MEMBERS PRESENT: ☒Glenn Adams, Cumberland County Commissioner, JD, ☒Jennifer Anderson, MHSA, ☐Tony Braswell, Johnston County Commissioner, ☐Heidi Carter, Durham County Commissioner, MPH, MS, ☒David Curro, BS, ☐Angela Diaz, MBA, ☐Greg Ford, Wake County Commissioner, MA, ☒Lodies Gloston, MA, ☒David Hancock, MBA, MPAff, ☒Duane Holder, MPA, ☐D. Lee Jackson, BA, ☐Donald McDonald, MSW, ☒Lynne Nelson, BS, ☒Gino Pazzaglini, Board Vice-Chair, MSW LFACHE, ☒Pam Silberman, JD, DrPH (exited at 6:12 pm), ☐McKinley Wooten, Jr., JD; ☐(vacancy representing Cumberland County; ☐(vacancy representing Durham County); ☐(vacancy representing Durham County); and ☐(vacancy representing Wake County)

GUEST(S) PRESENT: Denise Foreman, Wake County Manager’s office; Yvonne French, NC DHHS/DMH (Department of Health and Human Services/Division of Mental Health, Developmental Disability and Substance Abuse Services); and Mary Hutchings, Wake County Finance Department

ALLIANCE STAFF PRESENT: Brandon Alexander, Communications and Marketing Specialist II; Michael Bollini, Executive Vice-President/Chief Operating Officer; Joey Dorsett, Senior Vice-President/Chief Information Officer; Doug Fuller, Director of Communications; Terrasine Gardner, Engagement Manager; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Cheala Garland-Downey, Executive Vice-President/Chief Human Resources Officer; Veronica Ingram, Executive Assistant II; Mehul Mankad, Chief Medical Officer; Jennifer Meade, Community Health and System of Care Manager; Brian Perkins, Senior Vice-President/Strategy and Government Relations; Monica Portugal, Chief Compliance Officer; Robert Robinson, Chief Executive Officer; Sean Schreiber, Executive Vice-President/Network and Community Health; Tammy Thomas, Senior Director of Project Portfolio Management; Sara Wilson, Senior Director of Government Relations; Carol Wolff, General Counsel; and Doug Wright, Director of Community and Member Engagement

1. CALL TO ORDER: Vice-Chair Gino Pazzaglini called the meeting to order at 4:05 p.m.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
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<tbody>
<tr>
<td>2. Announcements</td>
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<tr>
<td>Vice-Chair Pazzaglini welcomed Board members, staff and guests. Ms. Ingram confirmed all virtual attendees.</td>
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<tr>
<td>Mr. Robinson notified the board that the 2019 annual report is completed and congratulated the Communications Staff for their work on it, which is Alliance’s first fully electronic edition.</td>
<td></td>
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<tr>
<td>Mr. Robinson reminded Board members that May is Mental Health Awareness Month and today’s Child Mental Health Awareness Day. A listing of Alliance involved activities was provided.</td>
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<td>Mr. Robinson thanked Board members for contributing to staff lunches for staff whose job duties requires that they come into the office regularly.</td>
<td></td>
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<tr>
<td>Mr. Robinson congratulated staff for their efforts on the EQR audit, which the agency scored 96% and was conducted entirely remotely due to COVID-19 restrictions.</td>
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<tr>
<td>3. Agenda Adjustments</td>
<td>There were no adjustments to the agenda.</td>
</tr>
<tr>
<td>4. Public Comment</td>
<td>There were no public comments.</td>
</tr>
<tr>
<td>5. Committee Reports</td>
<td>A. Consumer and Family Advisory Committee – page 5</td>
</tr>
<tr>
<td>The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Durham, Wake, Cumberland or Johnston Counties who receive mental health, intellectual/developmental disabilities or substance use/addiction</td>
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<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
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<tr>
<td>services. This month’s report included draft minutes and supporting documents from the Johnston April 21, the Durham April 13, the Wake April 14, the Cumberland April 23, and the April 6 Steering Committee meetings.</td>
<td></td>
</tr>
<tr>
<td>Dave Curro, CFAC Chair, presented the report. Mr. Curro shared that CFAC members have maintained virtual contact with each other; he reviewed updates from recent CFAC meetings which were held remotely. The CFAC report is attached to and made part of these minutes.</td>
<td></td>
</tr>
<tr>
<td>BOARD ACTION</td>
<td>The Board received the report.</td>
</tr>
<tr>
<td>B. Finance Committee – page 68</td>
<td>The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Board. The Finance Committee meets monthly at 2:30 p.m. prior to the regular Board Meeting. This month’s report included draft minutes from the April 2, 2020, meeting, the Statement of Net Position, the Summary of Savings/(Loss) by Funding Source and ratios for the period ending March 31, 2020, and recommendations to the Board to approve all presented contracts over $500,000.</td>
</tr>
<tr>
<td>David Hancock, Committee Chair, presented the report. Mr. Hancock shared that revenues exceeded expenditures and all state and contractual ratios were met or exceeded. The Finance Committee report is attached to and made part of these minutes.</td>
<td></td>
</tr>
<tr>
<td>BOARD ACTION</td>
<td>A motion was made by Mr. Hancock to authorize a sole source exception under NC General Statute 143-129 (e) (g) to authorize the CEO to enter into a contract with McSilver Institute for poverty-policy research at NY University training and technical assistance in an amount not to exceed $215,000.00; motion seconded by Mr. Wooten. Motion passed unanimously.</td>
</tr>
<tr>
<td>A motion was made by Mr. Hancock to authorize a sole source exception under NC General Statute 143-129 (e) (g) to authorize the CEO to enter into a contract with Homecare Software Solution LLC dba HHAeXchange for electronic verification and validation for an estimated amount of $199,000; motion seconded by Ms. Gloston. Motion passed unanimously.</td>
<td></td>
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<tr>
<td>6. Consent Agenda</td>
<td>A. Draft Minutes from April 2, 2020, Board Meeting – page 78</td>
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<td></td>
<td>B. Executive Committee Report – page 83</td>
</tr>
<tr>
<td></td>
<td>C. Human Rights Committee Report – page 86</td>
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<tr>
<td></td>
<td>D. Network Development and Services Committee Report – page 123</td>
</tr>
<tr>
<td>The consent agenda was sent as part of the Board packet; it is attached to and made part of these minutes. There were no comments or discussion about the consent agenda.</td>
<td></td>
</tr>
<tr>
<td>BOARD ACTION</td>
<td>A motion was made by Dr. Silberman to approve the minutes and adopt the consent agenda; motion seconded by Mr. Hancock. Motion passed unanimously.</td>
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</table>
AGENDA ITEMS | DISCUSSION
--- | ---
7. Training/Presentation(s) | A. COVID-19 Update – page 125
Alliance staff provided an update on the agency’s efforts to continue operations and to coordinate care for the people Alliance serves while maintaining staff and community safety; the update also included how the agency is addressing the impact on providers, and any changes in federal or state legislation.

Vice-Chair Pazzaglini shared that he directed staff to revise the agency’s Tailored Plan implementation due to COVID-19 delays.

Mr. Robinson introduced the presentation; he shared that most staff are working from home; he shared about the agency’s efforts to accommodate scheduling needs for staff who are caring for others. He also shared that staff will work from home until May 31, 2020, and a comprehensive re-entry plan is being developed and includes input from staff, providers and people Alliance serves.

Mehul Mankad, Chief Medical Officer, provided an epidemiological update; he noted NC governor, Roy Cooper, and NC DHHS Secretary, Mandy Cohen's press conferences and current plans to implement phase 1 on May 8. Dr. Mankad also provided a general overview of the agency’s plan for staff to return to Alliance offices; this date is currently estimated for June 2020.

Sean Schreiber, Executive Vice-President/Network and Community Health, reviewed the agency’s efforts to support its providers, which includes increasing telehealth services. He noted that recent claims do not indicate a decrease in services except at emergency departments. Mr. Schreiber shared that urgent care, crisis facilities and mobile crisis services continue to operate. He reviewed efforts to expand stabilization payments and some cell phone reimbursements for providers; he also shared about unique opportunities to partner with county agencies to expand provider support for individuals experiencing homelessness who may have been exposed to COVID-19.

Commissioner Carter thanked Alliance staff for their efforts in supporting Durham shelters and people experiencing homelessness.

Brian Perkins, Senior Vice-President/Strategy and Government Relations, and Sara Wilson, Senior Director of Government Relations, reviewed recent legislative activity. Mr. Perkins provided an overview of legislation that was passed recently (May 2) and signed into law by the governor on May 4, 2020: HB 1043 which directs NC’s portion of the federal COVID relief funds and SB 704 which addresses NC policy changes. He also reviewed notable provisions in the NC COVID-19 Recovery Act. The COVID-19 presentation is saved as part of the Board’s files.

B. Fiscal Year (FY) 2020-2021 Recommended Budget – page 126
Kelly Goodfellow, Executive Vice-President/Chief Financial Officer, presented the FY 2020-2021 recommended budget for consideration. The Board will vote on the FY 2020-2021 budget at its June meeting. Ms. Goodfellow reviewed the budget process, which included information presented at the March 2020 Board budget retreat. She also reviewed background for the agency’s budget process including legislative requirements and guidelines for service and administrative operations.
AGENDA ITEMS: DISCUSSION:

Ms. Goodfellow reviewed the total budget, revenue sources, PMPM (per member, per month) rate, and the number of covered lives; she also compared the recommended budget with the previous year’s budget and noted areas of interest such as accuracy of covered lives (which is used to set the agency’s PMPM) and the impact of increased services due to COVID-19. She reviewed federal, state and local service budget items and the overall administrative budget. The FY 2020-2021 presentation is saved as part of the Board’s files.

**BOARD ACTION**
The Board accepted the training/presentation.

8. Chair’s Report

Vice-Chair Pazzaglini shared that the June Board meeting may also be held remotely. He also reminded Board members of current vacancies on the Board.

Vice-Chair Pazzaglini reviewed the agency’s process for electing Board officers (Chairperson and Vice-Chairperson), which will occur at the June Board meeting. He shared his willingness to serve as Chair and Lynne Nelson’s willingness to serve as Vice-Chair; he encouraged other Board members to share if they were willing to serve as a Board officer.

9. Closed Session(s)

**BOARD ACTION**

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

The Board returned to open session.

10. Adjournment

All business was completed; the meeting adjourned at 6:18 p.m.

**Next Board Meeting**

**Thursday, June 04, 2020**

4:00 – 6:00 pm

Minutes approved the Board on June 4, 2020.
ITEM: Consumer and Family Advisory Committee (CFAC) Report

DATE OF BOARD MEETING: May 7, 2020

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, 5200 West Paramount Parkway, in Morrisville. 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 BOARD ACTION: Receive draft minutes and supporting documents from the Johnston April 21, the Durham April 13, the Wake April 14, the Cumberland April 23, and the April 6 Steering Committee meetings.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Dave Curro, CFAC Chair; Doug Wright, Director of Community and Member Engagement

(Back to agenda)
MEMBERS PRESENT: Jason Phipps, Cassandra Herbert-Williams, Marie Dodson, Jerry Dodson, and Jessica Storts
BOARD MEMBERS PRESENT: None
GUEST(S): Roanna Newton
STAFF PRESENT: Doug Wright, Director of Community and Member Engagement, Terrasine Gardner, Member Engagement Manager, Noah Swabe, Individual and Family Engagement Specialist

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – February minutes were reviewed, a motion was made by Marie, seconded by Jessica, Motion passed. March Minutes were reviewed, motion was made by Jessica, seconded by Jerry, motion passed.

Join Zoom Meeting
https://alliancehealthplan.zoom.us/j/679504681?pwd=LzBjVFVjNFBArTSyWmljUk16Y1YrQT09

+1 646 558 8656
Meeting ID: 679 504 681

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<tr>
<td>3. Public Comment Individual/Family Challenges and Solutions</td>
<td>Members checked in with one another and discussed some of the challenges faced during the COVID-19 pandemic</td>
<td>Continue to be a source of support for one another and the community during this time</td>
<td>Ongoing</td>
</tr>
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<td>4. LME/MCO Updates</td>
<td>Doug Wright provided the following updates: Alliance staff are currently encouraged to work from home during unprecedented time. While it is currently voluntarily, most staff have been doing so. Alliance Departments are working on games and virtual activities for people to come together during this time of isolation-more updates to come. Alliance is currently working with FEMA on a grant that will allow crisis counseling much similar to the grant during the hurricane-more updates to come. Alliance is also implementing a multi-departmental approach to assist members that are currently homeless that are being discharged from</td>
<td>Alliance will continue to provide the CFAC with updates and resources as they become available</td>
<td>Ongoing</td>
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Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
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<td></td>
<td>Emergency Departments and Crisis-Based Facilities during the COVID-19 pandemic. They are funding 14 day hotel stays as well assisting with basic needs to give them a time to quarantine and not be out on the street during this time. This is currently underway in the catchment area.</td>
<td>None</td>
<td>None</td>
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<td></td>
<td>Alliance has relaxed the criteria for our ILI (Independent Living Initiative) to assist more members during this time.</td>
<td>None</td>
<td>None</td>
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<td>Hope for Healers has been implemented for healthcare workers, and the State has weekly calls on Monday for members and families to use this time to give continuous updates on the COVID-19 response and address any questions or concerns from members and family members.</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>5. State Updates</td>
<td>Effective Systems Advocacy- Roanna Newton, DHHS Roanna gave a presentation on Effective Systems Advocacy NC DHHS continues to hold weekly calls every Monday at 2pm for members and family members</td>
<td>None</td>
<td>None</td>
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<tr>
<td>6. Current Events</td>
<td>Spring i2i Conference has been cancelled and the CFAC Legislative Day has been suggested to be a virtual event emailing state legislators</td>
<td>Continue to update the CFAC on events as they are scheduled or cancelled</td>
<td>Ongoing</td>
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<tr>
<td>7. Announcements</td>
<td>None</td>
<td>None</td>
<td>None</td>
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8. **ADJOURNMENT:** The next meeting will be May 19, 2020, at 5:30 p.m.

