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

GUEST(S) PRESENT: Mandy K. Cohen, MD, MPH, Secretary of the NC Department of Health and Human Services; Yvonne French, NC DHHS/DMH (Department of Mental Health); Mary Hutchings, Wake County Internal Auditor; and Amanda Parks, NC Department of Health and Human Services

ALLIANCE STAFF PRESENT: Brandon Alexander, Communications and Marketing Specialist; Damali Alston, Director of Network Evaluation; George Begg, Director of IT Infrastructure & Security; Lisa Brockmeier, Communications and Marketing Specialist; Margaret Brunson, Hospital Relations Director; Lori Caviness, Community Relations Manager; Vaughn Crawford, Director of System Engagement; Joey Dorsett, Senior Vice-President/Chief Information Officer; Cathy Estes, Director of Provider Network Operations; Anita Foreman, Healthcare Network Project Manager; Doug Fuller, Director of Communications; Cheala Garland-Downey, Senior Vice-President/Human Resources; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Amanda Graham, Senior Vice-President/Organizational Effectiveness; Carlyle Johnson, Director of Provider Network Strategy and Initiatives; Wes Knepper, Director of Quality Management; Ken Marsh, Medicaid Program Director; Beth Melcher, Executive Vice-President/Care Management; Heidi Middendorf, Associate Medical Director; Sara Pacholke, Senior Vice-President/Financial Operations; Jeff Payne, I/DD Care Coordination Director; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Monica Portugal, Chief Compliance Officer; Alison Rieber, Integrated Care Director; Matt Ruppel, Director of Program Integrity; Sean Schreiber, Senior Vice-President/Provider Network and Evaluation; Lisa Sullivan, Claims Director; Tammy Thomas, Director of Business Process Management; Kat Weis, Independent Living Initiative Coordinator; Sara Wilson, Government Relations Director; Carol Wolff, General Counsel; and Doug Wright, Director of Consumer Affairs

1. CALL TO ORDER: Chair Cynthia Binanay called the meeting to order at 4:01 p.m.

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<tr>
<th>AGENDA ITEMS:</th>
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<tr>
<td>2. Announcements</td>
<td>Mr. Robinson informed Board members of an agreement and press release between the Advancing NC Whole Health Coalition and United Healthcare Community Plan of North Carolina to collaborate on the delivery of integrated behavioral health, physical health and pharmacy services to beneficiaries in the State’s new Medicaid managed care program, slated to launch in the fall of 2019. Chair Binanay introduced David Hancock, a new member of the Board representing Wake County.</td>
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<td>3. Agenda Adjustments</td>
<td>There were no adjustments.</td>
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<tr>
<td>4. Public Comment</td>
<td>There were no public comments.</td>
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<td>5. Presentation</td>
<td>Mr. Robinson introduced NC DHHS Secretary Mandy Cohen. Chair Binanay welcomed her on behalf of the Board. Secretary Cohen provided a summary of pending changes to healthcare in NC with a focus on whole person care and the role of LME-MCOs following the passage of HB (House Bill) 403, as well as the role of payer agencies in a more integrated health system. She stated that DHHS is committed to transparency as they go forward with Standard and Tailored plans. Secretary Cohen shared DHHS’s goal of closing the Medicaid coverage gap in the next year via Medicaid Expansion. Other states that expanded Medicaid coverage may serve as models for the benefits of expansion.</td>
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### AGENDA ITEMS:  
### DISCUSSION:

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<th>Secretary Cohen invited the Board to ask questions regarding the anticipated shift to Standard and Tailored Medicaid plans. Board members asked how the transition might affect people receiving services and those providing or managing services, including LME/MCOs and county social services agencies. Secretary Cohen also spoke to the Department’s intention to integrate screening tools and social determinants of health, and the process for evaluating individuals to be entered into, or moved between, Standard and Tailored plans.</th>
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<td><strong>BOARD ACTION</strong></td>
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<tr>
<th>6. Committee Reports</th>
<th>A. Consumer and Family Advisory Committee – page 5</th>
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<tr>
<td>The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Durham, Wake, Cumberland or Johnston Counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services. This month’s report included August draft minutes for the Steering Committee, and the Wake, Durham, and Johnston subcommittees; it also included July minutes from the Cumberland subcommittee meeting.</td>
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<td>Dave Curro, CFAC Chair, presented the report; he shared that the most recent Steering Committee meeting was canceled due to the Labor Day holiday and that DHHS Secretary Cohen spoke at the most recent State CFAC meeting. The CFAC report is attached to and made part of these minutes.</td>
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<td><strong>BOARD ACTION</strong></td>
<td>The Board received the report.</td>
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<th>6. Committee Reports</th>
<th>B. Finance Committee – page 54</th>
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<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 August 2, 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 July 31, 2018.</td>
<td></td>
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<td>Chris Bostock, Committee Chair, presented the report. He shared that the Committee is finalizing FY18 reports, which will be presented to the Board at a later date. The Committee reviewed operational policies and will forward these to the Board’s Policy Committee for review. Additionally, Mr. Bostock presented the Finance Committee’s recommendation related to the Alphanumeric contract. The Finance Committee report is attached to and made part of these minutes.</td>
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<td><strong>BOARD ACTION</strong></td>
<td>A motion was made by Mr. Bostock to approve the Alphanumeric contract for networking hardware and support licenses in accordance with GS 143-129e3; motion was seconded by Dr. Silberman. Motion passed unanimously.</td>
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<tr>
<th>6. Committee Reports</th>
<th>C. Policy Committee Report – page 62</th>
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<td>Per Alliance Behavioral Healthcare Area Board Policy “Development of Policies and Procedures”, the Board reviews all policies annually. The Policy Committee reviews a number of policies each quarter in order to meet this requirement. This month’s report included minutes from the April 26, 2018, meeting, Policies recommended for continued use, and Policies with recommended revisions.</td>
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### AGENDA ITEMS:

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| Lodies Gloston, Committee Chair, presented the report. Ms. Gloston asked that the Board approve all governance and administrative policies as submitted. The following policies were submitted and recommended for continued use without revisions: GA2: Strategic Planning; GA3: Reporting of Abuse, Neglect, Dependency and Exploitation; GA4: Health and Safety Policy; GA 5: Emergency Management Plan; GA 6: Internal Control; GA 7: Business Continuity Plan; GA 8: Corporate Communications; G1: Board of Directors Conflict of Interest; G2: Board of Directors Member Meeting Attendance Compensation; G3: Board of Directors Processes; G4: Development of Policies and Procedures; G7: Evaluation of Chief Executive Officer; G8: Board of Directors Code of Ethics; G10: Delegation of Authority to the Chief Executive Officer; G11: Guidelines for Public Comment at Board of Directors Meetings; G13: Board of Directors Media Policy; and G14: Dispute Resolution. The following policies were submitted with recommended revisions: GA1: Management of Service Delivery; G6: Chief Executive Officer Compensation; G9: Consumer, Family Advisory Committee; G12: Area Authority Relations with Catchment Area County Boards of Commissioners; and B1: By-Laws; B1: By-Laws was approved by the Board on June 7, 2018. The Policy Committee report is attached to and made part of these minutes. **BOARD ACTION** A motion was made by Mr. Pazzaglini to approve the policies submitted for continued use and the policies submitted with recommended revisions; motion seconded by Commissioner Ford. Motion passed unanimously.

| 7. Consent Agenda | A. Draft Minutes from August 2, 2018, Board Meeting – page 114  
B. Executive Committee Report – page 119  
C. Quality Management Committee Report – page 122  
The consent agenda was sent as part of the Board packet. There were no comments or discussion about the consent agenda. **BOARD ACTION** A motion was made by Ms. Gloston to approve the consent agenda; motion seconded by Mr. Massey. Motion passed unanimously.

| 8. Legislative Update | Brian Perkins, Senior VP for Government Relations, and Sara Wilson, Government Relations Director, gave a brief legislative update and shared that Alliance announced a partnership with Mallinckrodt Pharmaceuticals as a part of the Alliance for Action on Opioids campaign. Mallinckrodt has given Alliance 30,000 pouches to distribute through the Care Management team, community networks, and other partnerships throughout the catchment area. To date, 12,000 pouches have been distributed. **BOARD ACTION** The Board accepted the training as presented; no additional action required.

| 9. Chair’s Report | Chair Binanay presented a request to reschedule the location of the November 1 Board meeting; it was originally scheduled to be held at Alliance’s Johnston County office. **BOARD ACTION** A motion was made by Mr. Wooten to postpone holding a board meeting at the Johnston site location until 2019; motion seconded by Mr. Bostock. Motion passed unanimously. |
## AGENDA ITEMS:

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<td>10. Closed Session(s)</td>
<td><strong>BOARD ACTION</strong>&lt;br&gt;A motion was made by Chair Cynthia Binanay to enter closed session pursuant to NC General Statute 143-318.11(a) (5) to instruct staff concerning the price and other material terms of a proposed contract for the acquisition of real property and pursuant to NC General Statute 143-318.11 (1) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1.; motion seconded by Commissioner Greg Ford. Motion passed unanimously.</td>
</tr>
<tr>
<td>11. Adjournment</td>
<td>With all business being completed the meeting adjourned at 6:44 p.m.</td>
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ITEM: Consumer and Family Advisory Committee (CFAC) Report

DATE OF BOARD MEETING: September 6, 2018

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

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

The 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 strives 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 August draft minutes and documents for the Steering Committee, and the Wake, Durham, and Johnston subcommittees. Receive July minutes for Cumberland subcommittee.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Dave Curro, CFAC Chair; Doug Wright, Director of Individual and Family Affairs.
MEMBERS PRESENT: Carole Johnson, Steve Hill, Jerry Dodson, Jason Phipps, Leanna George, Israel Patterson, Ladeana Dexter, David Curro, Sharon Harris, Shirley Francis, Briana Harris
BOARD MEMBERS PRESENT: David Curro
GUEST(S): None
STAFF PRESENT: Doug Wright, Director of Individual and Family Affairs, Starlett Davis. Ramona Branch, Noah Swabe

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

1. WELCOME AND INTRODUCTIONS
2. REVIEW OF THE MINUTES — The minutes from the June 4, 2018, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Steve Hill and seconded by Israel Pattison to approve the minutes. Motion passed unanimously.

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<tr>
<td>3. Public Comment Individual/Family Challenges and Solutions</td>
<td>N/A</td>
<td>N/A</td>
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This information is gathered by the NCDHHS, and the information is over (1) year old. A small sampling of the individuals we serve are surveyed. Actionable tasks are more difficult from this information because of the dated information. Alliance sampled 850 individuals that consisted of 525 Adults, 150 Youth, and 175 Child and Family participants. Statewide trends, and general satisfaction of services were among the topics discussed. It is suggested that all members read through the report and write down any questions you may have and email them to your Individual & Family Engagement Specialist or Doug so that they can be answered.

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
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<td>5. LME/MCO updates</td>
<td>Doug made a request to the CFAC's for a subcommittee to be set up amongst the group for a focus and feedback on TCLI, housing placements, challenges, situations, etc. This particular item will be discussed at the individual county CFAC monthly meetings, and will be set up by Doug.</td>
<td>Discussion in August Monthly Subcommittee Meeting</td>
<td>N/A</td>
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<tr>
<td>6. CFAC Annual Report</td>
<td>David Curro went over the highlights of the FY 2018 CFAC Annual Report. Everyone was given a copy and encouraged to read through the report.</td>
<td>N/A</td>
<td>N/A</td>
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<td>7. State Updates</td>
<td>Doug went over the updates from the State. The State CFAC meeting will be held at the Alliance Corporate Office on August 8, 2018 from 10am-12Noon, and the primary focus will be HB 403, Tailored Plans (Severe Needs), and Standard Plans (Mild, Moderate Needs). Questions were presented about the TBI waiver and Doug stated that once the waiver is running better that he would have staff working on the waiver do a presentation to the CFAC group.</td>
<td>N/A</td>
<td>N/A</td>
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Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
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<td>9. Announcements</td>
<td>The September (phone in) meeting has been cancelled due to the holiday. The next meeting will be on <strong>October 1, 2018 at 5:30pm</strong>.</td>
<td>N/A</td>
<td>N/A</td>
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**10. ADJOURNMENT: 7:20pm**

Respectfully Submitted by:

---

Ramona Branch.

Date Approved
State Consumer & Family Advisory Committee (SFCAC)
August 8th meeting held at Alliance Behavioral Healthcare Corporate Offices

Notes taken and compiled on behalf of Alliance CFAC by Jason Phipps
My approach to note taking is to try record every word that is spoken, not always successful.

Discussion on HB 403 – Kody Kinsley, Interim Senior Director – Division of Mental Health, Developmental Disabilities and Substance Abuse Services

The meeting was reconvened with a brief agenda and introductions. Alliance BHC CEO – Rob Robinson and Alliance BHC Director of Individual and Family Affairs – Doug Wright were recognized and thanked for hosting the meeting today. Representative Insko was also present.

The Secretary, Mandy Cohen spoke first, had two announcements:
1. The Secretary and the Department wanted to make sure that the value of the input from SCFAC and the local CFAC’s was memorialized and stressed the importance of CFACs moving forward in the planning of and composed a letter that is being sent out and handed out at the meeting. (Copies of letter were e-mailed out several times – first from Noah Swabo and Doug Wright, and then from Stacy Hayward from Division.)
2. The other announcement was that The Secretary wants to set the Department up for success and has created a new position of Deputy Secretary for Behavioral Health and IDD
   a. Kody Kinsley has been appointed to this new role of Deputy Secretary. In this new role Kody will demonstrate the Departments commitment to listening to and working in partnership with CFAC.

Questions:
- Is Kody in his new role going to be the main contact of SCFAC?
  - Yes. Kody will go through the design process (design of the plans) with CFAC and stakeholders.
- Will the advertising for the position of Senior Director of MH DD & SAS?
  - Yes
- Will the planning phone calls prior to SCFAC meetings continue?
  - Yes. Do not see why they should not.
- Mr. Armstrong taken on role as permanent CEO at Cherry Hill Hospital.
- What will the ratios look like? Between Behavioral Health and Physical Health.
  - Ratios – Wrong way to look at the system – depends on what the needs for the individual in question are.
- There are high expectations of BH service and care provisions in standards plans as well as tailored plans.
- Still need more time to develop and work out the details.

HB 403 Discussion and presentation:
Transformation to Managed Care Overview
Printed copies of the presentation were handed out at the meeting (e-mailed out after the meeting as well). Since HB 403 had passed there have been many questions about the permanency of local CFAC’s. The purpose of the letter is to reassure that CFAC inputs are going to remain an important part of the system Still need to work out the details of tailored plans.

Permanency of local CFAC? SCFAC will remain going forward will be expanded too...

Overall commitment to CFAC will remain but whether they look like what they do today is unsure.

Concerns from the floor – LCFAC are more focused on Human Rights – will the role of CFAC be expanded to include the standard plans?
- Probably – still need to work out the details.

Is SCFAC looking to provide feedback?

HB403 Presentation
• Just starting the design of the process. Have time to work with the SCFAC in the design process.
• We are talking to you first!
• Decided by the General Assembly to release a High Level Plan, and then work on the details.
• Problem statement: Why? What is the reason for the change?
• Currently, we have a bifurcated system – one side Behavioral Health and the other side Physical Health
• Example: If a person with a mental health diagnosis and has a physical need that physical service is paid as a Fee for Service – it is an antiquated way to pay for services.
• Big picture – make the service provision less about the what, but more focused on the needs of the individual (Person Centered).
• There are 4 goals
  o #1 - Improve Quality of physical health and comprehensive Behavioral Health
    ▪ Hard to pay a provider for the whole person care.
  o #2 – Accountability – Don’t have a robust, specific measures to measure outcomes
    ▪ Who is going to do the accounting/registrators?
    ▪ Division will have to become higher regulators
  o #3 – Value - Treating the wholeness of the person can be done effectively in one process. Details of how this will be done are still being worked on.
  o #4 – Engage and Innovate – The Department letting go of the strings to give room for the plans to work out the details.
    ▪ Moving away from the medical method and focusing on a whole health approach.
• Question from the floor
  o I/DD Waitlist – How will that be affected?
• Health plans to be given the ability to work on thinking outside of the box and get creative in developing service provisions.
  o "I don’t care how the money is spent. I care about the outcome of care". Obviously there will be guidelines on how the money is spent.
  o Question from the floor – How excited are the physicians about this change?
    ▪ Change is hard – will need time to work on with providers.
    ▪ Electronic Health Records
    ▪ Basic standards, scientific
    ▪ Part of the cut comes will be getting those inputs.
  • Question from floor – A Drs. Perception, a Drs. business work load is going to increase – how are they going to handle the demands of the new system?
    o Answer – Bigger issue than just doctors being happy.
    ▪ Compensation of providers has to be discussed.
    ▪ Simplifying the way services work together.
    ▪ Still working on the process and details.
• Question: Access to medical records –
  o Answer – Big picture – these are your medical records
• Question: Did not hear on the phone.
  o Answer – The theory of going to managed care is the be able to get a handle on funding services – save money that could be reinvested into additional services

• Next slide (Slide 6) – High level timeline and Key Milestones
  o BH & I/DD Strategic Plan – Released February 2018
  o Concept Papers have been rolling out over the last few months
  o Standard plans have been worked on over the few months
  o June 14th saw HB 408 Passed
    ▪ This gave the green light for tailored plans to be developed.
  o Implementation plan released
  o Enrollment broker announced, last week.
    ▪ A Request For Proposal (RFP) was sent out in in May of this year.
    ▪ Will help the individual with choosing the right plan.
  o Standard Plan RFP’s to be coming out soon
    ▪ Tomorrow (Thursday 9th August), Stakeholder call.
  o Current planning – Standard Plans go live July 2019. Refer to site healthcare.gov
    ▪ Rest of plan to go live February 2020.
  o NOW - Design phase/work for HB 403 tailored plans starts now.
- Projected (Guess) – Tailored plans go live July 2021. To point out that there is time for designing the plans.
  
