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

MEMBERS PRESENT: ☒Cynthia Binanay, Chair, ☒Christopher Bostock ☒Heidi Carter, ☒George Corvin, MD, Vice-Chair (exit at 6:15 pm) ☐James Edgerton, ☐Greg Ford, ☐Lodies Gloston (via phone), ☒Phillip Golden, ☒Curtis Massey (via phone), ☒George Quick (exit at 6:27 pm), ☒William Stanford, Jr. (exit at 5:35 pm), ☐Amelia Thorpe, ☐Lascel Webley, Jr., and ☐McKinley Wooten, Jr.

GUEST(S) PRESENT: Gary Bass, CEO of Pride, NC; Mary Hutchings, Wake County Finance Department; and Israel Pattison, CFAC Chair

ALLIANCE STAFF PRESENT: Courtney Cantrell, Senior Vice-President/Clinical Operations; Vaughn Crawford, Director of System Engagement; Hank Debnam, Cumberland Site Director/Veterans’ Point of Contact; Joey Dorsett, Senior Vice-President/Chief Information Officer; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Amanda Graham, Senior Vice-President/Operational Effectiveness; Carol Hammett, General Counsel; Veronica Ingram, Executive Assistant; Wes Knepper, Director of Quality Management; Ken Marsh, Medicaid Program Manager; Beth Melcher, Executive Vice-President/Chief Information Officer; Ann Oshel, Senior Vice-President/Community Relations; Sara Pacholke, Senior Vice-President/Financial Operations; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Monica Portugal, Chief Compliance Officer; Robert Robinson, Chief Executive Officer; and Doug Wright, Director of Individual and Family Affairs

1. CALL TO ORDER: Chair Cynthia Binanay called the meeting to order at 4:03 p.m.

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<th>AGENDA ITEMS:</th>
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| 2. Announcements | A. Chair Binanay mentioned the one-year anniversary of Hurricane Matthew and the potential impact of multiple hurricanes on our communities. Vaughn Crawford, Director of System Engagement/Alliance Disaster Coordinator, provided an update on disaster planning efforts and what Alliance is doing to prepare staff and provide assistance in our communities (with a goal of ensuring that the people Alliance serves are prepared). She mentioned partnerships with Red Cross and county governments and information to staff about emergency preparedness. Communication to Alliance’s provider network is forthcoming.  
B. Chair Binanay mentioned an upcoming Board meeting at the downtown Durham site. The Board meets each quarter at a community location. The meeting at the Durham site will be postponed until 2018.  
C. All-Staff Training: Mr. Robinson mentioned the upcoming training on Thursday, September 14 at Laurel Hills Park in Raleigh. Board members are invited to attend. |
| 3. Agenda Adjustments | There were no adjustments to the agenda. |
| 4. Public Comment | There were no public comments. |
| 5. Committee Reports | A. Consumer and Family Advisory Committee – page 5  
The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Durham, Wake, or Cumberland counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services. This month’s report included draft minutes from the August 7, 2017, full CFAC meeting and the 2017 annual report.  
Israel Pattison, CFAC Chair, presented the CFAC report. Mr. Pattison reviewed the schedule for upcoming CFAC meetings and subcommittee meetings. He mentioned that CFAC is emphasizing local meetings; the subcommittee meetings (in each county) will start meeting monthly.  

He expressed gratitude for sharing Alliance’s disaster plan and the benefit it will provide to the people Alliance serves. Additionally, he shared that CFAC continues to review/revise its by-laws. Doug Wright, Director of Individual and Family Affairs, provided a detailed schedule of local CFAC meetings. Additional information about CFAC meetings can be found on Alliance’s website at https://www.alliancebhc.org/consumers-families/alliance-cfac/.

B. Finance Committee – page 20
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 the draft minutes from the August 3, 2017, meeting, the budget to actual report and ratios for the period ending July 31, 2017.

George Quick, presented the Finance Committee report. Mr. Quick mentioned that State mandated ratios were met. He mentioned one item will be part of closed session. Also, Mr. Quick shared that finance policies were reviewed with no recommended changes; the committee recommends their approval. Mr. Quick mentioned a request to commit $15 million for the previously approved reinvestment plan. Board members clarified the request; this would be for fiscal year 2017 and for the reinvestment plan that the Board previously approved.

**BOARD ACTION**
A motion was made by Mr. George Quick to approve the finance policies; motion seconded by Mr. Chris Bostock. Motion passed unanimously.

A motion was made by Mr. George Quick to designate $15,773,126 as committed funds for Alliance’s reinvestment plan; motion seconded by Mr. Chris Bostock. Motion passed unanimously.

C. Policy Committee – page 27
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 August Committee meeting and policies for approval including the by-laws which were submitted last month for consideration.

Curtis Massey, Committee Chair, presented the Policy Committee report. Mr. Massey reviewed the following policies recommended for continued use: *Area Board Conflict of Interest; Management of Service Delivery; Area Board Member Meeting Compensation; Strategic Planning; Evaluation of Area Director; Reporting of Abuse, Neglect, Dependency and Exploitation; Area Board Code of Ethics; Delegation of Authority to the Area Director; Health and Safety; Guidelines for Public Comment at Area Board Meetings; Emergency Management Plan; Internal Control; Area Authority Relations with Catchment Area County Board of Commissioners; Business Continuity Plan; Corporate Communications; Area Board Media Policy and Dispute Resolution.*

The following policies were submitted with recommended changes: *Area Board Processes; Area Director Compensation*;
**AGENDA ITEMS:**

**DISCUSSION:**

*Development of Policies and Procedures; Consumer/Family Advisory Committee; and By-Laws.* Approval of the proposed revision of the by-laws revision was deferred to the next Board meeting as a super majority was not present.

**BOARD ACTION**

A motion was made by Ms. Lodies Gloston to approve the recommended policies and adopt the new policies submitted as part of the Policy Committee report (with the exclusion of the by-laws); motion seconded by Mr. William Stanford. Motion passed unanimously.

6. Consent Agenda

A. Draft Minutes from August 3, 2017, Board Meeting – page 80
B. Audit and Compliance Committee Report – page 86
C. Executive Committee Report – page 89
D. Quality Management Committee Report – page 92

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 Vice-Chair George Corvin to adopt the consent agenda; motion seconded by Mr. Christopher Bostock. Motion passed unanimously.

7. Trainings & Presentation(s)

A. Review of Internal Controls – page 130

   It is Alliance’s policy to establish internal controls to provide reasonable assurance regarding the achievement of objectives in the following categories: effectiveness and efficiency of operations; reliability of financial reporting; and compliance with applicable laws and regulations. Carol Wolff Hammett, General Counsel, and Monica Portugal, Chief Compliance Officer, presented an overview of internal controls.

   Mr. Robinson provided background on why this topic was added to the agenda. Ms. Portugal reviewed external oversight, components of our internal control measures, and corporate integrity responsibilities. Ms. Hammett reviewed the contracting process and how consultant contracts are developing including budget accountability, purchasing process, training, and cross-departmental oversight.

   Board members discussed having the Board approve contracts over a specified amount. Mr. Bostock mentioned reviewing this aspect at the next Finance Committee and/or Executive committee meeting. Mr. Quick requested that staff bring a recommendation to the October Finance Committee and then the Finance Committee will bring a recommendation to an upcoming Board meeting.

B. FY18 Organizational Goals/Strategic Plan – page 131

   Alliance has a multi-year strategic plan which supports the Mission and Vision of the organization. Each year key initiatives are identified as priorities. Robert Robinson, CEO, introduced Amanda Graham, SVP/Organizational Effectiveness. Ms. Graham reviewed the four fiscal year 2017 organizational goals, objectives and key initiatives for each goal:
   - Performance: optimize our business performance to meet today’s needs and prepare for the future
   - Future: influence the future policy direction related to Medicaid reform
AGENDA ITEMS:  

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| • Health Outcomes: improve health outcomes of the people we serve  
• Person Centered Health: advance person-directed health |

Dr. Melcher reviewed current pilots and think tanks under the health outcomes goal. Dr. Hobbs-Knutson reviewed the national trend of value-based contracts with providers.

BOARD ACTION

The Board accepted the training/presentations; no additional action required.

8. Updates

Brian Perkins, Senior Vice-President of Strategy and Government Relations, provided a legislative update. Mr. Perkins shared an update summarizing recent actions by the North Carolina Legislature and NC Department of Health and Human Services. He provided an overview of Alliance’s feedback on the DHHS Secretary’s whitepaper and proposal.

BOARD ACTION

The Board accepted the update; no additional action required.

9. Chair’s Report

Chair Binanay mentioned additional press with the Wake crisis center and a recent meeting with Wake County Commissioners; she mentioned a commitment from staff and community stakeholders to address concerns, provide additional education and advocate for the people Alliance serves.

10. Closed Sessions

BOARD ACTION

A motion was made by Mr. Christopher Bostock to enter closed session pursuant to NC General Statute 143-318.11 (a)(5) and 143-318.11 (1) to instruct the public body's staff concerning the position to be taken by or on behalf of the public body in negotiating the price and other material terms of a contract or proposed contract for the acquisition of real property by purchase, option, exchange, or lease and to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1; motion seconded by Commissioner Heidi Carter. Motion passed unanimously.

The Board returned to open session.

11. Adjournment

With all business being completed the meeting adjourned at 6:35 p.m.

Next Board Meeting
Thursday, October 05, 2017
4:00 – 6:00 pm

Robert Robinson, Chief Executive Officer

Date Approved
10/5/17
ITEM: Consumer and Family Advisory Committee (CFAC) Report

DATE OF BOARD MEETING: September 7, 2017

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

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

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

The Alliance CFAC tries to meet its statutory requirements by providing you with the minutes to our meetings, letters to the board, participation on committees, outreach to our communities, providing input to policies 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: Accept draft minutes from the August 7, 2017 full CFAC meeting accompanying documents and 2017 Annual Report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Israel Pattison, CFAC Chair; Doug Wright, Director of Consumer Affairs
**1. WELCOME AND INTRODUCTIONS**

**2. REVIEW OF THE MINUTES - 6/5/2017 Approved 5:52.**

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<tr>
<td>Public Comment</td>
<td>Israel discussed the Alliance CFAC Meet-up page.</td>
<td></td>
<td>Ongoing</td>
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<tr>
<td>Consumer/Family</td>
<td>Meeting minutes approved 5:52</td>
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<tr>
<td>Challenges and Solutions</td>
<td>No Public Comments</td>
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<tr>
<td>By-Laws update/discussion</td>
<td>Israel discussed quorum/or absence of quorum, policies, and by-laws.</td>
<td>Israel will revise the by-laws.</td>
<td>Ongoing</td>
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<td>The new by-laws should reflect quorum and how CFAC should proceed.</td>
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<td>Quorum for CFAC is 11 as of now.</td>
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<td>Vision – retreat</td>
<td>What did we gain/what are your plans for the next year locally and as a whole?</td>
<td>Planning the retreat should be postponed until our goals have been met.</td>
<td>September Meetings</td>
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<td>Subcommittees to review goals set and determine next steps.</td>
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<td>Legislative Update</td>
<td>ABH was cut an additional 1.9 million due to a Partners underpayment.</td>
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<td>Ongoing</td>
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<td>A total of 300 million in cuts in the last few years.</td>
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<td>This affects the underinsured or uninsured the most.</td>
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<td>41% increased of children in foster care due to parents substance use disorders.</td>
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<td>Mayor of Fayetteville is going to apply for a grant in Cumberland county to help the opioid crisis.</td>
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<td>Israel discussed HB403 the house passed it unanimously but it is now if conference since the house and the senate could not agree. Doug will email a copy of the legislative comments. State updates: Wes stated they have a list of trainings and are willing to come to your organization, a couple of trainings include “AMHFA”, “Wellness”, “Who are you going to call”? Doug will receive a list of these trainings and will redistribute the trainings for CFAC.</td>
<td>Keep a close eye on progress of this bill and advocate for MCO structure being kept in the system.</td>
<td>Ongoing</td>
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<td>Subcommittees</td>
<td>Doug encouraged and invited members of CFAC to join the Human Rights committee as a few openings have occurred. Doug stated applying is a simple process but will need to be appointed by the Board Chair. Email Doug who will send out an application. Wake: Wake Network of Care. Durham stated they are having monthly meetings and would like a training presented to the CFAC when available. Cumberland is having a community outreach to increase membership and inform the public. Area board met last week and the information Israel presented was well received. Doug presented the Human Rights meeting minutes.</td>
<td>Israel suggested the Durham CFAC look at the Durham Network of Care (like the Wake CFAC did last meeting) to ensure the validity and accessibility of the information is accurate.</td>
<td>Ongoing</td>
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<td>Doug disclosed the new state benchmarks. Alliance is working with Duke and those individuals in TFC. Case Management has started in Durham. TCLI is working on housing slots and working on getting 13 apartments for those in transition. We are working on the opioid epidemic.</td>
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<td>Ongoing</td>
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<td>Time for the annual report. Please complete the annual report information request. Doug would like the information completed for the Sept report.</td>
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<td>Israel asked for a membership list and Doug will email the list.</td>
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5. **ADJOURNMENT**
OUR VISION

Alliance CFAC promotes a community-based support system that seeks to have each person reach his or her full potential. This committee of consumers and family members gives voice to the interests and opinions of persons with needs related to mental illness, developmental disabilities, and substance use.

