

**2020**

**Supporting our Communities  
During Extraordinary Times**



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# Greetings from Alliance Health



**Rob Robinson**  
Chief Executive Officer

## 2020 is likely to go down as the most unique and challenging year in most of our lifetimes.

We saw a global pandemic impact our neighbors and our communities in many ways, not the least of which was an expanded need for healthcare services and supports such as those managed by Alliance, coupled with significant obstacles in getting this help to those who could benefit from it.

I'm very proud of the determination and flexibility of our Alliance team in responding to the challenge by developing new and creative strategies to support both our members and our critical provider partners, while themselves transitioning seamlessly to a predominately work-from-home environment. You'll read much more about these efforts in this report. In turn our providers – true frontline professionals – have done an exemplary job to ensure continuity of care to the North Carolinians they serve. We are grateful for them, and equally so for the support provided to us by our state partners and our General Assembly in the form of expanded funding and the policy flexibility necessary to adapt to this unprecedented public health crisis.

And the past year provided a critical opportunity to reaffirm our values of diversity and inclusivity and denounce all forms of racism. We have redoubled our commitment to identifying and implementing tangible solutions to anything in our organization that stands in the way of a fair, equitable and welcoming workplace, or anything that prohibits

us from reflecting our values within our communities.

We also devoted significant time and attention to assembling the resources and building the infrastructure that will enable Alliance to thrive as a Tailored Plan in North Carolina's new Medicaid landscape, serving the whole-person healthcare needs of people with severe mental illnesses, substance use disorders, and long-term needs, including intellectual and developmental disabilities and traumatic brain injury.

As always, our Alliance team of more than 500 exceptional professionals has focused daily on enhancing and managing innovative, evidenced-based services and supports that allow members of our health plan to live healthier, more satisfying lives. In particular, we sharpened our focus on developing expanded service options for DSS-involved children and youth experiencing behavioral health challenges. Read on to learn more about this.

Our work is bolstered by the guidance of an outstanding Board of Directors, as well as the support of the Boards of County Commissioners and the County Managers and their staffs from our four counties. We thank them all, along with our Consumer and Family Advisory Committee, and partners and colleagues across the Alliance region.



Learn more about how Alliance supported our communities during the COVID-19 pandemic.

## Supporting our Providers, Members and Communities During COVID-19

Working alongside NCDHHS and our strong and committed provider network with the guidance and flexibility our state partners have provided, Alliance stepped up with more than **\$10 million** in additional support to help our members and our communities weather this storm.

### Supporting Members and Communities

Just as the social distancing requirements of the COVID-19 pandemic upended the way we work at Alliance, the public health emergency also created new, pressing needs in our communities. Our Community Health and Well-Being staff sprang into action to help address these new needs.

- To support essential **telehealth service delivery**, we purchased mobile phones and data plans for members who lacked these resources. Maintaining access to services through telehealth helped avoid emergency department visits and unnecessary hospital admissions. Feedback from our members and providers revealed widespread adoption of telehealth and satisfaction with this way to receive care.

[Learn more about our telehealth survey results.](#)

- Alliance worked closely with our partners in county government to ensure shelter for people who needed it desperately when the pandemic began, including funding hotel accommodations and critical wrap-around supports for a number of very high-risk members.
- We established telehealth support for **225 members** sheltering at a Durham County hotel.
- We dedicated a team of peers, supported by a psychiatrist, to provide on-demand virtual peer support and daily peer support check-in to all individuals in a COVID isolation shelter in Wake County.
- We deployed two telehealth clinics at another Wake County shelter to provide onsite assessment, treatment and support.

Of the **member respondents** that received telehealth services, **88% rated their service good or very good.**



During calendar year  
**2020**

we spent

**\$647,500**

to help provide safe, stable housing in our communities.

Alliance assisted over

**300**

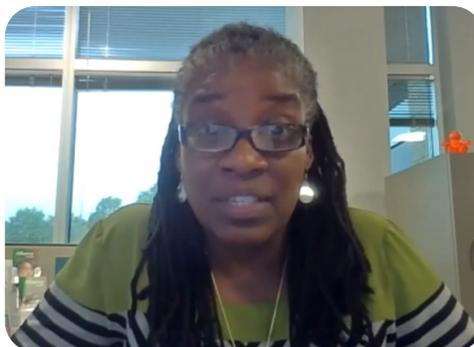
individuals and family households.

*Due to the pandemic, we relaxed our program criteria in order to prevent households from becoming homeless. Therefore, several applicants applied for financial assistance more than once due to extenuating circumstances surrounding their housing.*



Alliance SVP, Community Health and Well-Being Ann Oshel: "It Took A Village" to provide fast and needed care to our communities' most vulnerable people at the beginning of the pandemic.