  - Concern from floor –
    - Most people with a mild MH diagnosis will be transitioned to a Standard Plan versus a Tailored Plan.
    - Refer to Slide 12 for response.

  - Slide 12 – The default for individuals with mild MH diagnosis to standard plans.
    - There are will be carve outs
    - Working on diagnosis codes
    - There will be a phased roll out of plans.
  - For children, EPSD will not be affected, will still be covered under standard plans.
    - There will be an expedited process to getting those transitions in place.
  - Working on Peer Support Definitions
    - Mental Health Case Management – used to have
  - State funded services will only be covered by tailored plans.

- There are some individuals that do not have insurance. The Department has been very vocal about expanding access to care.
  
  - How that will look going forward will not be an easy solution. Still working on the details.

- Slide 16 – Big Questions
  
  - What will the Tailored plan regions look like? Don’t know.
  - How far will an individual have to travel to get services? Don’t know.
  - How will the transition of care work? Don’t know.

  - Do know – Outline
    - Populations – who is what group – still working on the details.
    - Whole Person Care Coordination – still working on the details.

  - How?
    - Internal work groups – drafting processes, take to SCFAC for comment.
    - Possible roadshow
    - Changes to 122C (Mentioned in letter)
    - Release of more concept papers
    - Public Comment.

- The purpose of today’s presentation was to provide a Big Picture and timelines
  
  - Standard Plans
  - Tailored Plans
  - Managed Care
  - Still looking into Peer Support.
    - Ken leading efforts in getting ready to roll out concept paper.
  - Medical home in the standard Plan in a white paper.
  - What list – how will this get better?
    - Still to be considered – have to work with the General Assembly.

The presentation was ended at 12 o’clock.
August 8, 2018

Greetings,

The Department is committed to designing a health-care system that integrates physical and behavioral health, treats the whole-person, and measures itself against the health of North Carolinians. The recently passed House Bill 403 provides legislative direction for the high-level guidelines of this future system and tasks the Department with designing the details. To that end, the Department seeks to engage openly and transparently with stakeholders such as providers, advocates, and most importantly, consumers. State and Local Consumer and Family Advisory Committees (CFAC) will be an important conduit for this engagement now and in the future.

Already, the State CFAC has advised the Department on many topics associated with transformation, including Local Management Entity/Managed Care Organization (LME/MCO) contracts, service gaps in the community, and concept papers. Further, in other meetings, several Local CFACs have advised the Department and the State CFAC on their concerns about the new system in addition to serving their local mission of identifying local service needs and maintaining a connection to the communities they serve. Moving forward, this engagement around system design will grow more intense, and we ask the CFACs to actively engage and mobilize themselves around the development of this system.

Over the coming months, the Department will systematically engage with stakeholders on design topics, present ideas, and obtain feedback on key issues. We envision doing this through white papers and specific presentations in your public meetings. Some of these broad topics include, but are not limited to:

- the design, enrollment, and functioning of the behavioral health and I/DD tailored plans, and behavioral health elements of the standard plans;
- population determination and functional assessments;
- integrating physical-health services seamlessly for individuals who primary services have been behavioral health; and
- additional legislative updates to 122C, the law that outlines the system in North Carolina that provides services and care to those living with mental illness, I/DD, or substance use disorders.

The implementation plan submitted to the General Assembly on June 22, 2018 was the Department's first effort to describe our initial thinking around some of these elements and the anticipated steps and challenges moving forward. Engagement with the State and Local CFACs to refine our thinking and be sure it functions smoothly for consumers is critical.
One of the specific suggested revisions to 122C involves working with the State and Local CFACs to understand their charter and specific function in the future system. These changes do not threaten the existence of the CFACs, but rather likely expand and sharpen their impact to match the design of the new system. The State CFAC could likely have expanded responsibilities, adopting representation requirements to incorporate aspects of physical health or other elements that better reflect the functioning of the new system. Similarly, the Local CFACs could likely be tied to specific tailored plans or regions, depending on system design, and have representation changes, to ensure they adequately reflect and represent their catchment area. We look forward to working closely with the State and Local CFACs and understanding the advisory structure that ensures valuable and permanent advocacy.

The path forward will not be without challenges, but we are committed to creating an integrated healthcare system that treats the whole person. Our partnership with both State and Local CFACs is crucial for the successful development of that system. Rest assured that we will continue to engage with you in the weeks, months, and years ahead.

Sincerely,

Kody H. Kinsley  
Deputy Secretary for Behavioral Health & IDD

Dave Richard  
Deputy Secretary for Medical Assistance
Transformation to Managed Care Overview

North Carolina Department of Health and Human Services

August 8, 2018
Why?

Physical Health – Fee for Service

change is difficult.
not changing is fatal.

Behavioral Health & IDD-
Managed Care
To make it better for you!

- ~ 1.9 Million people
- ~ 80,000 providers
NC Public Healthcare System Transformation Vision and Principles

**Vision**

**Healthier Together**

**Goals**

1. **Improved Outcomes**
   - Improve Quality

2. **Service • Quality • Satisfaction**
   - Accountability

3. **Lower Costs • Greater Efficiency**
   - Increase Value

4. **Thinking Outside the Box**
   - Engage and Innovate
VISION: Future Look of NC Public Healthcare System

North Carolina wants to address unmet needs...

...everyone deserves the opportunity to be healthy!
Timeline – Key Milestones

- BH & IDD Strategic Plan – Released Feb 2018
- Concept Papers – Over the past several months.
- Standard Plan Design Work – Over the past several months.
- HB 403 Passed – June 14, 2018
- High-level Implementation Plan – June 22, 2018
- Enrollment Broker – Announced Selection Aug 3 (RFP in May)
- Standard Plan RFP – Soon (stakeholder call Thursday)
- Standard Plan Go-Live – July 2019, then February 2020

- Tailored Plan Design Work – Starting Now
- Tailored Plan RFP – projected mid-year 2020
- Tailored Plan Go-Live – Planning July 2021, with NCGA approval.
Managed Care Basics

Network of Care™

Providers contract with Commercial Plan or Provider Led Entity

User selects or is enrolled in CP or PLE

Access to Care

Choose provider within selected network

Plans may develop value-based payments
Managed Care Basics

Comprehensive Care Management; Behavioral health home

Whole-person care

Increased innovation

Insurance plans carry the risk
The 1115 as a tool for change.
What is a 1115 waiver?

Allows States to use Medicaid funds in ways not otherwise allowed under the regular requirements.
Why use a 1115 waiver?

WHAT WORKS, WHAT DOESN'T, AND WHY?
Standard Plans & Tailored Plans

Standard Plans Basics (Start go-live July 2019)
- 4 state-wide commercial plans; 12 provider-led-entities.

Serving:
- Physical Health
- Mild to Moderate Behavioral Health Care Needs

Tailored Plans Basics (Start go-live July 2021 (?))
- 5 to 7 Tailored Plans
- LME/MCOs are guaranteed the contract for 4 years.

Serving:
- Physical Health
- Complex Behavioral Health Needs
- SMI, SPMI, SED, SUD, TBI, IDD

IMPORTANT:
- 6 Carve Out Populations that Will Remain FFS and served by LME/MCOs during Tailored Plan Design.
- People can choose to be in a standard plan.
Enrollment Broker Role

DSS → ELIGIBLE OR NOT???

Auto-Assigns members to PHP → Enrollment Broker
Enrollment Broker Role

[Diagram showing a decision-making process]

Enrollment Broker → Support → Assistance → Question → Advice → Final Decision → Plan

The Plan → Enroll Today → [Image of a group of professionals]
What Will The Tailored Plan Regions Be?
Tailored Plan Design Elements to Work With You On!

WHAT:

• Regions
• Network Adequacy
• Transition of Care
• Ombudsman
• Populations
• Whole Person Care Coordination

HOW:

• State & Local CFAC
• Concept Papers
It's About YOU!

Whole Person Care

Mental Health

Substance Use

Person

Physical Health

IDD
Questions
**Wake CFAC Subcommittee meeting.**
5000 Falls of Neuse Road Suite #310, Raleigh NC 27614
5:30 – 7:00 pm.

**MEMBERS PRESENT:**
- Carole Johnson
- Megan Mason
- Karen McKinnon
- Connie King-Jerome
- Israel Pattison
- Annette Smith
- Ben Smith
- Wanda (Faye) Griffin
- Gregory Schweitzer

**GUEST(S):**
- Doug Wright, Director of Individual and Family Affairs
- Stacy Guse, Individual and Family Affairs Specialist

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

1. **WELCOME AND INTRODUCTIONS**

2. **REVIEW OF THE MINUTES** – The minutes from the July 10, 2018, Wake Consumer and Family Advisory Committee (CFAC) Subcommittee meeting were reviewed; a motion was made by Annette Smith and seconded by Israel Pattison to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Comments</td>
<td>Israel discussed how his spouse lost most of his benefits due to getting married. Israel stressed how important being on the waiver is critical for those needing benefits who otherwise won’t receive services. Israel also explained how the A.B.L.E. savings account is helpful for families.</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>CFAC badges</td>
<td>Who needs a name badge?</td>
<td>Stacy will forward a list of names to order CFAC badges</td>
<td></td>
</tr>
<tr>
<td>LME/MCO Updates</td>
<td>Transformation 101 for SCFAC State CFAC letter to CFAC’s Doug explained the TBI waiver.</td>
<td>Doug will discuss RFP next meeting.</td>
<td>1 month</td>
</tr>
<tr>
<td>Outreach event at RCNC</td>
<td>Stacy confirmed Wake CFAC will share a table and she will set up table. Event is September 8 10:00 am – 2 pm 1 Mimosa Street Raleigh NC Mordecai Historic Park • Connie and Carole 10-12 shift • Ben and Annette Smith 12-2 shift.</td>
<td>Stacy will set up table September 8 2018 at 9:30.</td>
<td></td>
</tr>
<tr>
<td>Annual Event Planning</td>
<td>Carole Johnson: Doug Gamble, Mission Annette Smith, Cary area churches Stacy, RCNC can host a showing for free (movie and location)</td>
<td>Stacy to call Terri to see how many people RCNC facility can hold. Discussion will continue next CFAC meeting September 11, 2018.</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Training</td>
<td>PAD Pulmonary Arterial disease</td>
<td>N/A</td>
<td></td>
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</tbody>
</table>
Wake CFAC Subcommittee meeting.
5000 Falls of Neuse Road Suite #310, Raleigh NC 27614
5:30 – 7:00 pm.

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</thead>
<tbody>
<tr>
<td>Announcements-</td>
<td>Israel discussed Pulmonary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities</td>
<td>Arterial Hypertension.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>None</td>
<td></td>
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</table>

3. **ADJOURNMENT:** the next meeting will be September 11, 2018, at 5:30 p.m.
Respectfully Submitted by:

Stacy Guse.

8-14-2018
Date Approved
**CFAC MEETING - REGULAR MEETING**
4600 Emperor Boulevard, Durham, NC 27703
5:30-7:00 p.m.

**MEMBERS PRESENT:** ☑️ Steve Hill, ☐ Dave Curro, ☑️ Tammy Shaw, ☐ Latasha Jordan, ☐ James Henry, ☐ Joe Kilsheimer, ☐ Trula Miles, ☐ Kyle Reeves, ☐ Brenda Solomon, ☑️ Chris Dale

**BOARD MEMBERS PRESENT:** None

**GUEST(S):** ☑️ Tina Barnes, ☐ Susan Hertz

**STAFF PRESENT:** Doug Wright, Director of Individual and Family Affairs, Ramona Branch, Individual & Family Engagement Specialist

## 1. WELCOME AND INTRODUCTIONS

## 2. REVIEW OF THE MINUTES – The minutes from the July 9, 2018, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Chris Dale and seconded by Tammy Shaw to approve the minutes. Motion passed.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>3. Public Comments</td>
<td>Tammy Shaw has returned from her absence and requested an update on CFAC since she has been gone. Steve Hill gave an update on what the group is currently focusing on which includes event planning, t-shirts, and outreach.</td>
<td>Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td>4. Interest in Membership/Outreach</td>
<td>Steve Hill stated that he would reach out to Kyle Reeves to see about getting more young adults engaged with CFAC.</td>
<td>Steve will give report at the September meeting.</td>
<td>30 days</td>
</tr>
<tr>
<td>5. New Subcommittee</td>
<td>Doug presented the group with an opportunity to serve on the TCLI subcommittee which is in the process of being formed. This group will focus on information and feedback surrounding TCLI (Transition to Community Living), supported living, housing placements, challenges, situations, etc. Tammy Shaw, Brenda Solomon, and Trula Miles have been selected to participate in this subcommittee. Doug will update as more information becomes available on this subcommittee.</td>
<td>Ongoing</td>
<td>N/A</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></th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
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<tbody>
<tr>
<td>6</td>
<td>Bullying Presentation</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td></td>
<td>Ramona went over the Bullying presentation and the group discussed information given.</td>
<td></td>
<td></td>
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<tr>
<td>7</td>
<td>LME/MCO Updates</td>
<td>Ongoing</td>
<td>N/A</td>
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<tr>
<td></td>
<td>Doug went over the LME/MCO updates which included notes and take-away from the State CFAC meeting which was held on August 8, 2017 at the Alliance Corporate office. This meeting was focused on Managed Care Transformation to standard and tailored plans. This topic will continue to be discussed and members are encouraged to read all documentation provided through emails and the DHHS website. Please submit any questions to Ramona so that they can be addressed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Event Planning</td>
<td>Ongoing</td>
<td>N/A</td>
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<tr>
<td></td>
<td>Ramona went over the Recovery Community of Durham (RCOD) event planned for September 08, 2018. The last meeting is scheduled for Wednesday August 22, 2018 from 3pm-430pm at Wellness City. They are in need of speakers to present on “What Recovery Means to You”. Please let Robert Thomas know by August 22, 2018 if you would like to be a speaker. His number is 919.272.1758</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>T-Shirts: The group has unanimously voted on the lime green color for the t-shirts. The order will be placed and the shirts should be completed by October 5.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Ramona will send out a list of events for September so that CFAC’s can get out in the community more to</td>
<td></td>
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</table>

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<td></td>
<td>educate and enhance membership for the Durham Subcommittee.</td>
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</table>

9. **ADJOURNMENT:** 7:10pm the next meeting will be September 10, 2018, at 5:30 p.m.

Respectfully Submitted by:

**Ramona Branch**

Ramona Branch, Individual & Family Engagement Specialist

Date Approved: 08.14.2018

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Modes and Types of Bullying

Modes of Bullying

1. Direct bullying:
   - Aggressive behaviors occur in the presence of the targeted youth
   - Examples: face-to-face interactions (pushing, hitting), direct harmful written or verbal communications (taunting, mean notes)

2. Indirect bullying
   - Aggressive behavior(s) are not directly communicated to the youth.
   - Examples: spreading rumors, telling others to exclude
How are children and youth bullied?

- Forms of bullying at school
  - 14% made fun of, called names, or insulted
  - 13% subject of rumors
  - 6% pushed, shoved, tripped, spit on
  - 5% excluded from activities on purpose
  - 4% threatened with harm
  - 2% forced to do things they didn’t want to do
  - 2% had property destroyed

- 7% had been cyberbullied anywhere

Examples of Individual Factors Related to Involvement in Bullying

- Individual temperament
- Social competence
- Alcohol and drug use
- Presence of a disability
- Socially isolated
- Sexual orientation
Examples of Family Factors Related to Involvement in Bullying

- Parental warmth and engagement
- Parental conflict
- Parental use of drugs & alcohol
- Domestic violence
- Parents in jail
- Child maltreatment
Children and Youth At Higher Risk for Being Bullied

- Those who:
  - Have learning disabilities
  - Have attention-deficit/hyperactivity disorder (ADHD)
  - Have autism spectrum disorder (ASD)
  - Have special health care needs or chronic diseases
  - Are overweight or underweight
  - Are lesbian, gay, bisexual, or transgender; are questioning their sexual orientation; or do not conform to gender stereotypes
  - Speak another language at home

*However, even if a child has these risk factors, it doesn’t mean that they will be bullied.*
Concern for Children Who Bully:

- Children and youth who bully others are more likely than their peers to:
  - Exhibit antisocial or delinquent behaviors (such as fighting, stealing, vandalism)
  - Dislike school and drop out of school
  - Drink alcohol and smoke cigarettes
  - Carry a weapon
  - Think about and attempt suicide
  - Come from homes with intimate partner violence
Likelihood of Reporting

- **50-75%** of children and youth do not tell school personnel, but are a bit more likely to tell parents
- Varies by age and gender: Older youth and boys are most reluctant to report bullying
State Anti-Bullying Laws and Policies

Key:
- Red: Laws Only
- Orange: Policy Only
- Blue: Both Law and Policy
- Gray: Neither Law nor Policy
- White: No Data

Updated: 2015

stopbullying.gov
CFAC MEETING - REGULAR MEETING  
521 North Brightleaf Boulevard, Smithfield, NC 27577  
5:00-7:00 p.m.