Respectfully Submitted by:

Noah Swabe, Individual and Family Engagement Specialist

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Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
MEMBERS PRESENT BY PHONE: ☒ Steve Hill, ☒ Tammy Shaw, ☐ James Henry, ☐ Latasha Jordan, ☒ Dave Curro, ☒ Trula Miles, ☒ Brenda Solomon, ☐ Chris Dale, ☒ Dan Shaw, ☒ Pinkey Dunston, ☒ Regina Mays, ☒ Charlitta Burruss, ☐ Helen Castillo

BOARD MEMBERS PRESENT: None

GUEST(S) PRESENT BY PHONE: ☒ Roanna Newton, DHHS, ☒ Susan Hertz

STAFF PRESENT BY PHONE: ☒ Doug Wright, Director of Community & Member Engagement, ☒ Terrasine Gardner, Member Engagement Manager, ☒ Ramona Branch, Individual & Family Engagement Specialist

https://alliancehealthplan.zoom.us/j/648683034?pwd=VVIwRTMyTTZkVWhTaTzw055N1F1UT09
+1 646 558 8656
Meeting ID: 648 683 034
Password: 060041

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the March 9, 2020, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Steve Hill and seconded by Dave Curro to approve the minutes. Motion passed.

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<tr>
<td>3. Public Comments</td>
<td>COVID-19- Check In Members randomly gave updates and everyone seems to be doing fine.</td>
<td>Ongoing</td>
<td>N/A</td>
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<td>4. Interest in Membership/ Outreach</td>
<td>None</td>
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<tr>
<td>5. LME/MCO Updates</td>
<td>Doug went over the LME/MCO Updates: LME/MCO Public Input for the House Select Committee on COVID-19 from all 7 LME/MCO’s, Key points: In order to continue performing our responsibilities and meet community needs in the short- and long-term, we offer the following four suggestions: ➢ Stop the cuts to State Single-Stream Funding to meet the demand for behavioral health services and tremendous burdens for providers that will extend throughout this crisis and beyond</td>
<td>Ongoing</td>
<td>N/A</td>
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### AGENDA ITEMS:

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<tr>
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<tbody>
<tr>
<td>✅ Increase Innovations Waiver slots to meet the needs of over 12,000 North Carolina citizens on the waiting list for IDD services</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>✅ Pursue the new crisis response resources and regulatory flexibilities made available by recent federal legislation</td>
<td>✅</td>
<td>✅</td>
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<tr>
<td>✅ Grant LME/MCO clinicians access to the NC Controlled Substances Reporting System (CSRS) for real-time prescription data</td>
<td>✅</td>
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Alliance staff are currently encouraged to work from home during unprecedented time. While it is currently voluntarily, most staff have been doing so.

Alliance Departments are working on games and virtual activities for people to come together during this time of isolation-more updates to come.

Alliance is currently working with FEMA on a grant that will allow crisis counseling much similar to the grant during the hurricane-more updates to come.

Alliance is also implementing a multi-departmental approach to assist members that are currently homeless that are being discharged from Emergency Departments and Crisis-Based Facilities during the COVID-9 pandemic. They are funding 14 day hotel stays as well assisting with basic needs to give them a time to quarantine and not be out on the street during this time. This is currently underway in the catchment area.

Alliance has relaxed the criteria for our ILI (Independent Living Initiative) to assist more members during this time.

Hope for Healers has been implemented for healthcare workers, and the State has weekly calls on Monday for members and families to use this time to give continuous updates on the COVID-19 response and address any questions or concerns from members and family members.

### 6. State Updates

**Effective Systems Advocacy- Roanna Newton, DHHS**

Roanna gave a presentation on Effective Systems Advocacy. She announced that CE&E update is not yet available, and would be sent out whenever it becomes available.

| N/A | N/A |
AGENDA ITEMS: | DISCUSSION: | NEXT STEPS: | TIME FRAME:
--- | --- | --- | ---
7. Steering Committee | Dave Curro challenged all CFAC Subcommittee Chairs to reach to all of their CFAC members during this time of stay at home order, to check in and see how they are doing. Dave also stated that committees will need to increase their presence in our communities once the pandemic subsides. | N/A | N/A
8. Event Planning | None | | |

ADJOURNMENT: 7pm the next meeting will be May 11, 2020, at 5:30 p.m.

Respectfully Submitted by:

Ramona Branch, Individual & Family Engagement Specialist

04.14.2020
Wake CFAC Subcommittee Meeting
Healing Transitions
1251 Goode Street, Raleigh, NC 27603
5:30 pm – 7:00 pm

MEMBERS PRESENT: ☐ Carole Johnson, ☒ Megan Mason, ☒ Karen McKinnon, ☐ Connie King-Jerome, ☒ Israel Pattison, ☒ Annette Smith ☒, Ben Smith ☐, Wanda (Faye) Griffin, ☒ Diane Morris, ☐ Jessica Larrison, ☒ Vicky Bass, ☒ Gregory Schewizer, ☐ Bradley Gavriluk

BOARD MEMBERS PRESENT:

GUEST(S): ☐ Roanna Newton, DHHS

STAFF PRESENT: ☒ Doug Wright, Director of Individual and Family Affairs, ☒ Terrasine Garner Engagement Manager, ☒ Stacy Guse Individual and Family Engagement Specialist

Join Zoom Meeting
https://alliancehealthplan.zoom.us/j/580377458?pwd=d3dUbk1vWm82SG1IOTdVT3VJdG5nZz09
+1 646 558 8656
Meeting ID: 580 377 458
Password: 404259

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the March 10, 2020, Wake Consumer and Family Advisory Committee (CFAC) Subcommittee meeting were reviewed; a motion was made by Click here to enter text. and seconded by Click here to enter text. to approve the minutes. Motion passed unanimously.

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<tr>
<td>3. Public Comments Individual and Family Challenges</td>
<td>COVID19 Check-in Members checked-in. Everyone is coping considering the stress of either being furloughed or isolated. Annette Smith discussed the ongoing progress for the DSP higher wage working sub-group. Doug suggested DSP members visit the general assembly website for DSP discussion.</td>
<td>Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td>4. MCO/LME updates</td>
<td>Doug discussed the MCO/LME Updates: -Provider stability payments has been sent last week and this week. -Durham now has hotel allotments to live in a hotel, food, and clothing to stay off the street during the pandemic. Wake county already has this in place. -Doug encourages members listen to the weekly NCDHHS updates. Increase Innovations Waiver slots to meet the needs of over 12,000 North Carolina citizens on the waiting list for IDD services In order to</td>
<td>None</td>
<td>N/A</td>
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<tr>
<td>6. State updates</td>
<td><strong>Effective Systems Advocacy-Roanna Newton, NCDHHS</strong>&lt;br&gt;-Roanna was not able to make this meeting. Training will be presented at a different date.</td>
<td>Ongoing</td>
<td>N/A</td>
</tr>
<tr>
<td>7. Steering Committee Updates</td>
<td><strong>Reminder: Carole, Megan Mason, Vicki Bass attends Alliance Health CFAC Steering Committee meetings. In order to continually perform our responsibilities and meet community needs in the short-term and long-term community needs, 4 topics was discussed:</strong></td>
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<tr>
<td>In order to continually perform our responsibilities and meet community needs in the short-term and long-term community needs, 4 topics was discussed: -Stop the cuts to State Single-Stream Funding to meet the demand for behavioral health services and tremendous burdens for providers that will extend throughout this crisis and beyond -Pursue the new crisis response resources and regulatory flexibilities made available by recent federal legislation -Grant LME/MCO clinicians access to the NC Controlled Substances Reporting System (CSRS) for real-time prescription data -Alliance staff are currently encouraged to work from home during unprecedented time. While it is currently voluntarily, most offices are working with a skeleton team. -Alliance Departments are working on games and virtual activities for people to come together during this time of isolation-more updates to come. -Alliance is currently working with FEMA on a grant that will allow crisis counseling much similar to the grant during the hurricane-more updates to come. -Alliance is also implementing a multi-departmental approach to assist members that are currently homeless that are being discharged from Emergency Departments and Crisis-Based Facilities during the COVID-9 pandemic. They are funding 14 day hotel stays as well assisting with basic needs to give them a time to quarantine and not be out on the street during this time. This is currently underway in the catchment area. -Alliance has relaxed the criteria for our ILI (Independent Living Initiative) to assist more members during this time. -Hope for Healers has been implemented for healthcare workers, and the State has weekly calls on Monday for members and families to use this time to give continuous updates on the COVID-19 response and address any questions or concerns from members and family members</td>
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| 9. Opportunities | ?June 15-16, 2020 i2i Conference North Raleigh Hilton Reg.opens Mid-April | TBD | N/A |

4. **ADJOURNMENT**: the next meeting will be May 12, 2020, at 5:30 p.m.

Respectfully Submitted by:

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

2. REVIEW OF THE MINUTES – The minutes from the April 23, 2020, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Michael McGuire and seconded by Tracey Glenn-Thomas to approve the minutes. Motion passed.

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<td>3. Public Comments</td>
<td>Michael and Starlett Community events and resources have been provided via email. Michael then gave public comments. He spoke about some of the emails that were sent out to the committee and public. He also spoke about how important it was to adhere to the guidelines for COVID19. Starlett reminded individuals of the Pandemic safety email sent out and to refer to it. Doug then asked how everyone was doing and asked who would like to check in. Some of the members were having some tough times with family and being isolated. Doug reminded the members and community that Alliance has resources for those that needed support. Starlett shared the importance of connecting with one another and family and friends. Please see Doug, Terrasine, or Starlett for any questions.</td>
<td>Ongoing</td>
<td></td>
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<tr>
<td>4. ADA Updates</td>
<td>Shirley Francis- ADA have been suspended until further notices. Shirley explained that the ADA did not have any upcoming meetings until further notice. She explained that they were</td>
<td>Ongoing</td>
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<tr>
<td>5. State Updates</td>
<td>Following the guidelines for COVID 19 and tuning into the emails being sent out.</td>
<td>Please see Doug, Terrasine, or Starlett for any questions.</td>
<td>Ongoing</td>
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**Roanna Newton Updates**
Roanna explained that there will soon be a call from DHHS for CFAC only. She explained the importance of being on the Monday calls at 2pm for members and stakeholders. She said that the CFAC DHHS meeting will be a more intimate call with it being just CFAC.

**Effective Systems Advocacy**
Roanna presented a presentation on Effective Systems Advocacy. She spoke of three types of advocacy - Self Advocacy, Individual Advocacy, and Systems Advocacy. She explained Transformational Thinking and going from the current state to the future state. She then went through each type of advocacy and how CFAC fit into them and how we go about using them. She continued with making community connections develop and delivering your messages. She explained the importance of knowing the decision makers. The main theme was, “Nothing About Us, Without Us.” She further explained the taking action, being the voice and getting your message to the right people. She gave information on ways to become involved in the governance and policy and community advocacy. She talked about Moving Forward and if action is granted or denied and what to do to follow up. She closed the presentation with contact information.