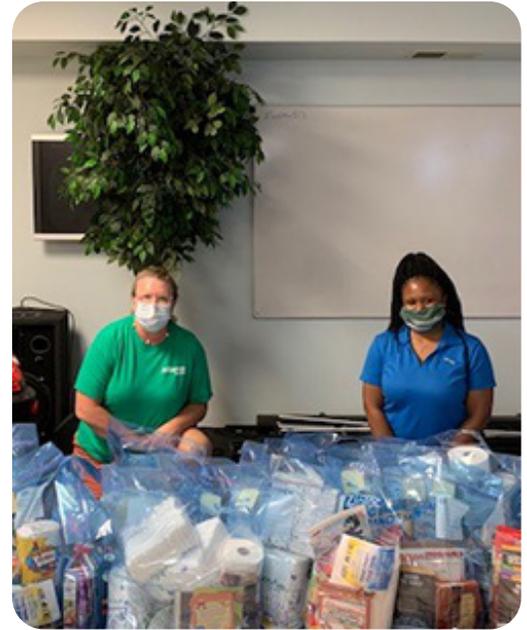
- Alliance expanded the Independent Living Initiative (ILI) so that hospitals and healthcare providers could apply for assistance to speed up the process of transitioning people from facilities into supported housing, rapidly re-housing members, or helping them avoid eviction.
- To help ensure that people served by the Innovations and TBI waiver programs had access to nutritious food regardless of other family hardships, Alliance began offering them home-delivered meals.
- We collaborated with Healing Transitions, a peer-based, recovery-oriented campus in Raleigh, to open a temporary offsite detox center. The center helped individuals struggling with addiction or experiencing homelessness access safe and secure treatment during the state of emergency. It also provided space to allow Healing Transitions to continue providing its non-medical detox, overnight shelter, and programming.
- In an initiative funded through the CARES Act, Alliance partnered with providers Southlight Healthcare and Renew Counseling Center to send outreach teams to canvass in neighborhoods with high rates of COVID-19 infections. They offered emotional support and information about accessing helping resources, including the Hope4NC helpline.



Durham County Virtual Resource Fair



Wake County Virtual Resource Fair



- We hosted virtual resource fairs featuring information about Durham and Wake Networks of Care, our Independent Living Initiative, and resources and services available through county agencies.
- We partnered with local food insecurity and homeless service organizations to help ensure people in need could access food and critical supplies. We provided food, cleaning supplies, hand sanitizer, healthy snacks, books, diapers and formula, and art supplies and games to community partners for distribution across our region. Alliance staff were on hand for food distribution events almost weekly, giving out packets of educational material about Hope4NC, dealing with COVID-related stress, and available crisis services.



- We distributed more than **35,000 copies** of the coloring book “Joey the Kangaroo and Her Coping with COVID Plan” to community partners to help kids understand COVID-19. We also supplied **8500 cloth masks** for children and distributed them to a variety of organizations in each county.

## Standing Strong for our Providers

- The providers who make up our network are the frontline healthcare professionals who ensure our members receive critical treatment and support. Alliance provided financial support to help providers offset COVID-related cost increases and lost revenue, and to ensure their continued viability and capacity to provide quality care to our communities. Through our Financial Sustainability Program, we pumped more than **\$7.2 million** in early April to about 100 of our larger outpatient providers and providers of community-based care, to stabilize them and provide the resources to quickly jump-start telehealth service delivery, obtain personal protective equipment, and finance overtime expenses and increased pay rates to retain and recruit direct care professional and clinicians.

we pumped over

**\$7.2M**

in early April to about 100 of our larger outpatient providers and providers of community-based care.

- We implemented **15% rate increases** for operators of intermediate care facilities (ICFs) for people with intellectual/developmental disabilities, and provided an extra \$50 per diem to these facilities to ensure they are able to maintain appropriate staffing levels and maintain the safety of residents and staff. We also provided 15% rate increases to all providers of adult and child Medicaid and state-funded residential services during the COVID-19 emergency, including Innovation Waiver residential services.
- We provided **15% rate increases** for enhanced behavioral health services, outpatient treatment services for children with autism spectrum disorders, and routine outpatient and medication management services, and up to **25% rate increases** for certain community-based services that provide support to individuals with intellectual and developmental disabilities.
- We committed **\$300,000 in financial support** to providers who offer solely research-based behavioral health treatment, as well as reimbursements for Assertive Community Treatment Team providers who purchased mobile phones to work with our members remotely.
- In response to the need for increased behavioral health capacity, Alliance invested **\$1.1 million** to expand access to inpatient and residential treatment beds, increased access to transitional residential treatment beds for people dealing with substance use disorders, and funded a 24-hour residential facility to provide social support and other non-medical services to people experiencing physical withdrawal from alcohol and other drugs.



Alliance has been a strong and responsive partner in supporting the work of its provider network in the face of many COVID challenges.

**Alison Swiller**

Associate Director of Threshold, Inc.,  
and chair of the Alliance Provider Advisory Council

# Empowering our Communities

## Supporting Members and Communities

We are dedicated to partnering within our communities and connecting people to supports that enhance recovery and well-being. By giving our communities the tools they need to succeed, including education and training, the development of care guidelines, and wayfinding through the system, we enable people to lead healthier, more satisfying lives.

The COVID-19 pandemic took this work in new directions in 2020 and impacted all the factors known to affect health and well-being such as income, employment, education, food security and housing, as well as our staff's ability to interact with community members. Undeterred, our Community Health and Well-Being (CHWB) staff improvised to reach people in new ways and let them know where to turn for help.

- When it became clear that the pandemic would cause more than a temporary pause in working and gathering face-to-face, CHWB staff pivoted to begin offering previously in-person trainings virtually. Between April and December 2020, Alliance offered **98 virtual trainings** with total attendance of **2,798 people**.

[View our archive of online trainings >](#)

- Our **Mental Health First Aid** classes, which teach people to identify, understand, and respond to signs of mental illnesses and substance use disorders, also went virtual. Participants complete part of the training individually and then join an online session for interactive learning.

