



2021 Alliance Health Annual Report
Growing to Seize the New Day

Table of **Contents**

03	Greetings from Alliance Health
04	Alliance Welcomes Mecklenburg and Orange Counties
07	Shaping the Future of Integrated Care
10	Engaging the Communities We Serve
12	Housing is Health Care
14	Growing Our Crisis Continuum to Better Serve Our Communities
16	The Evolution of Care Management
19	Improving Access and Care for Children and Youth
21	Taking an Evidence-Based Approach to Substance Use
23	Fostering a Diverse, Equitable and Inclusive Culture
24	Maintaining Vigilance Against Fraud, Waste and Abuse
25	Financials

Greetings from Alliance Health

2021 will go down as an unprecedented year of growth at Alliance, as we welcomed two new counties to our health plan while continuing to expand our infrastructure and staff expertise in preparation to operate as a Tailored Plan.

Our preparations for Tailored Plan operations shifted into high gear in 2021 and represented Alliance's critical role in our state's most ambitious transformation of its public health care system to date. We are excited about the expanded potential our new responsibility to manage comprehensive care—behavioral, physical, and pharmacy, as well as attention to the social drivers of health—provides us to impact the lives of our health plan members.

In this report, you'll read about our work to build a comprehensive network of physical health primary and specialty providers and large hospital systems. We talk about the evolution of our care management model to share these important responsibilities with our provider network to ensure that members receive the right services, at the right time, in the appropriate level of care. And we describe our new partnership with an industry-leading pharmacy benefit manager to guarantee our members reliable and prompt access to needed medications.

As we've come to expect, our Alliance team responded with professionalism, flexibility, and tireless commitment to our DHHS mandate to assume responsibility for the management of services in Mecklenburg and Orange counties on a very aggressive timeline. The successful addition of Mecklenburg and Orange to our service area resulted in a 61% growth in our health plan membership, and the addition of more than 260 staff and 300 providers during the last half of the year. Our board of directors added four representatives from Mecklenburg and two from Orange.

With continuity of member care an overriding concern, we worked hard to ensure that incoming members, whenever possible, could retain the care coordination and provider staff that they were working with before the transition. And in the spirit of our Alliance value of collaboration, our community outreach team has been busy establishing the kind of relationships with public and private sector stakeholders across these counties that allow us to leverage our collective efforts to better support our members.

And as always, our growing Alliance team of 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.

Our work is enhanced 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 six counties. We thank them all, along with our Consumer and Family Advisory Committee, and partners and colleagues across the Alliance region.



Rob Robinson
Chief Executive Officer



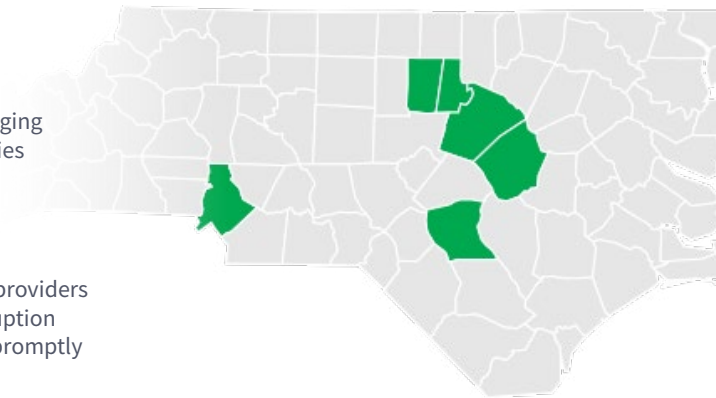
Alliance Welcomes Orange and Mecklenburg Counties

Beginning December 1, 2021, Alliance Health assumed responsibility for managing mental health, substance use disorder, and intellectual/development disabilities services for residents of Mecklenburg and Orange counties who are insured by Medicaid or are uninsured. This change was based on the counties' request to disengage from Cardinal Innovations Healthcare and realign with Alliance.

Alliance worked with Cardinal to ensure smooth transitions for members and providers so that people received the services and supports they needed without interruption and clinicians and health care organizations that provide that care were paid promptly for their services.

To optimize continuity of care Alliance offered Cardinal staff, particularly care coordinators, the opportunity to pursue employment with Alliance. Alliance continued care coordinator assignments as they were with Cardinal whenever possible.

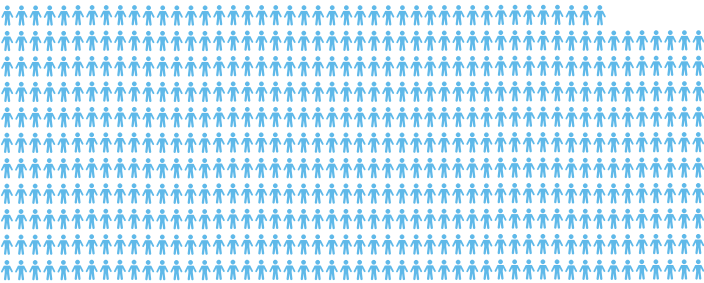
Between July and December 2021, Alliance brought aboard 262 new hires to accommodate the realignment expansion and to prepare the organization for implementation of the Behavioral Health and Intellectual/Developmental Disabilities Tailored Plan in December 2022.