Starlett reminded everyone of the state attachments sent via email
State PDFs provided via email:
Beneficiary Letter
NC SCFAC Talking Points
NC State CFAC Legislative Flyer

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### CFAC MEETING - REGULAR MEETING

**711 Executive Place, Fayetteville, NC 28305**

**5:30-7:00 p.m.**

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**AGENDA ITEMS:**

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| 6. MCO | Doug Wright  
COVID 19 House Health Committee met and passed policy funding bill to get started with relief for the state. It include 600 million dollars for relief some of which will go to DHHS for mental health services.  
NC Governor extended Stay at Home Executive Order until May 8th. Once that comes, we will go into Level 1 and maybe level 2 and then level 3. The state will be reopened in stages. These would have restrictions but increased allowances with each level. Schools are done and won’t reopen until the Fall hopefully. Alliance is continuing to operate remotely for the most part. The offices are open with limited staff. We are encouraging people to not come in. Staff are also working from home and only going into the office for a brief time. There is no face to face meetings. Most are telephonic. Providers are receiving stability payments. This is to help sustain them and get Telehealth up and running. It is tough on the providers especially the small ones. Alliance is assisting. There are regulations on this. We are working on housing people who are experiencing homelessness. Durham and Wake have hotels being rented out to house those that were in shelters or homeless. We are supporting those coming out of ED and facilities to quarantine for 14 days. The Independent Living Initiative requirements have been relaxed to help house individuals and keep those from losing their home.  
Hope for NC helpline is up and running. It is offering support 24/7. As that continues, we will be doing outreach activities when able. We don’t know what that looks like currently. We are preparing for the back end of this as well as now. Hope for Healers line has opened, 18555873463. It is a help line for healthcare professionals. We want to make sure we are supporting them to keep them well also. Doug reminded us about the weekly calls with DHHS at 2pm. It’s a great opportunity to speak with state reps. |
| | Please see Doug, Terrasine, or Starlett for any questions. |

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**AGENDA ITEMS:** 

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<td>7. CFAC Charter</td>
<td>Starlett Davis- Updated charter with corrections provided via email. Corrections made to date of meetings monthly and trainings/conferences attendance parameters added.</td>
<td>Please see Doug, Terrasine, or Starlett for any questions.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>8. Prep for next meeting</td>
<td>Michael McGuire- Discuss the next meeting agenda items. Go over expectations, reminders, etc for the next meeting. Starlett will email members and community on information the next meeting</td>
<td>Starlett will email members and community on information the next meeting by the Monday before.</td>
<td>May 25, 2020</td>
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</table>

9. Appreciation | Everyone gave their appreciation. | N/A | N/A |

**ADJOURNMENT:** Meeting was adjourned at 6:50pm. Next meeting May 28, 2020 at 5:30pm

Respectfully Submitted by:
Starlett Davis

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
MEMBERS PRESENT
BY PHONE: ☒ Dave Curro, ☒ Brenda Solomon ☒ Jason Phipps, ☒ Pinkey Dunston, ☒ Trula Miles, ☒ Steve Hill, ☒ Sharon Harris, ☒ Brianna Harris, ☒ Carole Johnson, ☒ Shirley Francis, ☒ Tracey Glenn-Thomas, ☒ Jackie Blue, ☒ Helen Castillo
BOARD MEMBERS PRESENT: None
GUEST(S) PRESENT BY PHONE: ☒ Roanna Newton, DHHS
STAFF PRESENT BY PHONE: Doug Wright, Director of Community and Member Engagement, Carlyle Johnson, Director of Provider Network Strategy & Initiative, Terrasine Gardner, Member Engagement Manager, Starlett Davis, Member Engagement Specialist, Stacy Guse, Member Engagement Specialist, Ramona Branch, Member Engagement Specialist, Noah Swabe, Member Engagement Specialist

Join Zoom Meeting
https://alliancehealthplan.zoom.us/j/214894915
+1 646 558 8656
Meeting ID: 214 894 915

1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES – The minutes from the March 2, 2020, Consumer and Family Advisory Committee (CFAC) meeting were reviewed; a motion was made by Steve Hill and seconded by Brenda Solomon to approve the minutes. Motion passed.

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<td>3. Public Comment</td>
<td>COVID-19 Check in – making sure everyone is doing okay. Members checked in from each county and gave a brief update of things going on. For the most part, everyone is doing fairly well considering the circumstances. Trula Miles asked for everyone to keep her family member in their thoughts and prayers as they are currently battling COVID-19.</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Individual/Family Challenges and Solutions</td>
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4. Provider Network COVID – 19 response/Network adequacy update

Carlyle Johnson gave the committee members an update on the COVID-19 response from Provider network. They are currently implementing more flexible options for providers and members. Those efforts include:

Ongoing

N/A

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| - Telehealth through video and phone  
- Apps to assist with teleconferencing and videoconferencing  
- Continuous updates on the website from providers with detailed information on new codes and definitions  
They are currently working on barriers so that members can continue to have access to care during this pandemic. | Submit SWOT analysis | 1 week |
| 5. State Updates | | |
| SWOT analysis – turned in?  
Other updates  
Roanna stated that most of the State updates at this time are surrounded around the COVID-19 pandemic.  
Roanna asked that SWOT analysis be turned into her as soon as possible.  
Steering Committee members are to electronically submit analysis to their Member Engagement Specialist or if they are unable to submit electronically; to please complete over the phone with their county specific specialist. | | |
| 6. LME-MCO Updates | Ongoing | N/A |
| Doug went over the LME/MCO updates:  
- Alliance’s Community & Education Outreach, James Osborn’s team is working on creative ideas to reach our communities during this time of stay at home orders  
- Alliance Departments are working on games and virtual activities for people to come together during this time of isolation-more updates to come  
- Alliance is currently working with FEMA on a grant that will allow crisis counseling much similar to the grant during the hurricane-more updates to come | | |

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AGENDA ITEMS: | DISCUSSION: | NEXT STEPS: | TIME FRAME:
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- Alliance is also implementing a multi-departmental approach to assist members that are currently homeless that are being discharged from Emergency Departments and Crisis-Based Facilities during the COVID-9 pandemic. They are funding 14 day hotel stays as well assisting with basic needs to give them a time to quarantine and not be out on the street during this time. This is currently underway in the catchment area.

7. Subcommittees
   - Wake
   - Durham
   - Cumberland
   - Johnston
   - Area Board
   - Human Rights
   - Quality Management

   Dave Curro challenged all CFAC Subcommittee Chairs to reach to all of their CFAC members during this time of stay at home order, to check in and see how they are doing.

   N/A

    Dave also stated that committees will need to increase their presence in our communities once the pandemic subsides.

8. Announcements

9. **ADJOURNMENT:** the next meeting will be May 4, 2020, at 5:30 p.m.

Respectfully Submitted by:

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date.
Dear [Head of Household]:

North Carolina Medicaid is concerned about your health and wellbeing during the COVID-19 outbreak. In response to COVID-19, we have made temporary changes in how you get Medicaid services. We are also providing new ways for health care providers to care for you.

This letter has information on COVID-19 and temporary changes in Medicaid. It also has resources to support you through this emergency.

**Stay Informed**
- To find general information, go to [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus).
- To find information for North Carolina, go to [ncdhhs.gov/coronavirus](https://www.ncdhhs.gov/coronavirus).

**Prevent Exposure**
- Stay home.
- Maintain social distance from others (at least 6 feet, if possible).
- Wash your hands with soap often.
- Cover coughs and sneezes.
- Clean and disinfect frequently touched surfaces.
- Avoid close contact with people who are sick.

**Stay Healthy**

**Will my Medicaid or NC Health Choice benefits change?**
- No. Your benefits will not end during this emergency. Medicaid and NC Health Choice eligibility will be extended through the end of the emergency.
- You can get up to a 90-day supply of most prescriptions. You can also get all prescriptions filled at the same time to reduce the number of times you have to leave the house.

**How can Telehealth help me stay healthy?**
- Telehealth is a way for your doctor to provide you care by telephone, smartphone or computer from the comfort of your home.
- You can receive therapy, mental health and some developmental disability services by telephone, smartphone or computer.
- Your visual aid (eyeglasses and medically necessary contact lenses) and hearing aid providers can provide some services by telephone.
- Telehealth is a great way to keep taking care of your health without having to leave your home. For many visits, including if you feel sick, telehealth can protect you and others from COVID-19.
- To learn more about Telehealth, go to [bit.ly/2y1Hy4E](https://bit.ly/2y1Hy4E).

**What do I do if I get sick?**
- Stay at home and call your doctor. Or call **1-877-490-6642** for advice.
- Stay at home but keep yourself away from your family if you have COVID-19 symptoms such as fever, cough or shortness of breath.
- If you are experiencing life threatening illness or if you have severe symptoms such as shortness of breath, difficulty breathing, chest pain or pressure, blue lips or confusion, call **911**.

**How can I get more help or information?**
- Call your doctor or other provider of service listed on your Medicaid card.
- Go to [ncdhhs.gov/coronavirus](https://ncdhhs.gov/coronavirus).
- You can also call the NC Medicaid Contact Center at **1-888-245-0179**.

**Stay Informed, Prevent Exposure, Stay Healthy**

NC Medicaid
• Medicaid Expansion must be a priority for the NCGA. Thirty-seven other states have expanded Medicaid.
• The Wait List for services must be addressed. There are over 12,000 individuals waiting for the waiver.
• We must ensure choices are available and consumers are educated on their choices.
• The GA must look at the direct support professional crisis not just in our state but across the nation and address. Direct support professionals must be paid more than people working in fast food.
• Any revisions to NCGS 122C must include appropriate measures for consumer and family input. Currently this is addressed through NC SCFAC, local CFAC’s and other consumer-driven advisory organizations.
• There needs to be enough state funds allocated to the LME/MCO’s to provide services to non-insured individuals. Funding has occurred over the last few years and services have been impacted.
LME/MCO Public Input for the House Select Committee on COVID-19

***Submitted to the Select Committee’s online comment portal at 10:15am on April 10, 2020.

On behalf of North Carolina’s Local Management Entity/Managed Care Organizations (LME/MCOs), we thank you for convening the House Select Committee on COVID-19 and appreciate the opportunity to provide input. Identified by the Governor as a COVID-19 Essential Business, LME/MCOs are responsible for managing Medicaid and other public behavioral health and intellectual/developmental disability (IDD) funds for millions of North Carolinians in all 100 counties. Because of your foresight, North Carolina’s network of public LME/MCOs are uniquely positioned to quickly respond to community needs in this crisis. We are working 24/7 to support providers, ensure access to care, and meet the extraordinary behavioral health challenges faced by our communities as a result of this unprecedented State of Emergency.

Fear and anxiety about COVID-19 can be overwhelming and cause strong emotions in children and adults. Everyone reacts differently to stressful situations, and this rapidly unfolding emergency has disrupted most aspects of modern life. This stress, uncertainty, and isolation can lead people to experience new behavioral health conditions or exacerbate existing conditions. To assist those who are suffering, it is critical that North Carolina’s public behavioral health and IDD system be sustained and bolstered during the COVID-19 emergency.

LME/MCOs have long been responsible for supporting people with the most complex needs, who often have multiple diagnoses and may also be challenged by lack of transportation, unstable housing, and economic insecurity. We are working with the NC Department of Health and Human Services (DHHS) to implement emergency flexibilities to best serve our members and support our providers. Now more than ever our state needs to fully utilize this behavioral health infrastructure to reach those in need. Our responsibilities always include coordinating member care to avoid unnecessary hospital admissions and visits to the emergency department (ED). This frees up hospital resources, beds, and personnel for those impacted by COVID-19. In order to continue performing our responsibilities and meet community needs in the short- and long-term, we offer the following four suggestions:

- **Stop the cuts to State Single-Stream Funding to meet the demand for behavioral health services and tremendous burdens for providers that will extend throughout this crisis and beyond**
- **Increase Innovations Waiver slots to meet the needs of over 12,000 North Carolina citizens on the waiting list for IDD services**
- **Pursue the new crisis response resources and regulatory flexibilities made available by recent federal legislation**
- **Grant LME/MCO clinicians access to the NC Controlled Substances Reporting System (CSRS) for real-time prescription data**

Making sure that the public behavioral health and IDD system can continue to meet community needs is crucial now and in the months and years ahead as we deal with the immediate and longer-term impacts of this public health emergency. Considering this urgency, funding for the following appropriations are now more important than ever:

- **Single-Stream Funding** – This is the state funding to provide access to behavioral health services for North Carolinians who are uninsured/underinsured and do not qualify for Medicaid. This resource enables LME/MCOs to cover things that Medicaid does not, such as housing, vocational programs, jail diversion activities, and transportation. Single-stream funding has been cut for more than five
consecutive years, diverting more than half a billion dollars from the state’s public behavioral health system. With a large influx of North Carolinians suddenly facing unemployment or furlough due to the crisis, this funding stream is critical to serving the behavioral health needs of many individuals and families during a very challenging time. We know that people can and do recover from mental illness and substance use disorders (SUDs) provided they have access to the right treatment. However, when people cannot get the behavioral healthcare they need, their conditions often manifest into severe crises resulting in avoidable ED visits, police involvement, and homelessness – scenarios that are traumatic and expensive for our families and that will exact more of an economic toll as our state struggles to recover from the impacts of the pandemic.

- **Innovations Waiver Program** – Slots in this program enable individuals with disabilities, who would otherwise face institutionalization, to receive support services in their homes and communities. Currently, the waiting list across the state for this program is more than 12,000 people. The total number of slots is determined and funded in the state budget. Keeping individuals stable in the home and community of their choice is integral to positive health outcomes, especially during this emergency when we all should be at home to the fullest possible extent to reduce the spread of COVID-19. We are grateful that DHHS pursued, and the federal government approved, options to assist people who are already on the Innovations Waiver through an Appendix K Waiver that allows additional hours of service, alternatives for service delivery, and other flexibilities during the pandemic. Please note that, depending on how long the impact of the pandemic lasts, LME/MCO capitation rates may need to be adjusted to recognize the cost of those flexibilities.

In addition to increased funding for behavioral health, we ask that you also consider making the following changes:

- **Pursue the new crisis response resources and regulatory flexibilities made available by recent federal legislation.** The COVID-19 stimulus package and other response measures recently passed by the U.S. Congress and signed into law by the President include unprecedented new funding for healthcare providers and policy changes designed to support healthcare organizations and expand access to care throughout the crisis. We encourage the General Assembly and the Governor to actively pursue these newly available resources for the benefit of North Carolinians and we stand ready to assist in obtaining them.

