td>6/7/18 meeting</td>
</tr>
</tbody>
</table>
### Agenda Items:

<table>
<thead>
<tr>
<th>Issue</th>
<th>Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent Care facility in Wake County. There are two $5.5 million items in the Reinvestment plan that have been designated for the renovation and the first-year operation of a Wake County BHUC.</td>
<td></td>
</tr>
<tr>
<td>Implementation of the facility start-up shall be suspended until additional resources are identified to ensure long-term sustainability. The Board directs the staff to include $11,000,000 for facility start-up in the June 30th, 2018 committed funds.</td>
<td></td>
</tr>
<tr>
<td>Mr. Bostock made a Motion to Approve the FY19 reinvestment plan in the June 30th, 2018 committed funds, as presented by staff including funds for the renovation and start-up of the Wake Adult Crisis Facility. Motion was seconded by Ms. Binanay. Motion passed unanimously.</td>
<td></td>
</tr>
</tbody>
</table>

### Action Taken:

- **Plan will be presented as part of the Budget to the Board for approval.**

9. **Adjournment:** The next meeting will be held August 2, 2018, at 3:00 p.m.

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

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Fund Balance</th>
<th>Revenue</th>
<th>Expense</th>
<th>Savings/(Loss)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Waiver Services</td>
<td>$ 342,909,910</td>
<td>$ 330,836,298</td>
<td>$</td>
<td>$ 12,073,612</td>
</tr>
<tr>
<td>Federal &amp; State Grants</td>
<td>14,007,593</td>
<td>37,680,567</td>
<td>51,688,160</td>
<td>(0)</td>
</tr>
<tr>
<td>Local Grants</td>
<td>2,012,545</td>
<td>25,388,157</td>
<td>26,833,389</td>
<td>567,313</td>
</tr>
<tr>
<td>Administrative</td>
<td></td>
<td></td>
<td>- 49,695,604</td>
<td>(152,003)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 16,020,138</strong></td>
<td><strong>$ 455,674,239</strong></td>
<td><strong>$ 459,205,455</strong></td>
<td><strong>$ 12,488,922</strong></td>
</tr>
</tbody>
</table>

Less Amount from Fund Balance $ (16,020,138)

Net Savings/(Loss) $ (3,531,216)

## Fund Balance as of May 31, 2018

<table>
<thead>
<tr>
<th>Fund Source</th>
<th>June 30, 2017</th>
<th>Change</th>
<th>May 31, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment in Fixed Assets</td>
<td>3,233,623</td>
<td>1,204,656</td>
<td>4,438,278</td>
</tr>
<tr>
<td>Restricted - Risk Reserve</td>
<td>34,509,071</td>
<td>7,793,889</td>
<td>42,302,960</td>
</tr>
<tr>
<td>Restricted - Other</td>
<td>11,414,200</td>
<td>(1,444,795)</td>
<td>9,969,405</td>
</tr>
<tr>
<td>Committed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legislative Reductions</td>
<td>35,531,214</td>
<td>(14,007,593)</td>
<td>21,523,621</td>
</tr>
<tr>
<td>Intergovernmental Transfer</td>
<td>6,038,577</td>
<td>(2,745,144)</td>
<td>3,293,433</td>
</tr>
<tr>
<td>Reinvestment</td>
<td>15,773,126</td>
<td>(2,171,560)</td>
<td>13,601,566</td>
</tr>
<tr>
<td><strong>Total Committed</strong></td>
<td><strong>57,342,917</strong></td>
<td><strong>(18,924,297)</strong></td>
<td><strong>38,418,620</strong></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>15,091,936</td>
<td>7,839,332</td>
<td>22,931,268</td>
</tr>
<tr>
<td><strong>Total Fund Balance</strong></td>
<td><strong>121,591,747</strong></td>
<td><strong>(3,531,216)</strong></td>
<td><strong>118,060,531</strong></td>
</tr>
</tbody>
</table>
## Statement of Revenue and Expenses (Budget and Actual) - As of May 31, 2018

### REVENUES

<table>
<thead>
<tr>
<th></th>
<th>Amended Budget 2018-02</th>
<th>Current Period</th>
<th>Year to Date</th>
<th>Balance</th>
<th>Expended</th>
<th>% Received/Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Local Grants</strong></td>
<td>$37,931,390.00</td>
<td>$2,447,966.89</td>
<td>$25,388,157.15</td>
<td>$12,543,232.85</td>
<td>66.93%</td>
<td></td>
</tr>
<tr>
<td><strong>State &amp; Federal Grants</strong></td>
<td>77,881,018.00</td>
<td>3,442,703.40</td>
<td>37,680,567.02</td>
<td>40,200,450.98</td>
<td>48.38%</td>
<td></td>
</tr>
<tr>
<td><strong>Medicaid Waiver Services</strong></td>
<td>379,107,645.00</td>
<td>30,720,177.77</td>
<td>342,909,910.47</td>
<td>36,197,734.53</td>
<td>90.45%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$494,920,053.00</td>
<td>36,610,848.06</td>
<td>405,978,634.64</td>
<td>88,941,418.36</td>
<td>82.03%</td>
<td></td>
</tr>
</tbody>
</table>

### Administrative

<table>
<thead>
<tr>
<th></th>
<th>2018-02</th>
<th>Current Period</th>
<th>Year to Date</th>
<th>Balance</th>
<th>Expended</th>
<th>% Received/Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Local Administration</strong></td>
<td>369,054.00</td>
<td>30,754.50</td>
<td>338,421.70</td>
<td>30,632.30</td>
<td>91.70%</td>
<td></td>
</tr>
<tr>
<td><strong>LME Administrative Grant</strong></td>
<td>4,359,385.00</td>
<td>363,282.99</td>
<td>3,996,112.97</td>
<td>363,272.03</td>
<td>91.67%</td>
<td></td>
</tr>
<tr>
<td><strong>Medicaid Waiver Administration</strong></td>
<td>52,280,727.00</td>
<td>3,991,413.63</td>
<td>44,583,887.62</td>
<td>7,696,839.38</td>
<td>85.28%</td>
<td></td>
</tr>
<tr>
<td><strong>Miscellaneous Revenue</strong></td>
<td>885,000.00</td>
<td>123,726.94</td>
<td>777,182.09</td>
<td>107,817.91</td>
<td>87.82%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Administrative Revenue</strong></td>
<td>57,894,166.00</td>
<td>4,509,178.06</td>
<td>49,695,604.38</td>
<td>8,198,561.62</td>
<td>85.84%</td>
<td></td>
</tr>
</tbody>
</table>

### EXPENSES

<table>
<thead>
<tr>
<th></th>
<th>2018-02</th>
<th>Current Period</th>
<th>Year to Date</th>
<th>Balance</th>
<th>Expended</th>
<th>% Received/Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Local Services</strong></td>
<td>37,931,390.00</td>
<td>2,354,381.55</td>
<td>26,833,388.83</td>
<td>11,098,001.17</td>
<td>70.74%</td>
<td></td>
</tr>
<tr>
<td><strong>State &amp; Federal Services</strong></td>
<td>77,881,018.00</td>
<td>4,767,610.64</td>
<td>51,688,160.26</td>
<td>26,192,857.74</td>
<td>66.37%</td>
<td></td>
</tr>
<tr>
<td><strong>Medicaid Waiver Services</strong></td>
<td>379,107,645.00</td>
<td>30,668,551.20</td>
<td>330,836,298.23</td>
<td>48,271,346.77</td>
<td>87.27%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Service Expenses</strong></td>
<td>494,920,053.00</td>
<td>37,790,543.39</td>
<td>409,357,847.32</td>
<td>85,562,205.68</td>
<td>82.71%</td>
<td></td>
</tr>
</tbody>
</table>

### Administrative

<table>
<thead>
<tr>
<th></th>
<th>2018-02</th>
<th>Current Period</th>
<th>Year to Date</th>
<th>Balance</th>
<th>Expended</th>
<th>% Received/Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operational</strong></td>
<td>7,379,094.09</td>
<td>1,064,729.18</td>
<td>7,955,796.55</td>
<td>(576,702.46)</td>
<td>107.82%</td>
<td></td>
</tr>
<tr>
<td><strong>Salaries, Benefits, and Fringe</strong></td>
<td>42,314,460.72</td>
<td>3,437,288.16</td>
<td>36,818,017.55</td>
<td>5,996,389.17</td>
<td>85.83%</td>
<td></td>
</tr>
<tr>
<td><strong>Professional Services</strong></td>
<td>7,315,611.18</td>
<td>544,581.20</td>
<td>5,773,739.31</td>
<td>1,741,871.87</td>
<td>76.19%</td>
<td></td>
</tr>
<tr>
<td><strong>Miscellaneous Expense</strong></td>
<td>885,000.00</td>
<td>-</td>
<td>-</td>
<td>885,000.00</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Administrative Expenses</strong></td>
<td>57,894,166.00</td>
<td>5,046,598.54</td>
<td>49,847,607.41</td>
<td>8,046,558.59</td>
<td>86.10%</td>
<td></td>
</tr>
</tbody>
</table>

### Total Expenses

<table>
<thead>
<tr>
<th></th>
<th>2018-02</th>
<th>Current Period</th>
<th>Year to Date</th>
<th>Balance</th>
<th>Expended</th>
<th>% Received/Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Expenses</strong></td>
<td>552,814,219.00</td>
<td>41,120,026.12</td>
<td>455,674,239.02</td>
<td>97,139,979.98</td>
<td>82.43%</td>
<td></td>
</tr>
</tbody>
</table>

### CHANGE IN NET POSITION

<table>
<thead>
<tr>
<th></th>
<th>2018-02</th>
<th>Current Period</th>
<th>Year to Date</th>
<th>Balance</th>
<th>Expended</th>
<th>% Received/Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Change in Net Position</strong></td>
<td>($1,717,115.81)</td>
<td>($3,531,215.71)</td>
<td>($1,717,115.81)</td>
<td>($3,531,215.71)</td>
<td>82.43%</td>
<td></td>
</tr>
</tbody>
</table>
**Current Ratio** = Compares current assets to current liabilities. Liquidity ratio that measures an organization’s ability to pay short term obligations. The requirement is 1.0 or greater.

**Percent Paid** = Percent of clean claims paid within 30 days of receiving. The requirement is 90% or greater.
Defensive Interval = Cash + Current Investments divided by average daily operating expenses. This ratio shows how many days the organization can continue to pay expenses if no additional cash comes in. The requirement is 30 days or greater.

Medical Loss Ratio (MLR) = Total Services Expenses plus Administrative Expenses that go towards directly improving health outcomes divided by Total Medicaid Revenue. The requirement is 85% or greater cumulative for the rating period (7/1/17-6/30/18).
ITEM: Draft Minutes from the June 7, 2018, Regular Board Meeting

DATE OF BOARD MEETING: August 2, 2018

REQUEST FOR BOARD ACTION: Approve the draft minutes from the June 7, 2018, meeting.

CEO RECOMMENDATION: Approve the minutes.

RESOURCE PERSON(S): Robert Robinson, CEO; Veronica Ingram, Executive Assistant II
1. CALL TO ORDER: Chair Cynthia Binanay called the meeting to order at 4:00 p.m.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Oath of Office</td>
<td>Chair Binanay mentioned that oaths were administered to new members prior to today’s meeting; she introduced the following new Board members: Pam Silberman, Gino Pazzaglini and Commissioner Greg Ford. She also mentioned that the remaining two vacant Wake seats may be filled soon.</td>
</tr>
<tr>
<td>3. Announcements</td>
<td>Vice-Chair Corvin encouraged Board members to complete the Board survey.</td>
</tr>
</tbody>
</table>
## AGENDA ITEMS:

<table>
<thead>
<tr>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Robinson presented a hard copy of Alliance’s 2017 annual report. Additionally, he mentioned that NC DHHS (Department of Health and Human Services) Secretary Mandy Cohen was unable to attend today’s meeting as expected; she will attend the September meeting instead.</td>
</tr>
</tbody>
</table>

4. Agenda Adjustments

There were no adjustments.

5. Public Comment

There were no public comments.

6. Committee Reports

### A. Consumer and Family Advisory Committee – page 7

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

Chair Binanay mentioned that the committee reports were part of the Board packet.

Israel Pattison, CFAC Chair, presented the CFAC report; he provided an update from the recent meeting, including Mr. Robinson sharing an update from the NC General Assembly’s budget. Mr. Pattison mentioned recent CFAC officer elections and state CFAC legislature meeting, including support for NC MCO (managed care organizations) to best manage care for persons with behavioral health concerns. Mr. Curro shared about his conversations with NC legislators at the State CFAC advocacy day. Mr. Pattison mentioned that the CFAC annual report is expected soon. The CFAC report is attached to and made part of these minutes.

### BOARD ACTION

The Board accepted the report; no additional action required.