[Check the Alliance Calendar for upcoming trainings >](#)

- The economic effects of the pandemic created unprecedented levels of food insecurity in our communities. Through **Alliance CARES**, our employee-driven campaign that gives staff an opportunity to address unmet social needs in our communities, staff were able to step up and help. CARES volunteers conducted a virtual food drive that raised more than \$1,000 for the Food Bank of Central and Eastern North Carolina. Alliance staff also volunteered to help deliver food to families of Wake County Public School students living in area hotels through the McKinney-Vento program, which ensures support and access to all educational needs for public school students who are homeless.



Alliance CARES volunteers load up food boxes for McKinney-Vento families.

- Much of the CHWB team's time and efforts was devoted to promoting **Hope4NC**, a grant-funded initiative that connects North Carolinians to mental health and resilience supports to help them cope during the COVID-19 pandemic. Alliance's participation in Hope4NC began after Hurricane Matthew in 2016, when the program was created to address the behavioral health needs of those affected by the disaster. Alliance staff provided crisis counseling resources for Hope4NC again in 2018 following the catastrophic damage of Hurricane Florence. The grant provided for the hiring of a dedicated communications

specialist, who helped the CHWB staff target their efforts to areas and populations most impacted by COVID-19 and created specialized print and social media materials, including a wellness calendar targeted toward senior citizens, a coloring book to help children cope with the stresses and challenges of the pandemic, and a "#healthyholiday" social media campaign.

[View the Hope4NC Healing Together Campaign >](#)



Community Education Specialist Debra Kinney delivers more than 42,000 Hope4NC fliers for distribution at a Cumberland County COVID-19 vaccination clinic.

- Alliance community education specialists also visited hundreds of businesses, organizations, schools, community events, vaccination sites, testing sites, churches, and food drives to distribute information to people most in need.



- Alliance is collaborating to build a recovery-focused system of supports that will provide a network of resources for community members and families experiencing emotional distress and disability-related needs so they can live their lives to the fullest, and in the communities of their choice. We have created a series of six Alliance training videos called **“Changing Hearts and Minds”** that shares basic tools needed to support the people we serve with the dignity and respect they deserve, to improve our communities by allowing them to experience all of their citizens’ different gifts, and to have inclusive neighborhoods that embrace the value of every member.



Alliance Health

Rob Robinson  
CEO



Alliance Chief Executive Officer Rob Robinson talks about building a recovery-focused system of supports.

[View the Changing Hearts and Minds video series >](#)

# Housing is the Best Medicine

At Alliance we recognize that housing is a healthcare intervention, and we have maintained a longstanding commitment to securing safe, decent, and affordable housing for our members in need. Our dedication to addressing housing needs has resulted in a broad and growing continuum of options to assist members in living, working, and playing in the communities of their choice.



[Better at Home Trainings >](#)

- We have established partnerships with six affordable housing developers, through which we have secured the exclusive use of **60 units** for Alliance members. This allows us to negotiate a more flexible and forgiving tenant selection plan to reduce housing barriers such as poor credit and criminal records, which often prevent people from accessing housing.
- To help providers and care management staff understand and navigate the complex systems of housing and homelessness, we launched our **Better At Home** campaign, which offers monthly trainings on topics such as eviction prevention, housing inspection requirements, landlord engagement, continuums of care, and federal voucher programs. The trainings are accessible online for ongoing staff and provider education.



Alliance has been amazing. They got me prepared and told me what I needed to do. They made things so much less stressful.

### Tyler

Alliance member, who is supportively housed through our partnership with CASA.

[Read Tyler's story >](#)

- In 2020 we introduced **Hotel to Home**, a bridge housing program in Durham for our members who are homeless or at risk of becoming homeless. The 3-5 month program provides temporary housing until permanent housing can be secured and also features on-site daytime supervision, case management, peer support and referral services to help members move toward self-sufficiency. The program, which is located at the Carolina Duke Inn, is operated by Reinvestment Partners. Peer support specialists from Southlight Healthcare provide recovery and wellness groups, which include tobacco cessation education, tenancy education, and community inclusion activities. Hotel to Home has served **18 people** since it began in August 2020, five of whom have transitioned into permanent housing.
- **Coming Home**, a pilot partnership we began in 2019 with human services nonprofit Resources for Human Development (RHD), Durham Local Re-entry Council, and the Durham Housing Authority, provides supportive housing to justice-involved people who are in recovery from mental health or substance use disorders and returning to the community. The program served **17 people** during 2020, 10 of whom remain in permanent housing. When compared to monthly averages one year prior to program admission, participants had an average of a 63% decrease in arrests. Twenty four percent of participants without employment obtained employment after admission to the program. All program participants are currently linked with a primary care provider (PCP), with 35% having obtained a PCP after program admission.
- **The Health and Housing Case Management Program (HHCM)**, a partnership between Alliance, RHD, and Duke University, serves chronically homeless people referred by two Duke outpatient clinics. Through RHD, Alliance connects these people with housing and the supportive services they need to stay in that housing and manage their health conditions. The HHCM program served **39 people in 2020**. Tracking those who have remained in the program shows a 46% decrease in hospital contact compared to the year prior to program admission. Comparing the fourth quarter of 2020 to the year prior to admission shows a 60% decrease in hospital contact.