- **Grant LME/MCO clinicians access to the NC Controlled Substances Reporting System (CSRS) for real-time prescription data.** Access to real-time pharmacy data is crucial for quality healthcare, especially in emergency situations. Current state law does not allow for managed care medical directors to access real-time pharmacy data through the CSRS for population health purposes. In many states, such as Virginia, the controlled substance database can be accessed by health plan medical directors. Even outside of natural disasters and pandemics, health plan medical directors utilize these databases to identify members who may need urgent care coordination, particularly with patients experiencing SUDs. During the COVID-19 pandemic, the need for health plan medical directors and clinicians to access real-time pharmacy data is even more critical. The LME/MCOs currently do not have a mechanism to receive real time pharmacy data and, therefore, do not have a way to reliably triage which of our members being treated for Opioid Use Disorder are in danger of running out of medications. We need to ensure that our members can access lifesaving medications at any time, particularly during a pandemic.
Thank you again for the opportunity to provide this input. We are grateful for your consideration of these important issues and look forward to working together to effectively respond to this unprecedented healthcare emergency. Please do not hesitate to contact us if you have questions or would like to discuss any issues.

Sincerely,

Rob Robinson, CEO, Alliance Health
Trey Sutten, CEO, Cardinal Innovations Healthcare
Sarah N. Stroud, CEO, Eastpointe
Rhett Melton, CEO, Partners Behavioral Health Management
Victoria Whitt, CEO, Sandhills Center
Leza Wainwright, CEO, Trillium Health Resources
Brian Ingraham, CEO, Vaya Health
Taking Care of Your Behavioral Health:

TIPS FOR SOCIAL DISTANCING, QUARANTINE, AND ISOLATION
DURING AN INFECTIOUS DISEASE OUTBREAK

What Is Social Distancing?
Social distancing is a way to keep people from interacting closely or frequently enough to spread an infectious disease. Schools and other gathering places such as movie theaters may close, and sports events and religious services may be cancelled.

What Is Quarantine?
Quarantine separates and restricts the movement of people who have been exposed to a contagious disease to see if they become sick. It lasts long enough to ensure the person has not contracted an infectious disease.

What Is Isolation?
Isolation prevents the spread of an infectious disease by separating people who are sick from those who are not. It lasts as long as the disease is contagious.

Introduction
In the event of an infectious disease outbreak, local officials may require the public to take measures to limit and control the spread of the disease. This tip sheet provides information about social distancing, quarantine, and isolation. The government has the right to enforce federal and state laws related to public health if people within the country get sick with highly contagious diseases that have the potential to develop into outbreaks or pandemics.

This tip sheet describes feelings and thoughts you may have during and after social distancing, quarantine, and isolation. It also suggests ways to care for your behavioral health during these experiences and provides resources for more help.

What To Expect: Typical Reactions
Everyone reacts differently to stressful situations such as an infectious disease outbreak that requires social distancing, quarantine, or isolation. People may feel:

- **Anxiety, worry, or fear** related to:
  - Your own health status
  - The health status of others whom you may have exposed to the disease
  - The resentment that your friends and family may feel if they need to go into quarantine as a result of contact with you
  - The experience of monitoring yourself, or being monitored by others for signs and symptoms of the disease
  - Time taken off from work and the potential loss of income and job security
  - The challenges of securing things you need, such as groceries and personal care items
Concern about being able to effectively care for children or others in your care

Uncertainty or frustration about how long you will need to remain in this situation, and uncertainty about the future

Loneliness associated with feeling cut off from the world and from loved ones

Anger if you think you were exposed to the disease because of others’ negligence

Boredom and frustration because you may not be able to work or engage in regular day-to-day activities

Uncertainty or ambivalence about the situation

A desire to use alcohol or drugs to cope

Symptoms of depression, such as feelings of hopelessness, changes in appetite, or sleeping too little or too much

Symptoms of post-traumatic stress disorder (PTSD), such as intrusive distressing memories, flashbacks (reliving the event), nightmares, changes in thoughts and mood, and being easily startled

If you or a loved one experience any of these reactions for 2 to 4 weeks or more, contact your health care provider or one of the resources at the end of this tip sheet.

Ways To Support Yourself During Social Distancing, Quarantine, and Isolation

UNDERSTAND THE RISK

Consider the real risk of harm to yourself and others around you. The public perception of risk during a situation such as an infectious disease outbreak is often inaccurate. Media coverage may create the impression that people are in immediate danger when really the risk for infection may be very low. Take steps to get the facts:

Stay up to date on what is happening, while limiting your media exposure. Avoid watching or listening to news reports 24/7 since this tends to increase anxiety and worry. Remember that children are especially affected by what they hear and see on television.

Look to credible sources for information on the infectious disease outbreak (see page 3 for sources of reliable outbreak-related information).

BE YOUR OWN ADVOCATE

Speaking out about your needs is particularly important if you are in quarantine, since you may not be in a hospital or other facility where your basic needs are met. Ensure you have what you need to feel safe, secure, and comfortable.

Work with local, state, or national health officials to find out how you can arrange for groceries and toiletries to be delivered to your home as needed.

Inform health care providers or health authorities of any needed medications and work with them to ensure that you continue to receive those medications.

EDUCATE YOURSELF

Health care providers and health authorities should provide information on the disease, its diagnosis, and treatment.

Do not be afraid to ask questions—clear communication with a health care provider may help reduce any distress associated with social distancing, quarantine, or isolation.

Ask for written information when available.

Ask a family member or friend to obtain information in the event that you are unable to secure this information on your own.

WORK WITH YOUR EMPLOYER TO REDUCE FINANCIAL STRESS

If you’re unable to work during this time, you may experience stress related to your job status or financial situation.
Provide your employer with a clear explanation of why you are away from work.

Contact the U.S. Department of Labor toll-free at 1-866-4USWAGE (1-866-487-9243) about the Family and Medical Leave Act (FMLA), which allows U.S. employees up to 12 weeks of unpaid leave for serious medical conditions, or to care for a family member with a serious medical condition.

Contact your utility providers, cable and Internet provider, and other companies from whom you get monthly bills to explain your situation and request alternative bill payment arrangements as needed.

If approved by health authorities and your health care providers, arrange for your friends and loved ones to bring you newspapers, movies, and books.

Sign up for emergency alerts via text or email to ensure you get updates as soon as they are available.

Call SAMHSA’s free 24-hour Disaster Distress Helpline at 1-800-985-5990, if you feel lonely or need support.

Use the Internet, radio, and television to keep up with local, national, and world events.

If you need to connect with someone because of an ongoing alcohol or drug problem, consider calling your local Alcoholics Anonymous or Narcotics Anonymous offices.

CONNECT WITH OTHERS

Reaching out to people you trust is one of the best ways to reduce anxiety, depression, loneliness, and boredom during social distancing, quarantine, and isolation. You can:

- Use the telephone, email, text messaging, and social media to connect with friends, family, and others.
- Talk “face to face” with friends and loved ones using Skype or FaceTime.
- Reaching out to people you trust is one of the best ways to reduce anxiety, depression, loneliness, and boredom during social distancing, quarantine, and isolation. You can:

Sources for Reliable Outbreak-Related Information

Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329-4027
1-800-CDC-INFO (1-800-232-4636)
http://www.cdc.gov

World Health Organization
Regional Office for the Americas of the World Health Organization
525 23rd Street, NW
Washington, DC 20037
202-974-3000
http://www.who.int/en

TALK TO YOUR DOCTOR

If you are in a medical facility, you may have access to health care providers who can answer your questions. However, if you are quarantined at home, and you’re worried about physical symptoms you or your loved ones may be experiencing, call your doctor or other health care provider:

- Ask your provider whether it would be possible to schedule remote appointments via Skype or FaceTime for mental health, substance use, or physical health needs.
- In the event that your doctor is unavailable and you are feeling stressed or are in crisis, call the hotline numbers listed at the end of this tip sheet for support.

USE PRACTICAL WAYS TO COPE AND RELAX

- Relax your body often by doing things that work for you—take deep breaths, stretch, meditate or pray, or engage in activities you enjoy.
- Pace yourself between stressful activities, and do something fun after a hard task.
• Talk about your experiences and feelings to loved ones and friends, if you find it helpful.

• Maintain a sense of hope and positive thinking; consider keeping a journal where you write down things you are grateful for or that are going well.

### After Social Distancing, Quarantine, or Isolation

You may experience mixed emotions, including a sense of relief. If you were isolated because you had the illness, you may feel sadness or anger because friends and loved ones may have unfounded fears of contracting the disease from contact with you, even though you have been determined not to be contagious.

The best way to end this common fear is to learn about the disease and the actual risk to others. Sharing this information will often calm fears in others and allow you to reconnect with them.

If you or your loved ones experience symptoms of extreme stress—such as trouble sleeping, problems with eating too much or too little, inability to carry out routine daily activities, or using drugs or alcohol to cope—speak to a health care provider or call one of the hotlines listed to the right for a referral.

If you are feeling overwhelmed with emotions such as sadness, depression, anxiety, or feel like you want to harm yourself or someone else, call 911 or the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255).

### Helpful Resources

#### Hotlines

**SAMHSA’s Disaster Distress Helpline**
Toll-Free: 1-800-985-5990 (English and español)
SMS: Text TalkWithUs to 66746
SMS (español): “Hablanos” al 66746
TTY: 1-800-846-8517

**SAMHSA’s National Helpline**
Toll-Free: 1-800-662-HELP (24/7/365 Treatment Referral Information Service in English and español)

**National Suicide Prevention Lifeline**
Toll-Free (English): 1-800-273-TALK (8255)
Toll-Free (español): 1-888-628-9454
TTY: 1-800-799-4TTY (4889)
Website (English): [http://www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

**Behavioral Health Treatment Services Locator**
Website: [http://findtreatment.samhsa.gov/locator/home](http://findtreatment.samhsa.gov/locator/home)

**SAMHSA Disaster Technical Assistance Center**
Toll-Free: 1-800-308-3515
Email: DTAC@samhsa.hhs.gov
Website: [http://www.samhsa.gov/dtac](http://www.samhsa.gov/dtac)

*Note: Inclusion or mention of a resource in this fact sheet does not imply endorsement by the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.*
Effective Systems Advocacy

Roanna Newton
Program Consultant
Empowerment Team
NC DHHS MH DD SAS

Insert Date
Nothing About Us, Without Us.
Learning Objectives

By the end of this training, you will be able to

- Understand Transformational Thinking
- Get to the Root of a Problem
- Describe Effective Systems Advocacy
- Understand the Importance of “Nothing About Us, Without Us”
What does advocacy mean to you?

- Self-Advocacy
- Individual Advocacy
- Systems Advocacy
What is Transformational Thinking?
What is Transformational Thinking

• Relates to helping the system become better through a consumer-driven approach
  – Values driven
  – More quality oriented
  – More creative
  – More productive
  – A better citizen of the community

• Future-oriented

• An approach to on-going and lasting change
Systems advocacy relies on a group of people who share the common goal of transforming (changing) the system to better meet the needs of the community.
Achieving A Unified Voice

• Engage in Teambuilding
• Lead by Motivating Others
• Suggest Thinking Creatively

Teambuilding
The ability to work in a team, collaborating with others, the ability to understand one’s own feelings, interests and circumstances and balance them with those of others; ability to treat people with respect, concern and support despite differences.

Motivating Others
The ability to cause others to do or stop doing something, to express their feelings, interests and circumstances; to internalize a goal or standard; to support or oppose an action, idea, or point of view.

Thinking Creatively
The ability to generate and accept new, creative, unanticipated, previously untried, or unconventional ideas or approaches.
Where to begin?
Make the Community Connection

• Identify and clearly state challenges and/or concerns
• Assemble a team
• Build networks, alliances and coalitions
• Collect information to support your cause
  - Data
  - Anecdotal (people’s stories)
• Identify and manage resources
  - Time
  - Talent
  - Treasures
• Schedule and host planning meetings
What is the Issue Facing the Community?

Problem Statement

Why? The problem above is happening because…

Ask 5 times until you get to the root of the problem
Develop and Deliver Your Message

Develop the Message

- Clearly define the issue and the root cause
- Determine the desired outcome
- Determine who can work with you to achieve the desired outcome
- Develop your elevator speech

Deliver the Message

- Make your advisory message clear, concise and specific to your particular audience (potential allies, policymakers, community members)
Now What?
Who are the Decision Makers?

- LME/MCOs
- State and Local Policymakers (DHHS)
- Government Agencies
- Health Care Providers
- Justice System
- Businesses and other organizations
- Ballot Initiatives
Nothing About Us, Without Us

What is the benefit for the decision makers to buy-in to your outcome or response to an issue?
Take Action: Be the Voice

• Comment on Policy Papers
• Monitor the Problem
• Spotlight in the Community
Get your Message to the “Right” People.

- **LME/MCO’s:** [www.ncdhhs.gov/providers/lme-mco-directory](http://www.ncdhhs.gov/providers/lme-mco-directory)


- **County Commissioners:** [www.ncacc.org/171/Links-to-Counties](http://www.ncacc.org/171/Links-to-Counties)

- **NC General Assembly:** [www.ncleg.net](http://www.ncleg.net)
LME/MCO Contacts

- LME/MCO Staff
- LME/MCO Governing Board
- LME/MCO Veterans Point of Contact
Who are Your Representatives?