### B. Finance Committee – page 44

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 3, 2018, meeting, the Summary of Savings/(Loss) by Funding Source, Statement of Revenue and Expenses (Budget to Actual) report and ratios for the period ending April 30, 2018.
Thursday, June 07, 2018

AREA BOARD REGULAR MEETING
4600 Emperor Boulevard, Durham, NC, 27703
4:00-6:00 p.m.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>James Edgerton, Committee Chair, presented the report. He mentioned that expenditures exceeded revenues due to delay in funding receipt and reduction in State Single Stream funding. He mentioned that Alliance met or exceeded all State mandated ratios. Additionally, Mr. Edgerton mentioned that the Finance Committee recommends approval of the following agenda items: item 7) Supportive Housing Investment, item 8E) Fiscal Year 2018-2019 Property and Liability Insurance, and item 9) FY19 budget and FY19 reinvestment plan, including the Wake Crisis Center.</td>
<td></td>
</tr>
</tbody>
</table>

**BOARD ACTION**

A motion was made by Mr. McKinley Wooten to amend the FY18 budget by $13,123,338; motion seconded by Vice-Chair George Corvin. Motion passed unanimously.

A motion was made by Mr. James Edgerton to approve property and liability insurance as specified in agenda item 8E: Fiscal Year 2018-2019 Property and Liability Insurance; motion seconded by Vice-Chair George Corvin. Motion passed unanimously.

The Finance Committee report is attached to and made part of these minutes.

C. Policy Committee – page 52

Per Alliance Behavioral Healthcare Area Board Policy “Development of Policies and Procedures”, the Board reviews all policies annually. The Policy Committee reviews a number of policies each quarter in order to meet this requirement. This month’s report included minutes from the February Committee meeting, the following policies for continued use: *HRI: Equal Employment Opportunity/Affirmative Action Policy; HR2: Recruitment and Selection Policy; HR4: Conditions of Employment Policy; HR5: Classification and Compensation Policy; HR 6: Employee Benefits Policy; HR 7: Alcohol and Drug Free Workplace Policy; HR 8: Time and Attendance Policy; HR 9: Sexual Harassment Policy; HR 10: Leave Policy; HR 11: Family and Medical Leave Act Policy; HR 12: Clinical Staff Credentialing Policy; HR 14: Disciplinary Action; HR 15: Performance Management Policy; HR 16: Separation Policy; HR 17: Employee Complaint Policy; HR 18: Employee Grievance Policy; and HR 19: Reduction in Force Policy.* The report also included policies with recommended changes: *UM6: Eligibility for Services and By-Laws; proposed By-Laws revisions were presented to the May 3, 2018, meeting.*

Curtis Massey, Committee Chair, presented the revised by-laws after the resolution in item 10A was approved by the Board. He also requested an update of Policy G-12: Area Authority Relations with Catchment Area County Boards of
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commissioners</strong> to include language that reflects the pending consolidation with Johnston County LME (local management entity).**</td>
<td></td>
</tr>
<tr>
<td><strong>BOARD ACTION</strong></td>
<td>A motion was made by Commissioner Heidi Carter to approve <em>BO-20: Financial Eligibility</em> as included in the March agenda packet and the HR Policies as listed in item 6C: Policy Committee Report of the June agenda packet; motion seconded by Vice-Chair George Corvin. Motion passed unanimously.</td>
</tr>
<tr>
<td>A motion was made by Ms. Lodies Gloston to approve the recommended revisions to the by-laws; motion seconded by Mr. David Curro. Motion passed unanimously.</td>
<td></td>
</tr>
<tr>
<td>A motion was made by Vice-Chair Corvin to adopt the changes to <em>G-12: Area Authority Relations with Catchment Area County Boards of Commissioners</em> to reflect the pending merger with Johnston County; seconded by Mr. McKinley Wooten. Motion passed unanimously.</td>
<td></td>
</tr>
<tr>
<td>The Policy Committee report is attached to and made part of these minutes.</td>
<td></td>
</tr>
</tbody>
</table>

7. **Supportive Housing Capital Investment** – page 94

Alliance approved $500,000 in the current budget to make capital investment grants with local housing developers to create access to supportive housing. A request was presented for approval of the final $200,000 to partner with Reinvest Partners for four units (20% set aside) for a property located at 2733 Holloway Street in Durham.

Ann Oshel, Senior Vice-President/Community Relations, presented the proposal, which was previously presented to the Executive and Finance Committees. Ms. Oshel provided an update on Alliance’s housing efforts, which includes a 97% retention rate for one project.

**BOARD ACTION**

A motion was made by Mr. Pazzaglini to approve the $200,000 investment with Reinvest Partners for four units at 2733 Holloway Street in Durham; motion seconded by Mr. Curro. Motion passed unanimously.

8. **Consent Agenda**

A. Draft Minutes from May 3, 2018, Board Meeting – page 99
B. Audit and Compliance Committee Report – page 104
C. Executive Committee Report – page 130
D. Quality Management Committee Report – page 133
**AGENDA ITEMS:**

<table>
<thead>
<tr>
<th></th>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.</td>
<td>Fiscal Year 2018-2019 Property and Liability Insurance – page 209</td>
</tr>
<tr>
<td>F.</td>
<td>HR Classification and Grade Schedule – page 210</td>
</tr>
</tbody>
</table>

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

**BOARD ACTION**

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

<table>
<thead>
<tr>
<th>9.</th>
<th>FY19 Public Hearing and Budget Approval – page 217</th>
</tr>
</thead>
<tbody>
<tr>
<td>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. Chair Binanay opened the public hearing; there were no speakers. Chair Binanay closed the public hearing.</td>
<td></td>
</tr>
<tr>
<td>Ms. Goodfellow presented the FY19 (fiscal year 2018-2019) budget for approval and adoption per GS (general statute) 15-13. Mr. Edgerton provided an overview of Alliance’s fund balance and the impact of State Single Stream funding cuts for all NC MCOs. The budget presentation is attached to and made part of these minutes.</td>
<td></td>
</tr>
<tr>
<td><strong>BOARD ACTION</strong></td>
<td></td>
</tr>
<tr>
<td>A motion was made by Mr. James Edgerton to approve the FY19 budget of $500,329,015; motion seconded by Mr. Christopher Bostock. Motion passed unanimously.</td>
<td></td>
</tr>
<tr>
<td>A motion was made by Mr. James Edgerton to approve the FY19 reinvestment plan, the June 30, 2018, committed funds including Wake Adult Crisis Facility (implementation of facility start-up will be suspended until additional resources are identified to ensure long-term sustainability), and to direct staff to include $11 million for facility start-up in the June 30, 2018, committed funds; motion seconded by Mr. Gino Pazzaglini. Motion passed unanimously.</td>
<td></td>
</tr>
<tr>
<td>10. Johnston Consolidation</td>
<td></td>
</tr>
<tr>
<td>A. Resolution to Add Johnston County into the Alliance Catchment Area – page 261</td>
<td></td>
</tr>
<tr>
<td>N.C. Gen. Stat. §122C-115(c1) allows an area authority to add one or more counties to its catchment area upon the adoption of a resolution to that effect by a majority of the members of the Area Board and the approval of the Secretary of the NC Department of Health and Human Services. As required by statute, the Board of Directors is requested to approve the consolidation by resolution.</td>
<td></td>
</tr>
</tbody>
</table>
Ms. Wolff, General Counsel, read the resolution, which is attached to and made part of these minutes. There were no questions or discussion about the resolution.

**BOARD ACTION**
A motion was made by Mr. Lascel Webley to approve the resolution; motion seconded by Mr. Gino Pazzaglini. Motion passed unanimously.

B. Johnston County Lease Agreement – page 264
Johnston County is the owner of the office space currently occupied by Johnston County LME staff at 521 North Brightleaf Boulevard, Smithfield, NC 27577. NC General Statue §160A-274 authorizes governmental units to enter into leases with each other upon such terms and conditions as the parties deem wise. Ms. Wolff provided a brief overview of the lease; the lease is attached to and made part of these minutes.

**BOARD ACTION**
A motion was made by Mr. James Edgerton to approve the lease agreement for 521 North Brightleaf Boulevard in Smithfield; motion seconded by Mr. McKinley Wooten. Motion passed unanimously.

11. Legislative Update
Brian Perkins, Senior Vice-President/Strategy and Government Relations, and Sara Wilson, Government Relations Director, presented the legislative update. They reviewed the current NC General Assembly budget, the impact on NC MCOs, LME/MCO solvency standards, school and public safety, and Medicaid coverage for ambulance transports to address emergency department crowding (so ambulances can bill for taking persons to facilities other than emergency departments).

Additionally, Mr. Perkins mentioned additional bills that may impact NC MCOs, such as HB403, DHHS Medicaid transformation short session package, and IVC (involuntary commitment) reform bill.

The presentation is attached to and made part of these minutes.

**BOARD ACTION**
The Board received the update.
AGENDA ITEMS: | DISCUSSION:
--- | ---
12. FY19 Board Officer Election – page 271 | As stated in the by-laws officers of the Area Board, officers 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.

Nominations were opened for FY19 Board Chair.

**BOARD ACTION**
A motion was made by Vice-Chair George Corvin to nominate Cynthia Binanay for FY19 Board Chair; motion seconded by Mr. Duane Holder. Motion passed unanimously.

A motion was made by Mr. Duane Holder to close nominations for FY19 Board Chair; motion seconded by Mr. David Curro. Motion passed unanimously.

By unanimous show of hands and/or verbal consent, the Board elected Cynthia Binanay as FY19 Board Chair.

Nominations were opened for FY19 Board Vice-Chair.

**BOARD ACTION**
A motion was made by Mr. Duane Holder to nominate George Corvin for FY19 Board Vice-Chair; motion seconded by Mr. David Curro. Motion passed unanimously.

A motion was made by Mr. James Edgerton to close the nominations for Vice-Chair; motion seconded by Mr. Duane Holder. Motion passed unanimously.

By unanimous show of hands and/or verbal consent, the Board elected George Corvin as FY19 Board Vice-Chair.
**AGENDA ITEMS:**

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Chairman’s Report</td>
<td>Chair Binanay mentioned that the next meeting is scheduled for Thursday, July 5; the Board has typically not met in July as this is near the July 4 holiday. She also mentioned that if the July meeting is cancelled, the next meeting will be August 2 in Cumberland County.</td>
</tr>
</tbody>
</table>

**BOARD ACTION**

By unanimous show of hands and/or verbal consent, the board decided to cancel the July 5, 2018, Board meeting.

Chair Binanay mentioned another tentative meeting scheduled for June 28 at 8 am. She mentioned that staff will confirm if the meeting is needed; she directed Ms. Ingram to contact Board members and confirm a new date for this potential meeting.

|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**BOARD ACTION**

A motion was made by Vice-Chair George Corvin to enter closed session pursuant to NCGS 143-318.11 (a) (6), (a) (1), and (a) (3) to consider the qualifications, competence, and performance of an employee; to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1; and to consult with General Counsel regarding civil action; motion seconded by Ms. Lodies Gloston. Motion passed unanimously.

The Board returned to open session.

<table>
<thead>
<tr>
<th>15. Adjournment</th>
<th>With all business being completed the meeting adjourned at 7:02 p.m.</th>
</tr>
</thead>
</table>

**Next Board Meeting**

**Thursday, August 02, 2018**

4:00 – 6:00 pm
ITEM: Draft Minutes from the June 29, 2018, Special Board Meeting

DATE OF BOARD MEETING: August 2, 2018

REQUEST FOR BOARD ACTION: Approve the draft minutes from the June 29, 2018, meeting.

CEO RECOMMENDATION: Approve the minutes.