It embraces the dignity of all residents in our communities so that each person may achieve his or her highest level of responsibility in the community.

It promotes the empowerment of consumers and the active involvement of family members.

MEMBERS

Caroline Ambrose
Jackie Blue
Dave Curro
Albert Dixon
Bobby Dixon
Jerry Dodson
Lotta Fisher
Shirley Francis
Ellen Gibson
Leanna George
Faye Griffin
Cynthia Daniels-Hall
Eric Hall
Tammy Harrington
James Henry
Cassandra Williams-Herbert
Steve Hill
Dorothy Johnson
Tasha Jordan
Joe Kilsheimer
Dr. Michael McGuire
Carrie Morrisey
Israel Pattison
Jason Phipps
Rachel Reed
Kyle Reece
Kurtis Taylor
Tracey Glenn-Thomas
Amelia Thorpe
Denise Wood
EXECUTIVE SUMMARY

If there is one thing that is consistent each year in the mental health, substance use, and intellectual and developmental disability system, it is that we again have a new Secretary and a new vision. While we believe that most people serving in these political roles have the right motives, it is not easy on individuals and families when the system is in constant turmoil and debate.

We have had to learn more about advocacy this year both at the local and national levels than ever before. We have written letters, visited our representatives, and taken part in many rallies over the last year. State cuts are having an impact on what reinvestments are made in our communities, which we find to be unfair and just not right.

We value and appreciate our relationship with the Board of Directors and the management of Alliance Behavioral Healthcare and believe that they want our input and take it with genuine consideration. Our Chair attends each Alliance Board meeting, reporting out on our activities and making mention of our concerns.

We have made a genuine effort to get out into our communities and hear the voices of the people we represent by moving our meetings around and participating in events. Many of us have been trained in Mental Health First Aid and believe in the effort to train as many people as possible in our communities.

We are not sure what the future holds for this system yet we plan to be vocal and to be involved in the continued transformation. Our report is a little different this year, as we will talk about each of our community subcommittees and things they have accomplished over the last year.

“We have had to learn more about advocacy this year both at the local and national levels than ever before.”
WAKE COUNTY

Our Wake Subcommittee, led by Israel Pattison, had the opportunity to participate with our state partners and consultants in a discussion about housing options for people with disabilities.

They received training on accessing services and alcohol awareness, and participated in giving feedback on the needs and gaps in Wake County. Members took the time to volunteer at the I/DD resource fair held at the Alliance Home Office.

This group made a commitment to having everyone trained in Mental Health First Aid by the end of the calendar year. They hosted a training in April and trained many of their members then so they have a great start on achieving their goal.

Community members trying to help people with disabilities have the opportunity to experience the arts came and presented to the group. “Arts Access” gave the members another resource to help support this cause.

Members from this group specifically spent some time down at the legislative office building advocating for a system that is responsive to people with needs and one that honors the progress and investments we have made.

State Statute charges 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/developmental disabilities and substance use/addiction services.
DURHAM COUNTY

Full of energy and enthusiasm, our Durham Subcommittee, chaired by Steve Hill, is ready to move forward into the next year. Some of the members have rotated off and some new members are joining us with a renewed passion for having an impact on the system. The group spent some time reviewing their strengths and challenges and have each made personal commitments to do their part.

Again this year they were very active in addressing the needs and gaps in our system and acknowledging the improvements in the local system, including a recovery-oriented culture at the facility based crisis unit.

They participated in the annual Recovery Day Celebration by hosting a table to talk with people about CFAC, Alliance, and the challenges they saw in the system.

Certainly, learning about special health plans and the future of Medicaid has their attention and concern. Members participated and or attended the NC Council Fall Conference and the Spring Policy Forum. Steve Hill and Yancee Perez participated with the RCNC Addiction Recovery Advocacy Day in February.

Members provided input to leadership on their budget concerns, locally and statewide.
The Cumberland Subcommittee has made a commitment to having some of their meetings in outlying areas, and held meetings in Godwin and Hope Mills this year and look forward to hearing concerns from all of Cumberland County.

The group welcomed two new members this year, Ellen Gibson and Shirley Francis.

Needs and gaps are always a part of discussions and this Subcommittee submitted their ideas and concerns for Cumberland County. Nathania Headley and Larissa Whitt from Alliance gave an overview of Hope4NC, the crisis counseling assistance and training program available for people still effected by the hurricane. Members were able to assist with specific information about individuals and areas still in need.

Members Lotta Fisher and Michael McGuire attended the statewide CFAC meeting and returned with information from across the state that was helpful and encouraging.

The group continues to be concerned about the state cuts and never ending transformation of the Medicaid system.
JOHNSTON COUNTY

Johnston County CFAC, led by Jason Phipps and Cassandra Williams-Herbert, continues to serve the community in reporting to Johnston County Area Authority, Johnston County MH/DD/SAS Area Board and Alliance via Doug Wright, Director of Individual and Family Affairs.

We hold general meetings on the third Tuesday of each month and currently have seven members serving on our local committee, with provisions for up to fifteen members. Several members also serve on various community collaborations, including the Recovery Collaborative and the Child Collaborative and Housing Collaborative. We also have members who serve with other community organizations such as NAMI of Johnston County and Serve the Need, and one of our members serves at the national level on the CPAC committee.

The highlight of our accomplishments this year was a Guardianship Information Seminar, a community outreach open to the county and surrounding areas and aimed towards parents, families or guardians of high school-aged students with I/DD and other special needs.

We collaborated with the Johnston County Schools Exceptional Children Program, which provided the venue in their Smithfield location, and The Arc of North Carolina. Representative Jean Farmer-Butterfield presented on why guardianship was needed and what alternatives are available either through the Arc or other agencies, and Michelle Ball, Johnston County Clerk of Courts, shared the legal process required for guardianship and shared needed forms. First in Families of North Carolina’s Scott Secor presented on Lifetime Connections, an alternative to guardianship service that First in Families offers.

The session concluded with questions and answer time. Feedback was positive and the information well received, and it was encouraging to know that we were providing a needed service and motivation to conduct additional community event in the future.

Community outreach goals for the coming year include hosting a recovery event in collaboration with Johnston County Mental Center and other community partners during the fall, and a law enforcement and first responder engagement training aimed at consumers with special needs who have communication and social interaction deficits, like autism, and their families. The hope is to teach the appropriate/respectful ways to respond to requests from law enforcement officers.
TRAINING
Members received training segments at local area meetings on:
- Members Rights and Responsibilities
- Medicaid and Fraud Abuse
- Advanced Directives
- Mental Health Awareness
- Accessing Services
- I/DD and the Services Provided by Alliance Behavioral Healthcare
- Alcohol Awareness – An Orientation
- Mental Health First Aid – Youth
- Recovery and Self-Determination

CONCERNS
- Medicaid transformation
- Continued budget cuts from the State
- Limited service plans utilizing State dollars
- Political uncertainty
- Transportation and housing needs
- The need for well-trained direct care workers
- Consumer-operated service providers such as respite, warm lines and transportation
- Stigma

GOALS
- Finish updating by-laws
- Increase local activities and presence
- Increase advocacy efforts at the state level
- Increase the number of outreach activities, asking each member to participate in at least one outreach opportunity
- Increase membership and participation and do a better job of orienting new members
- Encourage local advocacy by CFAC members and other community members through education and information
- Be heard by utilizing all resources available
Membership

- The committee will meet in rural areas every other month to reach out to communities that have transportation barriers to educate public on the purpose and benefits of becoming a part of CFAC.
- The committee will participate in community events with Alliance as well with other organizations and entities in the community to educate the public on the benefits of becoming a member.
- Members will extend an invitation to visitors that meet the criteria to become a member and explain benefits and expectations. Mentorship will be offered to the new members.
- There will be more participation in community information sessions and possible insertion into the information sessions with presentations and possible marketing during and after the meetings.
- The committee will bring in individuals from the community as well and Alliance to keep the committee up to date, broaden their knowledge of available resources, and keep all of the members engaged.
- The members will share their story and reasons for joining CFAC and how impactful their membership has been for them when visitors are at the meetings.

Personal Commitment

- Members will continue to familiarize themselves with the bylaws and procedures of the organization.
- If there are any questions about the bylaws, policy and procedures, or any aspects of the organization, the members will ask to get clarity.
- Members will give feedback and possible resolutions for any challenges that arise.
- The members will participate in community events with Alliance as well with other organizations and entities in the community to educate themselves on the available resources.
- The members will collaborate with area agencies and organizations to build partnerships.
- The members will continue to put forth effort to be present and participate in scheduled meetings, retreats, information sessions and any other CFAC committee commitments.

Community Collaboration and Outreach

- The committee will meet in a different rural area in Cumberland County every other month to reach out to communities that have transportation barriers to educate public on the purpose, impact and benefits of becoming a part of CFAC.
- Each rural meeting will include information on CFAC and membership, Alliance and who they are, gaps and needs and address specific topics that can benefit the community. These topic will include access of care, advocacy, and a resource drive/ vendor fair. Additional topics will be added at the meetings at the Cumberland office.
• The committee will reach out to other organizations and agencies in the area to be a part of those rural meetings as well as the meetings at the Cumberland office to build partnerships.

• Members will participate in area agencies organizations events and educational meetings individually and/or collectively to show support and to gain information about the community.

• Visitors will be invited to the meetings at the Cumberland offices at each rural meeting.
CFAC Retreat Durham Subcommittee Breakout Session

Membership

- Explore and map out connections existing within CFAC to further recruitment efforts
- Conversation regarding reaching out to individuals and families in the beginning stages of their attempt to navigate services
- Possibly create an ad hoc committee to work on recruitment strategies and ideals to employ upon recruitment and retention of new members; possible areas of focus: vulnerability (i.e. it’s ok that you don’t understand everything right now), how to best “pitch” the idea of participating on CFAC, addressing benefits, motive, opportunity, etc.
- CFAC members to explore their reasons for initially participating to further inform talking points to new members; offering mentorship
- Move the meeting to a variety of locations to cater to varied transportation challenges faced by individuals that might be interested
- As incentive for new members and benefit to current members, bring resource-related speakers in to broaden knowledge and understanding of what supports exist within the Durham community
- For the above, a work group might form to schedule approximately 6 months’ worth of speakers for upcoming subcommittee meetings

Personal Commitment

- If information is not understood, it is ok to ask for information to be re-framed for understanding
- Explore incentives and motives to continue to engage
- Have more regularly scheduled “retreats“ to re-group and ensure everyone is on the same page moving forward
- Consider changing the quorum requirements and CFAC meeting structure to have fewer members needed for a quorum and possibly more monthly county subcommittee meetings (as opposed to current alternating month subcommittee/all-county CFAC meeting schedule), so that when CFAC members do “show up” work can get completed
- Consider participating in and providing feedback regarding the above to Israel on the rules/by-laws subcommittee

Community Collaboration & Outreach

- Consider hosting a monthly CFAC information/education session to the public
- CFAC members to go out to key areas to share this information- who, what, when, where, why
- Collaborate with like-minded groups to host an event/listening session/awareness opportunity for the community to elicit feedback
- Participate in advocacy opportunities and community events and educate the public regarding the MH/DD/SUD system
- Obtain legislative priorities (from Alliance, NAMI, RCNC) in order to be better informed and move forward with any advocacy efforts
2017-02-11 Plan Brainstorm for Wake CFAC 2017

Created by Israel J Pattison on Feb 11, 2017

Brainstorm

- visit with legislators
- engage local policy-makers
- collaborate with NAMI
- mental health first aid training in the community
  - Schools, workplace, public accommodations
    - schools are often where mental illnesses manifest themselves
    - in neighborhoods? scouts, CERT teams, churches, housing
  - free training including materials
  - 8 hour course

Mental Health First Aid

1. Could every member of Wake Subcommittee be MHFA trained?
   1. How to get everyone to come
      1. Time, dates, locations

2. Choose a target audience to contact and discuss MHFA

3. Hold training for members of the target audience
ITEM: Finance Committee Report

DATE OF BOARD MEETING: September 7, 2017

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

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

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

BOARD MEMBERS PRESENT: Cynthia Binanay

GUEST(S) PRESENT: Mary Hutchings

STAFF PRESENT: Robert Robinson, CEO (LCAS); Kelly Goodfellow, Executive Vice-President/CFO; Sara Pacholke, Senior Vice-President/Financial Operations (BS, CPA)

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the May 4, 2017 and June 1, 2017, meetings were reviewed; a motion was made by Mr. Bostock and seconded by Mr. Quick to approve the minutes. Motion passed.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
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</thead>
</table>
| 3. Monthly Financial Reports | The monthly financial reports were discussed which includes the Statement of Revenue and Expenses, Senate Bill 208 Required Ratios, and DMA Contract Ratios.  
  a) Statement of Revenue and Expenses as of May 31, 2017 – Alliance currently has revenues exceeding expenses of $22,893,353. The majority of this is related to Medicaid and Medicaid risk reserve. We also discussed that estimated 6/30/17 revenues exceeding expenses is approximately $19,500,000, however this could change depending on the amount and volume of state claims that come in for the 6/30/17 period (providers have until 8/28/17 to submit them).  
  b) Senate Bill 208 Ratios – Alliance is currently meeting and exceeding all required SB208 ratios (current ratio and percent paid).  
  c) DMA Contract Ratios – Alliance is currently meeting all DMA contractually required ratios (defensive interval and MLR). | | |
| 4. State Budget | a) Ms. Goodfellow discussed that she will be bringing a proposed quarterly state template to the September meeting for review and discussion. Once approved she would bring it quarterly to discuss the state budget and actual. | | |
| 5. DCA Lease | a) We discussed the DCA lease. The terms are for Alliance to pay an annual rent of $1 however, they would be responsible for all repairs and Recommend the Board approve the lease. | | |

Finance Committee Meeting 9/7/17
<table>
<thead>
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<tbody>
<tr>
<td>maintenance for the facility. In previous years, Alliance paid monthly rent, but also an administrative overhead. A motion was made by Mr. Quick and seconded by Mr. Bostock to recommend signing the lease.</td>
<td></td>
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</tr>
<tr>
<td><strong>6. Schedule for Finance Committee Meetings</strong></td>
<td>a) Ms. Goodfellow proposed a schedule for Finance Committee meetings throughout the year. The schedule allows for 90-minute meetings when there is a specific reason. For example when reviewing the audit report or the annual budget. Staff will communicate ahead of time if we anticipate the 90 minutes being needed or not. This will allow us to have the time if needed for important topics.</td>
<td></td>
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</tr>
</tbody>
</table>

4. **ADJOURNMENT:** next meeting will be September 7, 2017, from 2:30 p.m. to 4:00 p.m.
APPOINTED MEMBERS PRESENT: ☐ Chris Bostock, BSIM, ☐ James Edgerton, B.S. (Committee Chair); and ☐ George Quick, M.B.A.