NC General Assembly:  www.ncleg.net

- Hover the mouse over the text “District Representation”
- Scroll down and click on “Find Your Legislators”

- Enter your address in the address field, and click “enter”
- Select your address
- Your representatives will be displayed in the left hand corner, above the map
Ways to Become Involved

Governance and Policy
- Member of a task force
- Members of advisory board
- Member of board of directors
- Member of committees developing training and curricula
- Members of workgroups

Community Advocacy
- Group facilitators
- Community Advocates
- Veterans Outreach
Moving Forward: Action GRANTED

The Plan is Implemented
Where decisions are made

Outcome
Action Granted

What happens next?
Moving Forward: Action DENIED

The Plan is Implemented
To impact decision makers

Outcome
Action Denied

What happens next?
Nothing About Us, Without Us.
Questions and Contact Information

Roanna Newton
PHONE: 919-715-3197
EMAIL: Roanna.newton@dhhs.nc.gov
Informational Slides
## Types of Advocacy:

<table>
<thead>
<tr>
<th>Self-Advocacy</th>
<th>Individual Advocacy</th>
<th>Systems Advocacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helps people identify their strengths</td>
<td>Focuses on changing the situation of one person to protect his or her rights or to improve individual services.</td>
<td>An effort to change policies, rules or laws which determine how services are provided.</td>
</tr>
<tr>
<td>Reinforces Self-Determination</td>
<td>Supporting people to exercise their rights</td>
<td>Systems advocacy works to cause change in organizations, service systems or laws</td>
</tr>
<tr>
<td>Allows people the dignity of risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A person standing up for their rights and choices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lets others know what he or she thinks</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Similar Tactics for Each

**Identify Problem**
- What is missing from your community?
- What areas does your community need to improve in?

**Support Your Idea**
- Get the facts and data to back up the problem you have identified
- This can be numbers or stories

**Make a Plan**
- Specific, Measurable, Achievable, Relevant, Time-bound
- Revise when needed!

**Gather Support**
- Who in the community feels the same way you do?
- Are there community members who haven’t been included in past who might be interested?

**Adopt a Positive Attitude**
- Be firm, persistent and consistent
- Maintain your credibility
Scanning Your Advocacy Environment

• What are the factors external to your self or organization, that can have or has had an impact (negative or positive) on you?

• What are the factors internal to your self or organization that can have or has had an impact (negative or positive) on you?
Build Alliances Networks and Coalitions

- They provide strength in unity and numbers, and therefore facilitate greater impact.

- They broaden the base of campaigns and thereby gain greater legitimacy with the decision-makers.

- They offer additional capacity for monitoring; they help to build support across sectors.

- Providing a forum for the joint consideration of problems.

- Combining the financial, material and human resources of each member of the coalition.
# THE EISENHOWER BOX

<table>
<thead>
<tr>
<th>URGENT</th>
<th>NOT URGENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DO</strong></td>
<td><strong>DECIDE</strong></td>
</tr>
</tbody>
</table>
| *Do it now.*  
Write article for today. | *Schedule a time to do it.*  
Exercising.  
Calling family and friends.  
Researching articles.  
Long-term biz strategy. |
| **DELEGATE** | **DELETE** |
| *Who can do it for you?*  
Scheduling interviews.  
Booking flights.  
Approving comments.  
Answering certain emails.  
Sharing articles. | *Eliminate it.*  
Watching television.  
Checking social media.  
Sorting through junk mail. |

"What is important is seldom urgent and what is urgent is seldom important."

-Dwight Eisenhower, 34th President of the United States
Potential Design (Snap Shot)

• Formed and sustained alliances
• Established contact with government, organizations and individuals
• An identified monitoring mechanism
• Ability to obtain data and complete research
• An active mechanism for re-planning and follow up
Using the Effective Systems Advocacy Activity Packet, take some time in your group to go through the problem statement and solution development process.

- Discuss who in the community will be an ally and an asset.

- Discuss what additional barriers and challenges you might encounter.
Policymakers Activity

Who are the key policymakers and community leaders that you want to contact.

- Places where decisions are made
  - Businesses & other organizations
  - National, State, and Local Policymakers
  - Government Agencies
  - Health Care Providers
  - Ballot Initiatives
  - Justice System
Sharing our Knowledge and Ideas

Each group will have 5 minutes to make a presentation and report out on what steps should be taken to impact change.
Time to get to Work!

• For the next 20-25 minutes in your groups write out:
  • What is your target for advocacy.
  • What methods of outreach do you think would be effective in reaching your stakeholders?
  • How will you put your plan into action?
  • Who are you presenting to?
  • What data will you need to collect?
  • What steps should be taken to impact change?
  • Craft your 1 page message.
Ways to Become Involved

Training and TA
- Developer of training material
- Trainer for Peer Support Specialist trainings
- Trainers/co-trainers for in-service
- Reviewers of audiovisual and written materials
- Presenters at conferences
- Participants at conferences

Research and Evaluation
- Participants in quality improvement initiatives
- Program evaluators
- Data Collection/Quality Improvement
ITEM: Finance Committee Report

DATE OF BOARD MEETING: May 7, 2020

BACKGROUND: The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Board. The Finance Committee meets monthly at 2:30 p.m., prior to the regular Board Meeting. This month’s report includes the draft minutes from the April 2, 2020, meeting, the Statement of Net Position, the Summary of Savings/(Loss) by Funding Source and ratios for the period ending March 31, 2020, and recommendations to the Board to approve all presented contracts over $500,000.

REQUEST FOR BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): David Hancock, Committee Chair; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer
Finance Committee Meeting
Thursday, May 7, 2020
2:30-4:00 pm

AGENDA

1. Review of the Minutes – April 2, 2020

2. Monthly Financial Reports as of March 31, 2020
   a. Statement of Net Position
   b. Summary of Savings/(Loss) by Funding Source
   c. Statement of Revenue and Expenses (Budget & Actual)
   d. Cash Trend
   e. Senate Bill 208 Ratios
   f. DMA Contractual Ratios

3. Approval of Contract(s)

4. Quarterly Updates
   a. Reinvestment Plan
   b. Solvency Standards
   c. PMPM
   d. Non-Medicaid Reporting

5. FY21 Recommended Budget

6. Adjournment
1. WELCOME AND INTRODUCTIONS – the meeting was called to order at 3:00 PM

2. REVIEW OF THE MINUTES – The minutes from the March 5, 2020, meeting were reviewed; a motion was made by Ms. Anderson and seconded by Mr. Pazzaglini to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Monthly Financial Report</td>
<td>The monthly financial reports were discussed which includes the Summary of Savings/(Loss) by Funding Source, the Statement of Revenue and Expenses, Cash Trend Analysis, Senate Bill 208 Required Ratios, and DMA Contract Ratios as of February 29, 2020. Ms. Pacholke discussed the monthly reports. • As of 2/29/20 we have net position of $97.6M with $35.5M unrestricted • As of 2/29/20 we have savings of $9.7M • We are meeting all SB208 and DMA contract ratios.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Approval of Contracts | The following motions were made related to contract approvals: • A motion to recommend to the Board to authorize the CEO to enter into a contract for the purchase of Dell servers for an amount not to exceed $525,000. This purchase will be made using a contract established by the State under G.S. 143-129(e)(7). |  |  |

5. Budget Retreat Summary | Ms. Goodfellow went over the highlights of the budget retreat and reminded the Committee that the FY21 recommended budget will be presented at the May Board meeting. |  |  |

6. Reminders | Ms. Pacholke reminded the Committee that the annual review of policies is due in May. The policies will be emailed to the Committee. Currently there are no proposed changes from staff. Ms. Pacholke reminded the Committee that a FY20 budget amendment will be presented in June at either the regular meeting at the beginning of the month or the special meeting at the end of the month. Ms. Pacholke will email out policies. |  |  |
7. **ADJOURNMENT**: the meeting adjourned at 3:35 pm; the next meeting will be May 7, 2020, from 2:30 p.m. to 4:00 p.m.
### ASSETS

**Current Assets**
- Cash and cash equivalents: $55,455,613
- Short term investments: $20,779,774
- Due from other governments: $28,182,054
- Accounts receivable, net of allowance for uncollectible accounts: $137,896
- Sales tax refund receivable: $66,496
- Prepaid expenses: $3,162,214

**Total Current Assets**: $107,784,046

**Noncurrent Assets**
- Restricted Cash: $58,317,950
- Other assets: $383,638
- Capital assets, net of accumulated depreciation: $4,525,943
- Deferred Outflows of Resources: $9,931,398

**Total Other Assets**: $73,158,929

**Total Assets**: $180,942,975

### LIABILITIES

**Current Liabilities**
- Accounts Payable and Other Current Liabilities: $4,080,236
- Claims and other service liabilities: $32,187,789
- Unearned Revenue: $25,361,206
- Current portion of accrued vacation: $1,421,865
- Other Current Liabilities: $0

**Total Current Liabilities**: $63,051,096

**Noncurrent Liabilities**
- Net Pension Liability: $13,178,313
- Accrued Vacation: $655,135
- Deferred Inflows of Resources: $63,361

**Total Long-Term Liabilities**: $13,896,809

**Total Liabilities**: $76,947,905

### NET POSITION

**Capital Assets at Beginning of Year**: $4,946,365
- Restricted: $51,602,006
- Unrestricted: $31,425,688

**Net Revenue over Expenses:**
- Current Year Change in Net Position: $16,021,011

**Total Net Position**: $103,995,070

**Total Liabilities and Net Position**: $180,942,975
Summary of Savings/(Loss) by Funding Source as of March 31, 2020

<table>
<thead>
<tr>
<th></th>
<th>Revenue</th>
<th>Expense</th>
<th>Savings/(Loss)</th>
<th>Projection as of June 30, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Waiver Services</td>
<td>$294,402,977</td>
<td>$282,301,763</td>
<td>$12,101,214</td>
<td>$12,414,286</td>
</tr>
<tr>
<td>Medicaid Waiver Risk Reserve</td>
<td>6,715,944</td>
<td>6,715,944</td>
<td>-</td>
<td>9,003,287</td>
</tr>
<tr>
<td>Federal Grants &amp; State Funds</td>
<td>52,196,256</td>
<td>52,207,513</td>
<td>(12,257)</td>
<td>-</td>
</tr>
<tr>
<td>Local Funds</td>
<td>20,473,832</td>
<td>20,331,625</td>
<td>142,207</td>
<td>-</td>
</tr>
<tr>
<td>Administrative</td>
<td>44,342,750</td>
<td>47,268,847</td>
<td>(2,926,098)</td>
<td>(4,584,504)</td>
</tr>
<tr>
<td>Total</td>
<td>$418,130,759</td>
<td>$402,109,748</td>
<td>$16,021,011</td>
<td>$16,833,069</td>
</tr>
</tbody>
</table>

Committed
- Legislative Reductions
  - Intergovernmental Transfers: (2,255,863) $3,007,817 |
  - Reinvestments-Service: (313,075) (1,582,000) |
  - Reinvestments-Administrative: (1,681,432) (2,051,000) |
  Total Committed: (4,250,369) (6,640,817) |

Restricted
- State Statutes | 7,005,672 | 7,005,672 |
- Prepaids | 858,436 | 2,303,778 | 3,162,214 | 431,633 |
- Restricted - Other | 8,644,108 | 2,303,778 | 10,167,886 | 7,457,306 |

Unrestricted
- Legislative Reductions | 7,342,029 | - | 7,342,029 | 7,342,029 |
- Intergovernmental Transfer | 3,007,817 | (2,255,863) | 751,954 | - |
- Reinvestments-Service | 1,832,000 | (313,075) | 1,518,925 | 250,000 |
- Reinvestments-Administrative | 4,953,013 | (1,681,432) | 3,271,581 | 2,902,013 |
- Total Committed | 17,134,859 | (4,250,369) | 12,884,490 | 10,494,042 |
- Unrestricted | 6,426,721 | 11,672,081 | 18,098,802 | 22,073,878 |
- Total Fund Balance Change | $16,021,011 | $16,833,069 |

Fund Balance as of March, 31 2020

<table>
<thead>
<tr>
<th></th>
<th>June 30, 2019</th>
<th>Change</th>
<th>March 31, 2020</th>
<th>Projection as of June 30, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment in Fixed Assets</td>
<td>4,946,365</td>
<td>(420,423)</td>
<td>4,525,943</td>
<td>4,196,609</td>
</tr>
<tr>
<td>Restricted - Risk Reserve</td>
<td>51,602,006</td>
<td>6,715,944</td>
<td>58,317,950</td>
<td>60,605,293</td>
</tr>
<tr>
<td>Restricted - Other State Statutes</td>
<td>7,005,672</td>
<td>-</td>
<td>7,005,672</td>
<td>7,005,672</td>
</tr>
<tr>
<td>Prepaids</td>
<td>858,436</td>
<td>2,303,778</td>
<td>3,162,214</td>
<td>431,633</td>
</tr>
<tr>
<td>Restricted - Other</td>
<td>8,644,108</td>
<td>2,303,778</td>
<td>10,167,886</td>
<td>7,457,306</td>
</tr>
</tbody>
</table>

Committed
- Legislative Reductions | 7,342,029 | - | 7,342,029 | 7,342,029 |
- Intergovernmental Transfer | 3,007,817 | (2,255,863) | 751,954 | - |
- Reinvestments-Service | 1,832,000 | (313,075) | 1,518,925 | 250,000 |
- Reinvestments-Administrative | 4,953,013 | (1,681,432) | 3,271,581 | 2,902,013 |
- Total Committed | 17,134,859 | (4,250,369) | 12,884,490 | 10,494,042 |
- Unrestricted | 6,426,721 | 11,672,081 | 18,098,802 | 22,073,878 |
- Total Fund Balance | 87,974,059 | 16,021,011 | 103,995,070 | 104,807,128 |