RESOURCE PERSON(S): Robert Robinson, CEO; Veronica Ingram, Executive Assistant II
MEMBERS PRESENT: ☐ Glenn Adams, ☒ Cynthia Binanay, Chair (via phone), ☒ Christopher Bostock (via phone), ☐ Heidi Carter, ☒ George Corvin, MD, Vice-Chair (via phone), ☐ David Curro, ☒ James Edgerton (via phone), ☒ Greg Ford (via phone), ☒ Lodies Gloston (via phone), ☒ Duane Holder (via phone), ☒ Curtis Massey (via phone), ☒ Donald McDonald (via phone), ☒ Gino Pazzaglini (via phone), ☒ Pam Silberman (via phone), ☒ Lascel Webley, Jr. (via phone), and ☒ McKinley Wooten, Jr. (via phone)

GUEST(S) PRESENT: Mary Hutchings, Wake County Finance Department

ALLIANCE STAFF PRESENT: Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Veronica Ingram, Executive Assistant II; Robert Robinson, Chief Executive Officer; and Carol Wolff, General Counsel (via phone)

1. CALL TO ORDER: Chair Cynthia Binanay called the meeting to order at 8:01 a.m.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. FY18 Budget Amendment – page 2</td>
<td>Kelly Goodfellow, Executive Vice-President/Chief Financial Officer, presented the budget amendment for fiscal year 2017-2018 for review and approval in accordance with NC General Statute 159-15.</td>
</tr>
<tr>
<td></td>
<td><strong>BOARD ACTION</strong></td>
</tr>
<tr>
<td></td>
<td>A motion was made by Mr. James Edgerton to amend the FY18 budget by $3,500,000.00; motion seconded by Mr. Christopher Bostock. Motion passed unanimously.</td>
</tr>
<tr>
<td>3. Employee Health Insurance – page 5</td>
<td>Kelly Goodfellow, Executive Vice-President/Chief Financial Officer, presented the fiscal year 2018-2019 employee health insurance costs for review and approval in accordance with Policy G-10: Delegation of Authority Policy, which requires Board approval of non-provider contracts over a specified amount.</td>
</tr>
<tr>
<td></td>
<td><strong>BOARD ACTION</strong></td>
</tr>
<tr>
<td></td>
<td>A motion was made by Ms. Lodies Gloston to approve the FY19 employee health insurance contract; motion seconded by Vice-Chair George Corvin. Motion passed unanimously.</td>
</tr>
<tr>
<td>4. Appointment Recommendation – page 6</td>
<td>In accordance with NC General Statute 122C-118.1.d and the By-Laws of the Alliance Board, the initial terms of Alliance Board members were staggered with each initial term being considered a full term. A seat representing Wake County is currently vacant. The Board Executive Committee supported recommending David Hancock for this seat, with a term ending March 31, 2021.</td>
</tr>
<tr>
<td></td>
<td>Chair Binanay mentioned that the applicant’s application and resume were sent as part of the board packet and that the applicant has unique skills not already represented on the board.</td>
</tr>
</tbody>
</table>
**AGENDA ITEMS:**

<table>
<thead>
<tr>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BOARD ACTION</strong></td>
</tr>
<tr>
<td>A motion was made by Mr. Christopher Bostock to recommend that the Wake Board of County Commissioners appoint David Hancock to Alliance’s Board; motion seconded by Vice-Chair George Corvin. Motion passed unanimously.</td>
</tr>
</tbody>
</table>

| 5. Adjournment | With all business being completed the meeting adjourned at 8:19 a.m. |

**Next Board Meeting**

**Thursday, August 02, 2018**

4:00 – 6:00 pm
ITEM: County Commissioners Advisory Board Report

DATE OF BOARD MEETING: August 2, 2018

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

The County Commissioner Advisory Board met jointly with the Board Finance Committee on June 7, 2018. The draft minutes from this meeting are attached.

REQUEST FOR BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Robert Robinson, CEO; Denise Dirks, Administrative Assistant II

(Back to agenda)
JOINT FINANCE AND COUNTY COMMISSIONER ADVISORY BOARD MEETING
4600 Emperor Boulevard, Durham, NC 27703
2:30 – 4:00 p.m.

APPOINTED MEMBERS PRESENT: ☒ Cynthia Binanay; ☒ Chris Bostock, BSIM; ☒ James Edgerton, B.S. (Committee Chair); ☒ Gino Pazzaglini; ☒ Lascel Webley, Jr.,

BOARD MEMBERS PRESENT: ☒ Commissioner Glenn Adams, Cumberland County (arrived 2:50 p.m.); ☒ Commissioner Heidi Carter, Durham County; ☒ Commissioner Gregory Ford, Wake County (arrived 3:02 p.m.)

GUEST(S): Mary Hutchings, Wake County Internal Audit

STAFF PRESENT: Robert Robinson, CEO; Kelly Goodfellow, EVP/CFO; Sara Pacholke, Senior Vice-President/Financial Operations (CPA); Carol Wolff, General Counsel; Brian Perkins, Senior Vice-President/Strategy & Government Relations; Sara Wilson, Government Relations Director; Denise Dirks, Administrative Assistant II

1. WELCOME AND INTRODUCTIONS – Mr. Edgerton called the meeting to order. Mr. Pazzaglini was introduced as a new Board member and new member of the Finance Committee. Wake County Commissioner Gregory Ford was also introduced as a new Board member.

2. REVIEW OF THE MINUTES – The minutes from the May 3, 2018 meeting were reviewed; a motion was made by Mr. Bostock and seconded by Ms. Binanay to approve the minutes. Motion passed unanimously.

AGENDA ITEMS: DISCUSSION: NEXT STEPS: TIME FRAME:

3. Monthly Financial Reports

The monthly financial reports were discussed, which include the Summary of Savings/(Loss) by Funding Source, the Statement of Revenue and Expenses, the Senate Bill 208 Required Ratios, and the DMA Contract Ratios as of April 30, 2018.

Funding sources are at anticipated levels. Currently, $12.6 million is needed to counteract single-stream funding reductions from the State.

Alliance is meeting and exceeding ratio requirements. DMA contractual requirements are being met and exceeded.

None
N/A

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

Page 1 of 3
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Holloway Investment</td>
<td>Carol Wolff, General Counsel, presented a proposal for Alliance to grant $200,000 to Investment Partners, LLC to assist in the renovation of 16 units at 2733 Holloway Street in Durham County. In exchange, Alliance would be able to use 4 of the 16 units for housing for its consumers for 15-20 years.</td>
<td>The Finance Committee will take to the Board for approval.</td>
<td>6/7/18 meeting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mr. Edgerton made a Motion to Recommend to Approve the Holloway Investment, which will be discussed later under the housing investment topic.</td>
<td></td>
</tr>
<tr>
<td>5. Insurance Contract Approvals</td>
<td>Sara Pacholke, SVP/Financial Operations, elaborated upon and answered questions regarding the FY19 Insurance Contracts, including coverages and costs.</td>
<td>The Finance Committee will take to the Board for approval.</td>
<td>6/7/18 meeting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mr. Edgerton made a Motion to Approve signing the FY19 Insurance Contracts which is on the consent agenda. The motion was seconded by Mr. Bostock. Motion passed unanimously.</td>
<td></td>
</tr>
<tr>
<td>6. Budget Amendment for FY18</td>
<td>Ms. Pacholke presented a Budget Amendment request to bring before the Board for the remainder of FY18. The overall increase is $13,123,338. This adjustment is due to increases in administrative and Medicaid services.</td>
<td>The Finance Committee will take to the Board for approval.</td>
<td>6/7/18 meeting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mr. Edgerton made a Motion to Approve the FY18 Amendment 2 to increase the budget by $13,123,338. This motion was seconded by Mr. Webley. Motion passed unanimously.</td>
<td></td>
</tr>
<tr>
<td>7. Budget Approval for FY19</td>
<td>Kelly Goodfellow, Chief Financial Officer, led discussion of the revised FY19 Budget proposal. The revisions are based upon recommendations from the March Board Budget Retreat. Changes to the Budget and to Alliance’s Reinvestment Plan were covered. The Board will be requested to approve the Budget at the June meeting.</td>
<td>The Budget will be presented to the Board for approval.</td>
<td>6/7/18 meeting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>After discussion of the FY19 Reinvestment plan, a motion was made to approve the FY19 approve budget of $500,329,015 to present to the Board.</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:**

<table>
<thead>
<tr>
<th>8. Wake Crisis Facility</th>
<th><strong>DISCUSSION:</strong></th>
<th><strong>NEXT STEPS:</strong></th>
<th><strong>TIME FRAME:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms. Goodfellow led discussion of two items in the Unrestricted portion of the FY19 Reinvestment Plan that have to do with a proposed Behavioral Health Urgent Care facility in Wake County. There are two $5.5 million items in the Reinvestment plan that have been designated for the renovation and the first-year operation of a Wake County BHUC.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementation of the facility start-up shall be suspended until additional resources are identified to ensure long-term sustainability. The Board directs the staff to include $11,000,000 for facility start-up in the June 30th, 2018 committed funds.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr. Bostock made a Motion to Approve the FY19 reinvestment plan in the June 30th, 2018 committed funds, as presented by staff including funds for the renovation and start-up of the Wake Adult Crisis Facility. Motion was seconded by Ms. Binanay. Motion passed unanimously.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The FY19 Reinvestment Plan will be presented as part of the Budget to the Board for approval.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/7/18 meeting</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**9. ADJOURNMENT:** The next meeting will be held October 4, 2018, at 3:00 p.m.
ITEM: Executive Committee Report

DATE OF BOARD MEETING: August 2, 2018

BACKGROUND: The Executive Committee sets the agenda for Board meetings and acts in lieu of the Board between meetings. Actions by the Executive Committee are reported to the full Board at the next scheduled meeting. Attached are the approved minutes from the June 19, 2018, meeting and draft minutes from the July 17, 2018, meeting.

REQUEST FOR BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Cynthia Binanay, Board Chair; Robert Robinson, CEO
1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the May 15, 2018, Executive Committee meeting were reviewed; a motion was made by Mr. Massey and seconded by Mr. Bostock 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</td>
<td>a) MEDICAID REFORM/NC LEGISLATION: Mr. Robinson provided an overview of HB (House Bill) 403. Mr. Robinson shared the impact of HB 403 passing; this is the revised version of Medicaid transformation and defines the future of NC MCOs (managed care organizations), specifically transforming into a tailored plan. Mr. Perkins reviewed HB 156, a process of licensing prepaid health plans and an adjustment to the implementation timeline for tailored plans. Ms. Wilson reviewed SB (Senate Bill) 630, the IVC (involuntary commitment) bill with additional requirements for MCOs. b) NEW VENDOR FOR REMOTE PARTICIPATION: Ms. Ingram provided a demo of this new product. It will be used for Board and Board Committee meeting starting July 1, 2018.</td>
<td>a) None specified. b) Ms. Ingram will send an update to all Board members.</td>
<td>a) N/A b) 7/2/18</td>
</tr>
<tr>
<td>4. Board Committee Dates and Times</td>
<td>Mr. Robinson mentioned a request from Ms. Foreman. Committee members discussed the request.</td>
<td>Ms. Ingram will forward topic to staff who support Quality Management Committee and request to add topic to the agenda for their next meeting.</td>
<td>6/19/18</td>
</tr>
</tbody>
</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. August 2, 2018, Area Board Draft Agenda</td>
<td>The Committee reviewed the draft agenda for the August Board meeting, which will be in Cumberland County.</td>
<td>The Committee requested a training/presentation on homeless care coordination and housing.</td>
<td>7/17/18</td>
</tr>
<tr>
<td>6. Closed Session</td>
<td><strong>COMMITTEE ACTION:</strong> A motion was made by Mr. Massey to enter closed session pursuant to NCGS 143-318.11 (a) (3) to consult with an attorney to preserve attorney-client privilege; motion seconded by Mr. Wooten. Motion passed unanimously. The Committee returned to open session.</td>
<td>None specified.</td>
<td>N/A</td>
</tr>
<tr>
<td>7. Applicant Interview</td>
<td>The Committee interviewed an applicant for one of the vacant Wake seats. Committee members discussed other applicants for the vacant Wake seats.</td>
<td><strong>COMMITTEE ACTION:</strong> A motion was made by Vice-Chair Corvin to recommend that Alliance’s Board forwards David Hancock’s application to the Wake Commissioners; motion seconded by Mr. Massey. Motion passed unanimously. A motion was made by Mr. Massey to continue looking for another applicant to fill the vacant Wake County seat; motion seconded by Mr. Bostock. Motion passed unanimously.</td>
<td>Ms. Ingram will add topic to the agenda for the August Board meeting.</td>
</tr>
</tbody>
</table>

8. **ADJOURNMENT:** the next Committee meeting will be July 17, 2018, at 4:00 p.m.

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
APPOINTED MEMBERS PRESENT: ☒ Cynthia Binanay, M.A., Board Chair; ☒ Christopher Bostock, B.S.I.M., Previous Board Chair (exited at 5:58 pm), ☒ George Corvin, M.D., Board Vice-Chair/Quality Management Committee Chair, ☐ James Edgerton, B.S., Finance Committee Chair, ☒ Lodies Gloston, M.A., Human Rights Committee Chair, ☒ Curtis Massey, J.D., Policy Committee Chair (via phone), ☐ Lascel Webley, Jr., M.B.A., M.H.A, Audit and Compliance Committee Chair, and ☒ McKinley Wooten, Jr., J.D., Network Development and Services Committee Chair (entered at 4:15 pm)

BOARD MEMBERS PRESENT: Gino Pazzaglini

GUEST(S): None

STAFF PRESENT: Veronica Ingram, Executive Assistant; Robert Robinson, CEO; and Carol Wolff, General Counsel

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the July 17, 2018, Executive Committee meeting were reviewed; a motion was made by Mr. Bostock and seconded by Ms. Gloston 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</td>
<td>A. Medicaid Reform: Mr. Robinson mentioned that the board will received a presentation on Medicaid Reform, particularly HB403, at the next board meeting.</td>
<td>A. CEO and Government Relations staff will present an update at the August Board meeting.</td>
<td>A. 8/2/18 B. by 7/20/18</td>
</tr>
<tr>
<td></td>
<td>B. Board Committee Dates/Times: Chair Binanay mentioned new composition for FY19 Board Committees; meeting dates and times will be determined by each Committee.</td>
<td>B. Ms. Ingram will send FY19 committee information to board members and staff.</td>
<td></td>
</tr>
<tr>
<td>4. Board Vacancies</td>
<td>Chair Binanay reviewed the remaining vacancies on the board, two for Wake County and two for Johnston County. Committee members discussed potential next steps.</td>
<td>None specified.</td>
<td>N/A</td>
</tr>
<tr>
<td>5. August 2, 2018, Area Board Draft Agenda</td>
<td>Committee reviewed draft agenda and provided input.</td>
<td>Ms. Ingram will forward revised agenda to staff.</td>
<td>7/18/18</td>
</tr>
<tr>
<td>6. Closed Session</td>
<td>COMMITTEE ACTION: A motion was made by Mr. Wooten and seconded by Mr. Bostock to enter closed session pursuant to NCGS 143-318.11 (a) (1) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1. Motion passed unanimously. Committee returned to open session.</td>
<td>None specified.</td>
<td>N/A</td>
</tr>
</tbody>
</table>

7. ADJOURNMENT: the next Committee meeting will be August 21, 2018, at 4:00 p.m.
ITEM: Human Rights Committee Report

DATE OF BOARD MEETING: August 2, 2018

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

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

The Human Rights Committee shall meet at least quarterly.