- **DASH (Durham Area Supportive Housing)**, funded by the Department of Housing and Urban Development, provides permanent supportive housing to chronically homeless individuals and families. In 2020 the DASH program served **33 people** (20 adults and 13 children) in 17 households.
- **The Independent Living Initiative Program (ILI)** is a short-term and one-time assistance program for adults and children receiving services through Alliance who are behind on their rent and/or utility payments and facing possible eviction or utility disconnection, or who need start-up funds to move into permanent housing following short-term life circumstances. In 2020 the ILI program provided **\$675,500 in assistance** to more than 300 individuals and family households. The amount is higher than in previous years because of dire need created by the pandemic.

## Supporting Our Members' Right to Choose Where They Live and Work

**The Alliance Transitions to Community Living Initiative (TCLI)** completed **132 new moves** in 2020. The initiative focuses on transitioning individuals with serious mental illness from adult care homes and state psychiatric hospitals and diverting individuals from entering institutional settings in compliance with the 2012 Olmstead Settlement Agreement between the United States and North Carolina. The agreement requires that the state provide community-based supported housing to people who currently reside in, or are at risk of

entry into, adult care homes. It also ensures that thousands of people with mental illness have access to critical community-based mental health services and expands their employment opportunities by providing supported employment services.

Alliance connected **127 individuals** with severe mental illness in 2020 with services to find competitive employment and the support to keep their jobs.

## Care Management

### Achieving Our Vision of Whole-Person Care Management

Alliance supports and champions the NCDHHS vision of tailored care management, which affords access to resources that address the needs of people with complex and multiple concerns. Tailored Plans in North Carolina will provide comprehensive support to individuals

while simultaneously adopting a population health approach to address physical, behavioral, and social needs at the community level. Alliance recognizes that care for complex populations is best provided within communities and closest to where these people live.

- **Alliance Complete Care** is an interdisciplinary team approach that provides person-centered, integrated, whole-person care management through a single, locally-based care manager. Complete Care addresses the member's physical and behavioral health, pharmacy, and long-term support needs while also addressing unmet social needs that impact health outcomes.





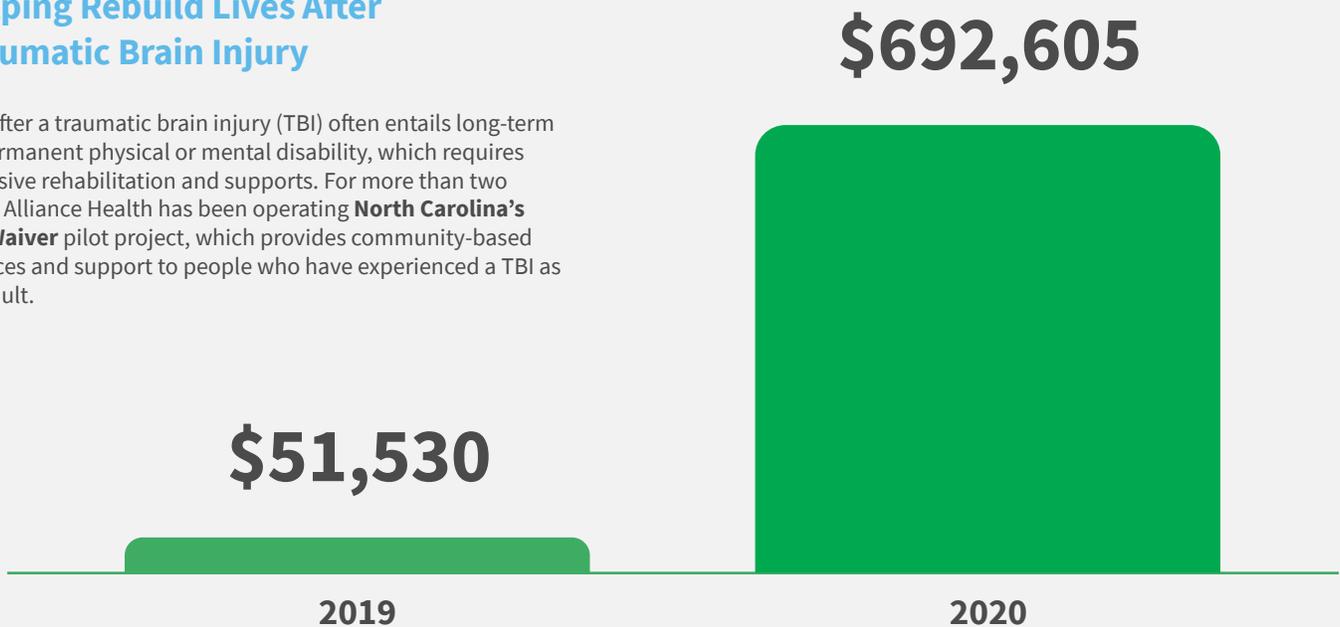
**Christine Gillenkirk**

Director of Community Care Management

- Development of leading-edge care management programs begins with recruitment and installation of optimal leadership for an era of change. In 2020, Alliance welcomed Christine Gillenkirk as Director of Community Care Management. She is trained as a nurse and holds a master's degree in health administration, and previously served as Regional Manager for Population Health Clinical Services at UNC Health.
- Acknowledging the essential role Alliance plays in the lives of our I/DD members, we have made them a priority population to receive care management via a modern, interdisciplinary care team. IDD care coordinators are transitioning to new job titles and multidisciplinary roles as the program continues to evolve. We established a new team of community health workers which will focus on unmet health-related needs like housing and food insecurity and transportation access. Nurses now provide consultation and support to IDD cases that have been assessed as medically complex.
- In 2020, we engaged leading national consulting groups to further develop Complete Care within Alliance and among the Alliance provider network. Within Alliance, the transition of MH/SUD and TCLI teams will continue in 2021 and be completed before the anticipated launch of Tailored Plan operations. At the provider network level, Alliance and national trainers have been educating providers on integrated health practices and Tailored Plan expectations. These combined activities will allow Alliance a full year of refining the Complete Care approach before the start of Tailored Plan operations in July 2022.
- Alliance prepared to launch its first provider-led care management pilot, choosing provider agency Monarch through a competitive RFP process to serve as a field-based care management agency. Monarch will help test the provider-led model before it is widely offered to Alliance Tailored Plan members the following year.