MEMBERS PRESENT: Jason Phipps, Cassandra Williams-Herbert, Dorothy Best, Albert Dixon, Bobby Dixon, Leanna George, Jerry Dodson, LaDeana Dexter  
BOARD MEMBERS PRESENT: None  
GUEST(S): CJ Lewis, Human Services Program Consultant II, NC DHHS  
STAFF PRESENT: Noah Swabe, Individual and Family Engagement Specialist  

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the July 17, 2018, Johnston County Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Jerry Dodson and seconded by Leanna George to approve the minutes. Motion passed.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>3. Public Comments</td>
<td>Dorothy discussed an interaction which took place at her home. Dorothy reports that Alliance Behavioral Health came to the residence and meet with Dorothy and several other residents. Dorothy explained the individuals who came talked about the housing program that the residents reside in as transitional. Dorothy reported herself and several others were upset by the language used and left them with more questions than answers. Dorothy reports it felt as if the Alliance Employees were threatening the residents housing. Noah Swabe, Individual and Family Engagement Specialist informed Dorothy a grievance could be filed and offered to assist in the process. Dorothy reported she does not feel a grievance is necessary but did want clarification. Dorothy suggested Alliance employees choose their wording better next time as to not upset individuals at the residence.</td>
<td>Noah Swabe, Individual and Family Engagement Specialist will inquire about the situation and try to assist with getting clarification. Will also suggest changing wording when discussing possible transitions with individuals.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>4. LME/MCO Updates</td>
<td>Noah Swabe passed out the Open Letter to the CFAC from DHHS along with the presentation given by Deputy Secretary Kody Kinsley. Which was given at the State CFAC meeting. Noah Swabe explained that keeping CFAC and the community informed on HB403 and tailored plans was a top priority for Alliance Behavioral Healthcare.</td>
<td>Alliance will continue to inform the CFAC on developments as Medicaid transformation takes place. CFAC members will continue independent research as well as receive updates from Alliance to educate the community and influence change.</td>
<td>Ongoing</td>
</tr>
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</table>

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</thead>
<tbody>
<tr>
<td>5. State Updates</td>
<td>CJ Lewis, Human Services Program Consultant II with DHHS discussed the Open Letter to CFAC. CJ reemphasized the meaning CFAC has to the Department of Health and Human Services. CJ updated the CFAC on Kody Kinsley's new position as Deputy Secretary and added job responsibilities. CJ discussed the new RFP's and the process of Medicaid transition. CJ encouraged CFAC members to go to the State CFAC website and review the minutes form the meeting on 8/8/18. CJ also discussed and encouraged CFAC members to go the State CFAC or DHHS website and look at the frequently asked question section. Explaining many questions have been answered and encouraged CFAC members to submit their own questions if they had any. CJ reports he will send links to all of the websites referenced to Noah Swabe to pass on to the CFAC. CJ reports that at this time it does appear state funded services would remain in the tailored plans. Which was a concern because if an individual didn't qualify for the tailored plan but, needed a state funded service they would be unable to receive assistance while outside of the tailored plan. The CFAC asked question about what they could do during the process or how they could effect change through the transformation.</td>
<td>CJ Lewis is going to forward links with information about Medicaid transformation to Noah Swabe. Noah will send the links out to CFAC members.</td>
<td>9/18/18</td>
</tr>
<tr>
<td>6. Johnston County Charter</td>
<td>Jason Phipps, Chair, presented the purposed draft of the Johnston County CFAC Subcommittee charter to the CFAC. Jason discussed slight modifications made to the chart. CFAC members were encouraged to review the purposed charter and let Jason know of any changes they suggested via email. Jason Phipps also presented a draft of the Local Procedure to replace the old By-Laws. The CFAC reviewed the document. Discussion surrounding leaving the secretary position that could and normally would be assumed by the Alliance Support Staff. This is to ensure Johnston CFAC is being represented appropriately in the minutes due to issues in the past. Also changing the requirement from attending three CFAC meetings to attending two CFAC meetings before being voted on to the Johnston CFAC. Other items brought up were mileage and budget questions. The Johnston CFAC feels that when the budget was made it was</td>
<td>CFAC members will further review the draft Charter and Local Procedure. Johnston CFAC will discuss mileage with the steering committee. Doug Wright, Director of Individual and Family Affairs and Noah Swabe, Individual and Family Engagement Specialist with Alliance Behavioral Health will be present at the next meeting on 9/18/18 to assist in answering</td>
<td>9/18/18</td>
</tr>
</tbody>
</table>

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## AGENDA ITEMS:

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>not created from a consumer view. Several members discussed how the budget could affect their income and did not adequately compensate them for their time. Members of the CFAC feel the mileage should still be included as it affects their income less. Members felt that it should be 50 miles round trip rather than one way to receive the increased stipend. Jason Phipps encouraged the CFAC to review the draft and communicate through email if there were suggested changes. There was also a question to why the CFAC had to consult and answer to Alliance Behavioral Healthcare about budgeting and other matters if they are autonomous. Contact info was updated on the sign in sheet to ensure all members could be contacted. LaDeana Dexter inquired about Johnston CFAC having a Facebook page or some form of social media.</td>
</tr>
<tr>
<td>NEXT STEPS:</td>
</tr>
<tr>
<td>questions and addressing concerns.</td>
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<tr>
<td>TIME FRAME:</td>
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<table>
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<tr>
<th>7. Training</th>
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<tbody>
<tr>
<td>Noah Swabe Individual and Family Engagement Specialist discussed the Independent Living Initiative (ILI) through Alliance. Explained the ILI program and the purpose. Noah explained the requirements and sustainability aspect of the funds. Discussed ways individuals can access ILI funds by linking with a provider. Pamphlets for Alliance Behavioral Healthcare housing initiatives were passed out to members of the CFAC.</td>
</tr>
<tr>
<td>The CFAC wants to assist in informing the community about ILI and direct them to the access line or Noah Swabe for more information in regards to ILI.</td>
</tr>
<tr>
<td>Ongoing</td>
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<thead>
<tr>
<th>8. Announcements</th>
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<tbody>
<tr>
<td>Albert Dixon and Noah Swabe discussed the upcoming Family to Family clinic hosted by NAMI. Noah Swabe discussed a meeting with the president of Johnston NAMI. Noah Swabe relayed the interest NAMI expressed in having a relationship with the CFAC. Cassandra Herbert explained the Johnston County Child Collaborative was possibly interested in co-hosting an event with CFAC at the holidays surrounding wellness. Jason Phipps presented a proposed flyer for the event.</td>
</tr>
<tr>
<td>Johnston CFAC would like to invite Richard Callahan the president of Johnston NAMI to one of the next CFAC meetings to discuss how NAMI and CFAC could work together in the community. Cassandra will discuss the event further at the Johnston Child Community Collaborative and report back to CFAC.</td>
</tr>
<tr>
<td>9/18/18</td>
</tr>
</tbody>
</table>
9. **ADJOURNMENT:** Motioned by LaDeana 2nd by Dorothy the next meeting will be September 18, 2018, at 5:00 p.m.

10. **Meeting Schedule:**
- October 16, 2018, at 5:00 p.m.
- November 20, 2018 at 5:00 p.m.
- December 18, 2018 at 5:00 p.m.
- January 15, 2019 at 5:00 p.m.
- February 19, 2019 at 5:00 p.m.
- March 19, 2019 at 5:00 p.m.
- April 16, 2019 at 5:00 p.m.
- May 21, 2019 at 5:00 p.m.
- June 18, 2019 at 5:00 p.m.

Respectfully Submitted by:

Click here to enter text. __________________________ Date Approved

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
**CFAC MEETING - REGULAR MEETING**  
Thursday, July 26, 2018  
711 Executive Place, Fayetteville, NC 28305  
5:30 pm- 7:00 p.m.

**MEMBERS PRESENT:**  
- Michael McGuire  
- Ellen Gibson  
- Dorothy Johnson  
- Carrie Morrisy  
- Jackie Blue  
- Jamille Blue  
- Sharon Harris  
- Briana Harris  
- Shirley Francis  
- Tekeyon Lloyd

**BOARD MEMBERS PRESENT:** None

**GUEST(S):**  
- C J Lewis  
- CJ Loyd  
- Renee Lloyd  
- Cory Yancey  
- Jacklyn Feliciano

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

1. **WELCOME AND INTRODUCTIONS**

2. **REVIEW OF THE MINUTES**  
The minutes from the July 26, 2018, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Michael McGuire and seconded by Jackie Blue to approve the minutes. Motion passed.

3. **AGENDA ITEMS:**

   **DISCUSSION:**
   
   **Public Comment**  
   Starlett Davis provided community events and resources.  
   Michael spoke about the passing of the Chair Lotta Fisher and opened a package he received from her family. He was presented with a plaque that honored Ms. Lotta for her dedication to the martial arts hall of fame. Michael discussed the Godwin Falcon day and explained that the Mayor requested us to set up a booth. The VA will be at the Dunn Civic Center from 8:30am to 3:00pm on July 27th doing expedient disability claim approvals. Shirley Francis explained that the ADA will be having the 28th Anniversary at the Kiwanis Recreation Center from 6pm to 8pm on August 15, 2018.

   **State Updates**  
   Doug Wright and CJ Lewis gave State updates. The HB403 discussion on August 8th. There is an opportunity to ask questions. You can call in, email or attend. CJ is back in our area and will be participating in the local meetings as often as he can. The Community Engagement Empowerment Brief was given out. Doug and CJ explained it was a place the committees can put information out. Doug went through an overview of the HB403. Doug gave a compilation list of the Needs and Gaps that the area committees came up with. He wanted the committee to know that the information was documented and given to Carlyle with the State. Carlyle will report out when the report is completed. The August State CFAC meeting will be at the home office. The discussion on HB403 will be from 10am-2pm.

   **NEXT STEPS:**
   - See Doug or Starlett for any questions.
   - Doug will get the State call in number out to the committee.
   - Doug and CJ will keep the committee updated on when Carlyle will present the report.

   **TIME FRAME:**
   - Ongoing
   - Prior to 8/8/18
   - As soon as information is obtained

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</thead>
<tbody>
<tr>
<td>MCO Updates</td>
<td>Alliance was awarded the TBI Waiver pilot. We will enroll the first</td>
<td></td>
<td>Ongoing</td>
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<td>person in mid-August and services will start in September. This may help</td>
<td>Doug and Starlett will</td>
<td></td>
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<td>some with the unmet needs waiting list. This may free up a few Innovations</td>
<td>provide updates on</td>
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<td>waiver slots. The Coalition we are involved in with Viya and Trillion.</td>
<td>progress of the TBI</td>
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<td>Doug is working on a project on the member handbook that is very similar</td>
<td>Waiver Pilot.</td>
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<td>across the board. That way there will be consistency with transitions</td>
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<tr>
<td></td>
<td>and better for the individuals we serve.</td>
<td></td>
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<tr>
<td>Membership</td>
<td>Starlett discussed the community event where we will watch the film</td>
<td>Members are to</td>
<td>Prior to</td>
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<tr>
<td>Discussion/</td>
<td>Generations Found. I explained that she spoke with DSS for reservation of</td>
<td>advertise the</td>
<td>8/23/18</td>
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<tr>
<td>Community</td>
<td>the room. We are planning for 60 people. The main branch of the library</td>
<td>community event</td>
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<td>Outreach</td>
<td>will be the backup venue. Doug was concerned that the committee would not</td>
<td>and participate.</td>
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<td>have enough time to advertise. Michael felt that this was better because</td>
<td></td>
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<td></td>
<td>there would not too much time between advertising time and meeting date.</td>
<td>Starlett will get</td>
<td></td>
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<td>Starlett asked the members to make sure they get the word out so that we</td>
<td>information about</td>
<td></td>
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<tr>
<td></td>
<td>will have participation. Flyers will be sent out. Refreshments will be</td>
<td>the community</td>
<td></td>
</tr>
<tr>
<td></td>
<td>water and popcorn.</td>
<td>meeting to her</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jacklyn Feliciano and Renee Lloyd were asked if they wanted to become</td>
<td>outlets.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a member of the committee. They agreed to do so.</td>
<td>The new members will</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The new members will be voted into the CFAC in September. The members</td>
<td>be voted in during</td>
<td>9/27/18</td>
</tr>
<tr>
<td>Prep for</td>
<td>will make sure that they advertise the meeting and participate in the</td>
<td>the September</td>
<td></td>
</tr>
<tr>
<td>next meeting</td>
<td>viewing of Generations Found.</td>
<td>meeting.</td>
<td>meeting.</td>
</tr>
<tr>
<td>Appreciation</td>
<td>Everyone spoke about their appreciation.</td>
<td>Complete</td>
<td>8/23/18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>preparations by</td>
<td></td>
</tr>
</tbody>
</table>

3. **ADJOURNMENT:** The next meeting will be August 23, 2018, at 5:30 p.m.
Respectfully Submitted by:

Starlett Davis  

Date Approved
ITEM: Finance Committee Report

DATE OF BOARD MEETING: September 6, 2018

BACKGROUND: The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Board. The Finance Committee meets monthly at 2:30 p.m., prior to the regular Board Meeting. This month’s report includes the draft minutes from the August 2, 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 July 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
Finance Committee Meeting  
Thursday, September 6, 2018  
2:30-4:00 pm

AGENDA

1. Review of the Minutes – August 2, 2018

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

3. Year End Update and Timeline

4. Updated Financial Forecast

5. Reinvestment Plan

6. Business Operation Policies

7. Adjournment
1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the June 7, 2018, meeting were reviewed; a motion was made by Mr. Gino Pazzaglini and seconded by Chair Cynthia 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 includes the Summary of Savings/(Loss) by Funding Source, the Statement of Revenue and Expenses, Senate Bill 208 Required Ratios, and DMA Contract Ratios as of May 31, 2018. a) Ms. Pacholke discussed the monthly reports. We have a loss of $3,531,216 year to date which is expected. This is due to a combination of a smaller Medicaid savings than prior years and a higher state loss due to legislative reductions. As of May 31, 2018, we need approximately $14,000,000 from fund balance to offset the state loss. The loss will continue to grow as we close FY18 due to the legislative reductions and the decline in eligible lives. Alliance is meeting all SB208 and DMA contractual ratios.</td>
<td>None</td>
<td>n/a</td>
</tr>
<tr>
<td>4. Contract Approval</td>
<td>Ms. Pacholke presented a summary of the amended contract with LS3P Associates, Ltd for the design and renovation of the child facility based crisis center at 400 West Ransom Street, Fuquay Varina. The contract is an amendment for $532,395 (original contract $97,700, amendment 1 $23,400). This amendment covers the completion of the design costs, through construction administration. Ms. Binanay made a motion to approve signing the amended contract, which is on the consent agenda. Mr. Bostock seconded the motion. Motion passed unanimously.</td>
<td>The contract is on the consent agenda for Board approval</td>
<td>8/2/18 meeting</td>
</tr>
<tr>
<td>5. Fund Balance Policy</td>
<td>Ms. Pacholke presented edits to the fund balance policy that are necessary to ensure definitions are in line with accounting standards. A summary of percentage of expenses to unrestricted net position under an enterprise fund as of 6/30/17 and percentage of expenditures to unassigned fund balance under a governmental fund as of 6/30/17 was shared so committee members could see the difference. In addition, a handout of the different categories of net position vs. fund balance was also distributed.</td>
<td>Ms. Pacholke will make the revisions and it will go to the Policy Committee.</td>
<td></td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>6. Finance Committee Reports</td>
<td>Members agreed with the proposed changes, but also discussed if the policy should reference new financial solvency standards or if changes to the percentages should be made. A decision was made to remove the 1% and leave no less than 8% since it is recommended by the LGC. In addition, it was decided that no reference would be made to the financial solvency standards. As an Organization, we agree that an unassigned fund balance of no less than 8% of expenditures is financially prudent and therefore we will not adjust our policy based on the legislative solvency standards.</td>
<td>Discussed reports will be brought to future Finance Committee meetings.</td>
<td></td>
</tr>
</tbody>
</table>

**7. ADJOURNMENT:** next meeting will be September 6, 2018, from 2:30 p.m. to 4:00 p.m.

Respectfully Submitted by:

Sara Pacholke, SVP Financial Operations
## Summary of Savings/(Loss) by Funding Source as of July 31, 2018

<table>
<thead>
<tr>
<th>Fund Balance</th>
<th>Revenue</th>
<th>Expense</th>
<th>Savings/(Loss)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Waiver Services</td>
<td>$ -</td>
<td>$ 30,402,913</td>
<td>$ 29,605,487</td>
</tr>
<tr>
<td>Federal &amp; State Grants</td>
<td>1,354,998</td>
<td>3,784,263</td>
<td>5,139,261</td>
</tr>
<tr>
<td>Local Grants</td>
<td>-</td>
<td>1,370,009</td>
<td>1,369,091</td>
</tr>
<tr>
<td>Administrative</td>
<td>-</td>
<td>4,653,061</td>
<td>4,379,588</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$ 1,354,998</td>
<td>$ 40,210,247</td>
<td>$ 40,493,427</td>
</tr>
</tbody>
</table>

Less Amount from Fund Balance $ (1,354,998)

Net Savings/(Loss) $ (283,180)

## Fund Balance as of July 31, 2018

<table>
<thead>
<tr>
<th>Fund Description</th>
<th>June 30, 2018</th>
<th>Change</th>
<th>July 31, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment in Fixed Assets</td>
<td>4,409,429</td>
<td>(42,594)</td>
<td>4,366,835</td>
</tr>
<tr>
<td>Restricted - Risk Reserve</td>
<td>43,027,793</td>
<td>669,150</td>
<td>43,696,943</td>
</tr>
<tr>
<td>Restricted - Other</td>
<td>9,489,261</td>
<td>2,247,763</td>
<td>11,737,024</td>
</tr>
<tr>
<td>Committed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legislative Reductions</td>
<td>22,558,847</td>
<td>(1,354,998)</td>
<td>21,203,849</td>
</tr>
<tr>
<td>Intergovernmental Transfer</td>
<td>3,043,874</td>
<td>-</td>
<td>3,043,874</td>
</tr>
<tr>
<td>Reinvestment</td>
<td>13,172,532</td>
<td>(238,058)</td>
<td>12,934,475</td>
</tr>
<tr>
<td><strong>Total Committed</strong></td>
<td>38,775,253</td>
<td>(1,593,056)</td>
<td>37,182,198</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>18,461,257</td>
<td>(1,564,443)</td>
<td>16,896,814</td>
</tr>
<tr>
<td><strong>Total Fund Balance</strong></td>
<td>114,162,994</td>
<td>(283,180)</td>
<td>113,879,814</td>
</tr>
</tbody>
</table>
## Statement of Revenue and Expenses (Budget and Actual) - As of July 31, 2018

<table>
<thead>
<tr>
<th></th>
<th>Original Budget</th>
<th>Current Period</th>
<th>Year to Date</th>
<th>Balance</th>
<th>% Received/Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Grants</td>
<td>$39,827,390.00</td>
<td>$1,370,009.39</td>
<td>$1,370,009.39</td>
<td>$38,457,380.61</td>
<td>3.44%</td>
</tr>
<tr>
<td>State &amp; Federal Grants</td>
<td>43,802,180.00</td>
<td>3,784,262.83</td>
<td>3,784,262.83</td>
<td>40,017,917.17</td>
<td>8.64%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>362,034,028.76</td>
<td>30,402,913.31</td>
<td>30,402,913.31</td>
<td>331,631,115.45</td>
<td>8.40%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$445,663,598.76</td>
<td>35,557,185.53</td>
<td>35,557,185.53</td>
<td>410,106,413.23</td>
<td>7.98%</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Administration</td>
<td>437,754.19</td>
<td>33,273.33</td>
<td>33,273.33</td>
<td>404,480.86</td>
<td>7.60%</td>
</tr>
<tr>
<td>LME Administrative Grant</td>
<td>4,359,385.00</td>
<td>363,283.04</td>
<td>363,283.04</td>
<td>3,996,101.96</td>
<td>8.33%</td>
</tr>
<tr>
<td>Medicaid Waiver Admin.</td>
<td>49,368,276.65</td>
<td>4,154,989.08</td>
<td>4,154,989.08</td>
<td>45,213,287.57</td>
<td>8.42%</td>
</tr>
<tr>
<td>Miscellaneous Revenue</td>
<td>500,000.00</td>
<td>101,515.73</td>
<td>101,515.73</td>
<td>398,484.27</td>
<td>20.30%</td>
</tr>
<tr>
<td><strong>Total Administrative Revenue</strong></td>
<td>54,665,415.84</td>
<td>4,653,061.18</td>
<td>4,653,061.18</td>
<td>50,012,354.66</td>
<td>8.51%</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>$500,329,014.60</td>
<td>40,210,246.71</td>
<td>40,210,246.71</td>
<td>460,118,767.89</td>
<td>8.04%</td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Services</td>
<td>39,827,390.00</td>
<td>1,369,090.89</td>
<td>1,369,090.89</td>
<td>38,458,299.11</td>
<td>3.44%</td>
</tr>
<tr>
<td>State &amp; Federal Services</td>
<td>43,802,180.00</td>
<td>5,139,261.02</td>
<td>5,139,261.02</td>
<td>38,662,918.98</td>
<td>11.73%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>362,034,028.76</td>
<td>29,605,486.88</td>
<td>29,605,486.88</td>
<td>332,428,541.88</td>
<td>8.18%</td>
</tr>
<tr>
<td><strong>Total Service Expenses</strong></td>
<td>445,663,598.76</td>
<td>36,113,838.79</td>
<td>36,113,838.79</td>
<td>409,549,759.97</td>
<td>8.10%</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational</td>
<td>7,011,007.67</td>
<td>507,796.24</td>
<td>507,796.24</td>
<td>6,503,211.43</td>
<td>7.24%</td>
</tr>
<tr>
<td>Salaries, Benefits, and Fringe</td>
<td>40,203,716.73</td>
<td>3,728,483.53</td>
<td>3,728,483.53</td>
<td>36,475,233.20</td>
<td>9.27%</td>
</tr>
<tr>
<td>Professional Services</td>
<td>6,950,691.44</td>
<td>143,308.19</td>
<td>143,308.19</td>
<td>6,807,383.25</td>
<td>2.06%</td>
</tr>
<tr>
<td>Miscellaneous Expense</td>
<td>500,000.00</td>
<td>-</td>
<td>-</td>
<td>500,000.00</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Administrative Expenses</strong></td>
<td>54,665,415.84</td>
<td>4,379,587.96</td>
<td>4,379,587.96</td>
<td>50,285,827.88</td>
<td>8.01%</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$500,329,014.60</td>
<td>40,493,426.75</td>
<td>40,493,426.75</td>
<td>459,835,587.85</td>
<td>8.09%</td>
</tr>
<tr>
<td><strong>CHANGE IN NET POSITION</strong></td>
<td>($283,180.04)</td>
<td>($283,180.04)</td>
<td></td>
<td></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:** Policy Committee Report

**DATE OF BOARD MEETING:** September 6, 2018

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

Policies reviewed at the April 26, 2018, Policy Committee meeting and ready for Board approval without revisions:

- GA2: Strategic Planning
- GA3: Reporting of Abuse, Neglect, Dependency and Exploitation
- GA4: Health and Safety Policy
- GA 5: Emergency Management Plan
- GA 6: Internal Control
- GA 7: Business Continuity Plan
- GA 8: Corporate Communications

- G1: Board of Directors Conflict of Interest
- G2: Board of Directors Member Meeting Attendance Compensation
- G3: Board of Directors Processes
- G4: Development of Policies and Procedures
- G7: Evaluation of Chief Executive Officer
- G8: Board of Directors Code of Ethics
- G10: Delegation of Authority to the Chief Executive Officer
- G11: Guidelines for Public Comment at Board of Directors Meetings
- G13: Board of Directors Media Policy
- G14: Dispute Resolution

Policies reviewed with recommended revisions:

- GA1: Management of Service Delivery
- G6: Chief Executive Officer Compensation
- G9: Consumer, Family Advisory Committee
- G12: Area Authority Relations with Catchment Area County Boards of Commissioners
- B1: By-Laws (these proposed revisions were approved by the Board on June 7, 2018)

Policies reviewed and recommended to repeal: None

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

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

**RESOURCE PERSON(S):** Lodies Gloston, Committee Chair; Monica Portugal, Chief Compliance Officer
1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES: The minutes from the February 8, 2018, meetings were reviewed; a motion was made by Ms. Gloston and seconded by Mr. Massey to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents Provided</td>
<td>Agenda, Minutes from the February 8, 2018 meeting, General Administrative</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Policies, Governance Policies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Review of</td>
<td>General Administrative Policies reviewed and considered for continued use</td>
<td>Draft minutes, reviewed policies and</td>
<td></td>
</tr>
<tr>
<td>Policies</td>
<td>without revisions requiring Board approval:</td>
<td>Agenda Action Form will be provided</td>
<td></td>
</tr>
<tr>
<td></td>
<td>GA1: Management of Service Delivery</td>
<td>to the Board Clerk for inclusion in the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A motion was made by Ms. Gloston and seconded by Mr. Massey to accept the</td>
<td>Board Packet</td>
<td></td>
</tr>
<tr>
<td></td>
<td>policy with non-substantive changes by the Committee. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>GA2: Strategic Planning</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A motion was made by Ms. Gloston and seconded by Mr. Massey to accept the</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>policy as presented. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>GA3: Reporting of Abuse, Neglect, Dependency and Exploitation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A motion was made by Ms. Gloston and seconded by Mr. Massey to accept the</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>policy as amended. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>GA4: Health and Safety Policy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A motion was made by Ms. Gloston and seconded by Mr. Massey to accept the</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>policy as presented. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
</tr>
<tr>
<td>----------------</td>
<td>----------------</td>
<td>----------------</td>
<td>----------------</td>
</tr>
<tr>
<td>GA 5: Emergency Management Plan</td>
<td>A motion was made by Ms. Gloston and seconded by Mr. Massey to accept the policy as presented. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GA 6: Internal Control</td>
<td>A motion was made by Ms. Gloston and seconded by Mr. Massey to accept the policy as amended. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GA 7: Business Continuity Plan</td>
<td>A motion was made by Ms. Gloston and seconded by Mr. Massey to accept the policy as presented. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GA 8: Corporate Communications</td>
<td>A motion was made by Ms. Gloston and seconded by Mr. Massey to accept the policy as presented. Motion carried.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**General Administrative Policies reviewed with suggested revisions:**
None

**Governance Policies reviewed and considered for continued use without revisions requiring Board approval:**
G1: Board of Directors Conflict of Interest
A motion was made by Ms. Gloston and seconded by Mr. Massey to accept the policy as presented. Motion carried.

G2: Board of Directors Member Meeting Attendance Compensation
A motion was made by Ms. Gloston and seconded by Mr. Massey to accept the policy as presented. Motion carried.

G3: Board of Directors Processes

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>AGENDA ITEMS</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A motion was made by Ms. Gloston and seconded by Mr. Massey to accept the policy as presented. Motion carried.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G4: Development of Policies and Procedures</td>
<td>A motion was made by Ms. Gloston and seconded by Mr. Massey to accept the policy as presented. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G6: Chief Executive Officer Compensation</td>
<td>A motion was made by Ms. Gloston and seconded by Mr. Massey to accept the policy with non-substantive changes by the Committee. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G7: Evaluation of Chief Executive Officer</td>
<td>A motion was made by Ms. Gloston and seconded by Mr. Massey to accept the policy as presented. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G8: Board of Directors Code of Ethics</td>
<td>A motion was made by Ms. Gloston and seconded by Mr. Massey to accept the policy as presented. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G9: Consumer, Family Advisory Committee</td>
<td>A motion was made by Ms. Gloston and seconded by Mr. Massey to accept the policy as amended. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G10: Delegation of Authority to the Chief Executive Officer</td>
<td>A motion was made by Ms. Gloston and seconded by Mr. Massey to accept the policy as presented. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G11: Guidelines for Public Comment at Board of Directors Meetings</td>
<td>A motion was made by Ms. Gloston and seconded by Mr. Massey to accept the policy as presented. Motion carried.</td>
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<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
<td>NEXT STEPS:</td>
<td>TIME FRAME:</td>
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<tr>
<td>G12: Area Authority Relations with Catchment Area County Boards of Commissioners</td>
<td>A motion was made by Ms. Gloston and seconded by Ms. Gloston to accept the policy as amended. Motion carried.</td>
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<tr>
<td>G13: Board of Directors Media Policy</td>
<td>A motion was made by Ms. Gloston and seconded by Mr. Massey to accept the policy as presented. Motion carried.</td>
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<tr>
<td>G14: Dispute Resolution</td>
<td>A motion was made by Ms. Gloston and seconded by Mr. Massey to accept the policy as presented. Motion carried.</td>
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</tr>
<tr>
<td>Governance Policies reviewed with suggested revisions: None</td>
<td></td>
<td></td>
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<tr>
<td>B1: Bylaws</td>
<td>A motion was made by Ms. Gloston and seconded by Mr. Massey to accept the by-laws as amended. Motion carried.</td>
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</tbody>
</table>

3. ADJOURNMENT: @ 4:51 pm
I. PURPOSE

To set forth policy that guides and directs the management and provision of public mental health, intellectual and developmental disabilities and substance abuse services in Alliance Behavioral Healthcare’s catchment area.

II. POLICY STATEMENT

Alliance Behavioral Healthcare (Alliance) is charged with management and oversight responsibility for the public mental health, intellectual and developmental disabilities and substance abuse service system in a multi-county area. It is the intent of the Board of Alliance Behavioral Healthcare that the service delivery system will be managed in a manner that is consistent and accountable to the citizens of the catchment area.

This policy will guide the Board as it carries out its responsibilities outlined in North Carolina General Statutes 122C-115.4 which assigns the following functions to the LME:

1. Access to services 24/7/365 basis;
2. Provider endorsement, monitoring, technical assistance, capacity development and quality control;
3. Authorization of services, utilization review and management;
4. Authorization of the utilization of state psychiatric hospitals, three-party contracted local hospitals and other state facilities;
5. Care coordination and quality management;
6. Community collaboration and consumer affairs;
7. Financial management and accountability; and
8. Management of waiting lists for consumers with intellectual and developmental disabilities.
III. PROCEDURES

Annually, the Board will review and approve the plan for managing and delivering services in the catchment area. The plan shall be presented to the Board as part of the budget development process and shall outline the process for assuring a consistent clinical model and best practices across the catchment area.
I. PURPOSE

The purpose of this policy is to establish a process for determining compensation for the Chief Executive Officer.

II. POLICY STATEMENT

The operational effectiveness of Alliance Behavioral Healthcare is dependent, in large part, on the leadership of its chief executive. As such, it is incumbent upon the Board of Directors to develop a compensation plan and process that (1) attracts and retains the best executive talent, (2) ensures compensation that is comparable to that of similar organizations and (3) is based on the Chief Executive Officer’s performance. The Board’s compensation plan shall comply with all relevant Federal, State and local requirements, including but not limited to NCGS 122C-121.

III. PROCEDURES

A. Total Compensation Mix

Total executive compensation shall include the following items:

1. Base pay – formal position salary structure plus any restructuring based on position reviews.
2. Benefits plan – health and medical insurance benefits, liability coverage and other benefits as approved by the board.
3. Incentives based on personal and professional performance.

B. Total Compensation References

The Board of Directors shall use comparability data in determining and approving an equitable compensation arrangement including:

1. Market comparator data – a review of compensation paid by other agencies of similar size and services.
2. Functionally comparable positions – a review of compensation paid to other executives of similar functions and responsibilities.
I. PURPOSE

The purpose of this policy is to ensure the ongoing and meaningful involvement of consumers and family members, through the Consumer and Family Advisory Committee (CFAC), in the planning, management and oversight of the Area Authority.

II. POLICY

It is the policy of Alliance Behavioral Healthcare that a Consumer and Family Advisory Committee (CFAC) shall be established and operational. The CFAC shall be a self-governing and self-directed organization that advises the Board of Directors on the planning and management of the local public mental health, intellectual/developmental disabilities and substance abuse system. The CFAC shall be actively involved in all aspects of planning, development, implementation and evaluation of the Area Authority and its providers of services.

III. PROCEDURES

A. The initial Consumer and Family Advisory Committee shall be approved by the Board of Directors and serve in an advisory capacity to the board. Alliance shall provide staff to assist CFAC in implementing its duties under NCGS 122C-170(c).
I. PURPOSE

Alliance Behavioral Healthcare is a political subdivision of the State of North Carolina and organized under North Carolina General Statute §122C-115, to administer all publicly-funded mental health, intellectual/developmental disability, and substance abuse (“MH/I-DD/SA”) services for the residents of Durham, Wake, Johnston, and Cumberland Counties. The purpose of this policy and accompanying procedures is to define the relationship between the Area Authority and the participating County Boards of Commissioners.