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

The Human Rights Committee is a Board Committee with at least 50% of its membership being either individuals or family members that are not Board Members. All members and the chair are appointed by the Chair of the Alliance Board of Directors. Draft minutes and supporting documents for the July 9, 2018, meeting are attached.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Lodies Gloston, Committee Chair; Doug Wright, Director of Individual and Family Affairs; Todd Parker, QM Incident and Grievance Manager
1. WELCOME AND INTRODUCTIONS – Members introduced themselves to the newest member, Ms. Patricia Wells.

2. REVIEW OF THE MINUTES - The minutes from the April 12, 2018, meeting were reviewed; a motion was made by McKinley Wooten and seconded by Dr. Michael Teague 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>Monitoring Department – Migeya Ford, Provider Network Evaluator</td>
<td>Migeya Ford stepped in for Tracylee Cicero who was out on vacation to present information about the monitoring of providers. The presentation is attached. Migeya discussed who they actually review and who they do not, how many reviews were accomplished as compared to last year, and how many staff. She also discussed the need for onsite reviews for our providers for the TBI waiver being implemented. When discussing the changes to the process for LIP monitoring, the question arose about why did the routine tool which contained Human Rights questions get archived? We had also discussed how Provider Networks had developed templates for LIPs to help them in their effort to comply with rules and that technical assistance had been successful in helping to ensure better scores.</td>
<td>Follow up on the question about “Why the LIP tool was archived?”</td>
<td>10-11-2018</td>
</tr>
<tr>
<td>Grievance Report – Todd Parker, QM Grievance and Incidents Manager</td>
<td>Todd reviewed the attached report pertaining to grievances for the 3rd quarter. He discussed the overview, nature, source, service breakdown, complaints specific to Alliance, actions taken, and resolution status.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### AGENDA ITEMS:

<table>
<thead>
<tr>
<th>Incidents Report - Todd Parker, QM Grievance and Incidents Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DISCUSSION:</strong> Todd reviewed the attached report pertaining to incidents for the 3rd quarter. He discussed the overall statistics, quarterly comparisons, service type, and trends. In discussing the reports, members shared that they would like to see additional information broken down in a more useful way. It was suggested that we consider presenting information such as the top ten providers with the most incidents, grievances or other areas that would raise concern.</td>
</tr>
<tr>
<td><strong>NEXT STEPS:</strong> Doug and Todd to review different ways to prevent information that would be more useful.</td>
</tr>
<tr>
<td><strong>TIME FRAME:</strong> 10-11-2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Next Meeting Agenda/Date – 10-11-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DISCUSSION:</strong> Training for new members was discussed and we agreed for Doug to get with the new members and do their training independently of the regular meeting. The group ask for an update on how things are going in Johnston County at the next meeting, we will possibly ask Compliance to give their annual update to the committee, Doug and Lodies will finalize the agenda.</td>
</tr>
<tr>
<td><strong>NEXT STEPS:</strong> Doug to set up training with Donald McDonald, Patricia Wells, and Sally Hunter. Doug and Lodies to finalize agenda for October and send out.</td>
</tr>
<tr>
<td><strong>TIME FRAME:</strong> 10-11-2018 10-4-2018</td>
</tr>
</tbody>
</table>

5. **ADJOURNMENT:** Next meeting will be October 11, 2018 from 4:00 p.m. to 6:00 p.m.
3QFY18 Complaint Analysis

QM Quality Assurance
Overview

- 3QFY18 yielded 199 entries
- 16 were regarding ABH
- Topics discussed in this report:
  - Nature of Issue
  - Source
  - Service Breakdown
  - ABH Concerns
  - Actions Taken For Confirmed Issues
  - Resolution Status
Nature of Issue

- Quality of Services: 103
- Authorization/Payment/Billing: 28
- Administrative Issues: 21
- LME/MCO Functions: 13
- Access to Services: 9
- Basic Needs: 6
- Service Coordination between providers: 5
- Client Rights: 4
- Abuse, Neglect, Exploitation: 4
- Confidentiality/HIPAA: 3
- Authorization/Payment/Billing - LME-MCO Only: 2
- Other: 1

Page 72 of 194
Source – who submitted the concern?

- MCO Staff: 78
- Consumer: 50
- Guardian: 42
- Parent: 9
- Provider: 9
- Other: 4
- Family Member: 4
- Anonymous: 2
- Consumer Advocate/Rep.: 1
MH/SA Service Breakdown

- Enhanced Services: 76
- Basic Services: 45
- SA Services: 22
- Crisis Services: 17
- MH/SA Care Coordination: 4
I/DD Service Breakdown

- NC Innovations Waiver Services: 9
- Developmental Therapies: 6
- Adult Day Vocational Program: 4
- Respite: 2
- IDD Care Coordination: 2
- NC IPRS Services: 2
- Community Guide: 1
ABH Complaints

- 16 entries involved ABH
  - 1 was confirmed
    (there was a problem to address)
  - 10 were nonissues
    (there was an issue but ABH followed appropriate policies or procedures in handling the issue)
  - 4 were undetermined
    (the complaint could not be validated or invalidated)
  - 1 was for tracking
The 1 confirmed ABH issues resulted in technical assistance provided.
Actions Taken For Confirmed Issues

55 of 199 entries were confirmed issues and resulted in the following actions:

- Provider Initiated Corrective Actions: 52
- Referral and/or TA by an ABH Dept.: 2
- Revert Claims: 1
Resolution Status

Complaints were resolved in the following time frames:

<table>
<thead>
<tr>
<th># of Days</th>
<th># of Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-15</td>
<td>161</td>
</tr>
<tr>
<td>16-30</td>
<td>38</td>
</tr>
<tr>
<td>30+</td>
<td>0</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Reporting Category</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse, Neglect and Exploitation</td>
<td>Any allegation regarding the abuse, neglect and/or exploitation of a child or adult as defined in APSM 95-2 (Client Rights Rules in Community Mental Health)</td>
</tr>
<tr>
<td>Access to Services</td>
<td>Access to Services as any complaint where an individual is reporting that he/she has not been able to obtain services</td>
</tr>
<tr>
<td>Administrative Issues</td>
<td>any complaint regarding a Provider’s managerial or organizational issues, deadlines, payroll, staffing, facilities, etc.</td>
</tr>
<tr>
<td>Authorization/Payment Issues/Billing PROVIDER ONLY</td>
<td>Any complaint regarding the payment/financial arrangement, insurance, and/or billing practices regarding providers</td>
</tr>
<tr>
<td>Basic Needs</td>
<td>Any complaint regarding the ability to obtain food, shelter, support, SSI, medication, transportation, etc.</td>
</tr>
<tr>
<td>Clients Rights</td>
<td>Any allegation regarding the violation of the rights of any consumer of mental health/developmental disabilities/substance abuse services. Clients Rights include the rights and privileges as defined in General Statutes 122C and APSM 95-2 (Client Rights Rules in Community Mental Health)</td>
</tr>
<tr>
<td>Confidentiality/HIPAA</td>
<td>Any breach of a consumer’s confidentiality and/or HIPAA regulations.</td>
</tr>
<tr>
<td>LME/MCO Functions</td>
<td>Any complaint regarding LME functions such as Governance/ Administration, Care Coordination, Utilization Management, Customer Services, etc.</td>
</tr>
<tr>
<td>LME/MCO Authorization/ Payment/Billing</td>
<td>Any complaint regarding the payment/financial arrangement, insurance, and/or billing practices of the LME/MCO</td>
</tr>
<tr>
<td>Provider Choice</td>
<td>Complaint that a consumer or legally responsible person was not given information regarding available service providers.</td>
</tr>
<tr>
<td>Quality of Care – PROVIDER ONLY</td>
<td>Any complaint regarding inappropriate and/or inadequate provision of services, customer services and services including medication issues regarding the administration or prescribing of medication, including the wrong time, side effects, overmedication, refills, etc.</td>
</tr>
<tr>
<td>Service Coordination between Providers</td>
<td>Any complaint regarding the ability of providers to coordinate services in the best interest of the consumer.</td>
</tr>
<tr>
<td>Other</td>
<td>Any complaint that does not fit the above areas.</td>
</tr>
</tbody>
</table>
Incident Trends Report
3Q FY18
April 2018
Q3 Incident Statistics

- There were 640 incidents occurring for 457 consumers.
- 579 Level 2 reports and 56 Level 3 reports
- 394 incident reports involved children, 241 involved adults.
- The highest number of incidents for one consumer was 15.
- Of the 7 consumers with the highest number of incidents (over 5), 6 are children/adolescents and 1 is an adult.
  - Of the 6 adolescent consumers, 3 are in out of county PRTF’s. The other 3 consumers were receiving Day Treatment services, and all incident reports for those consumers involved restraints and elopements.
  - The adult consumer with 15 incidents was receiving Residential Support services out of county. The consumer was hospitalized and a higher level of care was recommended.
There were 4 more incidents and 38 more incident reports received in the 3rd quarter of FY18 than in the 2nd quarter of FY18. 62% of the incident reports involved children in the 3rd quarter, compared to 59% in the 2nd quarter. Reports involving adults decreased from 41% in the 2nd quarter to 38% in the 3rd quarter of FY18.
Incidents involving MH/SA consumers increased from 483 in the 2\textsuperscript{nd} quarter of FY18 to 513 in the 3\textsuperscript{rd} quarter. Intensive In Home services had the most incidents in the 3\textsuperscript{rd} quarter of FY18 with 74 incidents. Reports involving Residential Level III services decreased to 11\% (57 incidents) from 17\% (80 incidents) last quarter, while Child Day Tx increased to 47 incidents from 38 in the 2\textsuperscript{nd} quarter.

\textbf{N = 513}
Incidents involving IDD consumers increased from 114 to 122 in Q3 FY18. Residential Supports Level 4 had the most incidents in the 3rd quarter with 34 incidents reported, compared to 18 last quarter. ICFMR was the next highest with 18 incidents reported, a decrease from 31 in the 2nd quarter. There was an increase in incidents involving Peer Support services – from 8 incidents in the 2nd quarter to 15 incidents in the 3rd quarter of FY18.
FY18 Incident Reporting Trend Analysis – Level 2 Incidents

Graph showing the trend analysis of Level 2 incidents from July 2017 to March 2018 for Durham, Wake, Cumberland, and Johnston counties. The graph includes linear trends for each county.
FY18 Incident Reporting Trend Analysis –
Level 3 Incidents
Level 2 & 3 Incident Definitions

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

• Level 3 incident categories and behaviors – all are categorized as any that results in permanent physical or psychological impairment or if there is perceived to be a significant danger to the community
  • Death – Suicide, Accident, Homicide, Unknown, Opioid
  • Restrictive Intervention
  • Consumer Injury
  • Abuse/Neglect/Exploitation – includes all sexual assaults
  • Medication Error
  • Behavior
  • Other
Provider Network Evaluation Overview for FY 17/18

July 9, 2018
What we do

• Review most contracted providers on a two year cycle
• Perform Quality of Care Reviews
• Complete Targeted Reviews
• Re-credentialing of provider sites
• Monitor Unlicensed Adult Family Living (AFL) homes for initial reviews and annually thereafter.
What we do continued...
Routine, post-payment and unlicensed AFL reviews are completed using the state developed tools.

Providers are given results based upon the tool and there are several outcomes.

- Successful Monitoring
- Plan of Correction
- Recoupment
- Recoupment and plan of correction
What we do continued...

Items that are flagged outside of our scope (ex. Suspected fraud) are referred to compliance committee and our Special Investigation Unit.
We do not monitor...