Our History

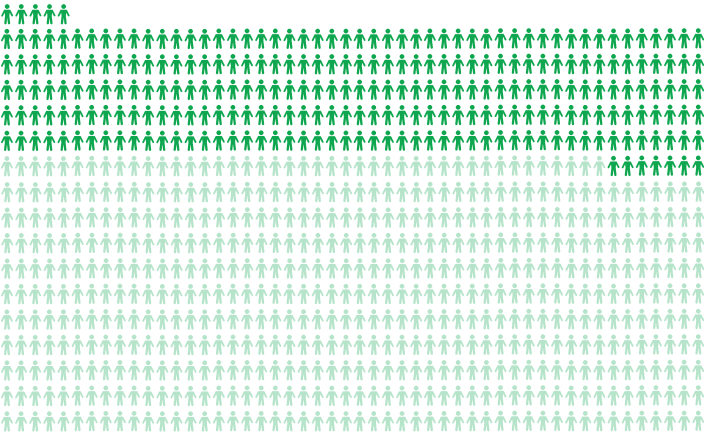
July 2021

Alliance Health was staffed by 543 employees throughout our home service area.

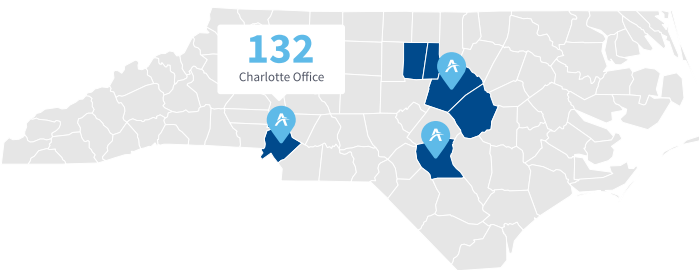


December 2021

By December 2021, our staff had grown by 33%.

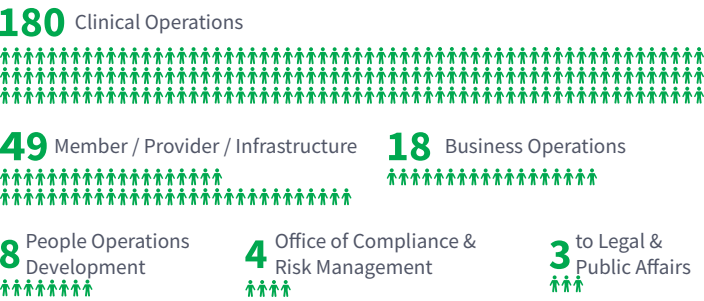


Our new hires were added to our Charlotte, Home, and Cumberland Offices.



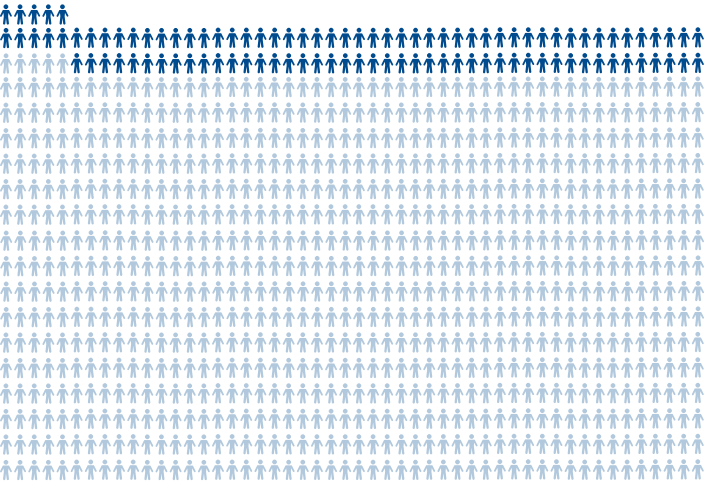
The majority of these new hires were in **clinical operations** and departments that directly serve our members and providers.

Specifically, these new staff members were added to the following teams:



July 2022

By July 2022, we aim to grow our staff by 100 employees.





We were invited to serve the citizens of Mecklenburg and Orange counties based on our reputation and the recognition of our past success in managing high-quality, accessible care, and we demonstrated Alliance's ability to adapt and be responsive and deliver in a strong way. We responded with a collective appreciation of the moment and seized the opportunity to replicate what we do in these two new communities. What we always say has never been more true: at Alliance we are powered by our people!