II. DEFINITIONS

**Area Authority:** The area mental health, developmental disabilities and substance abuse authority.

**Catchment Area:** The geographic part of the state served by the area authority.

**Boards of County Commissioners:** The participating boards of county commissioners for multicounty area authorities.

III. POLICY STATEMENT

In accordance with the “Purpose” as outlined above, the Area Authority shall develop and manage local mental health, intellectual/developmental disabilities, and substance abuse services in the multi-county area per contracts with the Department of Health and Human Services (DHHS), Inter-local Agreements and the powers and duties outlined in N.C.G.S. §122C-117. The Area Authority shall collaborate with all relevant local governmental agencies in the catchment area to coordinate and advance the development of mental health, intellectual/developmental disabilities and substance abuse services. The Area Authority shall also operate in accordance with all applicable federal and state laws, rules, regulations, executed contracts, agreements, and resolutions as promulgated by the Alliance Behavioral Healthcare Board of Directors.

IV. PROCEDURES
A. Alliance Behavioral Healthcare shall create and manage the provision of high quality cost-effective mental health, intellectual/developmental disabilities, and substance abuse services to residents of the catchment area.

B. Alliance Behavioral Healthcare shall adhere to the requirements of applicable Federal and State laws, rules and regulations including but not limited to Chapters 108A 108D and 122C of the North Carolina General Statutes, the NC State Plan for Medical Assistance, the 1915 b/c Medicaid Waivers, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services’ (DMH/DD/SAS) State Plan, Clinical Coverage Policies, State Service Definitions, executed contracts with the NC Department of Health and Human Services, agreements with catchment area counties or other funding sources, all as may be amended, updated or supplemented from time to time.

C. Annually, the Chief Executive Officer (CEO) shall negotiate and sign a Funding Agreement with the Board of Commissioners of each county in the catchment area. County funding allocated for local services annually shall be conveyed through this Agreement between the funding County and the Area Authority. The terms of the Agreement shall be mutually developed and in compliance with applicable County, State and Federal requirements.

D. The Chief Executive Officer (CEO) or designee may attend catchment area County Department Head meetings and provide information and reports as specified in the Agreement between the Area Authority and the respective county government.

E. Alliance Behavioral Healthcare shall provide a status report on operations and service delivery to the catchment area County Boards of Commissioners at least annually, or more often if specified in the County Agreement or if circumstances dictate. The report shall be presented in a format as agreed upon by each County and the Area Authority and shall include, but not be limited to the following:
   1. Financial report
   2. Risk-management report
   3. Service planning and delivery activities
   4. Quality improvement activities including program audits, surveys, and reports
   5. Provider network management activities
   6. Consumer activities including complaints and grievances
   7. Other reports as identified
BOARD OF DIRECTORS BY-LAWS

ARTICLE I

PURPOSE

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

MISSION STATEMENT

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

VISION STATEMENT

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

VALUES STATEMENT

Accountability and Integrity: We keep the commitments we make to our stakeholders and to each other. We ensure high-quality services at a sustainable cost. Collaboration: We actively seek meaningful and diverse partnerships to improve services and systems for the people we serve. We value communication and cooperation between team members and departments to ensure that people receive needed services and supports.
Compassion: Our work is driven by dedication to the people we serve and an understanding of the importance of community in each of our lives.

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

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

ARTICLE II

STRUCTURE

A. AUTHORITY

1. The Alliance Board of Directors is accountable to the citizens of the Alliance Catchment Area.
2. The powers and duties of the Board of Directors derive from General Statutes 122C-115.5 and 122C-117.
3. In addition to exercising those powers, duties, and functions set forth in 122C-115.5 and 122C-117, the Board of Director’s primary responsibilities include:
   a. Defining services to meet the needs of citizens (within the parameters of the law) through an annual needs assessment.
   b. Governing the organization by adopting necessary and proper policies to carry out the obligations under its contract as a Pre-paid Inpatient Health Plan (PIHP).
   c. Evaluating quality and availability of services in meeting the needs of the population.
   d. Providing Fiscal oversight.
   e. Performing public relations and community advocacy functions.
   f. Appointing a CEO in accordance with General Statute 122C-121 (d). The CEO is an employee of the Board of Directors and shall serve at the pleasure of the Board of Directors.
   g. Evaluating annually the Chief Executive Officer for performance based on criteria established by the Secretary of NCDHHS and the Board of Directors.
   h. Delegating responsibility to the Chief Executive Officer who shall be responsible for the appointment of employees, the implementation of the policies and programs of the Board of Directors, for compliance with the rules of the North Carolina Commission for Mental Health, Developmental Disabilities and Substance Abuse Services, and NCDHHS, supervision of all employees and management of all contract providers.
   i. Delegating to the Chief Executive Officer authority to execute contracts and agreements, where appropriate.
   j. Maintaining open communication with the Consumer and Family Advisory Committee (CFAC).
   k. Participate in strategic planning, including consideration of local priorities as determined by the County Commissioner Advisory Board;
   l. Government affairs and advocacy.

B. COMPOSITION

1. The Board of Directors shall consist of twenty (20) members.
2. The Board of Directors shall work in conjunction with the Durham, Wake, Johnston and Cumberland County Commissioners.
3. The Durham and Wake County Commissioners shall appoint seven (7) members respectively, the Cumberland County Board of Commissioners will appoint four (4) members, and the Johnston County Board of Commissioners will appoint two (2) members.

4. The Board of Directors will advertise, accept applications, interview and recommend appointments to the respective Boards of Commissioners.

5. Board of Directors membership may consist of the following:
   a. Consumer or family member representing the interest of individuals with mental illness, intellectual or other developmental disabilities or substance abuse
   b. CFAC member
   c. An individual with health care expertise and experience in the fields of mental health, intellectual or other developmental disabilities or substance abuse services.
   d. Individual with financial expertise
   e. Individual with provider experience in a managed care environment.

6. The Board of Directors shall assure that there is at least one representative of each of the three disability categories, i.e., mental illness, intellectual/developmental disabilities and substance abuse, on the board.

7. No individual who contracts with the Board of Directors for the delivery of mental health, intellectual/developmental disabilities, or substance abuse services may serve on the Board of Directors during the period in which the contract for services is in effect.

C. TERMS AND CONDITIONS OF OFFICE

1. Terms of membership shall be for three years except any member of the Board of Directors who is a county commissioner serves on the Board in an ex officio capacity at the pleasure of the initial appointing authority, for a term not to exceed the earlier of three years or the member's service as a County Commissioner.

2. Members shall not be appointed for more than three consecutive terms.

3. Members may be removed with or without cause by the appointing authority, upon recommendation by the Executive Committee.

4. Board of Directors members may resign at any time, upon written notification to the Chairperson or the Executive Secretary of the Board of Directors.

5. Vacancies on the Board of Directors shall be filled by the County Commissioners before the end of the term of the vacated seat or within 90 days of the vacancy, whichever comes first. Appointments shall be for the remainder of the unexpired term.

6. Board of Directors members are responsible for disclosing and may not vote on any issue in which they have a direct or indirect financial interest or personal gain. All Board members are expected to exhibit high standards of ethical conduct, avoiding both actual conflict of interest and the appearance of a conflict of interest.

7. Neither Board of Directors members nor members of their families will receive preferential treatment through the Area Authority’s services or operations.

8. Board of Directors members must be current with all property taxes in their respective counties.

9. Membership is based on the rules and regulations of the Board of Directors policies and all applicable North Carolina General Statutes.

10. Board of Directors members are required to comply with the Board of Directors Code of Ethics, policies and all applicable North Carolina General Statutes.

11. While Board members may be appointed because they represent a certain community, once on the Board, their responsibility is to all individuals served by Alliance.
D. OFFICERS

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

E. COMMITTEES

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

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

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

c. Quality Management Committee (URAC)
   i. The Quality Management (QM) Committee shall consist of at least 5 members to include consumers or their family members plus at least 2 non-voting provider representatives. The QM Committee will meet at least 6 times a year.
   ii. The QM Committee shall review statistical data and provider monitoring reports and make recommendations to the Board of Directors or other Board committees.
   iii. The QM Committee serves as the Board’s Monitoring and Evaluation Committee charged with the review of statistical data and provider monitoring reports. The goal of the QM Committee is to ensure quality and effectiveness of services and to identify and address opportunities to improve Alliance operations and local service system with input from consumers, providers, family members, and other stakeholders.

d. Executive Committee - The Board of Directors shall have an Executive Committee. All actions taken by the Executive Committee will be reported to the full Board of Directors at the next scheduled meeting.
   i. The Executive Committee shall be composed of the current Officers of the Board of Directors, Chairpersons of standing committees (who are Board of Directors members), the immediate past Board chairperson or an at-large member in the event the immediate past Board Chairperson is not available.
ii. The Board of Directors Chairperson shall serve as the Chairperson of the Executive Committee.

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

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

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

f. Audit and Compliance Committee
   i. The Audit and Compliance Committee will consist of at least three members of the Board of Directors. At least one member shall have financial expertise. The Chairperson of the Audit and Compliance Committee may not also be the Chairperson of the Finance Committee.
   ii. The Chief Compliance Officer will serve as staff liaison to the Committee.
   iii. The Committee shall meet at least three times a year, with authority to convene additional meetings, to adequately fulfill all the obligations outlined in this charter.
   iv. The purpose of the Audit and Compliance Committee is to put forth a meaningful effort to review the adequacy of existing compliance systems and functions. To assist the Board of Directors in fulfilling its oversight responsibilities for:
      1) The integrity of the organization’s annual financial statements;
      2) The system of risk assessment and internal controls;
      3) The organization’s compliance with legal and regulatory requirements;
4) The independent auditor’s qualifications and independence;
5) The performance of the organization’s internal audit function; and
6) To provide an avenue of communication between management, the independent
auditors, and the Board of Directors.

g. **Network Development & Services Committee**
i. The Network Development and Services Committee shall consist of at least three members,
a majority of whom shall be members of the Board of Directors and shall meet at least
quarterly.
ii. The Senior Vice President of Network Development & Evaluation, or her designee will
serve as staff liaison to the Committee.
iii. The Committee’s functions include:
   1) To review service network development activities.
   2) Reviews progress on the network development plan and progress on fund balance
      spending on service development.
   3) Provides guidance and feedback on development of the needs and gaps assessment to
      meet state and agency requirements.
   4) Areas of focus may include:
      • Emerging needs and Challenges
      • Data related to the Needs and Gaps Analysis
      • Network Development Plan and Status
      • State and Federal Initiatives

2. **AD HOC COMMITTEES**
a. Ad hoc committees may be appointed by the Chair of the Board of Directors with the
   approval of a majority of the Board members who are present at the meeting during which
   approval is given.
b. These committees shall carry out their duties as designated by the Board of Directors and
   shall report their findings to the Board or its committees.

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

4. **COUNTY COMMISSIONER ADVISORY BOARD**
Per 122C-118.2, there is a County Commissioner Advisory Board. The County Commissioner
Advisory Board is not a board or committee appointed by the Board of Directors. The CEO or
designee will assist in facilitation of the County Commissioner Advisory Board meetings.
ARTICLE III

MEETINGS

A. REGULAR MEETINGS

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

B. SPECIAL MEETINGS

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

C. EMERGENCY MEETINGS

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

D. NOTICE OF MEETINGS

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

E. CONDUCT OF MEETINGS

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

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

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

F. QUORUM

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

G. APPROVAL OF CERTAIN ITEMS BY A SUPER MAJORITY

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

H. ABSENCES

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

ARTICLE IV

GENERAL PROVISIONS

A. AMENDMENTS

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

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

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

These By-Laws and all Board of Directors governance policies shall be reviewed at least annually.
I. PURPOSE

The purpose of this policy is to enunciate the critical role the strategic planning process plays in guiding the Board of Directors as it carries out its mission of providing mental health, intellectual/developmental disabilities and substance abuse services to the residents in the Alliance multi-county area. Strategic planning is the foundation of organizational achievement and success.

II. POLICY STATEMENT

The Board shall develop a strategic plan to cover a period of no more than five years. The Board shall conduct a comprehensive review of its strategic plan every three years or more often as necessary. Annually, the Board shall review the plan’s goals and objectives to adjust the plan for changes in the operational environment.

Given the importance of the strategic planning process and its outcomes, the area authority shall involve the broader catchment area community in the development of the plan. Participants shall include, but are not limited to: Area Authority staff, Board of Directors members, consumers, community members, advocacy groups, and funding agencies. Special effort shall be made to ensure representation from various age groups, disabilities, and cultural backgrounds representative of the catchment area demographics.

All participants in the strategic planning process shall receive an orientation to strategic planning focused on its significance to Alliance Behavioral Healthcare’s operations, and training in the specific planning process that will be utilized.

III. PROCEDURES

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

The purpose of this policy is to ensure that all instances of alleged or suspected abuse, neglect, dependency, or exploitation of children or disabled adults, which come to the attention of the staff of Alliance Behavioral Healthcare, are reported to the County Department of Social Services in the county where the person is receiving services.

II. POLICY STATEMENT

Every employee shall immediately report to their immediate supervisor, any form of alleged or suspected abuse, neglect, dependency, or exploitation of a child or disabled adult that comes to their attention. In addition to the requirement to report to the immediate supervisor the employee shall make a report to the County Department of Social Services in the county where the child or disabled adult is receiving services.

Any employee who fails to report known or suspected abuse, neglect, dependency, or exploitation as required in this policy shall receive disciplinary action in accordance with Alliance Behavioral Healthcare policies for administering disciplinary action.

Pursuant to G.S. 7B-301 and G.S. 108A-102 the definition of duty to report and immunity shall prevail.

Aggregate data of abuse, neglect and/or exploitation reports to the Department of Social Services will be presented to the Board of Directors Human Rights Committee on a regular basis.

III. PROCEDURES

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

The Board of Directors strives to provide a healthy and safe environment for consumers, customers, staff personnel and other stakeholders who work in or visit Alliance Behavioral Healthcare facilities.

II. POLICY STATEMENT

It is the policy of the Board of Directors to provide services and programs in physical environments that are safe and free of health hazards. Alliance Behavioral Healthcare will comply with all Federal, state and local environmental/health and safety laws, regulations, and ordinances.
I. PURPOSE

The purpose of this policy is to set forth the requirement for the Area Authority to develop an Emergency Management Plan to be followed in the event of an emergency, including but not limited to fire, medical, natural disaster, violent/threatening person, utility failure or bomb threat.

II. POLICY STATEMENT

It is the policy of the Board of Directors to have an Emergency Management Plan to be followed by staff, consumers and visitors. Alliance Behavioral Healthcare will take every possible action to comply with all emergency regulations and protect employees, visitors and property in emergency situations.

III. PROCEDURES

The Chief Executive Officer shall develop a comprehensive emergency management plan and shall conduct periodic emergency drills or simulations. The Chief Executive Officer shall report to the Board of Directors on the results of those drills or simulations.
I. PURPOSE

The purpose of this policy is to establish proper internal control procedures.

II. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to establish internal control procedures to provide reasonable assurance regarding the achievement of objectives in the following categories:

1. Effectiveness and efficiency of operations
2. Reliability of financial reporting
3. Compliance with applicable laws and regulations

III. PROCEDURES

The Chief Executive Officer shall be responsible for developing internal control procedures to ensure that internal controls are established, properly documented, maintained and adhered to in each department within Alliance Behavioral Healthcare.
I. PURPOSE

The purpose of this policy is to ensure that Alliance Behavioral Healthcare continue to operate during any natural and/or man-made disasters or other disruptions. The plan shall ensure minimal interruption of services to the citizens in the catchment area.

II. POLICY STATEMENT

Alliance Behavioral Healthcare shall develop a Business Continuity Plan, which shall include information and procedures for preparedness and response to natural and man-made disasters or disruptions to the daily operations. The plan shall include a Disaster Recovery Plan, to ensure timely and reliable access to critical computer systems, network services and phone system needed to support business operations. The Business Continuity Plan will be reviewed at least annually and updated as needed.

III. PROCEDURES

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

The purpose of this policy is to ensure that Alliance Behavioral Healthcare has a set of procedures in place designed to ensure the prudent, efficient and effective dissemination of organizational information in its multiple forms via multiple platforms, as well as the appropriate utilization of graphic properties such as its corporate logo.

II. POLICY STATEMENT

Alliance Behavioral Healthcare shall develop a set of procedures that guide staff as well as select external stakeholders in the dissemination of organizational information and the utilization of the Alliance corporate logo and other graphic properties. These shall include but not be limited to procedures governing staff interaction with the media, staff use of social media, and review of core organizational informational materials.

III. PROCEDURES

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

The purpose of this policy is to establish standards and guidelines to prevent conflict of interest on the part of members of the Alliance Behavioral Healthcare (“Alliance”) Board of Directors (hereinafter “Board”). The policy is intended to supplement, but not replace any applicable federal or state laws, rules and regulations governing conflict of interest. This policy is also intended to meet the requirements of the Division of Medical Assistance regarding conflict of interest under the Medicaid 1915 (b)/(c) waiver.