BOARD MEMBERS PRESENT:

GUEST(S) PRESENT:

STAFF PRESENT:

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the August 3, 2017, meeting were reviewed; a motion was made by Choose an item. and seconded by Choose an item. to approve the minutes. Choose an item.

<table>
<thead>
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<tbody>
<tr>
<td>3. Monthly Financial Reports</td>
<td>The monthly financial reports were discussed which includes the Statement of Revenue and Expenses, Senate Bill 208 Required Ratios, and DMA Contract Ratios. a)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. FY18 State Report Template</td>
<td>a)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Schedule for Finance Committee Meetings</td>
<td>a) Need motion to approve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Closed Session in accordance with G.S. 143.318-11(a)(5)</td>
<td></td>
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</tr>
</tbody>
</table>

4. ADJOURNMENT: next meeting will be October 5, 2017, from 3:00 p.m. to 4:00 p.m.
### Statement of Revenue and Expenses (Budget and Actual) - As of July 31, 2017

<table>
<thead>
<tr>
<th></th>
<th>Original Budget</th>
<th>Current Period</th>
<th>Year to Date</th>
<th>Balance</th>
<th>% Received/Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Grants</td>
<td>$36,857,390.00</td>
<td>$2,978,672.64</td>
<td>$2,978,672.64</td>
<td>$33,878,717.36</td>
<td>8.08%</td>
</tr>
<tr>
<td>State &amp; Federal Grants</td>
<td>47,781,186.00</td>
<td>$3,500,618.22</td>
<td>$3,500,618.22</td>
<td>44,280,567.78</td>
<td>7.33%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>359,425,264.00</td>
<td>$29,205,747.84</td>
<td>$29,205,747.84</td>
<td>330,219,516.16</td>
<td>8.13%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$444,063,840.00</td>
<td>35,685,038.70</td>
<td>35,685,038.70</td>
<td>408,378,801.30</td>
<td>8.04%</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Administration</td>
<td>369,054.00</td>
<td>30,874.65</td>
<td>30,874.65</td>
<td>338,179.35</td>
<td>8.37%</td>
</tr>
<tr>
<td>LME Administrative Grant</td>
<td>4,359,385.00</td>
<td>363,282.08</td>
<td>363,282.08</td>
<td>3,996,102.92</td>
<td>8.33%</td>
</tr>
<tr>
<td>Medicaid Waiver Administration</td>
<td>46,704,978.00</td>
<td>3,796,231.84</td>
<td>3,796,231.84</td>
<td>42,908,746.16</td>
<td>8.13%</td>
</tr>
<tr>
<td>Miscellaneous Revenue</td>
<td>250,000.00</td>
<td>51,799.48</td>
<td>51,799.48</td>
<td>198,200.52</td>
<td>20.72%</td>
</tr>
<tr>
<td><strong>Total Administrative Revenue</strong></td>
<td>51,683,417.00</td>
<td>4,242,188.05</td>
<td>4,242,188.05</td>
<td>47,441,228.95</td>
<td>8.21%</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>$495,747,257.00</td>
<td>39,927,226.75</td>
<td>39,927,226.75</td>
<td>455,820,030.25</td>
<td>8.05%</td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Services</td>
<td>36,857,390.00</td>
<td>86,359.73</td>
<td>86,359.73</td>
<td>36,771,030.27</td>
<td>0.23%</td>
</tr>
<tr>
<td>State &amp; Federal Services</td>
<td>47,781,186.00</td>
<td>3,850,735.62</td>
<td>3,850,735.62</td>
<td>43,930,450.38</td>
<td>8.06%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>359,425,264.00</td>
<td>29,778,066.84</td>
<td>29,778,066.84</td>
<td>329,647,197.16</td>
<td>8.28%</td>
</tr>
<tr>
<td><strong>Total Service Expenses</strong></td>
<td>444,063,840.00</td>
<td>33,715,162.19</td>
<td>33,715,162.19</td>
<td>410,348,677.81</td>
<td>7.59%</td>
</tr>
<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Operational</td>
<td>6,657,386.00</td>
<td>318,975.92</td>
<td>318,975.92</td>
<td>6,338,410.08</td>
<td>4.79%</td>
</tr>
<tr>
<td>Salaries, Benefits, and Fringe</td>
<td>38,175,919.00</td>
<td>3,285,786.42</td>
<td>3,285,786.42</td>
<td>34,890,132.58</td>
<td>8.61%</td>
</tr>
<tr>
<td>Professional Services</td>
<td>6,600,112.00</td>
<td>190,903.49</td>
<td>190,903.49</td>
<td>6,409,208.51</td>
<td>2.89%</td>
</tr>
<tr>
<td>Miscellaneous Expense</td>
<td>250,000.00</td>
<td>250,000.00</td>
<td>-</td>
<td>250,000.00</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Administrative Expenses</strong></td>
<td>51,683,417.00</td>
<td>3,795,665.83</td>
<td>3,795,665.83</td>
<td>47,637,751.17</td>
<td>7.34%</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>495,747,257.00</td>
<td>37,510,828.02</td>
<td>37,510,828.02</td>
<td>457,986,428.98</td>
<td>7.57%</td>
</tr>
<tr>
<td><strong>CHANGE IN NET POSITION</strong></td>
<td>$2,416,398.73</td>
<td>$2,416,398.73</td>
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</tbody>
</table>
**Senate Bill 208 Ratios - As of July 31, 2017**

### CURRENT RATIO

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

### PERCENT PAID

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

**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 for the rating period (7/1/17-6/30/18). Beginning July 2017 Risk Reserve will be included in revenue, previously it was excluded.
ITEM: Policy Committee Report

DATE OF BOARD MEETING: September 7, 2017

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

Policies reviewed and considered for continued use:
- Area Board Conflict of Interest
- Area Board Member Meeting Compensation
- Evaluation of Area Director
- Area Board Code of Ethics
- Delegation of Authority to the Area Director
- Guidelines for Public Comment at Area Board Meetings
- Area Authority Relations with Catchment Area County Board of Commissioners
- Area Board Media Policy
- Dispute Resolution
- Management of Service Delivery
- Strategic Planning
- Reporting of Abuse, Neglect, Dependency and Exploitation
- Health and Safety
- Emergency Management Plan
- Internal Control
- Business Continuity Plan
- Corporate Communications

Policies reviewed with suggested revisions:
- Area Board Processes
- Development of Policies and Procedures
- By-Laws
- Area Director Compensation
- Consumer/Family Advisory Committee

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

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

RESOURCE PERSON(S): Curtis Massey, Committee Chair; Monica Portugal, Chief Compliance Officer
APPOINTED MEMBERS PRESENT: ☑Lodies Gloston, M.A., ☑Phillip Golden, B.A., ☑Curtis Massey, J.D. (via teleconference) (Committee Chair),

BOARD MEMBERS PRESENT: 

STAFF PRESENT: Carol Hammett, General Counsel; Monica Portugal, Chief Compliance Officer

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES: The minutes from the July 20, 2017, meetings were reviewed; a motion was made by Mr. Golden and seconded by Ms. Gloston to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Documents Provided</td>
<td>Agenda, Minutes from the July 20, 2017 meeting, Governance and General Administrative Policies.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Annual Review of Policies</td>
<td><strong>Governance Policies reviewed and considered for continued use without revisions requiring Board approval:</strong></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>G-1: Area Board Conflict of Interest</td>
<td></td>
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<tr>
<td></td>
<td>A motion was made by Mr. Golden and seconded by Ms. Gloston to accept the policy as presented. Motion carried.</td>
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<tr>
<td></td>
<td>G-2: Area Board member Meeting Compensation Policy</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>A motion was made by Ms. Gloston and seconded by Mr. Golden to accept the policy as presented. Motion carried.</td>
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<td>G-7: Evaluation of Area Director</td>
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<tr>
<td></td>
<td>A motion was made by Ms. Gloston and seconded by Mr. Golden to accept the policy as presented. Motion carried.</td>
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<td></td>
<td>G-8: Area Board Code of Ethics</td>
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<tr>
<td></td>
<td>A motion was made by Mr. Golden and seconded by Ms. Gloston to accept the policy as presented. Motion carried.</td>
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</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
<table>
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<tbody>
<tr>
<td>G-10: Delegation of Authority to the Area Director</td>
<td>A motion was made by Mr. Golden and seconded by Ms. Gloston to accept the policy as presented. Motion carried.</td>
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<tr>
<td>G-11: Guidelines for Public Comment at Area Board meetings - non-substantive, grammatical edits were made and approved by the Committee.</td>
<td>A motion was made by Ms. Gloston and seconded by Mr. Golden to accept the policy as amended. Motion carried.</td>
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<tr>
<td>G-12: Area Authority Relations with Catchment Area County Boards of Commissioners</td>
<td>A motion was made by Mr. Golden and seconded by Ms. Gloston to accept the policy as presented. Motion carried.</td>
<td></td>
<td></td>
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<tr>
<td>G-13: Area Board Media Policy</td>
<td>A motion was made by Ms. Gloston and seconded by Mr. Golden to accept the policy as presented. Motion carried.</td>
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<tr>
<td>G-14: Dispute Resolution</td>
<td>A motion was made by Mr. Golden and seconded by Ms. Gloston to accept the policy as presented. Motion carried.</td>
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<tr>
<td>Governance Policies reviewed with suggested revisions:</td>
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<td></td>
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<tr>
<td>G-3: Area Board Processes – clarification of materials included in the board packet.</td>
<td>A motion was made by Mr. Golden and seconded by Ms. Gloston to accept the policy as amended. Motion carried.</td>
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<tr>
<td>G-4: Development of Policies and procedures – clarified that policies which come under the purview of other Board Committees shall be reviewed by those</td>
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<tr>
<td>Committees and their input provided to the Board Policy Committee four weeks prior to their scheduled review. Added definitions of Chief Executive Officer and Board of Directors. Committee proposed revising all policies, replacing Area Director with Chief Executive Officer and Area Board with Board of Directors, in line with the proposed By-Laws revisions. At the time of each policy’s scheduled annual review, it will be revised to reflect the new terms. A motion was made by Ms. Gloston and seconded by Mr. Golden to accept the policy as amended. Motion carried.</td>
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<tr>
<td>G-6: Area Director Compensation – removed definition of Area Director. A motion was made by Mr. Golden and seconded by Ms. Gloston to accept the policy as amended. Motion carried.</td>
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</tr>
<tr>
<td>G-9: Consumer/Family Advisory Committee – removed procedures no longer applicable or already included in the By-Laws. A motion was made by Ms. Gloston and seconded by Mr. Golden to accept the policy as amended. Motion carried.</td>
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<tr>
<td>General Administrative Policies reviewed and considered for continued use without revisions requiring Board approval:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>GA-1: Management of Service Delivery A motion was made by Ms. Gloston and seconded by Mr. Golden to accept the policy as presented. Motion carried.</td>
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<tr>
<td>GA-2: Strategic Planning A motion was made by Mr. Golden and seconded by Ms. Gloston to accept the policy as presented. Motion carried.</td>
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<td></td>
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<tr>
<td>GA-3: Reporting of Abuse, Neglect, Dependency and Exploitation - non-substantive, grammatical edits were made and approved by the Committee.</td>
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</tbody>
</table>

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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</thead>
<tbody>
<tr>
<td></td>
<td>A motion was made by Ms. Gloston and seconded by Mr. Golden to accept the policy as amended. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GA-4: Health and Safety</td>
<td>A motion was made by Mr. Golden and seconded by Ms. Gloston to accept the policy as presented. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GA-5: Emergency Management Plan - non-substantive, grammatical edits were made and approved by the Committee.</td>
<td>A motion was made by Ms. Gloston and seconded by Mr. Golden to accept the policy as amended. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GA-6: Internal Control</td>
<td>A motion was made by Mr. Golden and seconded by Ms. Gloston to accept the policy as presented. 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. Golden 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 Mr. Golden and seconded by Ms. Gloston to accept the policy as presented. Motion carried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>By-Laws</td>
<td>A motion was made by Ms. Gloston and seconded by Mr. Golden to accept the By-Laws as previously amended and submitted to the Board of Directors at the August Board Meeting. Motion carried.</td>
<td></td>
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</tbody>
</table>

3. ADJOURNMENT: @ 4:30pm

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

ARTICLE I
PURPOSE

The Alliance Behavioral Healthcare Board of Directors, also known as the Area Board, 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 the Durham, Wake and Cumberland County 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. These responsibilities shall be carried out in partnership with the Durham, Wake and Cumberland County Boards of County Commissioners hereinafter referred to as County Commissioners. Any use of the term Board of Directors Area Board 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. The mission of the Area Board is to support and enhance the quality of life of those citizens affected by mental illness, intellectual/developmental disabilities and substance abuse.