## Helping Rebuild Lives After Traumatic Brain Injury

Life after a traumatic brain injury (TBI) often entails long-term or permanent physical or mental disability, which requires intensive rehabilitation and supports. For more than two years Alliance Health has been operating **North Carolina's TBI Waiver** pilot project, which provides community-based services and support to people who have experienced a TBI as an adult.



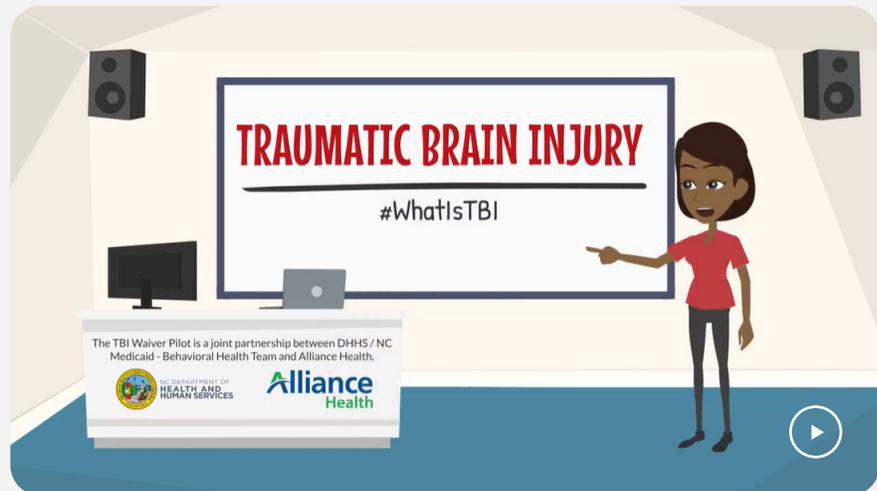
Spending on TBI Waiver services **increased by 13 times** in the second year of the waiver over the previous year.



- We have built a robust TBI provider network that includes more than 20 residential and periodic service providers and various allied health clinicians, with expertise supporting individuals with TBI.
- Cross-departmental collaboration and the hard work of TBI care coordinators resulted in doubling of waiver enrollment in the past year.
- Alliance partnered with Lutheran Services to develop our first TBI-focused group home.
- Alliance partnered with First in Families to help potential TBI Waiver enrollees gather needed records for waiver enrollment.
- We continued to partner with the Brain Injury Association of NC, NC Assistive Technology Center, and other partners to provide TBI-specific training across the Alliance provider network.
- Alliance staff collaborated with NC DMH staff to develop a TBI-specific assessment of support needs.

The TBI Waiver implementation team continues to seek ways to boost community awareness of the waiver through outreach to primary care providers, hospital discharge staff, support groups, and other potential referral sources.

Enrollment in the waiver is active and available for people who qualify. To learn more, visit the [Alliance website](#). NCDHHS seeks to begin expansion of the TBI Waiver into more areas of the state within the next year.



Learn more about Traumatic Brain Injury (TBI) and Alliance's TBI Waiver Pilot.



A traumatic brain injury (TBI) sustained after he was thrown from a truck bed in 2014 changed Elliot Phillips' life and filled it with struggles. Now, since enrolling in the NC TBI Waiver operated by Alliance Health in April 2020, Elliot has been on a journey toward healing with hope for the future. "It has made my life better in so many ways it's hard to count," Elliot said.

[Read about Elliot's journey toward healing >](#)

# Children and Youth

## There to Support Children and Families When It's Needed Most

**Alliance's School Based Team (SBT)** is a partnership with Wake County Public School System (WCPSS) to identify and connect qualifying WCPSS students to behavioral health services.



SBT Alternative School Liaison Chris Toller (far right), and Longview School Psychologist Tracy Cannady (far left) with "Activate Good" staff.

- The **SBT Crisis Program** supports students in their transition back to school after a crisis episode. SBT liaisons identify students admitted to emergency departments and crisis facilities, link them with appropriate behavioral health and community resources, address unmet social needs such as housing and food security, and coordinate communication with parents, the facility, and WCPSS. The crisis team expanded to support students at Central Regional Hospital during the 2019-2020 school year through partnerships with Alliance care teams.
- WCPSS and the SBT identified the need for a new day treatment program to provide support to students and families. The program will be based on the Intercept Center model and will provide outpatient behavioral health and day treatment for children with co-occurring developmental disabilities and behavioral challenges, beginning in the 2021-2022 school year.