II. POLICY STATEMENT

It is the policy of Alliance to ensure that none of its Board members have conflicts of interest with any of the provider agencies with which Alliance has a contractual or a consumer referral relationship.

Each Board of Directors member shall fulfill his or her responsibilities consistent with all Federal and State laws and regulations, Board of Directors and Area Authority policies, and Board of Directors By-Laws regarding avoidance of conflict of interest. This includes the avoidance of the perception of conflict of interest which might undermine the efforts of the Board of Directors to maintain public confidence and trust in the Area Authority.

III. DEFINITIONS

Provider agency: Agency, organization or individual that is contracted with Alliance to deliver publicly-funded mental health, intellectual/developmental disability, substance abuse or other treatment, habilitation, rehabilitation, educational, training and/or recovery related services to consumers.

Vendor: Company or other entity that provides goods and services needed to develop, maintain or operate the corporation.
IV.  RESTRICTIONS AND REPORTING

To ensure accurate disclosure and consideration of potential conflicts of interest, the following relationship of Board members are defined as a Conflict of Interest and must be reported:

A. Receiving reimbursement as consultant or employee from Alliance or being employed by Alliance during the time they serve as board member.

B. No member of the Board of Directors may be a ‘family member’, as defined in Section IV-E of this policy, of any employee of Alliance Behavioral Healthcare.

C. Representing him or herself to be an independent agent of the Board of Directors representing any potential Board of Directors action or position. Further, pursuant to NCGS 122C-118.1, no person registered as a lobbyist under Chapter 120C of the General Statutes shall be appointed to or serve on the Board of Directors.

D. Having a financial investment, an ownership interest (whether by stock ownership, partnership, or otherwise), any arrangement for the payment of any commissions, rewards, or any other financial or tangible consideration or benefit, board membership, or employment with any provider agencies with which Alliance has a current contractual or referral relationship, except that a member a Board of County Commissioners who is also a member of the Board of Directors of any nonprofit hospital due to his/her status as a County Commissioner shall not be prohibited from serving on the Board of Directors even if the nonprofit hospital is contracted with Alliance. Any such member must recuse themselves from any Board of Directors votes that may impact the nonprofit hospital, and must likewise recuse themselves from any hospital Board votes that may impact Alliance.

1. A list of the provider agencies with which Alliance has contractual or referral relationships shall be available upon request and shall be provided to Board members annually when Board members complete updated disclosure statements.

E. Having a family member who has a financial investment, an ownership interest (whether by stock ownership, partnership, or otherwise), any arrangement for the payment of any commissions, rewards, or any other financial or tangible consideration or benefit, board membership, or employment with any provider agencies with which Alliance has a contractual or referral relationship.

For purposes of this policy, “family members” include:

1. The Board member’s spouse;
2. The Board member’s parents, children, and siblings;
3. The Board member’s stepparents, stepchildren, stepbrothers, and stepsisters;
4. The Board member’s father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, and sister-in-law;
5. The Board member’s grandparents and grandchildren;
6. A spouse of any of the Board member’s grandparents or grandchildren.

F. Serving on the Consumer and Family Advisory Committee, unless as a designated liaison and reflected in the bylaws.
G. Having any interest in an Alliance vendor as follows:
   1. The Board member is a director, officer, partner, or direct or indirect owner of the beneficial interest in more than 5% of the equity in the vendor.
   2. The Board member has a family member who is a director, officer, partner, or direct or indirect owner of the beneficial interest in more than 5% of the equity in the vendor.

H. Personally having, or having a family member who has, any interest in any mortgage, deed of trust, note, or other financial interest in a vendor where the value of such interest equals more than 5% of the value of the assets of the vendor.

V. REQUIREMENTS

Certain actions are required on the part of Board members for effective implementation of this policy:

A. Board members must observe the highest moral and ethical standards in any dealings in which they represent the Board of Directors.

B. Board members must disclose on an ongoing basis any conflict or the appearance of a conflict of interest and depending on the circumstances, may be prohibited from serving or restricted in voting based on the disclosure.

C. All Board members are required to update the information on the disclosure form whenever a potential conflict arises.

D. Board members who are aware of any violations by any board members of this policy are required to report them to the Board of Directors Chair. The Board Chair shall notify the Chief Executive Officer of the reported violation.

VII. CONFLICT OF INTEREST DISCLOSURE AND RESOLUTION PROCESS

A. The Conflict of Interest (COI) Disclosure form will be distributed no later than the February Board meeting.

B. Board members are required to submit COI Disclosure forms by March 31 each fiscal year.

C. Board members who do not submit COI Disclosure forms by the due date will have their membership on the Board suspended to include eligibility for stipends and financial reimbursement until such time the form is submitted. Board members who do not fully comply with the provisions in this Policy may be subject to removal from the Board.

D. Compliance Officer and Legal Counsel review forms and make recommendation to the CEO. Recommendations may include prohibition from voting to resignation from the Board.

E. Compliance Officer and Legal Counsel notifies Audit & Compliance Committee (Committee) Chair of the conflict and the recommendation to remove/avoid the conflict prior to Committee meeting.
F. Committee Chair calls Board member with identified conflict to discuss conflict and recommendation prior to the Committee meeting. Board member is offered the opportunity to remove the conflict prior to presenting to the Committee:
   1. If Board member removes the conflict, a new disclosure form is filled out reflecting no conflict
   2. If Board member does not remove conflict, it is presented to the Committee
   3. While conflict of interest issues are being reviewed, the Board member and subject of the potential conflict may be prohibited from serving or restricted from voting.

G. Committee hears the conflict and makes a final recommendation to the Board. The Committee will invite the Board member to be present when the matter is considered by the Committee.

H. Committee submits recommendation to the full Board as consent agenda item using Agenda Action Form (AAF) and a separate document identifying the Board Member, his/her conflict, and proposed solution.

I. The Board of Directors shall make the final decision regarding the disposition of all conflict of interest issues.
I. PURPOSE

To provide formal guidelines for compensation that Board of Directors Members are entitled to receive under G.S. 122C-120.

II. POLICY STATEMENT

All members of the Board of Directors are entitled to receive a payment of $50.00 per meeting for attendance at the following meeting(s):

- Regular Monthly Board of Directors Meetings
- Committee Meetings for appointed Committee members, or Board Members requested to attend, that occur on a day besides a Board of Directors Meeting

Each member has the right to decline this compensation by giving written notice to the Chief Executive Officer.

Members shall be entitled to reimbursement for travel to official meetings and functions of the Board of Directors or Committees in excess of 40 miles round trip, at the rate established by the current IRS regulations.

III. PROCEDURES

Compensation shall be made consistent with the fiscal procedures of the Area Authority.
I. PURPOSE

To identify activities necessary for the orderly planning and implementation of Board of Directors processes.

II. DEFINITIONS

Processes: Activities associated with Board of Directors meetings including agenda planning, developing and distributing meeting materials, overseeing committee work, compiling meeting minutes, etc.

III. POLICY STATEMENT

The Board of Directors shall utilize processes required for effective and efficient meetings, to execute Board business and to carry out Area Authority responsibilities for service delivery and operations.

IV. PROCEDURES

A. Agenda Planning

Each Board of Directors meeting shall utilize an agenda developed by the Board of Directors Executive Committee with assistance from the Chief Executive Officer. Meeting agendas shall conform to the following principles:

1. The agenda shall have continuity from the previous meeting.
2. Agenda items may sometimes include special issues such as election of new members, attention to crisis situations, goal setting, etc.
3. The agenda shall indicate the beginning and ending times for each Board meeting.
4. The agenda shall be sent to Board of Directors members at least five (5) working days prior to each meeting.
B. Developing and Distributing Meeting Materials

The Chief Executive Officer is responsible for the following:
1. Sending notices to Board of Directors members regarding meetings
2. Preparing “Board Packets” to be available to Board members five (5) working days prior to each regularly scheduled board meeting. The packets shall include but not be limited to:
   a. The meeting agenda
   b. Agenda Action Form and supporting documentation
   c. Minutes from the previous Board of Directors meeting
   d. Minutes from committee meetings, as applicable
3. Posting agenda on website
I. PURPOSE

To provide a process for the Alliance Behavioral Healthcare Board of Directors (Board of Directors) to develop, revise, review, approve and monitor policies and procedures that govern the core business of the Area Authority.

II. DEFINITIONS

Approval authority: The party or parties authorized to approve Board of Directors and Area Authority policies and procedures. The Board of Directors approves Board of Directors policies and procedures and the Chief Executive Officer approves Area Authority operational procedures.

Approval date: The date on which the policy or procedures has been approved by all applicable parties and becomes effective for use. This approval date shall appear on all policies and procedures.

Board of Directors: Any use of the term Board of Directors in Board Policies shall be deemed to include the Area Board, Area Authority, LME and other such terms used in North Carolina General Statutes.

Chief Executive Officer (CEO): The CEO is hired and evaluated by the Board of Directors and is responsible for leading and conducting the Area Authority’s business and affairs. Any use of the term CEO in Board Policies shall be deemed to include the Area Director and other such terms used in North Carolina General Statutes.

Policy: Documents developed and approved by the Board of Directors that provide direction to guide the Area Authority’s decision making including the development of operating procedures.

Procedures: Documents developed and approved by the Chief Executive Officer that provides steps for employees to follow when performing a particular function.

Review date: The date the policy was reviewed and approved for continued use. Procedure review date is the date Alliance initiates the review of a procedure. Policies and procedures shall be reviewed at least annually (month year to month year) and revised as necessary.

Revision date: The date on which the policy or procedures were revised to reflect required changes in the organization’s decision making process. Revisions may be effected at any time and it is not necessary to await the scheduled review date.
III. POLICY STATEMENT

The Board of Directors shall be responsible for the development, revision, approval, and monitoring of Area Authority policies that govern the operation of the Area Authority’s programs and services. Among other things, these policies may relate to Federal or State statutes, NC DHHS rules or other regulatory or accreditation requirements affecting the provision of mental health, intellectual/developmental disabilities and substance abuse services.

IV. PROCEDURES

Policies for inclusion in the policy manual require Board of Directors action. Annually, the Board of Directors shall review its policies. These reviews may occur more often if required by rules, statutes, or outside accrediting bodies.

The Board Policy Committee shall develop, review and revise all Board of Directors policies before submission to the full Board of Directors for review and approval. Board of Directors policies affecting operations which come under the purview of other Board Committees shall be reviewed by those Committees and their input provided to the Board Policy Committee four weeks prior to their scheduled review. Non-substantive, grammatical revisions may be made with the approval of the Board Policy Committee.

The Chief Executive Officer (or designee) is responsible for developing a process for revising, approving and monitoring all procedures associated with the implementation of Board policies.
I. PURPOSE

The purpose of this policy is to set forth the requirement that the Board of Directors conduct an annual performance evaluation of the Chief Executive Officer.

II. POLICY STATEMENT

The Board of Directors shall complete a formal review (at least annually or more often if necessary) of the Chief Executive Officer using a method that encompasses areas of operation that are important to the Board of Directors and required by the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (State). This method shall be used at the Board’s discretion and shall minimally include: the major categories described in the State rules for evaluating the Chief Executive Officer and additional priorities as mutually agreed to by the Board of Directors and the Chief Executive Officer. Among other things, the board shall use the performance evaluation to (1) assure that the Chief Executive Officer meets performance expectations as established by the board and (2) to identify or verify information that may be used to determine or justify a change in the Chief Executive Officer’s compensation package.

III. PROCEDURES

The Board Chair may appoint an ad hoc committee to conduct the annual performance evaluation. The committee shall bring its recommendation to the full board for final action.
I. DEFINITIONS

As used in this article, the following terms shall have the meaning indicated:

**Business Entity**: Any business, proprietorship, firm, partnership, person in representative or fiduciary capacity, association, venture, trust or corporation which is organized for financial gain or profit.

**Area Authority Official**: A member of the Board of Directors.

**Immediate Family**: The Board of Directors member, his/her spouse, and minor children (including stepchildren and foster children).

**Interest**: Direct or indirect pecuniary or material benefit, as a result of an official act, a contract, or transaction with Alliance Behavioral Healthcare, accruing to:

i. A board member;

ii. Any person in his/her Immediate Family;

iii. Any business entity in which the board member, member of his/her immediate family, or is about to be, an officer or director; or

iv. Any business entity in which an excess of five (05) percent of the stock, or legal or beneficial ownership of, is controlled or owned directly or indirectly by the board member, or his/her immediate family member.

For the purposes of the above paragraphs, ii, iii, and iv, a board member is presumed to have knowledge of the financial affairs of his/her immediate family members. For the purpose of this policy, the board member only has an Interest in the affairs of other immediate family members if the board member has knowledge of or should have known of the Interest of the family member.

**Official Act or Action**: Any administrative, appointive, or discretionary act of any board member.

**Confidential Information**: Any information or knowledge which has not been made public through a governmental agency or official. Information that has become public knowledge, whether or not through a governmental agency or official, is not considered confidential information.
II. POLICY STATEMENT

The Proper Operation of a public authority requires that board members of the authority and its employees be independent, impartial, and responsible to the people; that decisions and policy be made publicly; that public offices not be used for personal gain; and that the public maintain confidence in the integrity of the authority.

In recognition of these goals, a code of ethics for the Board of Directors of Alliance Behavioral Healthcare is hereby adopted. The purpose of this policy statement is to set forth guidelines for ethical standards of conduct for all such officials by setting forth acts or actions that are incompatible with the best interests of the Area Authority.

III. STANDARDS OF CONDUCT

The stability and proper operation of Alliance Behavioral Healthcare depends upon the continuing public confidence in the integrity of the Area Authority and upon responsible exercise of the trust conferred by the people. Board decisions and policy must be made and implemented through proper channels and processes of the board’s structure. The purpose of this section is to establish additional guidelines for ethical standards of conduct for board members. It should not be considered a substitute for the law or a board member’s best judgment.

Board of Directors members must be able to act in a manner to maintain their integrity and independence, yet must be responsible to the interests and needs of those individuals served by Alliance. Board members serve in an important advocacy capacity in meeting the needs of the served communities in the Alliance Catchment Area and should recognize the legitimacy of this role as well as the importance of this function to the proper functioning of the Area Authority. At the same time, the Board must, at times, act in an administrative capacity and must, when doing so, act in a fair and impartial manner. Board of Directors members must know how to distinguish these roles and when each role is appropriate, and they must act accordingly. Board members must be aware of their obligation to conform their behavior to standards of ethical conduct that warrant the trust of their constituents.

A. A Board of Directors Member Shall Obey the Law. Board members shall support the Constitution of the United States, the Constitution of North Carolina and the laws enacted by the Congress of the United States and the General Assembly pursuant thereto.

B. A Board of Directors Member Shall Uphold the Integrity of His or Her Office. Board members shall demonstrate the highest standards of personal integrity, truthfulness, honesty, and fortitude in all their public activities in order to inspire public confidence and trust in Alliance Behavioral Healthcare. Board members shall participate in establishing, maintaining, and enforcing, and shall themselves observe, high standards of conduct so that the integrity of their office may be preserved. The provisions of this Code should be construed and applied to further these objectives.

C. A Board of Directors Member Shall Avoid Impropriety and the Appearance of Impropriety in All of His or Her Activities,

1. It is essential that Alliance Behavioral Healthcare attract those citizens best qualified and willing to serve. Board of Directors members have legitimate interests - economic,
professional and vocational - of a private nature. Board members shall not be denied, and shall not deny to other members or citizens, the opportunity to acquire, retain and pursue private interests, economic or otherwise, except when conflicts with their responsibility to the public cannot be avoided. Board of Directors members must exercise their best judgment to determine when this is the case and comply with the Board of Directors Conflict of Interest Policy.

2. Board of Directors members shall not allow family, social, or other relationships to unduly influence their conduct or judgment and shall not lend the prestige of the office to advance the private interests of others; nor shall they convey or permit others to convey the impression that they are in a special position to influence them.

D. A Board of Directors Member Shall Perform the Duties of the Office Diligently. Board members shall perform the duties of the office as prescribed by law. In the performance of these duties, the following standards shall apply:

1. Board members shall respect the legitimacy of the goals and interests of other members and shall respect the rights of others to pursue goals and policies different from their own.

2. Board members shall respect, support and abide by the decisions made by the board even in those instances when the member(s) is not on the prevailing side of an issue.

3. Board members shall demand and contribute to the maintenance of order and decorum in proceedings before the board.

4. Board members shall be honest, patient, dignified and courteous to those with whom they deal in their official capacity, and shall require similar conduct of the Area Authority’s staff.

5. Board members shall accord to every person who is legally interested in a proceeding before the board full right to be heard according to law.

E. A Board Member Shall Conduct the Affairs of the Board in an Open and Public Manner. Board members must be aware of the letter and intent of the State’s Open Meetings Law and conduct the affairs of the board consistent with the letter and spirit of that law and consistent with the need to inspire and maintain public confidence in the integrity and fairness of the Area Authority.

IV. ADDITIONAL STANDARDS OF CONDUCT

Board members shall be subject to and abide by the following standards of conduct.