- Residential Level II - except TFC which we monitor
- ICF-MR
- Hospital Codes (all)
- Goods and Services/Vendors
- Single Care Agreements
- Out of Network Requests
- Invoiced SOW services/Non UCR
Who we are

The team is made up of 12 staff and one supervisor.

• All staff are teleworkers
• Staff are from all 4 counties in the Alliance catchment area
• 6 Provider Network Evaluator I
• 6 Fully licensed Provider Network Evaluator II positions
What we do to support our providers and consumers

- Provide technical assistance throughout the entire monitoring process
- Online training through Alliance’s website
- Supply tangible resources/approved forms for providers to remain in compliance
Summary of provider agency reviews from July 2017 until end of May 2018

- Completed 76 agency reviews
- Of those reviewed 61 were post-payment only
- Average score:
  - Routine Review: 98%
  - Post-Payment Review: 97.5%
- Plans of Correction Issued: 24
Summary of License Independent Practitioners (group and solo) reviews from July 2017 until end of May 2018

Compliance approved alternative outcome actions for LIP providers as paybacks were a hardship. The “LIP Actions for Compliance” were effective 9/26/2017.

- Completed 86 LIP reviews
- Average score:
  - Routine Reviews: 85.2%
  - Post-Payment Reviews: 95.4%
- Plans of correction issued: 16
Summary of Unlicensed Unlicensed Adult Family Living (AFL) reviews

- Completed 90 AFL Reviews
- Average score: 100%
- No plans of correction issued
  - This is due to the monitoring process being different from others
Summary of Quality of Care and Targeted Reviews

- Completed 9 Targeted Reviews
- Completed 1 Health and Safety Review
- Some common issues: Billing for inappropriate service, not providing the service according to clinical coverage policy, health and safety issues
Summary of Re-Credentialing Reviews

Review all agency and LIP providers during scheduled Routine or Post-Payment monitoring's.

- Completed 89 Re-Credentialing Reviews
- Average score: 100%
- No plans of correction issued
  - This is due to the monitoring process being different from others
Changes to monitoring in the FY 17 - 18

As of 7/3/2017

- The state has modified the utilization of the routine monitoring tool.
- Accredited (COA, CQI, The Joint Commission, CARF) agencies will no longer require a routine monitoring. Only post-payment.
- Changes in LIP and agency post-payment review to include the following:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Is there evidence the provider agency meets the access standards related to appointment availability (emergency, urgent and routine need)?</td>
</tr>
<tr>
<td>2.</td>
<td>Is there evidence the provider agency meets the access standards related to Office Wait Time (scheduled, walk-ins and emergency)?</td>
</tr>
<tr>
<td>3.</td>
<td>Is there evidence the provider agency provides physical access, reasonable accommodations, and accessible equipment for enrollees with physical or mental disabilities?</td>
</tr>
</tbody>
</table>
Changes to monitoring continued....

- Introduced the NO-POC SOD eff. 11-30-2017
  - A NO-POC SOD is issued due to the monitoring score received was higher than 85%, there was not a systemic issue, and/or the issue had already been self-corrected. Submitting a plan of correction is not required and there will be no follow-up from monitoring staff. However, in order for the provider to be in complete compliance, it is requested that all findings be corrected and brought into compliance within 60 days of the review completion.
Changes and additions for FY 2018

- Changes to DHHS LIP Provider Monitoring Review Process
  - Effective July 1st the LIP routine tool will be archived, the Post-Payment only tool will be used.
Changes and additions continued...

- **TBI-HCBS Waiver – State developing tool**
  - About 50 sites for initial TBI HCBS tool review.
  - 5-6 sites reviewed per month
  - By March 2019 we have to complete 10% of the sites.
  - DHHS Approved for Traumatic Brain Injury Pilot Project | NC ...
    - [HTTPS://WWW.NCDHHS.GOV/.../DHHS-APPROVED-TRAUMATIC-BRAIN-INJURY-PILOT- PROJECT](HTTPS://WWW.NCDHHS.GOV/.../DHHS-APPROVED-TRAUMATIC-BRAIN-INJURY-PILOT- PROJECT)

Traumatic Brain Injury
Home and Community Based Services
NC:DHHS Mental Health, Development Disabilities and Substance Abuse Services

https://www.ncdhhs.gov/providers/provider-info/mental-health/provider-monitoring

- DHHS Monitoring Tools for Providers
  - Effective: 5/3/2018 – Posted: 5/2/2018

- DHHS New Unlicensed Site Review Tool for Providers
  - Effective: 5/3/2018 – Posted: 5/2/2018

- DHHS Review Tool for LIPs
  - Effective: 5/3/2018 – Posted: 5/2/2018

- DHHS Unlicensed AFL Review Tool for Providers
  - Effective: 5/3/2018 – Posted: 5/2/2018
Migeya Ford
Provider Network Evaluator I
Presenting on behalf of:
Tracylee Cicero, LPC
Provider Network Evaluator Supervisor
919-651-8952
tcicero@alliancebhc.org
ITEM: Network Development and Services Committee Report

DATE OF BOARD MEETING: August 2, 2018

BACKGROUND: The committee reviews progress on the agency’s network development plan and progress on service development. The committee reports to the Area Board and provides guidance and feedback on development of the needs and gaps assessment to meet state and agency requirements. This month’s report includes draft minutes and materials from the July 11, 2018, meeting.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

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

BOARD MEMBERS PRESENT: Cynthia Binanay
GUEST(S) PRESENT: None
STAFF PRESENT: Beth Melcher, Executive Vice-President/Care Management Division; Carlyle Johnson, Director of Provider Networks Strategic Initiatives

WELCOME AND INTRODUCTIONS

1. REVIEW OF THE MINUTES – The minutes from the March 14, 2018, meeting were reviewed; a motion was made by Ms. Binanay and seconded by Mr. McDonald to approve the minutes. Motion passed unanimously.

The May 9, 2018 meeting of the committee did not have a quorum so there are no minutes from that meeting.

AGENDA ITEMS: | DISCUSSION: | NEXT STEPS: | TIME FRAME:
---|---|---|---
2. Presentation on Needs and gaps analysis | Reviewed the state requirements of the Needs and Gaps analysis and changes to those requirements from previous years. Focus is more on ensuring access to services for various populations and timeliness of care. Adequacy is not defined as more than just having a service within 30 miles. The data collection and survey process was reviewed and preliminary results were reported. Committee requested that there be a presentation at the September board meeting regarding the Needs and Gaps analysis results and the Network Development Plan | | |

Next Meeting

Committee will hear a presentation on the Traumatic Brain Injury Waiver Alliance is implementing.

3. ADJOURNMENT: next meeting will be September 12, 2018, from 4:00 p.m. to 5:00 p.m.

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the February 14, 2018, meeting were reviewed; a motion was made by Commissioner Carter and seconded by Mr. Wooten to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Presentation on initiatives to support individuals with complex needs</td>
<td>Committee reviewed initiatives to better support individuals with complex needs requiring long term services and supports. Efforts focus on creating multi-disciplinary care teams to provide more comprehensive support. New care management software will support this more robust approach. Also working with providers to create service definition for an interim level of care between institutional and community ICF level of care.</td>
<td>Committee will hear presentation on initiatives related to the DOJ settlement at next meeting</td>
<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>

4. ADJOURNMENT: next meeting will be May 9, 2018, from 4:00 p.m. to 5:00 p.m.

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
2018 Community Needs Assessment

Alliance Board Services Committee

July 11, 2018
2018 Community Needs Assessment

- Change in breadth and focus of assessment
  - New CMS rules for *network adequacy*
  - NC Medicaid transformation
  - Preparation for standard and tailored plans

- Examples of DHHS change in emphasis
  - DHHS feedback about 2017 Community Needs Assessment
  - DHHS Concept Paper: *Network Adequacy & Accessibility Standards*
  - Name change of report: *2018 Network Adequacy and Accessibility Analysis Report*
DHHS Concept Paper

• Access to Care: historically measured by sufficiency / number of providers and geographic access (choice of providers within 30 minutes/miles)

• Shift to multifaceted approach:
  • **Availability**: number of providers, *willingness to accept new referrals*, ability to offer timely appointments
  • **Accessibility**: geographic accessibility, physical access (e.g., handicapped accessible), non-English access
  • **Accommodation**: operating hours, appointment policies, language and cultural competency
  • **Realized Access**: actual use of services by enrollees
Network Adequacy Questions

- Are there enough providers of each service type?
- Does the network have enough providers within a reasonable distance who are accepting referrals?
- Are appointments available in a timely manner?
- Does the MCO address the needs of all beneficiaries, including those with limited English proficiency or literacy?
- Are services culturally competent for those with:
  - Diverse cultural and ethnic backgrounds
  - Disabilities
  - Diversity in gender, sexual orientation or gender identity
Sources of Information

• Demographic information
• Service geomapping
• Service utilization data
• Alliance CFAC and local CFAC feedback
• APAC and local PAC input
• On-line surveys of consumers, family members, stakeholders, providers, staff
• Focus groups
• Other sources of data as available
Community Survey Enhancements

• Improved survey format to reduce completion time and highlight priorities
  • Reduced estimated completion time from 26 minutes to 8 minutes
• Added ‘virtual focus group’ option
• Added Spanish version in both electronic and hard copy versions
• New survey: Provider capacity and accessibility survey
Community Survey

- Access to needed services
- Barriers to accessing services
- Populations with limited access or difficulty accessing services
- Linguistic access
- Specific services not available within each community
- Network strengths
Provider Capacity and Accessibility Survey

• Services closed to new admissions
• Reasons for not accepting new referrals
• Strategies for improving access to care
• Services available for non-English
• Services for Spanish-speaking
• Programs for specific populations
• Wait times for appointments
• Use of Alliance slot scheduler
• Barriers to timely access
<table>
<thead>
<tr>
<th>Category</th>
<th>Medicaid</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient</td>
<td>Two (2) within 30 miles or minutes (m/m)</td>
<td>Two (2) within 30 m/m</td>
</tr>
<tr>
<td>Location-Based</td>
<td>Two (2) within 30 m/m</td>
<td>One (1) within 30 m/m</td>
</tr>
<tr>
<td>Community / Mobile</td>
<td>Two (2) within ABH catchment (ABHC)</td>
<td>One (1) within ABHC</td>
</tr>
<tr>
<td>Crisis</td>
<td>One (1) within ABHC</td>
<td>One (1) within ABHC</td>
</tr>
<tr>
<td>Inpatient</td>
<td>One (1) within ABHC</td>
<td>One (1) within ABHC</td>
</tr>
<tr>
<td>Specialized</td>
<td>Two (2) in NC</td>
<td>One (1) in NC</td>
</tr>
<tr>
<td>C-Waiver-Group 1</td>
<td>Two (2) within ABHC</td>
<td>N/A</td>
</tr>
<tr>
<td>C-Waiver-Group 2</td>
<td>One (1) within ABHC</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Geographic Access Results

Areas in full compliance with geographic access requirements:

- Outpatient
- Community-based / mobile
- Crisis
- Inpatient
- C-Waiver
Geographic Access Gaps

• Location-based
  • Child & Adolescent Day Treatment (M,S)
  • SACOT (S)
  • Opioid Treatment (M)
  • Day Supports (S)

• Specialized Services
  • Medicaid: (b)(3) I/DD Facility-Based Respite
  • State: PRTF, Residential Treatment, IDD Supported Living, ICF/IDD
H0020-Outpatient Opioid Treatment (Medicaid)
Community Survey Responses

- Over 590 responses as of 7/11/18

<table>
<thead>
<tr>
<th>Category</th>
<th>Cumberland</th>
<th>Durham</th>
<th>Johnston</th>
<th>Wake</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumers</td>
<td>1</td>
<td>2</td>
<td></td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>Family members</td>
<td>10</td>
<td>8</td>
<td>8</td>
<td>55</td>
<td>93</td>
</tr>
<tr>
<td>Providers</td>
<td>33</td>
<td>88</td>
<td>48</td>
<td>107</td>
<td>183</td>
</tr>
<tr>
<td>Stakeholders</td>
<td>10</td>
<td>24</td>
<td>10</td>
<td>58</td>
<td>95</td>
</tr>
<tr>
<td>Staff*</td>
<td>22</td>
<td>13</td>
<td>4</td>
<td>47</td>
<td>158</td>
</tr>
</tbody>
</table>

*Corporate: 61; Morrisville & off-site: 9
<table>
<thead>
<tr>
<th>Population</th>
<th>Consumer / Family</th>
<th>Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child/Adol. MH</td>
<td>12</td>
<td>89</td>
</tr>
<tr>
<td>Child/Adol. IDD</td>
<td>11</td>
<td>43</td>
</tr>
<tr>
<td>Child/Adol. SUD</td>
<td>2</td>
<td>57</td>
</tr>
<tr>
<td>Adult MH</td>
<td>54</td>
<td>112</td>
</tr>
<tr>
<td>Adult IDD</td>
<td>34</td>
<td>45</td>
</tr>
<tr>
<td>Adult SUD</td>
<td>5</td>
<td>103</td>
</tr>
</tbody>
</table>
Access to Needed Services