In the 2019-20 school year  
**Alliance's School-Based Team** served

**511**  
WCPSS students

The Traditional program, which connects referred students to assessment and treatment to improve engagement and success, served

**129**  
students

The **Traditional I/DD program**, which connects students and families referred by the Special Education department to services, served

**51**  
students

The **Crisis program**, which supports students referred from crisis facilities as they transition back to school, served

**216**  
students

The **Psychiatric Residential Treatment Facility (PRTF) program**, which helps coordinate re-enrollment for students leaving PTRFs, served

**56**  
students

The **Alternative School program**, which assists Longview School students transitioning in and out of crisis facilities, served

**40**  
students

The **Justice Liaison program**, which helps divert teens who commit non-violent offenses at school from getting charges in the court system, served

**19**  
students

The COVID-19 pandemic brought many challenges to students and their families. Isolation, family hardship, remote learning, and other unexpected changes have taken a social, emotional, and academic toll on children. The SBT staff's support to students and their families became more essential than ever during this challenging time.

- SBT staff reached out to families to address unmet social needs, including food insecurity, housing insecurity/homelessness, transportation issues, financial barriers, and access to behavioral health supports, and provided immediate crisis response as needed.

- Crisis team staff pivoted to interact remotely with facility staff, schools, and families, reviewing 374 admissions to local crisis facilities from March through June. As the pandemic persisted, the team continued to work closely with local hospitals and crisis facilities to support students and their families, link them with services, and provide community-based supports and resources, and divert children from hospitals who could be better supported in the community.
- We supported kids with I/DD referred by the school system's Special Education Department, including those in crisis and group living settings, by supporting virtual learning and social-emotional learning.
- The Alternative School liaison worked with Counseling and Student Services teams to provide virtual Community Resiliency Model supports and groups to students at Longview School. He also assisted in the development of the World Mental Health Day video that was distributed to WCPSS during remote learning.
- SBT staff collaborated with Alliance Community Health and Well-Being staff to quickly support families in or at risk of homelessness during the state of emergency. This included linkage to the federal McKinney-Vento homeless assistance program, temporary housing through Alliance-funded hotels, referrals to a Wake County Healthy Hotel, support with applications for Alliance Independent Living Initiative funding, and coordination across systems of care to connect families to needed resources to help move them into permanent housing.



Longview School's World Mental Health Day video.

## Tiered Care Coordination Targets Services to Youth with Complex Needs

The **Tiered Care Coordination (TCC)** pilot project, which is designed to decrease the impact of trauma and unidentified and untreated behavioral health needs of young people involved with social services and the justice system, continued for its second year in Cumberland County.

The program, which involves collaboration between Alliance MH/SUD care coordination staff, county social services, and juvenile justice staff, and providers CommuniCare

and Youth Villages, offers high-fidelity wraparound services to youth coming back into the community from residential programs, including case management, clinical assessment, and follow-up to make sure youth and families get connected to the ongoing services and supports they need. A care coordinator shepherds families through confusing systems and services and a family navigator, who has lived experience with a family member or child with mental health challenges, can assist with treatment and non-treatment needs, including

unmet needs like housing and food security. The goal is to help families learn how to navigate and advocate for themselves in the long term.

Alliance was the first MCO to implement TCC with a successful two-year pilot in Durham County during 2018-2019. An evaluation of the Durham pilot by UNC Greensboro showed increased enrollment in services and service delivery, improved engagement, and an almost two-fold improvement in identification of trauma during the pilot.



## Building Community-Based Care for Kids in Crisis

Alliance resumed the renovation and start-up of our **Child Crisis Center**, a child facility-based crisis and urgent care center in Fuquay-Varina to serve youth and families across the four-county Alliance region. Work on the facility had been suspended in 2019 because of continued cuts to state single-stream funding, but we were able to move forward again in 2020 thanks to additional funding for behavioral health and crisis services and no new single-stream funding cuts. The 16-bed facility for children and teens ages 6-17

includes behavioral health urgent care services to address emergency department overcrowding, walk-in access to same-day clinical assessments, psychiatric evaluations, necessary medications, and 24/7 access to assessment, stabilization, and treatment planning. No young person will be turned away while in crisis, regardless of insurer or ability to pay. Targeted completion date is late 2021.

## Investing in the Lives of DSS-Involved Youth

While thousands of youth involved in local departments of social services (DSS) or department of juvenile justice (DJJ) facilities are served successfully every day, a subset of youth with complex behavioral health needs, often including intellectual and developmental disability needs, face challenges in accessing needed treatment. This can result in long stays in the emergency departments, detention centers, or DSS offices. This can have a negative impact on their health and cause considerable stress and concern to them, their families, and agencies charged with supporting them.

At Alliance Health, we have focused our efforts on improving treatment and support for these individuals and their families. We have invested **more than \$13 million** to date on an initiative to develop and implement a comprehensive service continuum to address the complex needs of this specialized population.

A full continuum should include early screening and identification of children and youth with social/emotional/behavioral needs, comprehensive trauma-informed assessments, early intervention and prevention, educational supports, fully integrated care management,

a comprehensive array of community-based services and supports, residential treatment options, crisis response capacity, and the appropriate use of state facilities.

[Learn more about our plan \(PDF\) >](#)



## Crisis Services

### Our Crisis Continuum: Planning for the Unexpected

By their nature, crises can't be predicted, which is why we have structured services and implemented approaches that can best meet the needs of people we serve who experience a behavioral health crisis. Our crisis continuum is designed to minimize delays, deliver the right care in the right place at the right time, and when possible, avoid the unnecessary use of emergency departments and jails.