A. Conflict of Interest. Board members shall comply with all provisions in the board’s policy on Conflict of Interest.

B. Use of official position. No board member shall use his/her official position or the Area Authority’s facilities for his/her private gain, or for the benefit of any individual, which benefit would not be available to any other member of the public in the same or similar circumstance.
C. Disclosure of information. No board member shall use or disclose confidential information gained in the course of or by reason of his/her official position on the board for purposes of advancing:

1. His/her financial or personal interest;
2. The interest of a business entity of which the member, an immediate family member, has an Interest;
3. The financial or personal interest of a member of his/her immediate family; or
4. The financial or personal interest of any citizen beyond that which is available to every other citizen.

D. Incompatible service. No board member shall engage in, or accept private employment or render service for private interest, when such employment or service for private interest is incompatible with the proper discharge of his/her official duties with the Area Authority or would tend to impair his/her independent judgment or action in the performance of his/her official duties, unless otherwise permitted by law.

E. Gifts. No board member shall directly or indirectly solicit any gift, or accept or receive any gift, whether in the form of money, services, loan, travel, entertainment, hospitality, thing or promise, or any other form from any Alliance contractor, subcontractor, provider or supplier.

Exempted from the prohibition are reasonable honorariums for participating in meetings, advertising items or souvenirs of nominal value or meals furnished at banquets. Also exempted are customary gifts or favors between board members or officers and their friends or relatives. Board members must report in writing to the Chief Executive Officer all honorariums and gifts and favors from friends and relatives if made by a covered contractor, subcontractor, provider or supplier.

It shall not be a violation of this policy for any board member to solicit donations, contributions or support for any charitable activity which does not result in direct pecuniary benefit to the member, a member of his immediate family, or business entity with which he is associated.

F. Chief Executive Officer to Secure Advice. In any case where the circumstances make it unclear as to whether a thing constitutes a “gift” within the meaning of this provision, any board member shall consult with the Chief Executive Officer who will secure an advisory opinion from General Counsel.

V. VIOLATIONS OF THE CODE OF ETHICS; SCHEDULING OF HEARING BEFORE THE BOARD OF DIRECTORS; RIGHTS OF ACCUSED AT HEARINGS; SANCTIONS

A. The Board of Directors Chairperson, after receiving an allegation of a violation of the Code of Ethics, shall refer the matter to the Chief Executive Officer for further investigation and inform the Board’s Executive Committee of the alleged violation and the findings of the investigation.

B. If the Executive Committee finds sufficient evidence to believe a violation may have occurred, they shall report the matter to the full board which may schedule a hearing on the issue. The board member who is charged with the violation shall have the right to present evidence, including the
testimony of witnesses, and to question witnesses, including the complainant or complainants, at the hearing.

C. The hearing shall be conducted by the Board of Directors in open session. Any determination resulting from said hearing shall be made in open session of the Board. The Clerk to the Board shall be authorized to swear witnesses before the presentation of their testimony.

D. If the Board of Directors by majority vote of the remaining members finds that a violation has occurred, they may adopt a resolution of censure which shall be placed as a matter of record in the official minutes of the Board meeting or, if warranted, refer the matter to the appointing authority.

VI. ADVISORY OPINIONS

When any board member has a doubt as to the applicability of any provision of this policy to a particular situation involving that board member or as to the definition of terms used in this policy, he/she may apply to the Chief Executive Officer who shall obtain an advisory opinion from General Counsel. The board member shall have the opportunity to present his/her interpretation of the facts at issue and of the applicability of provisions of this policy before such advisory opinion is made.

CODE OF ETHICS FOR ALLIANCE BEHAVIORAL HEALTHCARE BOARD OF DIRECTORS

I, a member of the Alliance Behavioral Healthcare Board of Directors acknowledge that I have received and reviewed a copy of the Code of Ethics for the Board of Directors.

____________________  ______________
Signature                  Date

____________________
Printed Name
I. PURPOSE

The purpose of this policy is to define the relationship between the Alliance Behavioral Healthcare Board of Directors (Board of Directors) and the Chief Executive Officer.

II. DEFINITIONS

Chief Executive Officer: The Chief Executive Officer is the Area Authority’s chief executive officer. The Chief Executive Officer is hired and evaluated by the Board of Directors and is responsible for leading and managing the Area Authority’s business and affairs.

III. POLICY STATEMENT

The Board of Directors shall maintain an ongoing relationship with the Chief Executive Officer that will ensure the effective and efficient operation of the Area Authority’s programs and services.

IV. PROCEDURES

A. Delegation of Authority and Responsibility to the Chief Executive Officer

The Chief Executive Officer shall be employed by the Alliance Behavioral Healthcare Board of Directors (Board of Directors) to administer the affairs of the Area Authority within the policies and procedures adopted by the Board of Directors and applicable Federal, State and local laws and regulations. The duties of the Chief Executive Officer shall include but are not limited to:

1. Hire, suspend and dismiss employees as necessary.
2. Provide the Board of Directors with required reports, data and information regarding programs, services, finances and any other business areas as identified by the Board of Directors.
3. Assume overall responsibility for implementing programs and services, including the execution of Provider contracts pursuant thereto.
4. Develop procedures to implement the policies of the Board of Directors.
5. Administer and monitor the Area Authority budget and recommend changes.
6. Define duties and establish the compensation of the Area Authority employees.
7. Evaluate the Area Authority employees.
8. Serve as the primary liaison between the Board of Directors and the NC Department of Health and Human Services.
9. Assist the Board of Directors in understanding their legal responsibilities in performance of their assigned duties.
10. Meet with the Board of Directors or specific Board of Directors members, during regularly established, or impromptu, meetings as required.
11. Negotiate, approve and execute settlement agreements of provider and consumer appeals deemed necessary and in consultation with General Counsel.
12. Enter into all necessary non-Provider contracts (including but not limited to consultant, service contracts, and purchase of goods) and extensions and amendments thereto costing $250,000 or less cumulatively within one fiscal year. Requests for non-Provider contracts greater than this amount shall be presented to the Board Finance Committee for consideration and authorization for approval by the Board. Nothing herein delegates authority to the CEO for those matters set forth in the Board By-laws requiring approval by a super majority of the Board. The CEO may delegate his authority for non-Provider contracts costing $250,000 or less, as deemed necessary for the efficient operation of the organization.

B. Board of Directors Access to Area Authority Management and Employees

From time to time Board of Directors members may need to interact with staff of the Area Authority in order for the Board to fulfill its mission. The Chief Executive Officer shall develop the framework and procedures to facilitate Board/staff interaction.
I. PURPOSE

The purpose of this policy is to provide a framework to carry out the intent and desire of the Board of Directors to receive public comment at Board meetings.

II. POLICY STATEMENT

The Board of Directors considers public comment, within specific guidelines, an important and integral component of fulfilling its planning and decision-making responsibilities.

III. PROCEDURES

A. Persons must sign up for agenda items and identify any non-agenda items about which they wish to speak as they sign up.

B. Persons may sign up prior to the meeting and during the meeting up to the point that the Board recognizes opportunity for public comment to occur.

C. Guidelines shall be posted outside the Board Room and shall be made available to persons signing up for public comment.

D. The public comment period shall be slotted into the early part of the Board’s agenda.

E. Board of Directors members may ask clarifying questions at any time during the public comment period and staff may be asked by the Board Chair to provide clarification.

F. No individual staff shall be named during public comment.

G. The discussion of all items is to occur only among Board members.

H. If an organization or group wishes to be heard, one person shall serve as their spokesperson.
I. Two (2) minutes per speaker is the established time limit (apart from any comment that is made in response to a Board of Directors member’s request for clarifying information). (Note: Any individuals/groups seeking formal inclusion on a Board of Directors agenda will be considered by the Executive Committee when it sets the agenda at its monthly meeting).

J. Yielding time to others is not permitted.

K. The Chairperson shall have the discretion to conduct the public comment session in a manner that maintains good order and decorum.

L. Board will acknowledge the comment but further discussion will be at the discretion of the Chair.
I. PURPOSE

The purpose of this policy is to guide board members in their relations with the news media in such a way as to ensure the effective operation of the Alliance Behavioral Healthcare Board of Directors. This policy does not seek to be comprehensive but sets out to provide guidance on how to handle issues that may arise when dealing with news media organizations.

II. DEFINITION

**Media:** Generally accepted organizations that publish or broadcast information aimed at informing the public.

III. POLICY STATEMENT

The Board of Directors is accountable to the citizens in the Alliance multi-county area. The board is committed to providing timely and accurate information to the public through all available means, including the news media. Each board member serves as an ambassador for the Area Authority and as such may be called upon by various media outlets to field questions or provide information regarding Alliance Behavioral Healthcare. Each board member shall adhere to this policy as he or she interacts with the news media regarding the affairs of the Board of Directors.

IV. PROCEDURES

A. Procedures for Dealing with the Media:

1. Board members should advise the Area Authority’s Corporate Communications Office of any planned or unplanned activities involving the news media.

2. The board shall allow all reasonable access to news media organizations and shall make every effort to respond without delay to requests for information. The board shall attend to media requests promptly and with courtesy, honesty and respect.
3. The Board shall treat all media outlets equally and shall avoid giving one outlet preferential treatment. Media releases shall be distributed to all media outlets at the same time.

4. Board members shall not disclose information that is of a confidential nature. This includes consumer information as well as information that has been discussed as confidential items on the board’s agenda.

5. The Board of Directors Chairperson shall serve as the official spokesperson on all matters related to the Alliance Behavioral Healthcare Board of Directors.

6. In their role as appointed representative, each board member is free to talk with the media at any time. Board members may use these opportunities to enhance the community’s understanding of the work of the Area Authority. However, if the board has not taken a position on a particular issue, the board member must make it clear that they are speaking for themselves and not for the board.

7. In responding to media inquiries, board members have an obligation to respect board policy once a decision is made. While it may be legitimate for a board member to make clear that he or she disagreed with a policy and voted against it, if the vote took place in an open session, he or she shall not seek to undermine a board decision through the news media.

8. From time to time board members may be requested to contribute material for newspaper articles or participate in a broadcast interview. The Area Authority’s Corporate Communications Office shall be available, upon request, to provide assistance.

9. From time to time it may be necessary for a Letter to the Editor or other position statement to be written as an official board communication to inform the community about a particular matter. Such letters or statements shall be issued under the signature of the Board Chairperson.
I. PURPOSE

The purpose of this policy is to provide guidance to the Board and consumers, enrollees, providers, vendors, stakeholders, or other persons or entities that have a contractual or business relationship with Alliance Behavioral Healthcare (“Alliance”), as to how to resolve disputes concerning Alliance contract actions, service authorization decisions or other matters, including applicable appeal rights.

II. DEFINITIONS

Consumer: Means any consumer of mental health, intellectual/ developmental disability, and/or substance abuse (“MH/I-DD/SA”) services who is enrolled with Alliance, regardless of funding source.

Enrollee: Means any Medicaid-eligible beneficiary whose Medicaid eligibility is based in any of the counties included within the Alliance catchment area and who is enrolled in the Alliance Medicaid Prepaid Inpatient Health Plan.

Network Provider: Means as defined in N.C.G.S. §108D-1(13), i.e. an appropriately credentialed provider of MH/I-DD/SA services that has entered into a contract for participation in the Alliance Closed Network.

Out of Network Provider: Means any provider who has entered into an Out of Network Single Case Agreement in order to provide services to an Alliance Enrollee.

Provider: Means any provider who has a contract or agreement with Alliance for the delivery or reimbursement of publicly-funded MH/I-DD/SA services, regardless of funding source or type, and includes all Network Providers, Out of Network providers, and providers of emergency services.

Provider of Emergency Services: Means as defined in N.C.G.S. §108D-1(18), i.e. A provider that is qualified to furnish emergency services to evaluate or stabilize an enrollee’s emergency medical condition, and has submitted claims to or been reimbursed by Alliance for such services.

Vendor: Means any individual or entity contracted with Alliance to furnish goods or services to the organization, but does not include Providers.
III. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare to resolve disputes that arise over decisions made by the Board of Directors at the lowest level and in accordance with all applicable Federal and State laws, rules and regulations and accreditation requirements, including but not limited to Chapter 108D of the North Carolina General Statutes (for Medicaid enrollee appeals) and 10A NCAC Subchapter 27G (for State-funded service appeals). Alliance will attempt to informally resolve any and all disputes with consumers, enrollees, providers or vendors and will establish dispute resolution procedures. It is the position of Alliance that the NC Office of Administrative Hearings lacks jurisdiction over Alliance (a local unit of government) except for timely petitions contesting service authorization decisions filed by Medicaid enrollees or duly authorized representatives, as set forth in N.C.G.S. §150B-23(a3). Any formal action alleging breach of contract by Alliance should be filed in accordance with the terms and conditions of the provider’s or vendor’s contract and all applicable laws, rules and regulations, including but not limited to N.C.G.S. §1-52.

IV. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
ITEM: Draft Minutes from the August 2, 2018, Board Meeting

DATE OF BOARD MEETING: September 6, 2018

REQUEST FOR BOARD ACTION: Approve the draft minutes from the August 2, 2018, meeting.

CEO RECOMMENDATION: Approve the minutes.

RESOURCE PERSON(S): Robert Robinson, CEO; Veronica Ingram, Executive Assistant II
### MEMBERS PRESENT:

Glenn Adams, Cumberland County Commissioner, JD, Cynthia Binanay, Chair, MA, BSN, David 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.

### AGENDA ITEMS:

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<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
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<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>
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<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>
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<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>
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<td>Next, Chair Binanay directed Board members to update their contact information with Ms. Ingram.</td>
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<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>
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<td>3. Agenda Adjustments</td>
<td>There were no adjustments to the agenda.</td>
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<tr>
<td>4. Public Comment</td>
<td>There were no public comments.</td>
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AGENDA ITEMS: | DISCUSSION:
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5. Committee Reports | A. Consumer and Family Advisory Committee – page 3
The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Durham, Wake, Cumberland or Johnston Counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services. This month’s report included draft minutes from the July Wake and Durham subcommittee meetings.

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.

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.

BOARD ACTION
The Board received the report; the Committee report is attached to and made part of these minutes.

B. Finance Committee – page 39
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.

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.

BOARD ACTION
The Board received the report; the Committee report is attached to and made part of these minutes.
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<th>AGENDA ITEMS:</th>
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| 6. Consent Agenda | A. Draft Minutes from June 7, 2018, Regular Board Meeting – page 47  
B. Draft Minutes from June 29, 2018, Special Board Meeting – page 56  
C. County Commissioners Advisory Board Report - 59  
D. Executive Committee Report – page 63  
E. Human Rights Committee Report – page 67  
F. Network Development and Services Committee Report – page 107  
G. Quality Management Committee Report – page 133  
H. LS3P Contract Amendment #2 – page 181  

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. Wooten to approve the consent agenda; motion seconded by Vice-Chair Corvin. Motion passed unanimously. |
| 7. Training/ Presentation: From Homeless to Housing and Beyond – page 183 | 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:

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<tr>
<td>10. Closed Session(s)</td>
<td><strong>BOARD ACTION</strong>&lt;br&gt;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. The Board returned to open session.</td>
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<td>11. Adjournment</td>
<td>With all business being completed the meeting adjourned at 7:03 p.m.</td>
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**Next Board Meeting:**<br>**Thursday, September 06, 2018**<br>**4:00 – 6:00 pm**

Robert Robinson, Chief Executive Officer

Date Approved
ITEM: Executive Committee Report

DATE OF BOARD MEETING: September 6, 2018

BACKGROUND: The Executive Committee sets the agenda for Board meetings and acts in lieu of the Board between meetings. Actions by the Executive Committee are reported to the full Board at the next scheduled meeting. Attached are the draft minutes from the August 21, 2018, meeting.

REQUEST FOR BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Cynthia Binanay, Board Chair; Robert Robinson, CEO
BOARD EXECUTIVE COMMITTEE MEETING - REGULAR MEETING
4600 Emperor Boulevard, Durham, NC 27703
4:00-6:00 p.m.

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

APPOINTED NON-VOTING MEMBERS PRESENT: Gino Pazzaglini

GUEST(S): None

STAFF PRESENT: Veronica Ingram, Executive Assistant II; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Robert Robinson, CEO; Sara Wilson, Government Relations Director; 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 Vice-Chair Corvin and seconded by Mr. Curro to approve the minutes. Motion passed unanimously.