Consumer & Family Responses:

• 23% had to travel outside of the county to receive services

• 37% report not receiving the services that are needed

• Specific needs: Innovations waiver services, services for uninsured, job counseling, peer support, respite, residential treatment, housing
Access Barriers

• Lack of reliable transportation (67%)
• Homeless/housing issues (53%)
• Lack of insurance (51%)
• Limited information about how to obtain services (42%)
• Services not available nearby (39%)
• Wait too long for appointments (37%)
• Cost of medication (33%)
• Availability of qualified staff (32%)
• Language barrier (29%)
• Lack of childcare (27%)
Populations with Limited Access

- Homeless/ those with unstable housing (75%)
- People with transportation barriers (74%)
- People in jails/prisons (46%)
- People with physical disabilities (38%)
- People with TBI (37%)
- Youth in juvenile justice (32%)
- Individuals with food insecurity (32%)
- Veterans, military & families (31%)
- Pregnant women with SUD (27%)
Specific Services Rated as Unavailable

- Residential options (38%)
- Respite (37%)
- Community Guide (31%)
- Services to develop daily living skills (30%)
- Daily structured programs (29%)
- Vocational services (27%)
- Adolescent residential treatment (25%)
- Crisis services (23%)
- Behavior Plan Development (23%)
- Personal Assistance/Personal Care (23%)
Other Service Gaps

- Delays in transition between levels of care
- Lack of knowledge about system and challenges in navigating/accessing system of care
- Behavioral healthcare in jails and need for alternatives to use of jails for individuals with mental illness
- Service array in Johnston and Cumberland
- Funding for opioid treatment for uninsured
- Services for individuals who speak Spanish
- Services for children under age 4
- System design not flexible enough to individualize care, especially for dually diagnosed and individuals with complex needs
Cultural/Linguistic Access

Call Center language line data (last 18 months):

• Spanish: 1,729 (96%)
• Other languages with less than 1% of calls:
  • Vietnamese: 16
  • Arabic, Mandarin, Urdu, Portuguese: >5 each
  • 15 other languages with <5 calls

2018 consumer primary language report:

• Non-English primary language: 7% -8%
• Of Non-English, Spanish = 90-91%
• Data limited about identify of other languages
Network Strengths

- Care Coordinators (hospital liaisons highlighted)
- Call Center staff
- CIT training
- Cures funding
- Access to assessments for juvenile justice youth
- Providers helping with transportation and housing
- Housing/ILI assistance
- Peer Supports
- Providers working to improve timely access
- Behavioral Health Urgent Care
- Numerous responses recognizing specific providers
Next Steps

• Survey extended until *July 20*
  • *Effort to solicit consumer and family input*
• Focus group responses: *due July 31*
• Provider Capacity Survey: *due July 26*
• Final analysis of survey results
• Identification of service gap priorities
• Preparation of Network Development Plan
• Submission of final report and Network Development Plan: *September 21*
ITEM: Global Quality Management Committee Report

DATE OF BOARD MEETING: August 2, 2018

BACKGROUND: The Global QMC is the standing committee that is granted authority for Quality Management by the MCO. The Global QMC reports to the MCO Board of Directors which derives from General Statute 122C-117. The Quality Management Committee serves as the Board’s monitoring and evaluation committee charged with the review of statistical data and provider monitoring reports. The goal of the committee is to ensure quality and effectiveness of services and to identify and address opportunities to improve LME/MCO operations and local service system with input from consumers, providers, family members, and other stakeholders. The Alliance Board of Directors’ Chairperson appoints the committee consisting of five voting members consisting of Board members and consumers and/or their family members. Other non-voting members include at least one MCO employee and at least two provider representatives. The MCO employees typically assigned are the Director of the Quality Management (QM) Department who has the responsibility for overall operation of the Quality Management Program; the MCO Chief Medical Officer, who has ultimate responsibility of oversight of quality management; the Quality Review Manager, who staffs the committee; and other staff as designated. The Global QMC meets at least six times each fiscal year and provides ongoing reporting to the Alliance Board. The Global QMC approves the MCO’s annual Quality Improvement Projects, monitors progress in meeting Quality Improvement goals, and provides guidance to staff on QM priorities and projects. Further, the Committee evaluates the effectiveness of the QM Program and reviews and updates the QM Plan annually. The QM Committee shall review statistical data and provider monitoring reports and make recommendations to the Board of Directors or other Board committees. The QM Committee serves as the Board’s Monitoring and Evaluation Committee charged with the review of statistical data and provider monitoring reports. The goal of the QM Committee is to ensure quality and effectiveness of services and to identify and address opportunities to improve Alliance operations and local service system with input from consumers, providers, family members, and other stakeholders. The draft minutes and materials for the June meeting are attached. The committee received an update on Board surveys (only 7 received) and the process to select new provider representatives. Dr. Corvin thanked the current representatives for their 2 years of exemplary service. Committee received a presentation from Care Coordination on ABLE Accounts, financial accounts for individuals with IDD, to use money for qualified expenses. Additional information is available at www.ablenrc.org. The committee also received an update on changes in the QM Department and an introduction to the QM Plan and Evaluation, which will be presented as draft to the committee in August. Finally, the committee received a report on progress of current Quality Improvement Projects. They approved the continuation of 5 projects into the next fiscal year, closure of 2 projects, and the opening of another project (focused on the TCLI population). The committee will not meet again until August.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Dave Curro, Committee Chair; Wes Knepper, Quality Management Director
VOTING MEMBERS PRESENT: ☒ George Corvin, MD, Chair (Area Board); ☒ Cynthia Binanay (Area Board Chair); ☒ Pam Silberman (Area Board); ☒ Duane Holder (Area Board); ☒ Joe Kilsheimer, MBA (CFAC); ☒ Dave Curro (CFAC)

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

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

GUEST(S) PRESENT: Yvonne French, Director & Liaison DMH/DD/SAS; Mary Hutchings, Wake Co. Internal Audit; Todd Parker, Incident & Grievance Manager; Schuyler Moreno, Data Manager; Briana Parkins, I/DD Care Coordinator Supervisor-via Phone

REVIEW OF THE MINUTES:  Motion made by Duane Holder to approve the May 3, 2018 meeting minutes, seconded by Joe Kilsheimer, minutes were approved.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Welcome &amp; Introductions:</td>
<td>Welcome: Dr. Corvin opened the meeting and welcomed new Global QMC members Pam Silberman and Dave Curro.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Old Business:</td>
<td><strong>Update on Board Surveys (Dr. Corvin)</strong>  Seven existing Board Members and four non-board members serving on the committees have returned their surveys. George will have hard copies of the survey available. Encouragement to take the survey helps Alliance to know and understand how they are doing.</td>
<td>Provide update</td>
<td>Next meeting</td>
</tr>
<tr>
<td></td>
<td><strong>Recruiting Provider Representatives (Dr. Corvin)</strong>  Terms for the 2 QMC provider representative positions expire at the end of June. Recruiting is currently happening to fill positions by August meeting. George and the committee would like to “thank you” to Tim and Jeremy for all that they have done.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. New Business:</td>
<td><strong>Confidentiality Agreement forms (Tina)</strong>  The confidentiality agreement forms need to be updated and signed by each board/committee member. The forms were distributed to the committee to sign and returned to Tina.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ABLE Accounts (Brianna Parkins)
The Achieving a Better Life Experience accounts was approved in 2017 and are designed for consumers with disabilities on Medicaid. Eligible consumers had to have a disability before the age of 26, eligible for SSDI or SSI or have a confirmed severe disability.

Similar to an HSA, I/DD consumers/parents can load an account with monies. This allows those consumers/parents to use the money for any of the Qualified Categories for incurred expenses. Contributions can go up to $100,000 keeping your SSI, and contributions up to $450,000 for Medicaid consumers. At the end of 2017, a 529-C account can now be rolled over.

An ABLE account is only available through the North Carolina ABLE website. For more information, check out the following website links:

http://www.ablenrc.org/state-review/north-carolina

https://savewithable.com/nc/home.html

Question was asked about whether Alliance will create a web page about the ABLE accounts. Brianna was not sure.

Update on QM Structure (Wes)
Wes provided overview of recent changes in the QM department, including creation of three teams. Each manager provided a brief description of their team:

**Schuyler Moreno, Data Manager**
The Team compiles and transforms data into action through surveys, reports, internal data integration and performance metrics.

**Todd Parker, Incident & Grievance Manager**
The Team evaluates incidents and reviews any grievances received from consumers, their families and stakeholders.

**Tina Howard, Quality Review & Improvement Manager**

Brianna will provide more informational brochures to Tina and Dave Curro and follow up on question about a web page.
The Team reviews internal data for red flags, assists businesses with process improvement, and conducts quality reviews. This team is responsible for the Quality Improvement and smaller, less intensive performance improvement projects.

**Introduction to QM Plan & Evaluation (Wes)**
QM is required to create a plan and evaluate last year’s performance on an annual basis. One of the goals for this year involves improving the quality and timeliness of the data. In addition, we will be incorporating results from four statewide surveys to improve quality through our network and care for services. There are also new Quality Improvement Projects.

**QIP Proposals for FY19 QIPs (Tina)**

**Successes:**

- **TCLI Project - Private Housing**
  Met the housing goal within the first 6 months. Interventions of outreach, incentives to landlords, and internal streamlining appeared to be successful.

- **First Responder Project**
  Alliance conducts test calls to the enhanced/extensive providers’ crisis lines after regular business hours. FY 18 data indicated the best results ever on this project. Last measurement met the benchmark for first time. Intervention of referral to Compliance is most successful.

**Red Flags:**

- **Crisis QIP**
  Includes several measures (one for Cumberland and three for Wake). While data indicates improvement in the Wake CAS measures, it does not appear that our intervention influenced the data. Other interventions were researched with no success. Would like to close this QIP.

- **Access to Care**
  Continued poor engagement of Urgent callers. Will be providing new interventions to improve engagement of Urgent population. Would like to continue this project for another year.

Wes will have the initial draft of the QM Plan available at the Global QMC August meeting.
Continuation of QIP Projects:
- **Access to Care – Routine/Urgent**
- **MH/SUD Care Coordination**
- **First Responder**
  - IIH: Keeping open until Final Analysis is completed.
- **Access to Care – Emergent**: Keeping open until Final Analysis is completed.

Projects for Closure:
- **Crisis Services Project**: No confirmation that the interventions were working.
- **TCLI Project-Private Housing**: Met the Benchmark

Post closure analysis will be conducted for projects that met benchmark for one year after closure to make sure improvement is sustained.

New Projects:
- **TCLI Timeliness of Housing**: Increase the number individuals moving into housing.

Vote:
Request to vote on continuing 5 QIPs, close 2 projects, and to open 1 New QIP:
- Motion was made by Pam, seconded by Duane, all ayes – approved.

Next Fiscal Year’s Schedule/Topics (Dr. Corvin)
Committee agreed to keep the same schedule and time of the Global QMC meeting (1st Thursday of the month from 2-3:30). Meetings will take place at the site where the Board of Directors will meet. Members may participate in person, remotely through an online meeting site arranged by Alliance (Tina will send directions), or by participating in the online meeting at Alliance’s Home Office.

New Topics for Discussion:
- Housing
- Penetration Rates/Needs and Gaps Assessment
- Continuity of Care (by disability group)
- DMA/DMH Super Measures – Alliance’s performance compared to average and benchmark
<table>
<thead>
<tr>
<th>Outcome data – How do we collect and analyze the data</th>
</tr>
</thead>
</table>
| Upcoming Meeting:  
  Next meeting is scheduled for August 2, 2018 **(Time:** 2:00 – 3:30 pm)  
  **Location:**  
  Unknown (Tina or Dr. Corvin will email location) |
| Adjournment:  
  Meeting adjourned at 3:15 p.m. |
North Carolina Achieving a Better Life Experience (ABLE) Program

The North Carolina Achieving a Better Life Experience (ABLE) Act allows people with disabilities the opportunity to save money in a tax-advantaged NC ABLE account, while maintaining Medicaid, SSI and other supports. People with disabilities or their parent/guardian may open a NC ABLE account. Savings up to $100,000, are not counted toward a person’s eligibility for SSI, and Medicaid eligibility is maintained with savings up to $450,000. A total of $15,000 a year can be contributed to the NC ABLE account in 2018, from various sources such as friends, family and employment earnings.

New rules allow for 529 college savings account roll-ins to NC ABLE accounts, up to the annual maximum contribution amount, are now permitted under federal law.

Account owners who work and earn income are permitted to make contributions into their ABLE accounts in excess of the $15,000 annual contribution limit under certain circumstances. The North Carolina Department of State Treasurer is coordinating the implementation, administration and outreach of this important new program.