The primary goal of our crisis services is to stabilize and improve symptoms of distress and to engage individuals in the most appropriate treatment to address the problem that led to the crisis. Often, a mental health or substance use crisis can be prevented with a timely clinical intervention, but sometimes it takes weeks to get an appointment with a provider.

To address this problem, **our behavioral health urgent care centers (BHUCs)** in Wake and Durham counties bridge the gap in access to care for individuals experiencing behavioral health distress that does

not rise to the level that requires care from a crisis center or emergency department. Much like traditional medical urgent care centers, people can walk in and get needed treatment, including an assessment and brief counseling, and leave with a prescription if needed. The BHUCs also link individuals back to their regular source of behavioral health care or connect people not yet in treatment to a local provider. The centers screen for unmet social drivers of health and make referrals to community-based organizations who can help address these needs.

### Behavioral Health Urgent Care by the Numbers

Number served by BHUCs

**1,326**

**93%**

of the individuals who came to BHUC saw a physician/prescriber on the same day.

**4%**

of individuals with Medicaid had an ED visit in the following 30 days after a BHUC visit.

**86%**

left with a prescription.

**Facility-Based Crisis and Detox** services for adults help people during an average stay of 5-7 days to gain the skills they need to resolve their crisis, begin recovery, and return to their community with continued treatment services in place to avoid future crises. This service is an alternative to hospitalization for individuals in crisis, reducing the need for inpatient psychiatric hospitalization and emergency department evaluations.

**Mobile Crisis Teams** support people experiencing a behavioral health crisis in their home or other community setting. The goal is to stabilize the crisis situation and link them to appropriate treatment and community services, helping them avoid trips to emergency departments and crisis facilities.

**Enhanced Mobile Crisis**, an innovative partnership between Alliance, Wake County, and a community provider, integrates mobile crisis clinicians into the Wake EMS system to provide on-scene risk assessment, provider referrals, linkages to long-term community resources, and 30-day follow-up for people receiving EMS assistance with a mental health crisis as their primary complaint. The program allows people to remain in their homes and communities while getting help if possible, avoiding hospitalization.

**Community Paramedic Services** deploys specially-trained paramedics in Durham, Wake and Johnston counties to help route people with mental health or substance use crises to facilities other than the emergency room for their care when no other medical emergency exists.

**NC START** for people with intellectual/developmental disabilities and their families is a crisis prevention and intervention program providing crisis response, clinical consultation, training, and respite. Connection with START is shown to result in a decrease in the use of costly and restrictive psychiatric services for this population.

We have resumed the renovation and start-up of our **Child Crisis Center**, a child facility-based crisis and urgent care center in Fuquay-Varina to serve youth and families across the four-county Alliance region.

**1,178 individuals were served by Facility Based Crisis/Detox Facilities.**

**678 individuals were helped by a Mobile Crisis Team.**

**823 individuals were served by the Wake County Enhanced Mobile Crisis. 32% of them were stabilized in the community.**

**4,916 individuals were served by Community Paramedic Services.**



[Learn more >](#)

**6,444**

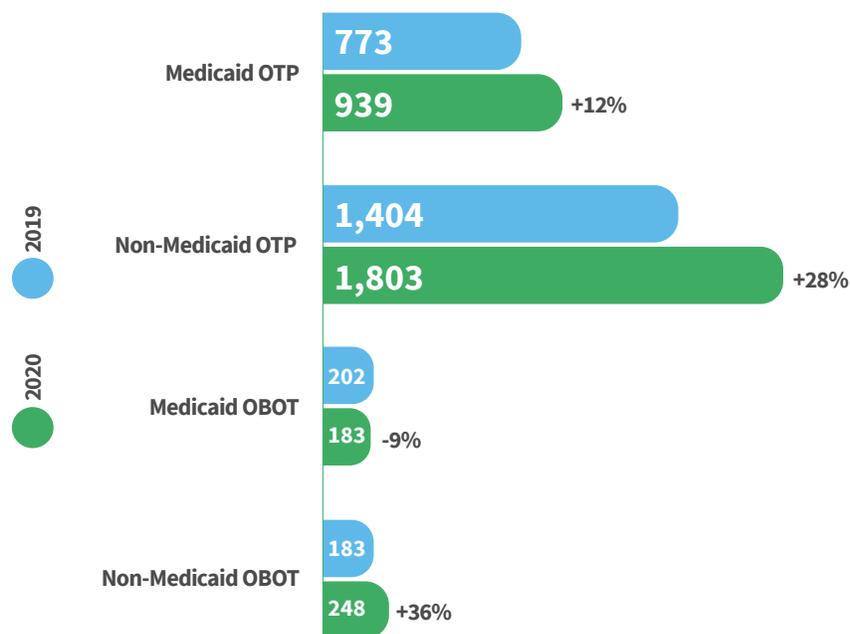
Individuals were served by Alliance Crisis and Assessment Centers.

# Taking an Evidence-Based Approach to Substance Use

The COVID-19 pandemic contributed to a worsening of the opioid epidemic, resulting in a 22% increase in NC emergency department visits due to opioid overdose, and a rate of overdose deaths that the CDC reports to be the highest in US history. In addition to social isolation, loneliness, and job loss, people who use drugs have been affected by a more dangerous street drug supply. This supply is often contaminated with synthetic Fentanyl,

which is 50 times more potent than heroin and is considered to be the primary driver of increased overdose deaths nationwide. These trends illustrate the importance of Alliance Health’s ongoing work to provide timely treatment access, support to address unmet social needs, and assistance with sustaining recovery, as well as supporting community harm reduction efforts.