March 31, 2020 Actual
- Investment in Fixed Assets: 58%
- Restricted - Risk Reserve: 18%
- Restricted - Other: 12%
- Total Committed: 56%
- Unrestricted: 4%

June 30, 2020 Projection
- Investment in Fixed Assets: 58%
- Restricted - Risk Reserve: 21%
- Restricted - Other: 10%
- Total Committed: 58%
- Unrestricted: 4%
A  Projected Administrative Loss as of 6/30/20  $ (4,584,504)
  Committed-Intergovernmental Transfers  3,007,817
  Committed-Reinvestments-Administrative  2,051,000
  Net Administrative Savings/(Loss) After Committed Funds  $ 474,313

B  FY20 Committed Reinvestment Plan

<table>
<thead>
<tr>
<th>Crisis Services</th>
<th>Committed Funds FY20</th>
<th>Spent March 31, 2020</th>
<th>Projection June 30, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumberland Crisis Facility</td>
<td>1,200,000</td>
<td>311,400</td>
<td>1,200,000</td>
</tr>
<tr>
<td>NC START</td>
<td>132,000</td>
<td>-</td>
<td>132,000</td>
</tr>
<tr>
<td>Subtotal</td>
<td>$ 1,332,000</td>
<td>$ 311,400</td>
<td>$ 1,332,000</td>
</tr>
</tbody>
</table>

| Engagement and Self-Management       |                      |                      |                          |
| Misc                                 | $ 500,000            | 1,675                | $ 250,000                |
| Subtotal                             | $ 500,000            | $ 1,675              | $ 250,000                |

| Total - Services                     | $ 1,832,000          | $ 313,075            | $ 1,582,000              |

| Administration                       |                      |                      |                          |
| Tailored Plan planning and implementation | $ 4,953,013      | $ 1,681,432          | $ 2,051,000              |
| Total - Administrative                | $ 4,953,013          | $ 1,681,432          | $ 2,051,000              |

| Total Service and Administration      | $ 6,785,013          | $ 1,994,507          | $ 3,633,000              |

C  Key Assumptions

1) Restricted - Other State Statutes - using 6/30/19 amount. This will change once 6/30/20 is closed.
2) The savings related to Medicaid Waiver Services is 75% of the average of year to date revenues vs. expenses.
3) Projections are based on currently available information and therefore are subject to change.
<table>
<thead>
<tr>
<th>REVENUES</th>
<th>Budget</th>
<th>Current Period</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Year to Date</th>
<th>Balance</th>
<th>% Received/ Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Grants</td>
<td>$38,787,140</td>
<td>$1,944,613</td>
<td>$7,448,570</td>
<td>$5,599,838</td>
<td>$7,425,424</td>
<td>$20,473,832</td>
<td>$18,313,308</td>
<td>52.79%</td>
</tr>
<tr>
<td>State &amp; Federal Grants</td>
<td>$53,383,119</td>
<td>$8,582,343</td>
<td>$12,144,715</td>
<td>$22,005,646</td>
<td>$18,044,895</td>
<td>$52,195,256</td>
<td>$1,187,863</td>
<td>97.77%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>$385,741,463</td>
<td>$37,501,754</td>
<td>$98,465,941</td>
<td>$96,960,799</td>
<td>$105,692,181</td>
<td>$301,118,921</td>
<td>$84,622,542</td>
<td>78.06%</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$477,911,722</td>
<td>$48,028,711</td>
<td>$118,059,227</td>
<td>$124,566,283</td>
<td>$131,162,500</td>
<td>$373,788,009</td>
<td>$104,123,713</td>
<td>78.21%</td>
</tr>
</tbody>
</table>

| Administrative | | | | | | | | |
| Local Administration | $387,584 | $32,299 | $96,975 | $96,821 | $96,898 | $290,694 | $96,890 | 75.00% |
| LME Administrative Grant | $4,359,385 | $363,283 | $1,089,849 | $1,089,849 | $1,089,849 | $3,269,547 | $1,089,838 | 75.00% |
| Medicaid Waiver Administration | $52,601,109 | $4,313,302 | $13,421,208 | $13,226,968 | $13,615,801 | $40,263,978 | $12,337,131 | 75.00% |
| Miscellaneous Revenue | $500,000 | $24,991 | $242,828 | $187,417 | $88,286 | $518,531 | ($18,531) | 103.71% |
| Total Administrative Revenue | $57,848,078 | $4,733,876 | $14,850,860 | $14,601,055 | $14,890,835 | $44,342,750 | $13,505,328 | 76.65% |
| Total Revenues | $535,759,800 | $52,762,586 | $132,910,087 | $139,167,338 | $146,053,334 | $418,130,759 | $117,629,041 | 78.04% |

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>Budget</th>
<th>Current Period</th>
<th>Q1</th>
<th>Q2</th>
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<th>Year to Date</th>
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<td>97.77%</td>
</tr>
<tr>
<td>Medicaid Waiver Services</td>
<td>$385,741,463</td>
<td>$37,501,754</td>
<td>$98,465,941</td>
<td>$96,960,799</td>
<td>$105,692,181</td>
<td>$301,118,921</td>
<td>$84,622,542</td>
<td>78.06%</td>
</tr>
<tr>
<td>Total Service Expenses</td>
<td>$477,911,722</td>
<td>$41,002,965</td>
<td>$115,950,046</td>
<td>$120,756,569</td>
<td>$118,134,286</td>
<td>$354,840,901</td>
<td>$123,070,821</td>
<td>74.25%</td>
</tr>
</tbody>
</table>

| Administrative | | | | | | | | |
| Operational | $9,335,253 | $885,380 | $2,480,396 | $2,537,664 | $2,691,352 | $7,709,412 | $1,625,841 | 82.58% |
| Salaries, Benefits, and Fringe | $43,819,039 | $4,094,216 | $12,386,230 | $10,923,560 | $12,006,115 | $35,315,905 | $8,503,134 | 80.59% |
| Professional Services | $4,193,786 | $472,481 | $1,347,855 | $1,759,584 | $1,136,090 | $4,243,530 | ($49,744) | 101.19% |
| Miscellaneous Expense | $500,000 | $0 | $0 | $0 | $0 | $500,000 | $500,000 | 0.00% |
| Total Administrative Expenses | $57,848,078 | $5,452,077 | $16,214,481 | $15,220,808 | $15,833,357 | $47,268,847 | $10,579,231 | 81.71% |
| Total Expenses | $535,759,800 | $52,762,586 | $132,910,087 | $135,977,377 | $133,967,843 | $402,109,748 | $133,650,052 | 75.05% |


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Statement of Revenue and Expenses (Budget and Actual) - As of March 31, 2020

Finance Committee Meeting 5/7/2020
Meeting Packet Page 7 of 9
Senate Bill 208 Ratios - As of March 31, 2020

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

**Medical Loss Ratio (MLR)** = Total Services Expenses plus Administrative Expenses that go towards directly improving health outcomes divided by Total Medicaid Revenue. The requirement is 85% or greater cumulative for the rating period (7/1/19-6/30/20).
ITEM: Draft Minutes from the April 2, 2020, Board Meeting

DATE OF BOARD MEETING: May 7, 2020

REQUEST FOR BOARD ACTION: Approve the draft minutes from the April 2, 2020, meeting.

CEO RECOMMENDATION: Approve the minutes.

RESOURCE PERSON(S): Robert Robinson, CEO
Thursday, April 02, 2020

AREA BOARD REGULAR MEETING
(virtual meeting via videoconference)
4:00-6:00 p.m.

MEMBERS PRESENT: ☐ Glenn Adams, Cumberland County Commissioner, JD, ☒ Jennifer Anderson, MHSA, ☐ Tony Braswell, Johnston County Commissioner, ☒ Heidi Carter, Durham County Commissioner, MPH, MS, ☒ David Curro, BS, ☒ Angela Diaz, MBA, ☒ Greg Ford, Wake County Commissioner, MA, ☐ Lodies Gloston, MA, ☐ David Hancock, MBA, MPAff, ☐ Duane Holder, MPA, ☐ D. Lee Jackson, BA, ☐ Donald McDonald, MSW, ☒ Lynne Nelson, BS, ☒ Gino Pazzaglini, Board Vice-Chair, MSW LFACHE, ☒ Pam Silberman, JD, DrPH, ☒ McKinley Wooten, Jr., JD; ☐ (vacancy representing Cumberland County; ☐ (vacancy representing Durham County); ☐ (vacancy representing Durham County); and ☐ (vacancy representing Wake County)

GUEST(S) PRESENT: Denise Foreman, Wake County Manager’s office; and Yvonne French, NC DHHS/DMH (Department of Health and Human Services/Division of Mental Health, Developmental Disability and Substance Abuse Services)

ALLIANCE STAFF PRESENT: Brandon Alexander, Communications & Marketing Specialist I; Damali Alston, Director of Network Evaluation; Michael Bollini, Executive Vice-President/Chief Operating Officer; Joey Dorsett, Senior Vice-President/Chief Information Officer; Doug Fuller, Director of Communications; Terrasine Gardner, Engagement Manager; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer; Cheala Garland-Downey, Executive Vice-President/Chief Human Resources Officer; Veronica Ingram, Executive Assistant II; Mehul Mankad, Chief Medical Officer; Beth Melcher, Senior Director Clinical Innovation; 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; Sean Schreiber, Executive Vice-President/Network and Community Health; Tammy Thomas, Senior Director of Project Portfolio Management; Sara Wilson, Senior Director of Government Relations; Carol Wolff, General Counsel; and Ginger Yarborough, NCQA Accreditation Manager

1. CALL TO ORDER: Vice-Chair Gino Pazzaglini called the meeting to order at 4:07 p.m.

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Announcements</td>
<td>Vice-Chair Pazzaglini reminded attendees that Chair George Corvin’s third and final term ended March 31, 2020. Per the by-laws, the Vice-Chair serves in any capacity where the Chair is unable to perform his duties; Vice-Chair Pazzaglini will preside at Board and Executive Committee meetings for the duration of his term (through June 30, 2020).</td>
</tr>
<tr>
<td>3. Agenda Adjustments</td>
<td>There were no adjustments to the agenda.</td>
</tr>
<tr>
<td>4. Public Comment</td>
<td>There were no public comments.</td>
</tr>
</tbody>
</table>
| 5. Committee Reports | A. Consumer and Family Advisory Committee – page 4

The Alliance Consumer and Family Advisory Committee (CFAC) is composed of consumers and/or family members from Durham, Wake, Cumberland or Johnston counties who receive mental health, intellectual/developmental disabilities or substance use/addiction services. This month’s report included draft minutes and supporting documents from the March steering, Johnston, Durham, and Wake meetings, and the February Cumberland and retreat meetings.

The committee reports were sent as part of the Board packet; Dave Curro, CFAC Chair, presented the CFAC report. Mr. Curro shared that recent CFAC meetings were conducted remotely and committee events have been cancelled or postponed in compliance with local, state and federal orders per COVID-19 concerns. The CFAC report is attached to and made part of these minutes. |