You're eligible if:

- Your disability was present before the age of 26; and
- One of the following is true:
  - You are eligible for SSI or SSDI because of a disability
  - You experience blindness as determined by the Social Security Act; OR
  - You have a similarly severe disability with a written diagnosis from a licensed physician that can be produced if requested.

You must self-certify that you have one of the following:

- Blindness as defined by the Social Security Act (SSA); OR
- A medically determinable physical or mental impairment with marked severed function limitation that has lasted, or is expected to last, at least 12 continuous months or result in death;
  - AND you must have a written disability-related diagnosis signed by a physician.

You must re-certify annually.

(Proof of eligibility is not required to open an account. However, you should maintain a record of your diagnosis, benefits verification letter or other relevant documents in the event that you are required to prove eligibility at a later time.)

To enroll, eligible individuals, or their parent/guardian, should visit:

[NC.SaveWithABLE.com](http://NC.SaveWithABLE.com)

The simple, online process takes just a few minutes. No special medical forms are required. NC ABLE accounts are not opened at banks or with financial planners.

For assistance with the enrollment process, call the NC ABLE Program Customer Service Center toll-free at 888-627-7503, Monday - Friday, 8:00 am - 5:00 pm.
What are Qualified Disability Expenses?

These are ANY expenses that are incurred as a result of living with a disability and are intended to improve your quality of life.

Qualified expenses include, but are not limited to:

- Education
- Health and wellness
- Housing
- Transportation
- Legal fees
- Financial management
- Employment training and support
- Assistive technology
- Personal support services
- Oversight and monitoring
- Funeral and burial expenses

The NC ABLE Account is administered by The North Carolina Department of State Treasurer. The State of North Carolina began offering ABLE accounts in 2017. Year to Date (as of December 31, 2017) there were 313 accounts with total contributions of $982,652.21. 71 of these accounts are within counties in the Alliance BHC catchment area.

NC ABLE offers a range of investment options to match both your goals and comfort with risk.
Quality Improvement Projects

Presentation to the Global Quality Management Committee (June 2018)
Quality Improvement Projects

Summary:
- Open/Active: 6 projects (includes the 2 new UM projects approved at May’s meeting)
- Proposing to Close: 2 projects, Post closure analysis: 2 (1 completed)
- Proposing to Open: 1 project
Quality Improvement Projects

Successes:

- TCLI Private Housing Project – 17 individuals in private housing in Wake County (as of April 2018), exceeding benchmark of 11

- First Responder – Reached benchmark (for first time): 91% successful test calls due to implementation of new interventions (quicker referral to compliance, training, outreach)
Quality Improvement Projects

Red Flags:

- **Crisis QIP: Wake County** – while closures of CAS have decreased, it is highly doubtful that it was due to the intervention of Open Access clinic opening after regular business hours; considered other interventions with no success

- **Access to Care Routine/Urgent QIP**: Continued poor show rate of individuals identified as Urgent showing for care within 2 days, even worse for individuals releasing from incarceration
Quality Improvement Projects

Recommendations for Committee Vote

Continue Projects:

- Access to Care Routine/Urgent – Implement new intervention for Routine callers; Urgent: implemented new interventions and continue others, focus on highest risk individuals (consumer safety)
- MH/SUD Care Coordination – Identify new measures and interventions
- First Responder – Continue as is until another measurement reaches/exceeds benchmark
Quality Improvement Projects

Recommendations for Committee Vote

Continue Projects Until Analysis is Final:
- IIH – Analysis finalized, being presented to PAT
- Access to Care – Emergent – Urgency level being revised, performance may change substantially

Close Projects:
- Crisis Services – Project Advisory Team & CQI have recommended closure
- TCLI Private Housing – Close due to success of reaching benchmark
Quality Improvement Projects

Recommendations for Committee Vote

Post Closure Analysis:
- Improve PCPs – Analysis indicated that 67% of plans reviewed fully met health and safety elements, improvement (of at least 65% of plans) sustained, no need to reopen project

Open New Project:
- TCLI Timeliness of Housing – Increase % housed in 90 days, meets contract requirement for at least one TCLI QIP/year
Detailed Results for QIPs
UM Projects (new)

- UM Turn-Around Time (TAT) for Innovations requests – Reduce average TAT for Innovations requests, meets URAC requirement for UM project *(approved at May meeting)*

- UM Expedite Care Requests – Expedite requests for services following acute stabilization (ED, inpatient, crisis), clinical, Meets URAC requirement for consumer safety project *(approved at May meeting)*
Access to Care - Emergent

Goal:

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

Interventions:

- Revised Mobile Crisis services (start: July 2017, delayed start); Centralized Dispatch started December 1, 2017 (delayed)
- Improve internal coding and data entry (start: January 2017)
- Revise urgency criteria (called Clinical Decision Support Tool) to better reflect best practices (if approved, implement: July 1, 2018)
Access to Care - Emergent

Results (Baseline – 67%):

- Mobile Crisis Team response time improved after implementation of Centralized Dispatch, although fewer calls referred to Teams
- Decrease in Q3 due to change in methodology for Medicaid callers and snow storms in January preventing staff from responding or responding on time

*The timeframe for receiving timely care was changed from 2:15 hours from start of call to 2 hours from start of call for all individuals who have Medicaid starting in this quarter (Quarter 3 of FY 18). This was changed based on feedback from Alliance leadership.*
Access to Care – Urgent/Routine

Goals:

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

Methodology changes for FY 17 & FY 18

- Use only claims submitted to calculate measure due to inaccuracy of Alpha report

- Revised baselines-Routine: FY 16, Q1; Urgent: FY 16, Q4

*All claims for Q2 most likely not submitted, yet.
Access to Care – Urgent/Routine

Interventions-Routine:

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

Percent Met

- The table below illustrates performance based on claims:

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Total # of Calls</th>
<th># show in 14</th>
<th>% show in 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 16, Q1 (Jul-Sep 2015)</td>
<td>1,051</td>
<td>424</td>
<td>40%</td>
</tr>
<tr>
<td>FY 16, Q2 (Oct-Dec 2015)</td>
<td>959</td>
<td>430</td>
<td>45%</td>
</tr>
<tr>
<td>FY 16, Q3 (Jan-Mar 2016)</td>
<td>778</td>
<td>370</td>
<td>48%</td>
</tr>
<tr>
<td>FY 16, Q4 (Apr-Jun 2016)</td>
<td>806</td>
<td>361</td>
<td>45%</td>
</tr>
<tr>
<td>FY 17, Q1 (Jul-Sep 2016)</td>
<td>753</td>
<td>370</td>
<td>49%</td>
</tr>
<tr>
<td>FY 17, Q2 (Oct-Dec 2016)</td>
<td>700</td>
<td>309</td>
<td>44%</td>
</tr>
<tr>
<td>FY 17, Q3 (Jan-Mar 2017)</td>
<td>697</td>
<td>357</td>
<td>51%</td>
</tr>
<tr>
<td>FY 17, Q4 (Apr-Jun 2017)</td>
<td>665</td>
<td>316</td>
<td>48%</td>
</tr>
<tr>
<td>FY 18, Q1 (Jul-Sep 2017)</td>
<td>563</td>
<td>262</td>
<td>47%</td>
</tr>
<tr>
<td>FY 18, Q2 (Oct-Dec 2017)*</td>
<td>628</td>
<td>304</td>
<td>48%</td>
</tr>
<tr>
<td>FY 18, Q3 (Jan – Mar 2018)**</td>
<td>706</td>
<td><strong>313</strong></td>
<td>44%</td>
</tr>
</tbody>
</table>

*Data re-run and validated in April 2018.
**Initial analysis, data on claims incomplete due to lag in submitting claims and report anomalies.
This graph clearly shows a difference in results by insurance type. Individuals with Medicaid are more likely to show for care within 14 days of the call than those without the benefit. This difference has increased from 16% and 8% in FY 17 Q1 and Q2, respectively, to 20% and 19% in FY 18 Q1 and Q2, respectively. The non-Medicaid show rate has continued to decline for three quarters since the beginning of FY 18. This decline does not appear to be related to availability of appointments because approximately 98% of callers receive appointments within 14 days (higher than Medicaid at 94%).

*Data re-run and validated in April 2018.
**Initial analysis, data on claims incomplete due to lag in submitting claims and report anomalies.
At Baseline (FY 16, Quarters 1 & 2), 42% of individuals who called Alliance’s Access & Information Center requesting services received those services within 14 days of the call. The percent increased significantly to 46% of callers in the 1\textsuperscript{st} post-intervention time period (FY 16, Quarters 3 & 4) and 47% in the 2\textsuperscript{nd} post-intervention time period received services in 14 days* and continued to increase (updated April 2018). **Best outcomes were detected from individuals/guardians who talked directly to Call Center staff, second best: message left on voicemail.**

* A Chi-Square statistic was used to calculate significance of difference. In both post-tests, results were found to be statistically significant, FY 16 Q3-4: $X^2 (1, n=3,593) = 5.41, p=0.20$; FY 17 Q1-2: $X^2 (1, n=3,461) = 5.62, p=0.18$. Significance was also found using the Fisher’s Exact Test (FY 16 Q3-4: $p=.021$ (two tailed); FY 17 Q1-2: $p=.018$ (two tailed)). **Initial analysis, data on claims incomplete due to lag in submitting claims.**
Routine/Urgent Callers: Interventions

Address Billing Issues

Problem: Caller was not enrolled in our system, provider needed to complete enrollment for person in order to submit claim

Solution: Training to providers (APAC, All-Provider), remind them to complete enrollment and submit claims

Problem: Clinicians who completed CCA were not fully credentialed in our network (process can take up to 180 days, avg: 4-6 months)

Solution: Consider streamlined credentialing process
Routine/Urgent Callers: Interventions

Address Billing Issues

Problem: Caller presented for crisis services after the call (if crisis facility billed for service)-not counted if caller was coded as Routine (15, 2% of, cases in FY18, Q1)

Solution: No action for now, represents small %

Problem: Caller has Medicare, HealthChoice, or private insurance (outpatient not billed to Alliance)

Solution: Count as met if provider self-reported that caller attended within timeframe

Other Interventions

• Team met to discuss other interventions, researching ideas
### Urgent Callers: Results

**Percent Met**

- The table below illustrates performance based on claims:

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Total # of Calls</th>
<th># show in 2</th>
<th>% show in 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 16, Q4 (Apr-Jun 2016)</td>
<td>452</td>
<td>101</td>
<td>22%</td>
</tr>
<tr>
<td>FY 17, Q1 (Jul-Sep 2016)</td>
<td>479</td>
<td>100</td>
<td>21%</td>
</tr>
<tr>
<td>FY 17, Q2 (Oct-Dec 2016)</td>
<td>448</td>
<td>72</td>
<td>16%</td>
</tr>
<tr>
<td>FY 17, Q3 (Jan-Mar 2017)</td>
<td>422</td>
<td>87</td>
<td>21%</td>
</tr>
<tr>
<td>FY 17, Q4 (Apr-Jun 2017)</td>
<td>421</td>
<td>60</td>
<td>14%</td>
</tr>
<tr>
<td>FY 18, Q1 (Jul-Sep 2017)</td>
<td>406</td>
<td>80</td>
<td>20%</td>
</tr>
<tr>
<td>FY 18, Q2 (Oct-Dec 2017)*</td>
<td>345</td>
<td>67</td>
<td>19%</td>
</tr>
<tr>
<td>FY 18, Q3 (Jan-Mar 2018)**</td>
<td>349</td>
<td>73</td>
<td>21%</td>
</tr>
</tbody>
</table>

*Data re-run and validated in April 2018.
**Initial analysis; data on claims incomplete due to lag in submitting claims and report anomalies.
Urgent Callers: Results

This graph clearly shows a difference in results by insurance type. With the exception of FY 17, Quarter 1, individuals with Medicaid are more likely to show for care within 2 days of the call than those without the benefit. The difference may be due, in part, to the large percent of individuals releasing from prison (80%-90% do not have Medicaid) who have very low show rates (FY18, Q3=1%). Historically, there is little difference between the percent of callers with timely appointments—an average of 61% for individuals with Medicaid and 64% for individuals without Medicaid (from FY17Q1-FY18Q2). However, in the 3rd Quarter, there was a marked decrease in timely appointments for both populations (56% & 55%).