## Opioid Treatment By The Numbers



\* Some programs have decreased capacity and availability due to the pandemic.

We have grown our network of medication-assisted treatment (MAT) providers to include seven opioid treatment programs (OTPs) where new patients go every day for their medication, and eight office-based opioid treatment (OBOT) providers where people get a prescription for their medication. This has resulted in a dramatic increase in the number served with this effective treatment.

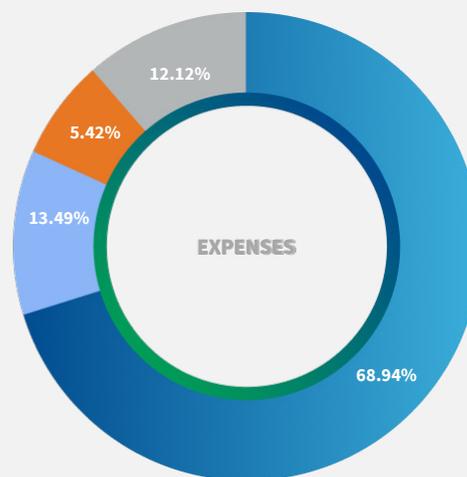
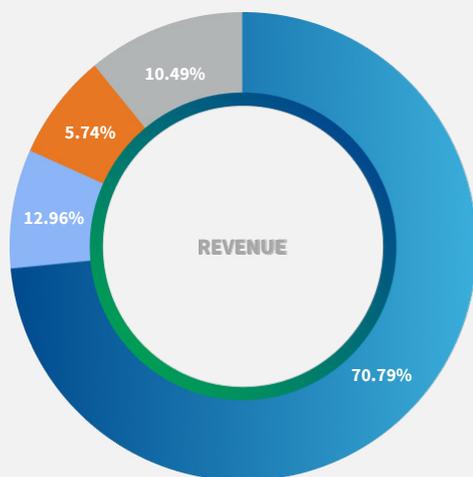
We are also continuing efforts with other initiatives in our communities to grow the substance use disorder system of care, including:

- Continuing our dynamic partnership to make MAT available to detainees at the Durham County Detention Facility. The initiative, one of the first in the state, also includes on-site and community-based peer support to assist with transition to post-release treatment. The program has helped **86 people** since it began in September 2019.
- Working with WakeMed, Duke and Duke Regional emergency departments to refer people from emergency department settings and get them successfully connected to care.

- Collaborating with Duke to speed treatment connections for people with very high-risk, expensive-to-treat medical conditions resulting from IV drug use, such as hepatitis, HIV, endocarditis, and sepsis.
- Getting people in detox at Durham Recovery and Response Center started in medication-assisted treatment before discharge, and using peer-support specialists—people with lived experience with substance use disorders and recovery—to help connect them with ongoing care.
- Continuing development of a program with UNC Health Care–WakeBrook to engage people with aftercare, non-hospital detox and facility-based crisis treatment.
- Through peer support specialists in our programs and embedded at treatment facilities, we are addressing potential barriers to continued recovery such as lack of transportation, food or housing insecurity, and other unmet social needs.
- Expanding access to transitional housing for individuals with opioid use disorder.
- Responding to the COVID-19 pandemic by supporting a temporary social setting detoxification program, helping providers implement measures to protect members and staff, and implementing policy flexibilities to support providers.
- Informing the public about ways to prevent misuse of opioid medication by providing information on Alliance for Action on Opioids website at [AllianceForAction.org](http://AllianceForAction.org).
- Promoting proper storage and disposal of medication by supporting medication take-back events and distributing medication disposal kits.

## Financials

### Based on FY20 Audited Statements



MEDICAID	\$407,553,172	70.79%
FEDERAL & STATE	\$74,598,645	12.96%
LOCAL	\$33,065,462	5.74%
GRANTS/ MISCELLANEOUS	\$159,287	0.03%
ADMINISTRATIVE*	\$60,383,740	10.49%

**\$575,760,306**

MEDICAID	\$381,179,801	69.94%
FEDERAL & STATE	\$74,598,647	13.49%
LOCAL	\$29,957,216	5.42%
GRANTS/ MISCELLANEOUS	\$134,926	0.02%
ADMINISTRATIVE*	\$67,018,753	12.12%

**\$552,889,343**

\*The difference between Administrative revenues and expenses resulted from 1) a required legislative intergovernmental transfer and 2) the use of savings for reinvestment related to tailored plan implementation.

## Alliance Met or Exceeded All Requirements of Senate Bill 208 Governing the Performance of LME-MCOs:

- Financial reports submitted in accordance with our Medicaid contract.
- Ratio of current assets to current liabilities at 2.39 for FY20, exceeding the 1.0 requirement every month.
- 99% of claims paid in a timely manner, providing training and technical support to providers to ensure submission of error-free claims.
- Successful sending and receiving of HIPAA-required data files.

## Next Year

Moving forward from what you've read and heard here, we will continue our daily work to lead North Carolina in its transition to providing whole-person public sector care for its citizens.

We'll do this, as always, shaped by our values: compassion for our members, respect for the diversity of our communities, integrity and accountability in our use of public funds, a major dose of collaboration, and our usual high level of innovation.

Stay tuned!

## Media Inquiries

 [Email Communications](#)