VISION STATEMENT
To be a leader in transforming the delivery of whole person care in the public sector. The Area Board seeks to develop and maintain a network of quality providers whose services are evidence based or best practice and who embrace people with disabilities as equal partners and valued citizens. The entire community benefits when citizens with disabilities reach their full potential.

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.

The Area Board, its administration and employees value the following:

1. Discovering ways to nurture community strengths in order to accomplish what none of us can do alone.
2. Involving stakeholders for the advancement of all citizens in our diverse community.
3. Partnerships with community agencies that assure that best practices are applied through person-centered planning.
4. Community resources that offer enduring ways to support people with disabilities.
5. Advocacy efforts that challenge the MH/IDD/SA delivery system to improve continuously.
6. Accountability of all parties in the system.
7. Exemplary practices that lead to meaningful outcomes and are cost effective.
8. High level of satisfaction among consumers, families, and funders.
9. Collaboration with our community partners and stakeholders.
10. Building community capacity that includes the identification of existing community resources and gaps.
11. Services and supports that are consumer and family-friendly, age appropriate and culturally competent.
12. The flexibility of the MH/IDD/SA system to provide programs and supports when needed, at the level needed, and in the amount necessary. This is important so that people may enter and exit components of the system as their needs change and without fear of re-entry complications.
13. Ongoing community education that assists in the elimination of stigma and discrimination.

ARTICLE II
STRUCTURE

A. AUTHORITY

1. The Area Alliance Board of Directors is accountable to the citizens of Durham, Wake and Cumberland Counties the Alliance Catchment Area.
2. The authority, powers and duties of the Area Board derive from General Statute 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 General duties of the Area Board include:
   a. Defining services to meet the needs of citizens (within the parameters of the law) through an annual needs assessment.
b. Adoption of operational policies to meet all requirements. Governing the organization by adopting broad governance 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. Fiscal oversight.

e. Hearing complaints and appeals from consumers, providers and the general public.

f. Community education and advocacy. Performing public relations and community advocacy functions.

g. Appointing a CEO an area director in accordance with General Statute 122C-121 (d). The CEO Area Director is an employee of the Area Board of Directors and shall serve at the pleasure of the Area Board of Directors.

h. Evaluating annually the area director for performance based on criteria established by the Secretary of NCDHHS and the Board of Directors area board.

i. Delegating responsibility to the Area Director who shall be responsible for the appointment of employees, the implementation of the policies and programs of the Area Board, 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.

j. Empowering the Area Director to sign official authority to execute contracts and agreements, where appropriate.

k. Developing plans and budgets for the area authority subject to the approval of the Secretary of NCDHHS. The area authority shall submit the approved budget to the boards of county commissioners and the county managers.

l. Providing quarterly and annual reports to the Wake, Durham and Cumberland County Commissioners.

m. Maintaining open communication with the Consumer and Family Advisory Committee (CFAC).

n. Participate in strategic planning, including consideration of local priorities as determined by the County Commissioner Advisory Board;

B. COMPOSITION

1. The Board of Directors shall consist of nineteen (19) members.

2. The Board of Directors shall work in conjunction with the Durham, Wake and Cumberland County Commissioners.

3. The Durham and Wake County Commissioners shall appoint seven (7) members respectively and the Cumberland County Board of Commissioners will appoint four (4) members. During the effective period of the Interlocal Agreement between the Board of Directors and the Johnston County Area Authority, the Alliance Board of Directors will appoint one member from Johnston County. All seats will be appointed at large.

4. The appointment process shall be consistent with the process outlined in the Joint Resolution between Cumberland, Durham and Wake Counties effective July 8, 2013. The Board of Directors will advertise, accept applications, interview and recommend appointments to the respective boards of commissioners.

5. Board of Directors membership may consist of the following:

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

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

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

C. TERMS AND CONDITIONS OF OFFICE

1. Terms of membership shall be for three years except any member of the Area 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. The terms of the County Commissioner members on the Area Board shall be concurrent with their terms of office. The initial terms of office will be staggered in accordance with General Statute 122C-118.1.d. Each of the initial staggered terms of office shall be considered a full term.

2. Members other than County Commissioners 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. Area Board members may resign at any time, upon written notification to the Chairperson or the Executive Secretary of the Area Board.

5. Vacancies on the Area Board 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. Area Board 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 Area Board members nor members of their families will receive preferential treatment through the Area Authority’s services or operations.

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

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

10. Area Board members are required to comply with the Area Board 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 Area Board shall be chosen for a one-year term to begin July 1, at the final meeting of the fiscal year in which the Area Board is serving. The Officers of the Board of Directors include and shall be as follows:
a. Chairperson, and  
b. Vice-Chairperson.

2. With the exception of the position of Executive Secretary (which shall be filled by the Area Director/CEO), no officer shall serve in a particular office for more than two consecutive terms.

3. Each Area Board members 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 Area Board 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 Area Director/CEO (or his/her designee) shall serve as the Executive Secretary. The Area Director/CEO shall not be an official member of the Area Board nor have a vote. As Executive Secretary, the Area Director/CEO shall:
      i. Send Area Board packets of information.
      ii. Maintain a true and accurate account of all proceedings at Area Board meetings.
      iii. Maintain custody of Area Board minutes and other records.
      iv. Notify the County Commissioners of any vacancies on the Area Board or attendance compliance issues.

E. COMMITTEES

1. STANDING COMMITTEES - Annually, the Area Board Chairperson shall appoint the membership and the Chairperson of each of the Standing committees that are required by law, regulation, accrediting bodies or contract as well as other committees set forth below, at the discretion of the Area Board. These committees shall have the responsibility of making policy recommendations to the Area Board regarding matters within each committee’s designated area of concern. The composition of each committee shall comply with the relevant applicable statute, regulation or contract requirements. The chair of any standing committee must be a member of the Board of Directors. These 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 member designees of the Area Board plus three other Area Board members. (The Finance Officers of Durham, Cumberland and Wake Counties or designee may serve as ex-officio members)
   ii. The Committee’s functions include:
      1) Recommending policies/practices on fiscal matters to the full Area Board.
      2) Reviewing and recommending budgets to the entire Area Board.
      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 (contract with 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 and include at least 3 board members. Other 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 the Area Authority’s Client Rights policies at least annually and recommending needed revisions to the Area Board of Director.
       2) Overseeing the protection of client rights and identifying and reporting to the Area Board issues which negatively impact the rights of persons served.
       3) Reporting to the full Area Board at least quarterly.
       4) Submitting an annual report to the Area Board of Directors which includes, among other things, a review of the Area Authority’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 (Contract with DMH/DD/SASURAC)**
   i. The Quality Management (QM) Committee shall consist of at least 5 members to include consumers or their family members, 3 board members, two (2) members from CFAC and 2 non-voting provider representatives. The Board 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 full Area Board of Directors or other Area Board committees.
   iii. The Quality Management 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 LME/MCO operations and local service system with input from consumers, providers, family members, and other stakeholders.

d. **Executive Committee** - The Area Board shall have an Executive Committee. All actions taken by the Executive Committee will be reported to the full Area Board at the next scheduled meeting.
   i. The Executive Committee shall be composed of the current Officers of the Area Board, Chairpersons of standing committees (who are Area Board members), the immediate past Board chairperson or an at-large member in the event the immediate past Board Chairperson is not available.
   ii. The Area Board 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 Area Board 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 Area Board.
2) Establish agendas for full Area Board meetings.
3) Act on matters that are time-sensitive between regularly scheduled board meetings
4) Provide feedback to the Area Director/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 Area Board.
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 Area Board 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 Area Board By-Laws and Policies that Govern the LME/MCO Alliance.
2) Recommending policies to the full Area Board of Directors to include all functions and lines of business of the LME/MCO Alliance.
3) Reviewing Area 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. County Commissioner Advisory Board
Consistent with NCGS 122c-118.2, the Area Authority shall have a county commissioner Advisory Board consisting of one commissioner from Cumberland, Durham and Wake Counties. The Commissioner appointed to the Alliance Area Authority will serve on the County Commissioner Advisory Board (CCAB). The duties of the CCAB include serving as the chief advisory board to the area authority and to the director of the area authority on matters pertaining to the delivery of services for individuals with mental illness, intellectual or other developmental disabilities and substance abuse disorders in the catchment area. Meetings will be scheduled quarterly.

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 Area Board Chair of the Board of Directors with the approval of a majority of the Area 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 Area Board of Directors and shall report their findings to the Area 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 Area Board 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 Area Board of Directors. The annual meeting for the election of Officers shall be the final meeting of each fiscal year. All meetings of the Area Board shall be conducted in accordance with provisions set forth in Article 33C of NC GS 143 (the Open Meetings Act).

B. SPECIAL MEETINGS

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

C. EMERGENCY MEETINGS

Emergency meetings may be called for unexpected circumstances that require immediate consideration by the Area Board. 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 Area Board can be convened.

D. NOTICE OF MEETINGS

Notification of Area Board 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 Area Board 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 an Area Board 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

Area Board meetings shall be conducted under parliamentary procedures. Significant actions by the Area Board 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 Area Board 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.

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 Area Board 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 Area Board 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 Area Board 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.

G. H. ABSENCES

1. Absence from three (3) consecutive meetings without notification to the Executive Secretary shall constitute resignation from the Area Board.
2. Absence from 4 or more than twenty-five percent (25%) of the regularly scheduled meetings during a 12 month period may also constitute resignation from the Area Board within the discretion of the Executive Committee.
3. In computing absences, absence from two Area Board Committee meetings may constitute one absence from a regularly scheduled Area Board meeting.
ARTICLE IV
GENERAL PROVISIONS

A. AMENDMENTS

1. These By-Laws may be amended or repealed as necessary.
2. New or amended By-Laws may be adopted by the affirmative vote of fifteen (15) 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, during any regular (or other) meeting of the Area Board.

B. SUSPENSION OF BY-LAWS

The Area Board has the authority to suspend the By-Laws by an affirmative vote of a majority fifteen (15) 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 AREA BOARD GOVERNANCE POLICIES

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

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

II. DEFINITIONS

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

III. POLICY STATEMENT

The Area Board 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 Area Board meeting shall utilize an agenda developed by the Area Board Executive Committee with assistance from the Area Director. 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 Area Board members at least five (5) working days prior to each meeting.

B. Developing and Distributing Meeting Materials

The Area Director is responsible for the following:
1. Sending notices to Area Board 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 Area Board meeting
   d. Minutes from committee meetings, as applicable
3. Post agenda on website
I. PURPOSE

To provide a process for the Alliance Behavioral Healthcare Board of Directors (Area Board) 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 Area Board and Area Authority policies and procedures. The Area Board approves Area Board policies and procedures and the Area Director 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 Area Board 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 Area Board that provide direction to guide the Area Authority’s decision making including the development of operating procedures.

Procedures: Documents developed and approved by the Area Director 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 Area Board 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 Area Board action. Annually, the Area Board 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 Area Board policies before submission to the full Area Board for review and approval. Area Board 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 Area Director (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 establish a process for determining compensation for the area director.

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 Area Board 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 area director’s performance. The Board’s compensation plan shall comply with all relevant Federal, State and local requirements.

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 Area Board shall use comparability data in determining and approving an equitable compensation arrangement including:

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**Deleted:** Area Director

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### AREA BOARD

**POLICIES & PROCEDURES**

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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 Area Board 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 Area Director shall provide support and assistance to the CFAC to ensure compliance with NCGS 122C - 170.

**Deleted:** The initial Consumer and Family Advisory Committee shall be approved by the Area Board and serve in an advisory capacity to the board. The committee, upon creation, shall develop bylaws for the purpose of self-governance. The membership of the committee will be 100 percent consumers and family members.
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”) Area Board of Directors (hereinafter “Board” or “Area 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 Area Board member shall fulfill his or her responsibilities consistent with all Federal and State laws and regulations, Area Board and Area Authority policies, and Area Board 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 Area Board 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 Area Board 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 Area Board representing any potential Area Board 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 Area Board.