This result does not seem to be related to consumer choice: in Q2, 24 individuals requested appointments past 2 days while in Q3, 28 requested more time between call and appointment.
Urgent Callers: Interventions

• Letters to inmates – letters sent to home addresses, no letters sent if person is releasing to homeless shelter

• Results:

  • Overall Show: Q2-8%, Q3-1%; the 1 who showed in Q3 was sent a letter

  • Higher % showing in cases in which letter sent (Q2), no impact Q3

  • Team identifying other interventions

*Percent calculated as individuals showing for care over number of individuals in each category (letter sent vs. letter not sent). For example, 4 individuals of the 33 cases in which letters were sent showed for care in 2 days. All who showed had appointments within timeframe (either 2 or 7 days), with the exception of one person.
Urgent Callers: Interventions

• Increase appointments:
  
  • Reminder about putting appointments into Slot Scheduler emailed to providers in Provider Newsletter

  • Targeted outreach to providers in Wake County (due to volume and need):
    
    • One provider: Researching internal data, developing initiative to expand availability and access

    • Another provider: Filled dedicated intake coordinator position, adding appointments to Slot Scheduler, improved phone call system to allow any caller to talk to live person

    • Two other providers considering increases in appointments to better engage criminal justice population
Urgent Callers: Interventions

• Transportation Pilot:
  
• Existing projects: Community Relations working with Johnston County Walk In Clinic to offer funding for transportation, contract for Wake County provider to offer peer support to increase engagement

• New idea: Community Relations, Call Center, Provider Operations, QM developed proposal to use Rideshare company (who contracts with individual drivers, cabs, or Lyft drivers) to transport individuals (discharged from inpatient or Access Center callers) to/from initial appointments; combining efforts with 7-Day Challenge initiative
Update:

- MH/SUD Care Coordination is changing business practices to improve customer service to individuals in our system, including frequency of contacts. Thus, this measure was no longer applicable.

- The Project Advisory Team agreed to continue this QIP with a different measure and interventions, which are currently being developed, to better align with new practices.
Improve Crisis Services

Goals:

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

Interventions:

- (Cumberland) Family Centered Treatment (FCT) and Enhanced Therapeutic Foster Care (TFC) pilots
- (Wake) Encourage a provider offering Open Access (Tier II) to open after regular business hours
Improve Crisis Services

1. **Reduction in ED Admits for youth in FCT & ETFC (Cumberland County)**

Goal: Less than 5% (consider closing measure)

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

- **Measure #1 (Sept 2015 – Aug 2016): 10%**
  *Data measures the number of youth in these services who had an Emergency Department admission 90 days after their last claim date of service (90 days post discharge from the program)*
2. Increase # of consumers using Open Access after 3 PM (Wake County)

Goal: At least 8% of total served

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

- Baseline (Feb - April 2016): Less than 10/831 (.24%)
- Measure #1 (May – Jul 2016): 32/719 (4.45%)
- Measure #2 (Aug – Oct 2016): 14/757 (1.85%)
- Measure #3 (Nov 2016 – Jan 2017): 33/609 (5.42%)
- Measure #4 (Feb – April 2017): Less than 10/189 (3.70%)
- Measure #5 (May – July 2017): 43/374 (11.49%)
- Measure #6 (Aug – Oct 2017): 41/343 (11.95%)
2. **Increase # of consumers using Open Access after 3 PM (Wake County)**

Even though Open Access has continued to expand hours, the number of individuals presenting during those hours, after the initial three months, decreased through May. This provider switched to an “Advanced Access” model in which individuals seeking services can call the clinic to be screened, then given an appointment time. This change resulted in a **69% decrease** (from Nov-Jan to Feb-April) of individuals being served. Even though the number served began to increase in May, the clinic is still serving half of the individuals they served in early 2016.
Crisis QIP Measures: 3. Reduce % of operating hours that CAS’ back door (IVC) is closed (Wake County)

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

**Improve Crisis Services**

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

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2013</strong></td>
<td>7%</td>
<td>6%</td>
<td>0%</td>
<td>2%</td>
<td>17%</td>
<td>24%</td>
<td>16%</td>
<td>22%</td>
<td>29%</td>
<td>17%</td>
<td>24%</td>
<td>16%</td>
</tr>
<tr>
<td><strong>2014</strong></td>
<td>5%</td>
<td>5%</td>
<td>10%</td>
<td>19%</td>
<td>26%</td>
<td>22%</td>
<td>19%</td>
<td>26%</td>
<td>29%</td>
<td>17%</td>
<td>24%</td>
<td>16%</td>
</tr>
<tr>
<td><strong>2015</strong></td>
<td>16%</td>
<td>13%</td>
<td>35%</td>
<td>29%</td>
<td>30%</td>
<td>23%</td>
<td>8%</td>
<td>17%</td>
<td>22%</td>
<td>20%</td>
<td>24%</td>
<td>13%</td>
</tr>
<tr>
<td><strong>2016</strong></td>
<td>17%</td>
<td>24%</td>
<td>20%</td>
<td>25%</td>
<td>27%</td>
<td>10%</td>
<td>13%</td>
<td>16%</td>
<td>12%</td>
<td>4%</td>
<td>3%</td>
<td>12%</td>
</tr>
<tr>
<td><strong>2017</strong></td>
<td>13%</td>
<td>16%</td>
<td>5%</td>
<td>22%</td>
<td>26%</td>
<td>20%</td>
<td>27%</td>
<td>20%</td>
<td>14%</td>
<td>20%</td>
<td>26%</td>
<td>17%</td>
</tr>
</tbody>
</table>

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

Crisis QIP Measures 2, 3, & 4 (Wake County)

Conclusions:

• Measure #2 (% of individuals served in Open Access after regular business hours) met goal for two reporting periods
• With that said, there is no evidence suggesting that intervention (Open Access offering later hours) had an impact on closures - question asking individuals if they would have presented to CAS was not administered
• Plus, data suggests that other factors influenced reduction in closures:
  • Additional inpatient beds - average length of stay for individuals disposed to the WBIPU decreased significantly from 46:27 hours (1.94 days) in 2016 to 23:41 hours (0.99 days) in 201*

*Significance based on T Test: $t(229) = 5.07, p<.001$
Conclusions, continued:

• Data suggests that other factors influenced reduction in closures:
  • Administrative changes - Beginning of October, there were sharp decreases in closures (avg % closed):

• PAT and CQI recommended closure due to failure

Next steps: Present recommendation to Global Quality Management Committee
Test crisis lines of providers after business hours

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

**Interventions:**
- Providers assigned to “Tiers” based on previous performance (some called more frequently, others less)-validate by calling all providers at same frequency for one year
- Written feedback to all providers, written feedback and outreach calls to poor performers after calls
- Refer to Compliance those providers who continue to score “unsatisfactory”, issue Plan of Correction if poor performance continues
- Training
First Responder

Results:

Measure #1: Percent of crisis line tests that are answered satisfactorily

Goal: 85%

Interventions:

- Providers with 3 unsatisfactory calls referred to Compliance, continue call tiers*, test SAIOP/SACOT providers based on claims
- Conduct outreach calls to providers with 2 unsatisfactory calls
- Conduct outreach calls to all providers with unsatisfactory calls, refer to Compliance after 2 unsatisfactory calls, training for providers, validate call tiers
- Presented results/brief training to provider groups
- Webpage on project updated

Measurement periods:

1st (Baseline) 2nd 3rd 4th 5th 6th 7th
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:

- Evidence based practice models selected, Alliance offered subsidized trainings in June 2016
- Implementation plans included in FY17 contracts, implementation deadline March 2017
- Collected post-intervention data
- Analysis finalized and being presented to PAT
TCLI-Increase private housing

Goal:

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

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

Interventions:

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

- Internal process for housing placements standardized
- IT creating a SharePoint site to centralize internal data, new database will include additional data validation controls, allows for simplified data analysis
- Small sub-group created brochure, landlord packet, revamped website, created videos, and presenting program at conferences
- Outreach to landlords – landlords in “preferred” zip codes of Raleigh identified, received marketing blast and invitation to attend training, incentives approved for new landlords, smaller training took place in September, larger training took place in December (6 participants), training to partners in March
TCLI-Increase private housing

Results:

- Goal exceeded!

Number transitioned into private housing in Wake County

Baseline (FY 17):
- Goal: 11

Interventions:
- Streamlined internal processes
- Outreach to landlords
- Financial incentives for landlords

Post-Intervention*
Post Closure: Improve PCPs

Goal: Improve quality of PCPs by reviewing for health/safety elements

Project Goal = 65% of plans met/partially met

Improvement sustained
ITEM:  LS3P Contract Amendment #2

DATE OF BOARD MEETING:  August 2, 2018

BACKGROUND:  Delegation of Authority (Policy G-10) requires non-provider contracts $250,000 or over within one fiscal year shall be presented to the Board Finance Committee for consideration and authorization for approval by the Board.  LS3P ASSOCIATES LTD. was awarded the contract in November 2017 for the design and renovation of the Child Facility Based Crisis Center at 400 West Ransom Street, Fuquay Varina.  The original contract was for a preliminary building assessment and conceptual planning ($97,700).  Amendment 1 included a site survey, design repair of existing parking lot, and structural testing of the floor ($23,400).  This Amendment 2 will cover the completion of the design costs, through construction administration ($532,395).  While there are some zoning questions to be resolved, it is recommended that Alliance approve the contract to prevent further delays.  Alliance legal staff and others are working closely with the architect and engineers through the zoning issue and Alliance will not pay for services that are not requested or needed.

REQUEST FOR AREA BOARD ACTION:  Approve the proposal.

CEO RECOMMENDATION:  Approve the proposal.

RESOURCE PERSON(S):  Sara Pacholke, Senior Vice-President/Finance Operations; Carol Wolff, General Counsel
ITEM: Moving from Homeless to Supportive Housing and Beyond

DATE OF BOARD MEETING: August 2, 2018

BACKGROUND: Engaging persons who are homeless in supports and services can be very challenging. This presentation will provide introductory background to what defines homelessness and examples of two supportive housing programs Alliance has implemented exclusively for persons who are chronically homeless.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Ann Oshel, Senior Vice-President/Community Relations
A Stark Reality
Housing is a Healthcare Strategy

“Access to safe, quality and affordable housing – and the supports necessary to maintain that housing – constitute one of the most basic and powerful social determinants of health.

In particular, for individuals and families trapped in a cycle of crisis and housing instability due to poverty, mental illness, addictions or chronic health issues, housing can entirely dictate their health and health trajectory.”

World Health Organization, 2008
What is Supportive Housing?

- Quality, permanent and affordable
  - Landlord/tenant relationship
  - Promotes housing choice
- Housing First
  - No preconditions to “housing readiness”
- Comprehensive, person-centered services
- Community integration
Definition of Literally Homeless

• Individual or family who lacks a fixed, regular and adequate nighttime residence, who:
  o Has a primary nighttime residence that is a public or private place not meant for human habitation
  o Living in a publicly or privately operated shelter designated to provide temporary living arrangements (congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs)
  o Exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering the institution
Definition of Chronically Homeless

• A homeless individual with a disability, who:
  o Lives in a shelter, safe haven or place not meant for human habitation for 12 continuous months or on four separate occasions in the last three years totaling 12 months (breaks in homelessness, while the individual is residing in an institutional care facility, will not count as a break in homelessness), OR
  o Resides in an institutional care facility for less than 90 days and meets the above criteria for chronic homelessness, OR
  o A family with an adult/minor head of household who meets the above mentioned criteria may also be considered chronically homeless, despite changes in family composition
2018 Total Homeless Count

- Durham: 285
  - Unsheltered: 53
  - Sheltered: 232
- Cumberland: 225
  - Unsheltered: 147
  - Sheltered: 78
- Wake: 791
  - Unsheltered: 192
  - Sheltered: 607
- Johnston: 5
  - Unsheltered: 17
  - Sheltered: 0
Health and Housing Program

• In partnership with Duke Health Systems and RHD
  o Began February 2017
  o 13 chronically homeless persons housed with Housing Choice voucher
  o Six persons housed 9-15 months
  o 42 hospital visits six months prior to housing
  o 26 hospital visits since housing (one person accounted for 11 visits)
  o One hospital visit last quarter
  o 75% reduction in ED visits since housing
  o 97% retention rate in housing
Participants Have Complicated Issues

- Mental illness and substance use
  - Bi-polar Disorder
  - Schizophrenia
  - Cocaine, opioid, alcohol dependence
  - Major Depressive Disorder
  - PTSD
  - Schizoaffective Disorder

- Physical health
  - Colon, lung, bladder cancer
  - HIV
  - Multi-level degenerative disc disease
  - Diabetes
  - Hepatitis C
  - Multiple strokes
  - Amputation of lower extremities
Bridge Housing at Harrington Place

- In partnership with Wake County and RHD
  - Began March, 2018
  - 3-5 month program
  - 12 units
  - Served 17 homeless persons accounting for 1422 months of homelessness
  - Six people successfully housed
    - One person re-arrested, one person hospitalized
  - 14 of 17 people service connected
Alliance CARES Backpack Program
ITEM: Legislative Update

DATE OF BOARD MEETING: August 2, 2018

BACKGROUND: This update includes a review of HB 403, legislation recently signed into law that amends NC’s Medicaid Transformation law to authorize integration of behavioral health services into Standard Plans and create BH I/DD Tailored Plans.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Brian Perkins, Senior Vice-President/Strategy and Government Relations