BOARD ACTION
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Board received the report.</td>
<td></td>
</tr>
<tr>
<td>B. Finance Committee – page 76</td>
<td>The Finance Committee’s function is to review financial statements and recommend policies/practices on fiscal matters to the Area Board. This month’s report included draft minutes from the March 5, 2020, meeting, the Statement of Net Position, the Summary of Savings/(Loss) by Funding Source and ratios for the period ending February 29, 2020, and recommendations to the Board to approve all presented contracts over $500,000.</td>
</tr>
<tr>
<td>Vice-Chair Pazzaglini presented the report. He noted that revenue exceeded expenditures and all mandated ratios were met or exceeded. Sara Pacholke, Senior Vice-President/Financial Operations, reviewed documents submitted in the Finance Committee report; she shared that the recommended contract is to update the agency’s server farm for additional space and processing power to support the current production environment, new claims system, and projected future growth. Vice-Chair Pazzaglini stated that the Finance Committee reviewed the contract and is forwarding it for Board approval. The Finance Committee report is attached to and made part of these minutes.</td>
<td></td>
</tr>
<tr>
<td>BOARD ACTION</td>
<td>A motion was made by Ms. Gloston to authorize the CEO to enter a contract to purchase Dell servers in an amount not to exceed $525,000 using the contract established by the State under G.S. 143-129 (e)(7); motion seconded by Dr. Silberman. Motion passed unanimously.</td>
</tr>
</tbody>
</table>
| 6. Consent Agenda | A. Draft Minutes from March Board Meeting and Budget Retreat Meeting – page 85  
B. By-Laws/Policy Committee Report – page 91  
C. Executive Committee Report – page 97  
D. Quality Management Committee Report – page 99 |  
The consent agenda was sent as part of the Board packet; it is attached to and made part of these minutes. There were no comments or discussion about the consent agenda. |
| BOARD ACTION | A motion was made by Mr. Curro to approve the minutes and adopt the consent agenda; motion seconded by Ms. Diaz. Motion passed unanimously. |
| 7. Training/Presentation(s) | A. COVID-19 Update – page 106 |  
Alliance staff provided an update on the agency’s efforts to continue operations and to coordinate care for the people Alliance serves while maintaining staff and community safety.  
Mr. Robinson expressed gratitude for staff, NC DHHS and provider response, flexibility and agility with operational changes to ensure that Alliance providers are able to continually provide care and services. He thanked Alliance’s IT staff who supported the increase (85 %+) of Alliance staff working from home, and the technology and smooth transition to holding virtual meetings. Mr. Robinson expressed gratitude for partnerships with community stakeholders to anticipate resources with increasing needs in the community. |
<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mehul Mankad, Chief Medical Officer, provided an epidemiological update. Dr. Mankad included a general overview of COVID-19, its impact and the agency’s internal and external responses. Dr. Mankad encouraged attendees to be prepared, cautious and stay calm to take care of themselves, others and the important work of the agency.</td>
</tr>
<tr>
<td></td>
<td>Vice-Chair Pazzaglini expressed gratitude for the efforts made by staff to maintain services and promote safety of staff and others.</td>
</tr>
<tr>
<td></td>
<td>Sean Schreiber, Executive Vice-President/Network and Community Health, provided a provider network update; Mr. Schreiber noted efforts to maintain crisis services, efforts to support provider stabilization, alternate telehealth definition and additional efforts to support local county governments’ COVID-19 crisis planning.</td>
</tr>
<tr>
<td></td>
<td>Brian Perkins, Senior Vice-President/Strategy and Government Relations, and Sara Wilson, Senior Director of Government Relations; presented a legislative update. Mr. Perkins reviewed three recent federal COVID-19 legislation: Coronavirus Preparedness and Response Supplemental Appropriations Act was signed into law March 6, 2020; Families First Coronavirus Response Act was signed into law March 18, 2020; and Coronavirus Aid, Relief, and Economic Security (CARES) Act was signed into law on March 27, 2020. Ms. Wilson provided an overview of state actions to help ensure continued care during the COVID-19 epidemic, including temporary waivers for some regulations and increased flexibility to promote continued services for persons in need. The presentation was saved as part of the Board’s files.</td>
</tr>
<tr>
<td></td>
<td><strong>BOARD ACTION</strong>&lt;br&gt;The Board received the update.</td>
</tr>
<tr>
<td></td>
<td><strong>B. Tailored Plan Implementation Update – page 107</strong>&lt;br&gt;Alliance staff provided an update on the agency’s Tailored Plan implementation. Mr. Robinson mentioned that Standard Plan (and subsequently) Tailored Plan implementation has been delayed by the State due to COVID-19 efforts. Tammy Thomas, Senior Director of Project Portfolio Management, provided an update on the agency’s effort to implement NC DHHS’ Tailored Plan. Ms. Thomas noted that the agency has completed 72% of its goals and all of them were completed on time. This presentation was saved as part of the Board’s files.</td>
</tr>
<tr>
<td></td>
<td><strong>BOARD ACTION</strong>&lt;br&gt;The Board received the update.</td>
</tr>
<tr>
<td>8. Chair’s Report</td>
<td>Vice-Chair Pazzaglini thanked attendees for joining today’s meeting and advised attendees that next month’s meeting may be in a similar format. Vice-Chair Pazzaglini shared an opportunity for board members suggested by Board member, Lynne Nelson: as an additional gesture of support, Board members could temporarily decline meeting compensation for one or more quarters; these funds would be utilized by staff for administrative purposes to meet unique needs during the COVID-19 pandemic. If interested, per policy, board members may inform the CEO (in writing) to decline any meeting compensation.</td>
</tr>
<tr>
<td>AGENDA ITEMS:</td>
<td>DISCUSSION:</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
</tr>
<tr>
<td></td>
<td>Board members discussed additional opportunities to support staff whose job duties require them to work in an Alliance office (i.e. providing daily catered lunch).</td>
</tr>
<tr>
<td></td>
<td><strong>BOARD ACTION</strong></td>
</tr>
<tr>
<td></td>
<td>A motion was made by Ms. Diaz to forego quarterly meeting compensation and for administration to use these funds at their discretion (staff lunches, to supplement provider administrative COVID-19 resources, etc.) pending a need for individual responses. Motion seconded by Ms. Gloston. Motion passed unanimously.</td>
</tr>
<tr>
<td>9. Adjournment</td>
<td>All business was completed; the meeting adjourned at 6:02 p.m.</td>
</tr>
</tbody>
</table>

**Next Board Meeting**  
**Thursday, May 07, 2020**  
4:00 – 6:00 pm

Minutes approved by Board on [Click or tap to enter a date..](#)
ITEM: Executive Committee Report

DATE OF BOARD MEETING: May 7, 2020

BACKGROUND: The Executive Committee sets the agenda for Board meetings and acts in lieu of the Board between meetings. Actions by the Executive Committee are reported to the full Board at the next scheduled meeting. This month’s report includes draft minutes from the April 20, 2020, meeting.

REQUEST FOR BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Gino Pazzaglini, Board Vice-Chair; Robert Robinson, CEO
### 1. WELCOME AND INTRODUCTIONS

-The meeting was called to order at 4:02 pm.

### 2. REVIEW OF THE MINUTES

-The minutes from the March 16, 2020, meeting were reviewed; a motion was made by Ms. Gloston and seconded by Mr. McDonald to approve the minutes. Motion passed unanimously.

### AGENDA ITEMS:

<table>
<thead>
<tr>
<th>AGENDA ITEMS</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Updates</td>
<td>COVID-19: Mr. Robinson provided an update on the various organizational, member and provider activities to support and ensure operations during the COVID-19 pandemic.</td>
<td>a) None specified. b) None specified.</td>
<td>a) N/A b) N/A</td>
</tr>
<tr>
<td></td>
<td>REMOTE PARTICIPATION: Vice-Chair Pazzaglini stated that the May Board meeting will also be remote and the May Executive Committee will also be held remotely. Committee members provided input on the revised process.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Budget Presentation Outline</td>
<td>Kelly Goodfellow, Executive Vice-President/Chief Financial Officer, reviewed an outline for the fiscal year 2020-2021 recommended budget presentation. Ms. Goodfellow also reviewed the annual timeline for approving the budget and noted that the only change this year is that the meetings were held by videoconference.</td>
<td>Ms. Goodfellow will present the FY21 recommended budget and timeline at the May Board meeting.</td>
<td>5/7/20</td>
</tr>
<tr>
<td>5. Agenda for May Board Meeting</td>
<td>Committee reviewed the draft agenda and provided input.</td>
<td>Ms. Ingram will forward the agenda to staff.</td>
<td>4/20/20</td>
</tr>
<tr>
<td></td>
<td>COMMITTEE ACTION:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A motion was made by Ms. Nelson to approve the agenda for the May board meeting (as presented); motion seconded by Mr. Hancock. Motion passed unanimously.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Closed Session</td>
<td>COMMITTEE ACTION:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A motion was by Mr. McDonald to enter closed session pursuant to NC § 143-318.11 (a) (6) to consider the qualifications, competence, and performance of an employee. Motion seconded by Ms. Nelson. Motion passed unanimously.</td>
<td>None specified.</td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td>Committee returned to open session.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date; minutes approved on [Click or tap to enter a date.]..
### AGENDA ITEMS:

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. CSRS data request</td>
<td>Mr. Robinson provided an update on the NC Controlled Substances Reporting System (CSRS) legislative request which came from the seven NC LME/MCOs and requested access to the CSRS database for consumer care and population health efforts.</td>
<td>None specified.</td>
<td>N/A</td>
</tr>
</tbody>
</table>

8. **ADJOURNMENT**: the meeting adjourned at 4:57 pm; the next meeting will be May 18, 2020, at 4:00 p.m.
ITEM: Human Rights Committee Report

DATE OF BOARD MEETING: May 7, 2020

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

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

The Human Rights Committee shall meet at least quarterly.

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

The Human Rights Committee is a Board Committee with at least 50% of its membership being either consumers or family members that are not Board Members. All members and the chair are appointed by the Chair of the Alliance Board of Directors. Draft minutes for the April 9, 2020, meeting are attached.

REQUEST FOR BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Lynne Nelson, Committee Chair; Doug Wright, Director of Community and Member Engagement
1. WELCOME AND INTRODUCTIONS

2. REVIEW OF THE MINUTES - The minutes from the January 9, 2020, meeting were reviewed; a motion was made by Michael Teague and seconded by McKinley Wooten to approve the minutes. Motion passed unanimously.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Grievance Review</td>
<td>Todd presented the attached report on Quarter 2 data around grievances. 235 complaints, 108 coming from members or guardians, 84 from internal staff, 40 from external sources and 3 compliments. The committee reviewed the nature of events and who filed them and the service breakdown. Alliance specific grievances were reviewed as well. A deeper dive was taken into grievances that impacted human rights issues. Additional discussion came up about the current pandemic, any additional or concerning complaints that might be coming in. Access seem to be the biggest concern people were having at this point. The group would like additional information on this at their next meeting.</td>
<td>Ask Suzanne Davis-Marens to pass on her report about covid-19 calls coming into the call center and the nature of those calls.</td>
<td>July 9, 2020</td>
</tr>
<tr>
<td>4. Incident Review</td>
<td>Todd reviewed the attached report on Quarter 2 data around incidents. There were 745 reports on 502 separate individuals. 479 were children and 266 were adults. There were 667 level 2 and 78 level 3 reports. The committee reviewed incidents by county, adult or child, and service breakdown. A deeper dive was taken into incidents that impacted human rights such as restrictive interventions, injury, abuse and neglect, and death. Provider compliance with timely reporting was reviewed and seems to be leveling out.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>5. Members’ Rights policy reviews</td>
<td>CR1 – Members’ Rights to Dignity – members reviewed the policy and have no recommendations for changes.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
**AGENDA ITEMS:** | **DISCUSSION:** | **NEXT STEPS:** | **TIME FRAME:**  
---|---|---|---  
CR2 – Members’ Right to Confidentiality - members reviewed the policy and have no recommendations for changes. | Notify Board Policy Committee of the recommendation to not make any changes to these policies. | 4/15/2020  
CR3 – Members’ Choice - members reviewed the policy and have no recommendations for changes. |  |  
CR4 – Advanced Directives - members reviewed the policy and have no recommendations for changes. | Ask Provider Networks for a presentation on the current procedure and a discussion about the possibility of making some changes to try and encourage the use of advanced directives by members. | July 9, 2020  

Further discussion came up with regards to advanced directives and how members were informed of this right and the concern that not more people utilized this as an option in their health care. Doug explained that providers are required to inform members during intake about advanced directives, that in most cases it is not more than a check box on a form. Members suggested that it might be a separate document with a specific signature. This would be a procedural issue to be discussed with Provider Networks so Doug was ask to take the issue to Provider Networks for feedback about concerns and possible changes in procedures.

6. **Future agenda items**  
Covid-19 tracking, Lessons learned from Families/Members, Advanced Directives Procedure  
Set the agenda and invite subject matter experts.  
July 9, 2020

7. **ADJOURNMENT:** next meeting will be July 9, 2020 from 4:00 p.m. to 5:30 p.

Respectfully Submitted by:

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

Q2 FY20 yielded 235 entries

- 108 (46%) Grievances – Members/legal guardians
- 84 (36%) Internal Employee Concerns – Alliance staff
- 40 (17%) External Stakeholder Concerns – Outside entities
- 3 (1%) Compliments
<table>
<thead>
<tr>
<th>Reporting Category</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abuse, Neglect and Exploitation</strong></td>
<td>Any allegation regarding the abuse, neglect and/or exploitation of a child or adult as defined in APSM 95-2 (Client Rights Rules in Community Mental Health)</td>
</tr>
<tr>
<td>Access to Services</td>
<td>Access to Services as any complaint where an individual is reporting that he/she has not been able to obtain services</td>
</tr>
<tr>
<td>Administrative Issues</td>
<td>Any complaint regarding a Provider’s managerial or organizational issues, deadlines, payroll, staffing, facilities, etc.</td>
</tr>
<tr>
<td>Authorization/Payment Issues/Billing</td>
<td>Any complaint regarding the payment/financial arrangement, insurance, and/or billing practices regarding providers</td>
</tr>
<tr>
<td>PROVIDER ONLY</td>
<td></td>
</tr>
<tr>
<td>Basic Needs</td>
<td>Any complaint regarding the ability to obtain food, shelter, support, SSI, medication, transportation, etc.</td>
</tr>
<tr>
<td>Clients Rights</td>
<td>Any allegation regarding the violation of the rights of any consumer of mental health/developmental disabilities/substance abuse services. Clients Rights include the rights and privileges as defined in General Statutes 122C and APSM 95 -2 (Client Rights Rules in Community Mental Health)</td>
</tr>
<tr>
<td>Confidentiality/HIPAA</td>
<td>Any breach of a consumer’s confidentiality and/or HIPAA regulations.</td>
</tr>
<tr>
<td>LME/MCO Functions</td>
<td>Any complaint regarding LME functions such as Governance/ Administration, Care Coordination, Utilization Management, Customer Services, etc.</td>
</tr>
<tr>
<td>LME/MCO Authorization/Billing</td>
<td>Any complaint regarding the payment/financial arrangement, insurance, and/or billing practices of the LME/MCO</td>
</tr>
<tr>
<td>Provider Choice</td>
<td>Complaint that a consumer or legally responsible person was not given information regarding available service providers.</td>
</tr>
<tr>
<td>Quality of Care – PROVIDER ONLY</td>
<td>Any complaint regarding inappropriate and/or inadequate provision of services, customer services and services including medication issues regarding the administration or prescribing of medication, including the wrong time, side effects, overmedication, refills, etc.</td>
</tr>
<tr>
<td>Service Coordination between Providers</td>
<td>Any complaint regarding the ability of providers to coordinate services in the best interest of the consumer.</td>
</tr>
<tr>
<td>Other</td>
<td>Any complaint that does not fit the above areas.</td>
</tr>
</tbody>
</table>
Nature of Issue/Type
(Top 5)

- Administrative Issues: 55
- Access to Services: 36
- Quality of Services: 34
- LME/MCO Functions: 30
- Abuse, Neglect, Exploitation: 24
Source: Who submitted concerns?