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 Area Board even if the nonprofit hospital is contracted with Alliance. Any such member must recuse themselves from any Area Board 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 Area Board.

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 Area Board Chair. The Board Chair shall notify the Area Director 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 Area Board shall make the final decision regarding the disposition of all conflict of interest issues.
I. PURPOSE

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

II. POLICY STATEMENT

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

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

Each member has the right to decline this compensation by giving written notice to the Area Director.

Members shall be entitled to reimbursement for travel to official meetings and functions of the Area Board 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

The purpose of this policy is to set forth the requirement that the Area Board conduct an annual performance evaluation of the Area Director.

II. POLICY STATEMENT

The Area Board shall complete a formal review (at least annually or more often if necessary) of the Area Director using a method that encompasses areas of operation that are important to the Area Board 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 Area Director and additional priorities as mutually agreed to by the Area Board and the Area Director. Among other things, the board shall use the performance evaluation to (1) assure that the Area Director 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 Area Director’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 area board.

**Immediate Family:** The area board 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.

Area board 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. Area board 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. An Area Board 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. An Area Board 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. An Area Board 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. Area Board 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. Area board members must exercise their best judgment to determine when this 
is the case and comply with the Area Board Conflict of Interest Policy.

2. Area Board 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. An Area Board 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 Area Director all honorariums and gifts and favors from friends and relatives if made by a covered contractor, subcontractor, 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. Area Director 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 Area Director who will secure an advisory opinion from General Counsel.

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

A. The Area Board Chairperson, after receiving an allegation of a violation of the Code of Ethics, shall refer the matter to the Area Director 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 Area Board 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 Area Board 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 Area Director 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 Area Board.

_________________________    ___________
Signature       Date

______________________
Printed Name
I. PURPOSE

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

II. DEFINITIONS

Area Director: The Area Director is the Area Authority’s chief executive officer. The Area Director is hired and evaluated by the Area Board and is responsible for leading and managing the Area Authority’s business and affairs.

III. POLICY STATEMENT

The Area Board shall maintain an ongoing relationship with the Area Director 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 Area Director

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

1. Hire, suspend and dismiss employees as necessary.
2. Provide the Area Board with required reports, data and information regarding programs, services, finances and any other business areas as identified by the Area Board.
3. Assume overall responsibility for implementing programs and services, including the execution of contracts pursuant thereto.
4. Develop procedures to implement the policies of the Area Board.
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 Area Board and the N C Department of Health and Human Services.
9. Assist the Area Board in understanding their legal responsibilities in performance of their assigned duties.
10. Meet with the Area Board or specific Area Board 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.

B. Area Board Access to Area Authority Management and Employees

From time to time Area Board members may need to interact with staff of the Area Authority in order for the Board to fulfill its mission. The Area Director 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 Area Board to receive public comment at Board meetings.

II. POLICY STATEMENT

The Area Board 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. Area Board 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 an Area Board member’s request for clarifying information). (Note: Any individuals/groups seeking formal inclusion on an Area Board 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 Alliance Behavioral Healthcare multi-county Area Authority LME/MCO 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 and Cumberland Counties. Alliance is also responsible for managing federal and state-funded MH/I-DD/SA services in Johnston County through an Inter-local Agreement. 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 Area Director/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 Area Director/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
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 Area Board 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 area board.

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 Area Board 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 a contract for participation in the Alliance Closed Network.

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 Area Board 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 Area Director shall develop procedures to implement this policy.
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 enunciate the critical role the strategic planning process plays in guiding the Area Board 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, Area Board 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 Area Director 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 Area Board Human Rights Committee on a regular basis.

III. PROCEDURES

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

The Area Board 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 Area Board 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 Area Board 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 Area Director shall develop a comprehensive Emergency Management Plan and shall conduct periodic emergency drills or simulations. The Area Director shall report to the Area Board 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 Area Director 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 Area Director 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 Area Director shall develop procedures to implement this policy.
ITEM: Draft Minutes from the August 3, 2017, Board Meeting

DATE OF BOARD MEETING: September 7, 2017

REQUEST FOR BOARD ACTION: Approve the draft minutes from the August 3, 2017, meeting.

CEO RECOMMENDATION: Approve the minutes.

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

MEMBERS PRESENT: ☒ Cynthia Binanay, Chair, ☒ Christopher Bostock, ☒ Heidi Carter (via phone after 6:20 pm), ☒ George Corvin, MD, Vice-Chair, ☒ James Edgerton, ☒ Greg Ford, ☒ Lodies Gloston, ☒ Phillip Golden, ☒ Curtis Massey, ☒ George Quick, ☐ William Stanford, Jr., ☒ Amelia Thorpe, ☒ Lascel Webley, Jr., and ☐ McKinley Wooten, Jr.

GUEST(S) PRESENT: Yvonne French, NC Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services; Mary Hutchings, Wake County Finance Department; and Israel Pattison, CFAC Chair

ALLIANCE STAFF PRESENT: Brandon Alexander, Information & Communication Specialist; Damali Alston, Director of Network Evaluation; Michael Bollini, Executive Vice-President/Chief Operating Officer; Hank Debnam, Cumberland Site Director/Veterans Point of Contact; Denise Dirks, Administrative Assistant; Joey Dorsett, Senior Vice-President/Chief Information Officer; Anita Foreman, Healthcare Network Project Manager; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Amanda Graham, Senior Vice-President/Operational Effectiveness; Carol Hammett, General Counsel; Veronica Ingram, Executive Assistant; Wes Knepper, Director of Quality Management; Dr. Katherine Hobbs-Knutson, Chief Medical Officer; Ken Marsh, Medicaid Program Manager; Beth Melcher, Executive Vice-President/Care Management; Ann Oshel, Senior Vice-President/Community Relations; Sara Pacholke, Senior Vice-President/Financial Operations; Brian Perkins, Senior Vice-President/Government Relations; Monica Portugal, Chief Compliance Officer; Robert Robinson, Chief Executive Officer; Matthew Ruppel, Director of Program Integrity; Tammy Thomas, Strategic Project Architect; Sara Wilson, Government Relations Director; and Doug Wright, Director of Individual and Family Affairs

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

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
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</table>
| 2. Announcements | A. RECOGNITION OF FORMER CHAIR: Chair Binanay presented a plaque to Mr. Bostock in recognition of his service as Board Chair from 2015-2017.  
B. INTRODUCTION OF NEW STAFF: Mr. Robinson introduced Chief Medical Officer, Dr. Kate Hobbs-Knutson, and Denise Dirks, Administrative Assistant to Executive and Legal Departments.  
C. NC DHHS LISTENING SESSION: Mr. Robinson provided an overview of this meeting. The North Carolina Department of Health and Human Services held meetings for the public to comment on the department’s application for the 1115 waiver. Alliance had several representatives at the meeting.  
D. UPCOMING TRAINING: Mr. Robinson mentioned that NC DHHS Secretary developed a white paper on the departments new direction for Medicaid Reform. The paper is being circulated for public comment. Alliance will host a Medicaid Reform training for board members on Wednesday, August 30, 2017, from 9:00-12:00 p.m. Board members may contact Veronica Ingram to confirm their attendance.  
E. SAMSHA AWARD: Mr. Robinson mentioned that Brandon Alexander won two bronze awards in the Excellence in Communication and Community Outreach category; the awards are for the BECOMING “Breaking the Cycle” video. |
AGENDA ITEMS:  DISCUSSION:

F. BOARD SURVEY: Vice-Chair Corvin mentioned that all surveys except two have been submitted. He advised Board members that Ms. Ingram will forward the link to the survey today. Vice-Chair Corvin reminded Board members of the importance of their input and how the information is used.

3. Agenda Adjustments
Chair Binanay mentioned that one item was removed from today’s agenda: Review of Internal Controls. It will be on the agenda of next month’s meeting. There were no additional adjustments to the agenda.

4. Public Comment
There were no public comments.

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, or Cumberland counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services. This month’s report included draft minutes from the Cumberland, Durham and Wake CFAC subcommittees as well as the full CFAC meeting.

Doug Wright introduced Israel Pattison, new CFAC chair. Mr. Pattison presented the report and shared the new CFAC officers. He noted CFAC’s concern about how Medicaid reform would impact persons receiving care, CFAC’s revision of its by-laws, and recent training/presentations by Alliance staff. Additionally, Mr. Pattison shared positive comments about Alliance at local listening sessions. He encouraged Board members and attendees to attend CFAC meetings. The CFAC report is attached to and made part of these minutes.

B. Finance Committee – page 45
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 includes draft minutes from the June 1, 2017, meeting, the budget to actual report and ratios for the period ending June 30, 2017.

James Edgerton, Committee Chair, presented the report. Mr. Edgerton noted that revenue exceeded expenditures. All State mandated ratios were met or exceeded. Mr. Edgerton mentioned that the proposed lease amendment that is also item seven on today’s agenda was brought to the Finance Committee. He and Ms. Hammett, General Counsel, provided a brief overview. Mr. Edgerton mentioned that the Finance Committee recommends approving the lease amendment.

BOARD ACTION
A motion was made by Mr. James Edgerton to approve the lease amendment as stated in agenda item 7 (for the property located at 309 Crutchfield Street in Durham subject to changes approved by General Counsel and the CEO and to delegate to the CEO the authority to execute the lease); motion seconded by Vice-Chair Corvin. Motion passed unanimously.
AGENDA ITEMS:  

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<th>DISCUSSION:</th>
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| C. Policy Committee – page 53  
Per Alliance Behavioral Healthcare Area Board Policy “Development of Policies and Procedures”, the Board reviews all policies annually. The Policy Committee met on July 20, 2017, to review the by-laws. This month’s report included proposed revisions to the by-laws submitted for consideration. As stated in the by-laws, changes require thirty-days’ notice and a super majority approval.  
Curtis Massey, Policy Committee Chair, presented the report. He provided an overview of the proposed changes and reminded the Board that any approval would occur at a later meeting. Chair Binanay reminded Board members that a super majority will be needed to approve the by-laws at the September Board meeting.|

**BOARD ACTION**  
The Board received the reports.

6. Consent Agenda  
A. Draft Minutes from June 1, 2017, and June 27, 2017, Board Meetings – page 65  
B. Executive Committee Report – page 73  
C. Human Rights Committee Report – page 79  
D. Network Development and Services Committee Report – page 109  
E. Quality Management Committee Report – page 119  
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. Phillip Golden to approve the consent agenda; motion seconded by Vice-Chair George Corvin. Motion passed unanimously.

7. Proposed Lease Amendment – page 192  
Alliance and Durham County originally entered into a lease agreement on July 1, 2012, for the property located at 309 Crutchfield Street in Durham, owned by Durham County. The leased property houses the Durham Crisis Access center (DCA), which is currently operated by Recovery Innovations, Inc. This topic was covered in item 5C: Finance Committee Report.
**AGENDA ITEMS:**

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<th>DISCUSSION:</th>
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| 8 | **Contract Performance Measures – page 196**  
North Carolina Division of Medical Assistance (DMA) and Division of Mental Health (DMH) have added performance measures with benchmarks and penalties to the FY 2018 contracts of all NC LME/MCOs.  
Wes Knepper, Director of Quality Management, and Damali Alston, Director of Network Evaluation, provided an overview of performance measures outlined in Alliance’s contracts with DMA and DMH. Staff and Board members discussed concerns for how measures are defined, the frequency of when data is collected, and the process for validating the data. The presentation is attached to and made part of these minutes. |
| 9 | **Training/Presentation:  
External Quality Review Results – page 198**  
The External Quality Review (EQR) is an evaluation conducted by an External Quality Review Organization, contracted by the State of North Carolina Department of Health and Human Services. The Board’s Audit and Compliance Committee reviews the findings of the EQR.  
Ken Marsh, Medicaid Program Manager, presented an overview of the results of the External Quality Review. Mr. Marsh provided background on the review including federal requirements, state contract requirements, LME/MCO functions, policies and procedures. He reviewed the process for the review and Alliance’s rating. He noted that Alliance was rated highest among all North Carolina LME/MCOs. Mr. Robinson shared that EQR is a review process for all entities that manage care for Medicaid. |
| 10 | **Board Recruitment Process – page 199**  
Chair Binanay shared that we currently have an unusually large number of vacancies on our Board and as a result have revised our recruitment and application process. She encouraged Board members to forward input on the revisions and to encourage potential applicants to consider applying for one of the vacant seats. Additionally, she shared that she and Mr. Robinson are meeting with Chairs of each of the local Boards of County Commissioners. |
### AGENDA ITEMS:

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<th>AGENDA ITEMS</th>
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<tr>
<td>11. Updates</td>
<td>Brian Perkins, Senior Vice-President/Strategy and Government Relations, and Sara Wilson, Government Relations Director, presented a legislative update. Ms. Wilson reviewed the budget impact of NC General Assembly’s single-stream funding cuts. Mr. Perkins reviewed the status of current bills. Mr. Perkins shared his team’s strategy and next steps which include additional meetings with legislators.</td>
</tr>
<tr>
<td>12. Chairman’s Report</td>
<td>There was no report.</td>
</tr>
<tr>
<td>13. Closed Sessions</td>
<td>The Board entered closed session.</td>
</tr>
<tr>
<td>14. Adjournment</td>
<td>With all business being completed the meeting adjourned at 7:00 p.m.</td>
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**BOARD ACTION**

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

The Board returned to open session.