AGENDA ITEMS: 

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<tbody>
<tr>
<td>3. Closed Session</td>
<td>COMMITTEE ACTION</td>
<td>None specified.</td>
<td>N/A</td>
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<td></td>
<td>A motion was made by Mr. Curro to enter closed session pursuant to NC § 143-318.11 (a) (1), (a) (3), and (a) (6) to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1, to consult with General Counsel regarding current litigation, and to consider the qualifications, competence, and performance of an employee; motion seconded by Vice-Chair Corvin. Motion passed unanimously.</td>
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<td>The Committee returned to open session.</td>
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<td>4. Updates</td>
<td>a) MEDICAID REFORM/NC LEGISLATION: Mr. Perkins shared an updated timeline from NC DHHS (Department of Health and Human Services) regarding the tailored plan implementation schedule.</td>
<td>a) None specified.</td>
<td>a) N/A</td>
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<td></td>
<td>b) BOARD VACANCIES/RECRUITMENT: Chair Binanay shared that there are two vacant seats representing Wake County and two vacant seat representing Johnston County. Committee members discussed ways to fill these vacancies. Mr. Robinson will continue to reach out to County Manager and Chair Binanay will reach out to BOCC (Board of County Commissioners) Chair.</td>
<td>b) Ms. Ingram will ask Communications Director, Doug Fuller, to post advertisements in the newspaper and social media for these vacancies.</td>
<td>b) 8/22/18</td>
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<td>c) BOARD VIDEOS: Ms. Ingram mentioned that a video project is a way to introduce board members to staff; she will coordinate a video shoot with Committee Chairs.</td>
<td>c) Ms. Ingram will send an email to Committee members.</td>
<td>c) 8/30/18</td>
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<td></td>
<td>d) None specified.</td>
<td>d) None specified.</td>
<td>d) N/A</td>
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<td></td>
<td>e) None specified.</td>
<td>e) None specified.</td>
<td>e) N/A</td>
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Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
Tuesday, August 21, 2018

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

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<td>d)</td>
<td>MONTHLY STAFF FUTURES WORKGROUP: Chair Binanay mentioned potentially adjusting the start time for these meetings, which may start an hour earlier than usual.</td>
<td>Ms. Ingram will forward the agenda to staff.</td>
<td>8/22/18</td>
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<td>e)</td>
<td>DHHS SECRETARY COHEN VISIT: Ms. Wilson discussed potential talking points and questions for this visit, which is scheduled during the September 6, 2018, board meeting.</td>
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<td>5.</td>
<td>September 6, 2018, Area Board Draft Agenda</td>
<td>Committee reviewed the draft agenda.</td>
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<td>6.</td>
<td>Open Meetings Law and By-Laws Training</td>
<td>Ms. Wolff presented a detailed training on NC Open Meetings Law and Alliance’s By-Laws to the Committee.</td>
<td>None specified.</td>
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<td>7.</td>
<td>Closed Session</td>
<td>COMMITTEE ACTION</td>
<td>None specified.</td>
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<td>A motion was made by Mr. Curro to enter closed session pursuant to NC § 143-318.11 (a) (6) to consider the qualifications, competence, and performance of an employee; motion seconded by Vice-Chair Corvin. Motion passed unanimously.</td>
<td>N/A</td>
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<td>The Committee returned to open session.</td>
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8. ADJOURNMENT: the next Committee meeting will be September 18, 2018, at 4:00 p.m.

Respectfully Submitted by:

Robert Robinson, CEO

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

DATE OF BOARD MEETING: September 6, 2018

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

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

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

NON-VOTING MEMBERS PRESENT: ☒ Diane Murphy (Provider Representative, I/DD); and ☒ Dava Muserallo (Provider Representative, MH/SUD)-via Phone; ☐ Beat Steiner, (Provider Representative, Integrated Care)

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

GUEST(S) PRESENT: George Corvin, MD; Yvonne French, Director & Liaison DMH/DD/SAS; Mary Hutchings, Wake Co. Internal Audit-via Phone

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

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<tbody>
<tr>
<td>1. Welcome &amp; Introductions:</td>
<td>Welcome: Dave Curro opened the meeting and welcomed everyone along with new Global QMC members Diane Murphy, Dava Muserallo and Beat Steiner.</td>
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<td>2. Old Business:</td>
<td>Update on Board Surveys (Dr. Corvin)</td>
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<td>3. New Business:</td>
<td>Call Center URAC Review (Tina) Alliance is accredited through URAC for core standard modules. One module is the Help Call Center which monitored by QM. In 2017, Alliance received 117 Complaints, with 2 being for the call center which were non-issues. All calls are answered “live” by an Alliance Clinician with an outside Contractor answers the roll over calls, (approx. 30-40). Alliance follows up on all roll over calls by the Access Supervisor.</td>
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<td>Review of Call Center Contractor (URAC) (Tina) A semi-annual review was performed with the Contractor for quality. With 26 calls, 12 were requesting services. No quality concerns were determined. QM would like to recommend continuing with Contractor semi-annual reviews.</td>
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<td><strong>QM Evaluation &amp; Plan Draft (Wes)</strong></td>
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<td><strong>FY18 QM Program Evaluation.</strong></td>
<td>Wes reviewed what the plan’s purpose, members and its goals. One big change, is a new voting member Provider Quality Review Committee has been formed.</td>
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<td>This is the framework of what QM will be doing for the next year. The basic processes don’t change from year to year. A change will be data received from the state be more accurate and getting that data to the businesses. The upcoming plan for FY19 is due by 8/31/18.</td>
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<td>Future agenda on Provider services that are not tracked. The I/DD population is different with its new program.</td>
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<td>Innovations Performance measures. The one benchmark not met is the Number of Incidents submitted in a timely way from Innovation Providers. Timely submissions have decreased over the last quarter. Providers are being educated with the importance of self-reporting. They are being provided a Plan of Action to report incidents.</td>
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<td>Network Gaps Analysis. Deadline has been changed to a later date. Information will be provided once received.</td>
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<td>Surveys and QIPs. Surveys and current and future QIPs are reviewed and approved by the Global QMC. Any questions or comments should be directed to Wes or Tina.</td>
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<td><strong>FY19 QM Program Plan and Evaluation.</strong></td>
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<td>Oversight of QM Program Activities. This is includes the Board, Global QMC, Internal Committees and the QM Department Director, Managers and their teams:</td>
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<td><strong>Todd Parker, Incident &amp; Grievance Manager</strong></td>
<td>The Team evaluate incidents that are received through NCRI system and review any grievances received from consumers, their families and stakeholders.</td>
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<td>Any comments or suggested changes to the Program Evaluation or Plan have to Wes by 8/20/18</td>
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Tina Howard, Quality Review & Improvement Manager
The Team reviews quality improvement data to for red flags, assist businesses with process issues, and manages the quality review projects. In addition, the internal process mapping, and projects that have internal and external issues.

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

Final versions of the QM Program Description and Evaluation will be voted on at the September Global QMC meeting.

Performance Dashboard (Wes)
Other than not receiving the data for Innovations Incident Submissions and Access to Care, the rest of the benchmarks were met.

QM Policy Review (Wes)
Each year there are three policies that need to be approved by the Global QMC Board:
1. Management of Incidents
2. Management and Investigation of Grievances
3. Consumer, Provider and Stakeholder Satisfaction

Vote:
Motion was made by Pam to approve the 3 policies, seconded by Joe, all ayes-motion approved.

QIP Update – Intensive In-Home (Tina)
Final analysis was completed. With the training provided to IIH Providers for family-focused Evidence Based Practices (EBP), the Providers that are operating the EBP has been successful. Request to close this QIP project.

Vote:
Motion made by Joe to close the Intensive In-Home QIP, seconded by Pam, all ayes-motion approved.

Upcoming Meeting:
Next meeting is scheduled for September 6, 2018 (Time: 2:00 – 3:30 pm)
Location: Home Office
Adjournment: Meeting adjourned at 3:30 p.m.
QM URAC Monitoring

Monitoring of Alliance Call Center activities
(URAC HCC # 10, 13, & 15)
Presented to GQMC August 2018
Standard: Telephone Performance Monitoring – Mechanism & process to monitor, measure and review continuously, at least monthly, all incoming clinical triage and health education calls; monitor at least:

a) Average blockage rate;

b) Average speed of answer by live person; and

c) Average abandonment rate

Evidence: Review of QM documentation demonstrating that reports are considered in evaluation of Call Center program (UM Committee reviews data monthly and GQMC reviews data on quarterly basis)

Bright Idea: Analyze complaints related to phone accessibility
Methodology:
• Reviewed complaints from January 2017– December 2017
• Total of 117 complaints about Alliance, 2 (2%) were about Call Center

Results:
• Of the complaints filed against Alliance’s Call Center, all were confirmed as non-issues.
Standard: Clinical Staff Response Requirements – Clinical staff person responds to clinical communications from consumers by:

a) Answering directly; or
b) Receiving direct transfer from non-clinical staff person; or
c) Responding to communication within an average of 30 minutes if clinician is not immediately available and consumer must leave message

Evidence:

All calls to Alliance’s Call Center are answered by a live person; vast majority are answered by Alliance staff and a few answered by delegated contractor (for roll over calls)

• Data reporting is monitored frequently by Director, presented to UM Committee on monthly basis and GQMC on quarterly basis
• Alliance P&P allows non-licensed specialists to escalate any call immediately to a licensed clinician (always available)
Evidence:

• Supervisors review data on coding of calls (service requests are assigned an urgency level of Emergent, Urgent or Routine)

• Supervisors also review call narratives in data and listen to randomly selected calls for proper management of the urgency

• QM Monitoring: QM completed a review of data on Call Center staff assigned to call to ensure that it was reviewed by an Access Center Supervisor, this is a second tier review to validate the oversight/monitoring activities
Methodology:

• QM reviewed the call history and documentation of activity of the Access Specialist, Licensed Clinician and Supervisor, calls were located by caller ID

• Review included verification of the type of call and any subsequent actions as noted in the spreadsheet

• Calls reviewed took place from January 2018- March 2018

• QM noted the call count and compared to Access Center data; If the call # was off, QM requested a call review by Access Supervisor

• QM coded, as indicated, if a review is needed, NA or met
HCC - 13

Results:

• Desk procedures are in place that address non-licensed staff screening of calls and escalation via warm-transfer to an Access Clinician for further assessment for those that appear to be urgent or emergent

• Desk procedures were reviewed regarding greeting and scripted questions, escalation to clinician, script, and referrals for prison aftercare

• All calls were appropriately assigned and reviewed by Access Supervisor

• Measure met at 100%*

Recommendation:

• Conduct another review in one year

*1 urgent call was taken by non-licensed staff and was transferred to licensed staff
Standard: Health Education Communications – Clinical staff respond to health education communications within an average of one business day

Evidence:
All calls to Alliance’s Call Center are answered by a live person; however, historically, ?? calls on average are answered by a delegated contractor (for roll over calls) who may recommend follow up with Alliance staff for questions regarding resources, health education

• Data reporting is monitored frequently by Director, presented to UM Committee on monthly basis and GQMC on quarterly basis
• Alliance P&P requires Alliance licensed clinicians to follow up on calls handled by delegated contractor to ensure all questions and concerns have been addressed
QM Monitoring:

- QM completed a review of data on calls handled by delegated contractor to ensure follow up was completed by a licensed clinician
- This is a second tier review to validate the oversight/monitoring activities

Benchmark: 95% of applicable calls received follow-up within one business day (URAC standard), track percent followed up within 2 hours (Alliance standard)
Methodology:

• June 2018: QM conducted a review of delegated contractor call notes to verify that there was oversight by a Call Center licensed clinician

• Review included comparing contractor’s call sheets with spreadsheet of call notes by Call Center staff for month of April 2018

• 41 calls were handled by delegated contractor
Results:

- Of the 41 calls, Alliance Access & Information Center staff returned 26 calls (3 removed from sample because caller did not request call back).

- The rest of the calls did not require call back (they consisted of wrong calls, messages from providers, callers with private insurance, callers from outside of catchment area, etc).

- The total average response time was 1:50 hours.

- 20 of 23 calls were returned within 2 hours (87%).

- All 23 calls were returned within one business day (100%).
HCC - 15

Recommendations:
• There was significant improvement compared to the June 2017 review where only 38% of calls were returned within 2 hours

• Results shared with Director and Supervisors

• Conduct another review in one year to measure calls returned in 2 hours
QM Review of Delegated Function: Call Center Contractor

Semi-Annual – April 2018
Presentation to the GQMC
Purpose

• To monitor for adherence to URAC standards, along with ensuring the high quality of customer service expected by Alliance employees.

• This activity is completed on a 6 month cycle
Results - April

12 of the 26 calls reviewed were requesting services

- 68% of the callers were requesting services for themselves
- 33% requesting services for another adult and another 9% requesting services for minor child
- 83% of callers requested call back from Alliance clinicians
- In 100% of calls, Contractor staff asked all safety assessment questions
Conclusions

• There were no quality concerns noted in the reviews of April call notes
  • Clinician followed up even when it was not requested due to possible clinical need
• Recommendation to continue semi-annual review
Methodology

• QM reviewed Contractor call notes for inbound calls requesting services, downloaded from their database

• QM used standard review tool that included:
  • Date of Call
  • Purpose of call
  • Assessment done (HI/SI, IDD, SA use, DV)
  • Who is caller demographics (self-referral, professional, family/friends, etc.)
  • Transferred or requested call back by Alliance clinician
Methodology

• Call notes reviewed for month of April 2018 in the month of May 2018

• Total requests for services:
  • April = 26

• Sample size (at least 30 calls or 100%):
  • April = 100% (26 calls)
I. PURPOSE

Alliance Behavioral Healthcare endeavors to provide services to the community that are timely, high quality and effective. Alliance Behavioral Healthcare is committed to a process of continuous quality improvement and assessment of its relationships with its community partners.

II. POLICY STATEMENT

Alliance Behavioral Healthcare seeks to serve the community in a manner that is efficient, responsive, and effective. It is the policy of the Board to employ appropriate techniques to measure the extent to which the Board is meeting its objectives and the level of satisfaction among the Board’s many constituencies. The results of these measurements are to be used to promote improvement of consumers’, providers’ and other stakeholders’ satisfaction and to improve the quality of services and treatment outcomes.

III. PROCEDURES

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

The purpose of this policy is to establish a process for receiving, investigating, resolving, and managing grievances in a consistent manner.

II. DEFINITIONS

Complainant: Enrollee/consumer, legally responsible person, or Providers, authorized in writing and acting on behalf of the enrollee/consumer filing the grievance. Does not include providers, stakeholders or other individuals not acting on behalf of a consumer.

Grievance: an expression of dissatisfaction by an enrollee, their legal guardian, or Provider, authorized in writing and acting on behalf of the enrollee/consumer about any matter other than decisions regarding requests for Medicaid services.

Provider: an individual, agency or organization that provides mental health, developmental disabilities and/or substance abuse services to consumers and families.

III. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare (Alliance) to respond to grievances received concerning the provision of publicly funded services in the Alliance Behavioral Healthcare catchment area. It is also the policy of Alliance Behavioral Healthcare to use the information gleaned from grievance proceedings as part of Alliance’s quality improvement process.

IV. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy. The procedures shall comply with all relevant state and Federal statutes and requirements of all regulatory, funding or accrediting bodies.
I. PURPOSE

The purpose of this policy is to define and establish a uniform and consistent approach for handling incidents which occur in the operations of a facility or service.

II. DEFINITIONS

Incidents: Events that are inconsistent with the routine operations of a service or care of a consumer that are likely to lead to adverse effects.

Level I Incident: Event that is inconsistent with the routine operation of a service or care of a consumer that is likely to lead to adverse effects but does not meet the definition of a Level II or III incident.

Level II Incident: As described in Level I Incident above but results in a threat to a consumer’s health and safety or presents a threat to the health and safety of others due to the consumer’s behavior. This includes a client death due to natural causes or terminal illness.

Level III Incident: Event that is inconsistent with the routine operation of a service or care of a consumer that is likely to lead to adverse effects and result in:
1. A death or permanent physical or psychological impairment to a consumer;
2. A death or permanent physical or psychological impairment caused by a consumer;
3. A threat to public safety caused by a consumer;
4. An amber or silver alert, or news media involvement
5. Any allegation of rape or sexual assault of a consumer or by a consumer.

III. POLICY STATEMENT

It is the policy of Alliance Behavioral Healthcare (Alliance) to ensure consumer safety and quality of care within the Alliance Behavioral Healthcare Network. Alliance will require that Network Providers respond to all level I, II and III incidents according to 10A North Carolina Administrative Code 27G .0603 and .0604 and that Alliance Behavioral Healthcare responds to all level III incidents in accordance with 10A North Carolina Administrative Code 27G .0605.
IV. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
Goals: Reduce use of crisis services, reduce behavioral health interference with daily activities, and decrease severity of mental health symptoms.

Interventions:

- IIH providers implemented specific, family-focused EBPs with external fidelity monitoring (deadline March 2017)
- Training and technical assistance to providers (June 2016)
Interventions: EBP selection, training, fidelity monitoring

% decreased behavioral interference: Baseline vs. Post-Intervention*
% decreased symptoms: Baseline vs. Post-Intervention*
Results:

- All except for one of the providers operating the Evidenced-Based Practices (EBP) have successfully passed fidelity monitoring.

- The sample size in the post-intervention measurement was much smaller than in the baseline (from 165 to 83). This was due to the lower number of youth receiving the service.

- The outcomes suggest no significant improvement. This is contrary to validated findings. When established Evidence Based Practices are replicated using valid criteria, measures of fidelity accurately predict outcomes (Blakely et al., 1987; Paulson et al., 2002).
Request:

Close project