- MCO Staff: 86
- Member: 56
- Guardian: 51
- Provider: 17
- Parent: 11
- Other: 8
- Family Member: 3
- Anonymous: 2
- DMA: 1
## Complaints Against Alliance

<table>
<thead>
<tr>
<th>Nature of Issue</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>29 LME/MCO Functions</td>
<td>Complaints related to Care Coordination (staff), housing, changes in care management, and Innovations wait list</td>
</tr>
<tr>
<td>5 Authorization/Payment/Billing</td>
<td>Complaints related to denials for services, improper billing of members, guardian’s concerns for budget letter reductions</td>
</tr>
</tbody>
</table>
Service Breakdown

- 19% from Residential Services
- 12% Outpatient Services
- 7% Innovations Waiver Services
  - All others represented 6% or less or were non-service related
Service Breakdown

(IDD Services)

- 7% - NC Innovations Waiver Services
- 5% - IDD Care Coordination
- 2% - Respite
Service Breakdown

(MH/SUD Services)

- 38% - Enhanced Services
- 17% - Basic Services
- 9% - Crisis Services
- 3% - SUD Services
- 2% - MH/SUD Care Coordination
Human Rights Complaints

- Basic Needs: 4
- Confidentiality/HIPAA: 5
- Client Rights: 13
- Abuse/Neglect/Exploitation: 24
Human Rights Complaint/Grievances

Service Breakdown
Abuse/Neglect/Exploitation

- Crisis - Inpatient: 4
- Other: 3
- Residential Services (Include Innovations): 3
- Psychiatric Services: 2
- Adult Day Vocational Program: 2
- Outpatient services: 1
- Unknown: 1
- Psychosocial Rehabilitation (PSR): 1
- Intermediate Care Facility (ICF): 1
- Innovations Services (Non-residential): 1
- Crisis Other: 1
- Crisis - Emergency Department: 1
- Crisis - Behavioral Health Urgent Care: 1
- Child & Adolescent Day Treatment: 1
- Access/Screening, Triage and Referral: 1
<table>
<thead>
<tr>
<th>Service</th>
<th>Total of 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Day Vocational Program</td>
<td>1</td>
</tr>
<tr>
<td>Other (TMS)</td>
<td>1</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>1</td>
</tr>
<tr>
<td>Psychiatric Services</td>
<td>1</td>
</tr>
<tr>
<td>Respite</td>
<td>1</td>
</tr>
</tbody>
</table>
## Basic Needs

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Services (Include Innovations)</td>
<td>1</td>
</tr>
<tr>
<td>Crisis - Inpatient</td>
<td>1</td>
</tr>
<tr>
<td>Community Support Team</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
</tbody>
</table>

Total of 4
<table>
<thead>
<tr>
<th>Nature of Issue</th>
<th>Description</th>
<th>Resolutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 Abuse/Neglect/Exploitation</td>
<td>11 – Potential licensing rule violations</td>
<td>14 – Referred to Division of Health Services Regulations (DHSR)</td>
</tr>
<tr>
<td></td>
<td>3 – Sexual Assault/Inappropriate Sexual Behavior</td>
<td>4 – Provider initiated corrective action</td>
</tr>
<tr>
<td></td>
<td>5 – Physical/Verbal Abuse</td>
<td>8 – Worked with provider for solution/Corrective action</td>
</tr>
<tr>
<td></td>
<td>6 – Improper care/supervision</td>
<td>4 – Information/Technical Assistance to provider.</td>
</tr>
<tr>
<td></td>
<td>3 – Exploitation related to payment for services</td>
<td></td>
</tr>
<tr>
<td>13 Client Rights</td>
<td>6 – Access to services/resources</td>
<td>3 – Provider initiated corrective action</td>
</tr>
<tr>
<td></td>
<td>1 – Payment/finances</td>
<td>8 – Info/Technical Assistance provided</td>
</tr>
<tr>
<td></td>
<td>2 – Provider Practices</td>
<td>4 – Worked with provider for resolution</td>
</tr>
<tr>
<td></td>
<td>3 – Current living conditions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 – Provider Choice</td>
<td></td>
</tr>
<tr>
<td>4 Basic Needs</td>
<td>1 – Housing issues</td>
<td>3 – Worked with provider for resolution</td>
</tr>
<tr>
<td></td>
<td>1 – Basic needs while IVC’d</td>
<td>1 – Info/Tech Asst. provided</td>
</tr>
<tr>
<td></td>
<td>2 – Management of funds</td>
<td></td>
</tr>
<tr>
<td>4 Confidentiality/HIPAA</td>
<td>3 – Unauthorized disclosure of member information</td>
<td>2 – Provider initiated corrective action</td>
</tr>
<tr>
<td></td>
<td>1 – Wrong information on member documents</td>
<td>1 – Information/Tech Assistance provided</td>
</tr>
</tbody>
</table>
Incident Report Breakdown

- 745 Reports were entered in to NC-IRIS for 502 members
- 479 reports involved children, 266 involved adults

**LEVELS**
- 667 Level 2 reports
- 78 Level 3
Wake County submitted the largest number of Level 2 (342) and Level 3 (45) reports in the 1st quarter of FY20.
• A total of 479 Incidents were reported for children: (460 L2 and 19 L3)
• A total of 266 Incidents were reported for Adults: (207 L2 and 59 L3)
This chart represents the top 10 services reporting incidents during Q2 of FY20. PRTF service category remains the highest reporting service; 21% of all reports.
REPORTS BY INCIDENT CATEGORY
(Primarily Human Rights Related)
• 93% of Restrictive interventions in Q2 were Physical Restraints
Restrictive Intervention Breakdown

- 66% from PRTF Programs
- 27% from Day Treatment Programs
- Higher numbers/percentages in Child and Adolescent programs
• 52 Total – 51 were L2; 1 was L3
• 1 L3 due an injury that resulted in police involvement and missing persons report
• 82 reported in this category
• 4 Substantiated: **3 Staff Abuse, 1 Staff Neglect**
• Staff and Caregiver Abuse were the most commonly reported in the category (49% of reports in this category)
A total of 37 deaths were reported during the 2nd quarter
22 (59%) L3, 15 (41%) L2
43% of reports due to Unknown Causes
  Could be downgraded to L2 when the OCME report is received
  3 OMT (Opioid Maintenance Therapy) are included in Unknown Death reports
Incident Report Compliance
Incident Report Compliance Process
(Q2 FY2020)

- 20 Late Incident Report emails were sent out in Q2
  - 1 less than Q1 (21)

- 3 Plans of Corrections (POC) were issued for late reports in Q2

- 1 POC was closed from 1st Quarter
Late submissions in the 2nd quarter decreased by 1 percentage point in Q2. (Q1: 12%)
I. PURPOSE

The purpose of this policy is to ensure that members’ rights are respected and protected by all providers in the Alliance Health (Alliance) Provider Network.

II. POLICY STATEMENT

It is the policy of Alliance that every person served has a right to dignity, privacy and humane care that must be respected and protected. Providers in the Alliance Provider Network shall assure basic human rights to each member. All programs operated by providers shall comply with the clients’ rights standards set forth in G.S. 122C, Article 3.

III. PROCEDURES

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

The purpose of this policy is to protect each member’s right to privacy and to safeguard the confidentiality of identifiable health information.

II. POLICY STATEMENT

All members of Alliance Health (Alliance) shall be assured that their right to privacy and the confidentiality of their identifiable health information will be safeguarded. No staff member, volunteer, student or other person associated with Alliance shall use or disclose any information except as provided by these policies and procedures as authorized by the General Statutes of the State of North Carolina 122C Parts 52-56, Client Right to Confidentiality, the Federal Regulations 42 CFR Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, and the Health Insurance Portability and Accountability Act (HIPAA) regulations in 45 CFR. Any violation of this policy shall be grounds for disciplinary action, including termination of employment or termination of other services with Alliance.

III. PROCEDURES

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

The purpose of this policy is to advocate and support an individual’s right to make informed choices about service provision.

II. POLICY STATEMENT

It is the policy of the Area Authority to promote and encourage choice when members seek services from Alliance Health (Alliance). Alliance shall ensure that each member seeking services receives the following:

1. information necessary to make an informed choice about service;
2. information about the range of other services available and;
3. information about their right to receive services in a way that is non-coercive and protects their right to self-determination.

For Medicaid funded services, members shall be provided with a choice of at least two provider agencies from which they may elect to receive services. (May not apply to some highly specialized services)

III. PROCEDURES

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

The purpose of this policy is to ensure that Alliance Health (Alliance) complies with regulatory requirements surrounding Advanced Directives and Advanced Instructions for Mental Health Treatment.

II. POLICY STATEMENT

It is the policy of Alliance to distribute written information regarding Advance Directives and Advanced Instructions for Mental Health Treatment policies to adult Members, including a description of applicable State and Federal laws. Written information regarding Advance Directives and Advanced Instructions shall cover the following topics:

1. Member rights under State law;
2. Alliance policies respecting the implementation of those rights, including a statement of any limitation regarding the implementation of Advance Directives and Instructions as a matter of conscience;
3. Information on the Advance Directive and Instructions policies of Alliance; and
4. The Member's right to file a grievance with the State Certification and Survey Agency or the Division of MH/IDD/SA Services concerning any alleged noncompliance with the Advance Directive or Instructions laws.

In compliance with 42 CFR 438.3(j) and N C GS 122C Article 3, Part 2, the written information provided to Members shall reflect changes in State law as soon as possible, but no later than 90 days after the effective date of the change.

III. PROCEDURES

The Chief Executive Officer shall develop procedures to implement this policy.
ITEM: Network Development and Services Committee Report

DATE OF BOARD MEETING: May 7, 2020

BACKGROUND: The committee reviews progress on the agency’s network development plan and progress on service development. The committee reports to the Board and provides guidance and feedback on development of the needs and gaps assessment to meet state and agency requirements. This month’s report includes draft minutes from the March 11, 2020, committee meeting.

REQUEST FOR BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Donald McDonald, Committee Chair; Sean Schreiber, Executive Vice-President/Network and Community Health
### AGENDA ITEMS:

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
</tr>
</thead>
</table>
| 3. SOC/Improving ACTT and CST Services (Sean Schreiber) | Jennifer Meade, Alliance Community Health and SOC Manager provided a combined update and overview of current System of Care Efforts, components, trainings and events.  
  • High-level data analysis.  
  • Needs/Gaps collection  
  • Innovation/pilots: How are dollars being spent  
  Note: ACTT & CST plan item was tabled. | Update       | 5/13/2020       |
| 4. UP Opioid Tracking (Lynn Nelson)                | Alliance Board Member Lynn Nelson provided an overview of a University of Texas, Austin and Maven/Google project aimed at combating the opioid epidemic | Update       | 5/13/2020       |
| 5. Sean Schreiber: Medicaid Services (COVID19)     | Brief overview of Alliance provider network COVID planning focus which is to preserve the delivery of service to our members in a manner that is safe for members and provider agency staff. | Update       | 5/13/2020       |
| 6. Future Agenda Topics (Donald McDonald)          | Reviewed committee charter to generate future agenda topics. Committee members were encouraged to provide feedback | Update       | 5/13/2020       |
| 7. Next Meeting                                   | May 13, 2020                                                                |             |                  |
| 8. Adjournment                                    | 4:50pm – Ended early to join State’s webinar on COVID 19                    |             |                  |
ITEM: COVID-19 Update

DATE OF BOARD MEETING: May 7, 2020

BACKGROUND: Alliance staff will provide an update on the agency’s efforts to continue operations and to coordinate care for the people Alliance serves while maintaining staff and community safety; the update will also include how the agency is addressing the impact on providers, and any changes in federal or state legislation.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Robert Robinson, CEO; Mehul Mankad, Chief Medical Officer; Sean Schreiber, Executive Vice-President/Network and Community Health; and Brian Perkins, Senior Vice-President/Strategy and Government Relations
ITEM: FY2020-2021 Recommended Budget

DATE OF BOARD MEETING: May 7, 2020

BACKGROUND: The FY2020-2021 Recommended Budget is being presented to the Board for consideration.

REQUEST FOR AREA BOARD ACTION: Accept the report.

CEO RECOMMENDATION: Accept the report.

RESOURCE PERSON(S): Robert Robinson, CEO; Kelly Goodfellow, Executive Vice-President/Chief Financial Officer