**Next Board Meeting**

**Thursday, September 07, 2017**

4:00 – 6:00 pm
ITEM: Audit and Compliance Committee Report

DATE OF BOARD MEETING: September 7, 2017

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

The Audit and Compliance Committee is submitting draft minutes from its May meeting when the Committee met with the Independent Auditor to review the details of this year’s audit plan.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Lascel Webley, Committee Chair; Monica Portugal, Chief Compliance Officer
**APPOINTED MEMBERS PRESENT:** ☐ George Quick, M.B.A, (phone) ☒ Lascel Webley, Jr., M.B.A., M.H.A. (Committee Chair), (phone) ☒ McKinley Wooten, Jr., J.D.,

**BOARD MEMBERS PRESENT:** Chris Bostock (Chair, Board of Directors) (phone)  
**GUEST(S) PRESENT:** Jessica Simmons, CPA, Audit Manager of Cherry Bekaert LLP  
**STAFF PRESENT:** Monica Portugal, Chief Compliance Officer, Ken Marsh, Medicaid Program Director, Matthew Ruppel, Program Integrity Director, Tarsha Brown, Senior Compliance Analyst – Internal Auditor, Joshua Knight, Internal Auditor.

### 1. WELCOME AND INTRODUCTIONS

### 2. REVIEW OF THE MINUTES – The minutes from the February 22, 2017, meeting were reviewed; a motion was made by Mr. Wooten and seconded by Mr. Webley to approve the minutes and notes. Motion passed unanimously.

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<tr>
<th>AGENDA ITEMS:</th>
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<th>TIME FRAME:</th>
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<tr>
<td>3. Annual Single Audit and Audit of Financial Statements</td>
<td>Ms. Simmons presented the scope and plan for this year’s audit and introduced the audit team and timeline of the audit. The presentation included details of internal controls, significant audit areas to include assets/revenues, liabilities/expenditures, and other items, and the single audit plan with audit risks and planned responses. Committee members asked questions, which were answered by Ms. Simmons. The Audit &amp; Compliance Committee and Finance Committee will hear the audit findings at the December meeting before the Board Meeting. Mr. Wooten asked that the Audit Firm adds the response from management and the ongoing communication between management and the auditors to the committees’ presentation. Committee will receive a report out from the Audit Team along with the Finance Committee in December, before the Board Meeting.</td>
<td></td>
<td>12/7/2017</td>
</tr>
<tr>
<td>4. Annual Review of Corporate Compliance Plan</td>
<td>Ms. Portugal reviewed proposed revisions which included change of department names, and clarification of the program integrity responsibilities. Mr. Wooten made a motion to approve the revisions to the Corporate Compliance Plan. The motion was seconded by Mr. Bostock. Motion passed unanimously.</td>
<td>The Plan will be submitted to the Board consent agenda.</td>
<td>6/2/2017</td>
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</table>
### AGENDA ITEMS:

<table>
<thead>
<tr>
<th>Item</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
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<tbody>
<tr>
<td><strong>5. Annual Conflict of Interest Disclosures</strong></td>
<td>All Board Member conflict of interest disclosure forms have been submitted to Compliance except one. No new conflict has been identified. Committee requested that stipends be suspended per the Board Member Conflict of Interest Policy, until the form has been received.</td>
<td>Ms. Portugal will send email to notify the Board Member of the policy and will request from the Board Clerk that stipend be suspended until receipt of the form.</td>
<td>5/31/2017</td>
</tr>
<tr>
<td><strong>6. External Quality Review Results</strong></td>
<td>Mr. Marsh reported on the scope and findings from the External Quality Review. He reviewed the total scores and scores from different function areas compared to previous years. Marsh detailed the corrective action items and best practice items, reported that all corrective actions had been accepted and successfully closed out and that Alliance is working on implementing best practice items. Committee members asked questions which were answered by Marsh and Portugal. Committee members were provided the NCEQR Report – Executive Summary.</td>
<td>Mr. Webley Jr. will recommend to the Executive Committee to present the EQR results at the August Board meeting.</td>
<td>June 2017</td>
</tr>
<tr>
<td><strong>7. Quarterly Reports</strong></td>
<td>Committee reviewed the quarterly Compliance dashboard for the first three quarters of FY17, including Network Compliance and Corporate Compliance.</td>
<td>No follow up required</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>8. Other Business</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
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</table>

**9. ADJOURNMENT:** next meeting will be August 23, 2017, from 4:00 p.m. to 6:00 p.m.
ITEM: Executive Committee Report

DATE OF BOARD MEETING: September 7, 2017

BACKGROUND: The Executive Committee sets the agenda for Area Board meetings and acts in lieu of the Area Board between meetings. Actions by the Executive Committee are reported to the full Area Board at the next scheduled meeting. Attached are the draft minutes from the August 15, 2017, meeting.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

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

2. REVIEW OF THE MINUTES – The minutes from the July 18, 2017, Executive Committee meeting were reviewed; a motion was made by Mr. Bostock and seconded by Vice-Chair Corvin to approve the minutes. Motion passed unanimously.

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<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
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<tr>
<td>3. Updates</td>
<td>Chairperson Binanay reminded Committee members of an upcoming Medicaid Reform training for Board members on August 30, 2017. Ms. Ingram distributed an order form and reviewed instructions on completing the form. Chairperson Binanay mentioned a change to the agenda which included an additional closed session topic.</td>
<td>Ms. Ingram will forward a reminder of the upcoming training and the order form to all Board members.</td>
<td>8/17/17</td>
</tr>
<tr>
<td>4. Applicant Interview</td>
<td>Chairperson Binanay mentioned that the applicant has not responded to a request for an interview.</td>
<td>No additional follow-up recommended on applicant who did not respond. Board members agreed to direct interested applicants to Alliance’s website for additional information and to apply.</td>
<td>None specified.</td>
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## AGENDA ITEMS:

<table>
<thead>
<tr>
<th>5. Upcoming Board Meetings</th>
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<tbody>
<tr>
<td>a) NOVEMBER MEETING IN JOHNSTON COUNTY: Committee members agreed to not hold a reception prior to the Board meeting as a reception would impact Committees that meeting on the same day.</td>
</tr>
<tr>
<td>b) PROPOSED MEETING IN DURHAM COUNTY IN DECEMBER: The Board was scheduled to meet at the Durham site in August. Due to renovations space was unavailable until December. The Committee discussed the annual NC Council meeting in Pinehurst which overlaps with the December Board meeting. The Committee agreed to recommend that the Area Board meet in Durham County in December and recommended adding this item to the September Board agenda.</td>
</tr>
<tr>
<td>c) DRAFT AGENDA FOR SEPTEMBER BOARD MEETING: Committee provided input on the draft agenda.</td>
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<tr>
<th>6. Closed Session</th>
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<tr>
<td>COMMITTEE ACTION</td>
</tr>
<tr>
<td>A motion was made by Vice-Chair Corvin to enter closed session pursuant to North Carolina General Statute (NCGS) 143-318.11 (a) (6) and NCGS 143-318.11 (1) to consider the qualifications, competence, and performance of an employee and to prevent the disclosure of information that is confidential and not a public record under NCGS 122C-126.1; motion seconded by Mr. Bostock. Motion passed unanimously.</td>
</tr>
<tr>
<td>The Committee returned to open session.</td>
</tr>
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</table>

### DISCUSSION:

- a) Ms. Ingram will coordinate at November Board meeting in Johnston County.
- b) Ms. Ingram will add the topic to September Board agenda.
- c) Ms. Ingram will forward revised agenda to staff.

### NEXT STEPS:

- a) None specified.
- b) 8/15/17
- c) 8/16/17

### TIME FRAME:

- None specified.

5. ADJOURNMENT: the next Committee meeting will be September 19, 2017, at 4:00 p.m.
ITEM:  Global Quality Management Committee Report

DATE OF BOARD MEETING:  September 7, 2017

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

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

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

The draft minutes and materials from the August meeting are attached. At the meeting, heard a presentation on the initial results from the Area Board surveys. QM received 11 out of 13 expected. While this response rate is higher than last year, the committee would like to achieve a 100% response rate. The link will be sent to Board members one last time to increase participation.

The committee also received a presentation that was given to the Area Board later in the day. It focused on the performance measures, expected benchmarks, and penalties associated with not meeting the benchmarks in the state contracts (with DMA and Division of Mental Health, Developmental Disabilities, and Substance Abuse Services).
The committee reviewed the QM URAC Monitoring Report. QM assists the Call Center in monitoring for 3 standards. All standards were met, however, there was a decline in performance for HCC-15 (per Alliance’s expectations, more stringent than URAC) due to a technical problem. Problem has been resolved. QM will conduct another review in August (for July calls) to ensure there are no more issues. Key performance indicators were presented. Alliance is meeting all benchmarks except for the access to care measures (which is why we have two QIPs to address them). The committee will receive a more detailed presentation on all QIPs at next month’s meeting.

**REQUEST FOR AREA BOARD ACTION:** Accept the report.

**CEO RECOMMENDATION:** Accept the report.

**RESOURCE PERSON(S):** George Corvin, Committee Chair; Wes Knepper, Quality Management Director
Total Responses

Date Created: Thursday, April 20, 2017

Complete Responses: 11
## Q1: Board Support

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Unable to Rate</th>
<th>Total</th>
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<tbody>
<tr>
<td>1. The Board's roles are clearly defined.</td>
<td>60.00%</td>
<td>30.00%</td>
<td>10.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>10</td>
</tr>
<tr>
<td>2. I understand my roles and responsibilities as an Alliance Board member.</td>
<td>81.82%</td>
<td>18.18%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>11</td>
</tr>
<tr>
<td>3. Alliance staff provide sufficient training to ensure the Board members perform their roles and responsibilities.</td>
<td>54.55%</td>
<td>36.36%</td>
<td>9.09%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>11</td>
</tr>
<tr>
<td>4. Alliance staff provide sufficient information and support to the Board to adequately perform roles and responsibilities.</td>
<td>45.45%</td>
<td>45.45%</td>
<td>9.09%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>11</td>
</tr>
<tr>
<td>5. Board members develop, review and adopt a Business/Strategic Plan every three years.</td>
<td>36.36%</td>
<td>45.45%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>18.18%</td>
<td>11</td>
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</table>
## Q2: Strategic Goals

<table>
<thead>
<tr>
<th>1. The Board and Alliance staff have a clear process for setting strategic goals and objectives.</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Unable to Rate</th>
<th>Total</th>
</tr>
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<tr>
<td>27.27%</td>
<td>54.55%</td>
<td>18.18%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>11</td>
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<thead>
<tr>
<th>2. The Board regularly monitors and evaluates progress toward strategic goals and objectives outlined in the Strategic Plan.</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Unable to Rate</th>
<th>Total</th>
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<tbody>
<tr>
<td>36.36%</td>
<td>54.55%</td>
<td>9.09%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>11</td>
<td></td>
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<tr>
<th>3. The Board has a defined process to identify major changes needed to improve organizational leadership, structures, programs or resources.</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Unable to Rate</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>36.36%</td>
<td>45.45%</td>
<td>0.00%</td>
<td>9.09%</td>
<td>9.09%</td>
<td>1 11</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. I feel that Alliance’s strategic goals and objectives reflect our mission, vision, and values.</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Unable to Rate</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>72.73%</td>
<td>18.18%</td>
<td>9.09%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>
### Q3: Provider Monitoring

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Unable to Rate</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Board members use the organization's vision, mission and values to monitor provider services.</td>
<td>54.55% 6</td>
<td>36.36% 4</td>
<td>9.09% 1</td>
<td>0.00% 0</td>
<td>0.00% 0</td>
<td>11</td>
</tr>
<tr>
<td>2. A wide range of community members participate in providing feedback and evaluating the performance of Alliance’s Board, organization and providers.</td>
<td>36.36% 4</td>
<td>54.55% 6</td>
<td>0.00% 0</td>
<td>0.00% 0</td>
<td>9.09% 1</td>
<td>11</td>
</tr>
<tr>
<td>3. Our Board regularly seeks feedback from our citizens on the quality and effectiveness of the services they receive.</td>
<td>36.36% 4</td>
<td>54.55% 6</td>
<td>0.00% 0</td>
<td>0.00% 0</td>
<td>9.09% 1</td>
<td>11</td>
</tr>
<tr>
<td>4. The Board reviews reports on unmet local service needs and provider capacity.</td>
<td>36.36% 4</td>
<td>54.55% 6</td>
<td>9.09% 1</td>
<td>0.00% 0</td>
<td>0.00% 0</td>
<td>11</td>
</tr>
</tbody>
</table>
### Q4: Financial Accountability

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Unable to Rate</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Board uses standard benchmarks to assess financial performance and acts if performance standards are not met.</td>
<td>81.82% 9</td>
<td>18.18% 2</td>
<td>0.00% 0</td>
<td>0.00% 0</td>
<td>0.00% 0</td>
<td>11</td>
</tr>
<tr>
<td>2. Board members review reports on Alliance’s finances.</td>
<td>81.82% 9</td>
<td>9.09% 1</td>
<td>9.09% 1</td>
<td>0.00% 0</td>
<td>0.00% 0</td>
<td>11</td>
</tr>
<tr>
<td>3. Our Board makes the hard choices and politically unpopular decisions when required or necessary.</td>
<td>40.00% 4</td>
<td>40.00% 4</td>
<td>10.00% 1</td>
<td>0.00% 0</td>
<td>10.00% 1</td>
<td>10</td>
</tr>
<tr>
<td>4. Our Board ensures finances are closely related to performance expectations and the organization’s mission.</td>
<td>18.18% 2</td>
<td>81.82% 9</td>
<td>0.00% 0</td>
<td>0.00% 0</td>
<td>0.00% 0</td>
<td>11</td>
</tr>
<tr>
<td>5. Our Board makes sure adequate financial tools and resources are in place for the organization to accomplish strategic objectives.</td>
<td>36.36% 4</td>
<td>54.55% 6</td>
<td>9.09% 1</td>
<td>0.00% 0</td>
<td>0.00% 0</td>
<td>11</td>
</tr>
<tr>
<td>6. Our Board has a long term financial plan.</td>
<td>45.45% 5</td>
<td>45.45% 5</td>
<td>9.09% 1</td>
<td>0.00% 0</td>
<td>0.00% 0</td>
<td>11</td>
</tr>
<tr>
<td>7. I feel that I have the information and support from Alliance staff to provide fiscal oversight of the organization.</td>
<td>54.55% 6</td>
<td>36.36% 4</td>
<td>9.09% 1</td>
<td>0.00% 0</td>
<td>0.00% 0</td>
<td>11</td>
</tr>
</tbody>
</table>
### Q5: Quality and Availability of Services

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Unable to Rate</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Board oversees the quality and effectiveness of Alliance’s provider network.</td>
<td>27.27% (3)</td>
<td>54.55% (6)</td>
<td>9.09% (1)</td>
<td>0.00% (0)</td>
<td>9.09% (1)</td>
<td>11</td>
</tr>
<tr>
<td>2. Board members regularly review reports that provide performance data on our provider services, using comparable performance data where available.</td>
<td>45.45% (5)</td>
<td>36.36% (4)</td>
<td>18.18% (2)</td>
<td>0.00% (0)</td>
<td>0.00% (0)</td>
<td>11</td>
</tr>
<tr>
<td>3. The Board regularly monitors and evaluates progress toward strategic and program performance goals outlined in Alliance’s Strategic Plan.</td>
<td>27.27% (3)</td>
<td>54.55% (6)</td>
<td>18.18% (2)</td>
<td>0.00% (0)</td>
<td>0.00% (0)</td>
<td>11</td>
</tr>
<tr>
<td>4. The Board reviews reports on local performance.</td>
<td>9.09% (1)</td>
<td>54.55% (6)</td>
<td>27.27% (3)</td>
<td>0.00% (0)</td>
<td>9.09% (1)</td>
<td>11</td>
</tr>
<tr>
<td>5. The Board reviews trends in service utilization.</td>
<td>36.36% (4)</td>
<td>45.45% (5)</td>
<td>18.18% (2)</td>
<td>0.00% (0)</td>
<td>0.00% (0)</td>
<td>11</td>
</tr>
<tr>
<td>6. The Board reviews reports on customer service.</td>
<td>36.36% (4)</td>
<td>45.45% (5)</td>
<td>18.18% (2)</td>
<td>0.00% (0)</td>
<td>0.00% (0)</td>
<td>11</td>
</tr>
</tbody>
</table>
### Q6: Partnerships with Community and Stakeholders

Answered: 11  Skipped: 0

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Unable to Rate</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Our Board members represent the community's interests.</td>
<td>54.55%</td>
<td>645.45%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>11</td>
</tr>
<tr>
<td>2. Our Board stays informed about important trends in the larger</td>
<td>63.64%</td>
<td>736.36%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>11</td>
</tr>
<tr>
<td>environment that are likely to affect our communities and local</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>governments.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The Board listens to people with diverse views, opinions and</td>
<td>54.55%</td>
<td>636.36%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>9.09%</td>
<td></td>
</tr>
<tr>
<td>experiences.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Before reaching an important decision, this board seeks input</td>
<td>18.18%</td>
<td>272.73%</td>
<td>9.09%</td>
<td>1.00%</td>
<td>0.00%</td>
<td>11</td>
</tr>
<tr>
<td>from people likely to be affected by the decision.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The Board seeks and acquires knowledge that can be used to</td>
<td>45.45%</td>
<td>554.55%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>11</td>
</tr>
<tr>
<td>satisfy the needs of our citizens and communities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. If our Board thinks a key constituency or stakeholder group may</td>
<td>9.09%</td>
<td>154.55%</td>
<td>627.27%</td>
<td>3.00%</td>
<td>9.09%</td>
<td></td>
</tr>
<tr>
<td>disagree with an issue we are considering, we will make an effort to</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>hear from them directly before taking action.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Our Board seeks information and advice from leaders of similar</td>
<td>27.27%</td>
<td>363.64%</td>
<td>9.09%</td>
<td>1.00%</td>
<td>0.00%</td>
<td>11</td>
</tr>
<tr>
<td>and related organizations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Relationships among Board members and the public are</td>
<td>54.55%</td>
<td>645.45%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>11</td>
</tr>
<tr>
<td>characterized by openness, trust and mutual respect.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Our Board communicates effectively with the county, other</td>
<td>36.36%</td>
<td>454.55%</td>
<td>9.09%</td>
<td>1.00%</td>
<td>0.00%</td>
<td>11</td>
</tr>
<tr>
<td>community organizations, and local businesses.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Q7: Organizational Stability

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Unable to Rate</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Our Board takes responsibility for issues facing the organization.</td>
<td>81.82%</td>
<td>18.18%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>11</td>
</tr>
<tr>
<td>2. Our Board is proactive and addresses issues before they become urgent or critical.</td>
<td>54.55%</td>
<td>45.45%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>11</td>
</tr>
<tr>
<td>3. Our Board has a clearly defined process to identify major changes needed to improve organizational leadership, structures, programs or resources.</td>
<td>27.27%</td>
<td>63.64%</td>
<td>9.09%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>11</td>
</tr>
<tr>
<td>4. The organization is able to respond and adapt to new opportunities and challenges.</td>
<td>45.45%</td>
<td>54.55%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>11</td>
</tr>
<tr>
<td>5. I feel that our process for evaluating the Area Director is clear, fair, and adequately measures expected performance.</td>
<td>72.73%</td>
<td>27.27%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>11</td>
</tr>
</tbody>
</table>
Q9: Board Committee Processes

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Unable to Rate</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The committee(s) I serve on have clear goals and objectives.</td>
<td>72.73%</td>
<td>9.09%</td>
<td>9.09%</td>
<td>0.00%</td>
<td>9.09%</td>
<td>11</td>
</tr>
<tr>
<td>2. The committee(s) I serve on are organized well.</td>
<td>72.73%</td>
<td>18.18%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>9.09%</td>
<td>11</td>
</tr>
<tr>
<td>3. The committee(s) I serve on achieve goals promoted by the agency.</td>
<td>54.55%</td>
<td>36.36%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>9.09%</td>
<td>11</td>
</tr>
<tr>
<td>4. I feel the committee(s) I serve on adds value to the agency and community.</td>
<td>72.73%</td>
<td>9.09%</td>
<td>9.09%</td>
<td>0.00%</td>
<td>9.09%</td>
<td>11</td>
</tr>
<tr>
<td>5. I am well informed of committee meetings ahead of time (dates/times/locations).</td>
<td>54.55%</td>
<td>36.36%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>9.09%</td>
<td>11</td>
</tr>
<tr>
<td>6. The information I receive regarding committee topics assists me with making appropriate decisions.</td>
<td>54.55%</td>
<td>27.27%</td>
<td>9.09%</td>
<td>0.00%</td>
<td>9.09%</td>
<td>11</td>
</tr>
</tbody>
</table>
Recommendations

• Collect more responses – we will be handing out surveys at the Board meeting
  • 11 responses represents a 85% response rate (13 of the Board seats are filled by continuing members; we would not expect surveys from other seats: 1 seat is filled by new member, 5 are vacant)
  • In 2015, we had a 100% response rate; In 2016, response rate was 76%
• We received 4 responses to Committee (non-Board member) survey, same number as last two years
• Re-analyze data after additional responses are received
Progress on Action Items from 2016 Survey

• Highest percent of disagreement with statements:
  • (Provider Monitoring) Community members provide feedback on Board, Alliance and providers; Board regularly seeks feedback from citizens on quality of services; and Board reviews reports on unmet local service needs and provider capacity (also had the lowest agreement in 2014, 2015, and 2016 surveys)
  • (Quality/Availability of Services) Board reviews reports on local performance
  • (Partnerships) Board seeks input from people affected by decisions, If group may disagree Board will make effort to hear from them, Board seeks advice from leaders of similar organizations
Progress on Action Items from 2016 Survey

• Action Plan:
  • Highlight reports from Provider Services Committee (done-created county reports)
  • Consider strategies for seeking additional input from those that will be impacted by the Board’s decision
  • Provide training to Board on data from Provider Services and Global Quality Management Committees (done-at March 2017 meeting)
### Medicaid and State: 7 Day Follow-up After Discharge Primary Mental Health Diagnosis

<table>
<thead>
<tr>
<th>Measure</th>
<th>Benchmark</th>
<th>Penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td>The percentage of discharges for individuals 3 years of age and older who were admitted for mental health treatment in a community-based hospital, state psychiatric hospital, or facility based crisis service that received a follow-up visit with a behavioral health practitioner within 7 calendar days of discharge.</td>
<td>40%</td>
<td>Medicaid: $100,000/month State: $50,000/month</td>
</tr>
</tbody>
</table>
Medicaid and State: 7 Day Follow-up After Discharge Primary Substance Use Diagnosis

<table>
<thead>
<tr>
<th>Measure</th>
<th>Benchmark</th>
<th>Penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td>The percentage of discharges for individuals 3 years of age and older who were admitted for substance use treatment in a community-based hospital, state psychiatric hospital, state ADATC, or detox/facility based crisis service that received a follow-up visit with a behavioral health practitioner within 7 calendar days of discharge.</td>
<td>40%</td>
<td>Medicaid: $100,000/month State: $50,000/month</td>
</tr>
</tbody>
</table>
### Medicaid Only: Access to Primary/Preventive Care for Individuals under the Innovations Waiver

<table>
<thead>
<tr>
<th>Measure</th>
<th>Benchmark</th>
<th>Penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td>The percentage of continuously enrolled Medicaid and Innovations Waiver enrollees (ages 1 and older) who received at least one service under the Innovations Waiver during the measurement period who also received a primary care or preventive health service as described below.</td>
<td>90%</td>
<td>$100,000/month</td>
</tr>
</tbody>
</table>
**Age Criteria**

- For individuals age 1-6 and ages 20 and older, the person received a primary care or preventive health service during the measurement period.

- For individuals age 7-19, the person received a primary care or preventive health service during the measurement period or the year prior to the measurement period.
## State Only: Transitions to Community Living

<table>
<thead>
<tr>
<th>Measure</th>
<th>Benchmark</th>
<th>Penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of LME/MCO annual allotted TCLI housing slots for whom eligible</td>
<td>The number is dependent on the individual LME/MCO monthly targets.</td>
<td>$300,000 maximum penalty for SFY18; measurement starting January 1, 2018.</td>
</tr>
<tr>
<td>individuals transition to supportive housing.</td>
<td></td>
<td>(see assessment method below)</td>
</tr>
</tbody>
</table>
### Penalty Assessment Method

Assessed annually as a percentage of the total annual maximum penalty proportionate to the percentage of allotted housing slots not filled. The maximum penalty of $300,000 will be assessed for any performance under 70% of the housing slots allotted. For performance over 70%, the penalty will be proportionate to the percentage not housed (example: 90% of the housing slots filled would equal a penalty of $30,000).
QM URAC Monitoring

Monitoring of Alliance Call Center activities
(URAC HCC # 10, 11, 13, & 15)
Updated 6/16/17
HCC - 10

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 2016– December 2016
• Total of 97 complaints about Alliance, 6 (5%) were about Call Center

Results:
• Of the complaints filed against Alliance’s Call Center, 2 were confirmed as issues. 2 were confirmed non-issues and the other 2 were unconfirmed.
• 2 calls were removed from sample:
  • Caller was upset that he was referred to a new provider/services. It was found that he was confused over his service array.
  • Parent was upset that their child was not placed on the waitlist, now registry of unmet needs, in 2006.
Confirmed issues:

- Parent was not informed to confirm outpatient appointment with Provider and therefore there was no Provider in the office.
- DMH requested mobile crisis for a client that they felt met criteria but Access staff did not agree. Access staff provided the mobile crisis number and DMH believes a warm transfer should have been done instead.

Recommendations:

- Review procedures around documenting instructions provided to Families regarding outpatient appointments
- Review procedures around warm transfers
HCC - 13

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 (requests for services are automatically considered clinical communications), service requests are assigned an urgency level or urgent or emergent.

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

- 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.
HCC - 13

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 July 1- December 31, 2015 (baseline)

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

• Benchmark: 85% met - Baseline review met at 100%
Methodology, continued:

- Conducted review for January – March 2017 data
- QM coded, as indicated, if a review is needed, NA or "met"

Results:

- All calls were appropriately assigned and reviewed by Access Supervisor
- **Measure met at 100%**

Recommendation:

- Conduct another review in one year
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, 112 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:
• May 2017: 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 March 2017

• 61 calls were handled by delegated contractor
Results:
• Of the 61 calls, Alliance Access & Information Center staff returned 26 calls

• 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 9:53 hours
  • There were 3 significant upload delays that were reported to Protocall, 1 incident where the Protocall report could not be downloaded, and 1 incident of an internal technical issues

• 10 of the 26 calls were returned within 2 hours (38%)

• All 26 calls were returned within one business day (100%)
HCC - 15

Recommendations:
• Results shared with Director and Supervisors
• Conduct another review in 3 months (July phone calls) to measure calls returned in 2 hours
### Monthly LME-MCO Report

<table>
<thead>
<tr>
<th>Monthly LME-MCO Report</th>
<th>Standard</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid/State - % Calls Abandoned</td>
<td>&lt; 5%</td>
<td>2.6%</td>
<td>3.2%</td>
<td>3.4%</td>
<td>3.7%</td>
<td>2.4%</td>
<td>1.3%</td>
<td>1.2%</td>
<td>1.7%</td>
<td>1.3%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Medicaid/State - % Calls Answered Within 30 Seconds</td>
<td>95%</td>
<td>97.4%</td>
<td>96.8%</td>
<td>96.6%</td>
<td>96.3%</td>
<td>97.6%</td>
<td>98.7%</td>
<td>9.8%</td>
<td>98.3%</td>
<td>97.6%</td>
<td>99.2%</td>
</tr>
<tr>
<td>DOJ - Percent of funded in-reach positions that are filled</td>
<td>80%</td>
<td>89.0%</td>
<td>88.9%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>88.9%</td>
<td>88.9%</td>
<td>78.0%</td>
<td>88.9%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>DOJ - Percent of funded transition coordinator positions that are filled</td>
<td>80%</td>
<td>75.0%</td>
<td>75.0%</td>
<td>75.0%</td>
<td>75.0%</td>
<td>75.0%</td>
<td>75.0%</td>
<td>75.0%</td>
<td>75.0%</td>
<td>75.0%</td>
<td>108.0%</td>
</tr>
<tr>
<td>Medicaid - % Readmits Assigned to Care Coordination</td>
<td>85%</td>
<td>100.0%</td>
<td>90.9%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>80.0%</td>
<td>85.7%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>92.3%</td>
</tr>
<tr>
<td>Medicaid - % Standard Auths Processed in 14 Days</td>
<td>95%</td>
<td>99.9%</td>
<td>99.6%</td>
<td>99.6%</td>
<td>99.7%</td>
<td>100.0%</td>
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<td>100.0%</td>
<td>99.7%</td>
<td>99.8%</td>
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<tr>
<td>Medicaid - % Expedited Auths Processed in 3 Days</td>
<td>95%</td>
<td>100.0%</td>
<td>99.8%</td>
<td>100.0%</td>
<td>99.8%</td>
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<td>100.0%</td>
<td>99.8%</td>
</tr>
<tr>
<td>Medicaid - Total % Processed in Required Timeframes</td>
<td>95%</td>
<td>99.9%</td>
<td>99.6%</td>
<td>99.7%</td>
<td>99.7%</td>
<td>100.0%</td>
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<td>99.8%</td>
<td>99.8%</td>
</tr>
<tr>
<td>Medicaid - % Claims Processed within 30 Days</td>
<td>90%</td>
<td>99.0%</td>
<td>98.5%</td>
<td>97.3%</td>
<td>97.1%</td>
<td>97.3%</td>
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<td>98.9%</td>
<td>98.9%</td>
<td>98.7%</td>
</tr>
<tr>
<td>Medicaid - % Complaints Resolved in 30 days</td>
<td>90%</td>
<td>98.7%</td>
<td>100.0%</td>
<td>92.5%</td>
<td>90.5%</td>
<td>91.8%</td>
<td>88.3%</td>
<td>89.1%</td>
<td>82.2%</td>
<td>90.8%</td>
<td>100.0%</td>
</tr>
<tr>
<td>State - % Standard Auths Processed in 14 Days</td>
<td>95%</td>
<td>100.0%</td>
<td>100.0%</td>
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<td>100.0%</td>
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<tr>
<td>State - % Expedited Auths Processed in 3 Days</td>
<td>95%</td>
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<tr>
<td>State - Total % Processed in Required Timeframes</td>
<td>95%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
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<td>99.9%</td>
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<tr>
<td>State - % Claims Processed within 30 Days</td>
<td>90%</td>
<td>99.0%</td>
<td>98.7%</td>
<td>99.3%</td>
<td>97.9%</td>
<td>97.5%</td>
<td>97.6%</td>
<td>98.4%</td>
<td>99.1%</td>
<td>99.3%</td>
<td>98.4%</td>
</tr>
<tr>
<td>State - % Complaints Resolved in 30 days</td>
<td>90%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>96.3%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>81.3%</td>
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### Contract Performance Metrics

<table>
<thead>
<tr>
<th></th>
<th>Standard</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
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</thead>
<tbody>
<tr>
<td>Combined: 7 Day SUD Follow Up</td>
<td>40%</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Combined: 7 Day MH Follow Up</td>
<td>40%</td>
<td></td>
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<tr>
<td>DMH: TCLI # Placed in Housing</td>
<td>90%</td>
<td></td>
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<tr>
<td>DMA: Innovations Medical Visits</td>
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### Quarterly Access to Care Report

<table>
<thead>
<tr>
<th></th>
<th>Standard</th>
<th>FY17 Q1</th>
<th>FY17 Q2</th>
<th>FY17 Q3</th>
<th>FY17 Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergent - Medicaid (2 hours)</td>
<td>97%</td>
<td>80.0%</td>
<td>55.0%</td>
<td>54.0%</td>
<td></td>
</tr>
<tr>
<td>Emergent - Non-Medicaid</td>
<td>97%</td>
<td>85.0%</td>
<td>60.0%</td>
<td>54.0%</td>
<td></td>
</tr>
<tr>
<td>Emergent - Combined</td>
<td>97%</td>
<td>84.0%</td>
<td>59.0%</td>
<td>54.0%</td>
<td></td>
</tr>
<tr>
<td>Urgent - Medicaid (48 hours)</td>
<td>82%</td>
<td>23.0%</td>
<td>23.0%</td>
<td>26.0%</td>
<td></td>
</tr>
<tr>
<td>Urgent - Non-Medicaid (48 hours)</td>
<td>82%</td>
<td>26.0%</td>
<td>11.0%</td>
<td>16.0%</td>
<td></td>
</tr>
<tr>
<td>Urgent - Combined (48 hours)</td>
<td>82%</td>
<td>25.0%</td>
<td>15.0%</td>
<td>19.0%</td>
<td></td>
</tr>
<tr>
<td>Routine - Medicaid (14 days)</td>
<td>75%</td>
<td>42.0%</td>
<td>37.0%</td>
<td>55.0%</td>
<td></td>
</tr>
<tr>
<td>Routine - Non-Medicaid (14 days)</td>
<td>75%</td>
<td>35.0%</td>
<td>38.0%</td>
<td>34.0%</td>
<td></td>
</tr>
<tr>
<td>Routine - Combined (14 days)</td>
<td>75%</td>
<td>39.0%</td>
<td>37.0%</td>
<td>45.0%</td>
<td></td>
</tr>
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### Quarterly NC-TOPPS Report

<table>
<thead>
<tr>
<th></th>
<th>Standard</th>
<th>FY17 Q1</th>
<th>FY17 Q2</th>
<th>FY17 Q3</th>
<th>FY17 Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Received</td>
<td>90%</td>
<td>99.2%</td>
<td>99.0%</td>
<td>98.9%</td>
<td>99.1%</td>
</tr>
<tr>
<td>% Received On-Time</td>
<td>90%</td>
<td>95.4%</td>
<td>96.3%</td>
<td>94.6%</td>
<td>95.8%</td>
</tr>
</tbody>
</table>

### Quarterly Innovations Reports

<table>
<thead>
<tr>
<th></th>
<th>Standard</th>
<th>FY17 Q1</th>
<th>FY17 Q2</th>
<th>FY17 Q3</th>
<th>FY17 Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>D.6 - Proportion of new waiver beneficiaries receiving services within 45 days of ISP approval</td>
<td>85%</td>
<td>100.0%</td>
<td>93.8%</td>
<td>86.7%</td>
<td></td>
</tr>
<tr>
<td>G.1 - Percent of Actions Taken to Protect the Beneficiary</td>
<td>85%</td>
<td>91.4%</td>
<td>92.9%</td>
<td>93.9%</td>
<td></td>
</tr>
<tr>
<td>G.2 - Percentage of level 2 and 3 incidents reported within required timeframes</td>
<td>85%</td>
<td>86.5%</td>
<td>91.1%</td>
<td>87.9%</td>
<td></td>
</tr>
<tr>
<td>G.3 - Percentage of deaths where required LME/PIHP follow-up interventions were completed</td>
<td>85%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>G.4 - Percentage of medication errors resulting in medical treatment</td>
<td>&lt;15%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td></td>
</tr>
<tr>
<td>G.5 - Percentage of beneficiaries who received appropriate medication</td>
<td>85%</td>
<td>100.0%</td>
<td>99.9%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>G.7 - Percentage of level 2 or 3 incidents where required LME/PIHP follow-up interventions were completed</td>
<td>85%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>G.8 - Percentage of incidents referred to the DSS or DHSR</td>
<td>85%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>G.9 - Percentage of restrictive interventions resulting in medical treatment</td>
<td>&lt;15%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
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</tbody>
</table>

### Semi-Annual Innovations Reports

<table>
<thead>
<tr>
<th></th>
<th>Standard</th>
<th>FY 2017-1</th>
<th>FY 2017-2</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.2 - Proportion of Level of Care evaluations completed at least annually for enrolled beneficiaries</td>
<td>85%</td>
<td>99.9%</td>
<td></td>
</tr>
<tr>
<td>B.3 - Proportion of Level of Care evaluations completed using approved processes at least annually</td>
<td>85%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>B.4 - Proportion of New Level of Care evaluations completed using approved processes</td>
<td>85%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>D.2 - Proportion of Individual Support Plans that address identified health and safety risks</td>
<td>85%</td>
<td>96.7%</td>
<td></td>
</tr>
<tr>
<td>D.4 - Proportion of PCPs that are completed in accordance with DMA requirements</td>
<td>85%</td>
<td>99.0%</td>
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</tbody>
</table>

### Annual Innovations Reports

<table>
<thead>
<tr>
<th></th>
<th>Standard</th>
<th>FY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.1 - Percent of new waiver enrollees who have a LOC prior to receipt of services</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td>C.1 - Proportion of new licensed providers that meet licensure, certification, and/or other standards</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td>C.2 - Proportion of providers reviewed according to PIHP monitoring schedule</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td>C.3 - Proportion of providers for whom problems have been discovered and appropriate remediation plans finalized</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td>C.4 - Proportion of providers that successfully implemented an approved corrective action plan</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td>D.1 - Proportion of ISPs in which the services and supports reflect participant assessed needs</td>
<td>85%</td>
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</tr>
<tr>
<td>D.3 - Percentage of beneficiaries reporting that their ISP has the services that they need</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td>D.5 - Proportion of individuals for whom an annual plan and/or needed update took place</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td>D.7 - Proportion of beneficiaries who are receiving services as specified in the ISP</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td>D.8 - Proportion of records that contain a signed freedom of choice statement</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td>D.9 - Proportion of beneficiaries reporting their Care Coordinator helps them to know about services available</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td>D.10 - Proportion of beneficiaries reporting they have a choice between providers</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td>G.10 - Percentage of beneficiaries age 21 and older who had a primary/preventative care visit during the year</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td>I.1 - Proportion of claims paid by the PIHP for Innovations waiver services authorized</td>
<td>85%</td>
<td></td>
</tr>
</tbody>
</table>
ITEM: Internal Controls Training

DATE OF BOARD MEETING: September 7, 2017

BACKGROUND: It is Alliance’s policy to establish internal controls to provide reasonable assurance regarding the achievement of objectives in the following categories: effectiveness and efficiency of operations; reliability of financial reporting; compliance with applicable laws and regulations.

This presentation will provide an overview of internal controls at Alliance Behavioral Healthcare and how such internal controls are tested, evaluated and audited.

REQUEST FOR AREA BOARD ACTION: Receive the training.

CEO RECOMMENDATION: Receive the training.

RESOURCE PERSON(S): Carol Wolff Hammett, General Counsel; Monica Portugal, Chief Compliance Officer
ITEM: Organizational Goals: FY18 Strategic Initiatives

DATE OF BOARD MEETING: September 7, 2017

BACKGROUND: Alliance has a multi-year Strategic Plan which supports the Mission and Vision of the organization. Every year key initiatives are identified as priorities to advance the goals and objectives of the Strategic Plan and support the business strategy. This presentation will introduce the eleven FY18 Strategic Initiatives that are supporting Alliance’s preparation for the future of Medicaid reform.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Robert Robinson, CEO; Amanda Graham, SVP, Organizational Effectiveness.