Cheala Garland-Downey
Chief Human Resources Officer

Additionally, Alliance helped members of the Cardinal provider network transition to the Alliance network by streamlining the credentialing process for many providers, hosting meet-and-greet sessions virtually and on-site, and working to make the contracting process problem-free for transitioning providers.

To boost awareness about the transition and to offer information about Alliance Health to Mecklenburg and Orange County members, Alliance rolled out a multimedia information campaign in November, featuring informational posters in English and Spanish distributed to local public health and social services offices, community partner organizations, and in other public spaces. Additionally in Mecklenburg County, Alliance has sponsored Spanish-language newspaper ads and radio ads on two Mecklenburg County English-language stations and a Spanish-language station.

**Listen to
WCHL Radio Ad**



**Listen to WOLS
Spanish Radio Ad**



You can listen to these ads by visiting report.alliancehealthplan.org

In Orange County, Alliance sponsored and participated in For 'Em (Forum) on the Hill Community Conversation, a week of programming on a local radio station designed to create community-wide awareness of issues affecting the area. In Mecklenburg County, Alliance hosted a virtual town hall meeting to provide residents, health care providers and other stakeholders an opportunity to learn more and ask questions about the realignment.

In both counties Alliance also began the process of building Mecklenburg and Orange Consumer and Family Advisory Committees (CFACs), which are made up of consumers and family members 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 the Board of Directors.

Hello Orange County!
All of us at Alliance Health are proud to be part of your community.

Listening. Learning.

We're working to understand the unique needs of folks here and learn the best ways to manage quality care for people with mental illness, substance use disorders, or intellectual/developmental disabilities.

**Empowering Orange County communities.
Partnering for healthier lives.**

Alliance Health

AllianceHealthPlan.org or call (800) 510-9132
Provider Helpdesk: (919) 651-8500

Shaping the Future of Integrated Care

Alliance's primary job is making sure the people we serve have access to the care they need when they need it. Because of the recent addition of two counties to our service area and the upcoming Tailored Plan implementation, we are providing more care to more people than ever before. To ensure we deliver this care efficiently, we have brought onboard several expert staff members to steer us:

- Neal Roberts, PharmD, Pharmacy Director
- Shawn Mazyck, Senior Vice President—Provider Network
- Angel Felton-Edwards, Senior Vice President—Population Health and [Care Management](#)

Expanding the Provider Network

To ensure that our members have timely access to all covered services and experience as little disruption of care as possible during the county realignment and the transition to the Tailored Plan, Alliance brought on board Shawn Mazyck to serve as Senior Vice President—Provider Network. Mazyck leads the development and execution of our comprehensive provider network strategy and provides oversight of all network management and operations functions.

For people with complex healthcare needs such as the members who will receive care through Alliance's Tailored Plan, integrated care has been shown to be most effective and produce the best outcomes. To prepare for delivering this care, we have been strategically positioning

ourselves to build a comprehensive network of physical as well as behavioral health providers. Mazyck and his team's primary objective has been to identify, recruit and offer extensive support to key primary and specialty providers, as well as large hospital systems, throughout the entire recruiting to onboarding lifecycle and post-contract execution.

Mazyck also helped pilot the expansion of our network into Mecklenburg and Orange counties to ensure continuity of care and sufficient access to qualified providers for the people we serve.

Despite the very tight timeline for our expansion into Mecklenburg and Orange counties, Mazyck and his team were able to execute a high-touch recruiting approach to build the kind of strong and collaborative working relationships we have with our providers in our other four counties.

During 2021, Alliance added 236 new provider contracts. Based on the number of physical health providers in the Alliance catchment area, we could potentially increase our network by 19,887 providers by December 1, 2022.



You can watch this video by visiting report.alliancehealthplan.org

Taking Responsibility for Pharmacy Services

Reliable and prompt access to needed medications is essential to health maintenance, so pharmacy services are a critical component of integrated care, alongside behavioral and physical health care and attention to the social drivers of health. To partner with us on our implementation of the pharmacy benefit, Alliance brought on board Pharmacy Director Neal Roberts, PharmD, previously the Pharmacy Clinical Coordinator for the Northwest Community Care Network, where he monitored the clinical pharmacy services for 140,000 Medicaid members in the northwest NC counties.

One of Dr. Roberts' primary responsibilities is collaborating with our Tailored Plan pharmacy benefit manager, Navitus Health Solutions. We selected Navitus because they have demonstrated a strong commitment to lowering prescription costs and have a superlative record of implementing and administering Medicaid PBMs in seven states.



Neil Roberts, PharmD
Director of Pharmacy

Navitus' responsibilities for Alliance will include:

- Processing prescription drug claims within the defined benefits plan.
- Adhering to the Medicaid preferred drug list.
- Engagement of members receiving pharmacy services.
- Implementation of a drug utilization review program.
- Utilization management (primarily prior authorization) for pharmacy benefits.

Navitus will also assist Alliance in monitoring pharmacies from the perspective of fraud, waste, and abuse and provide ongoing reports regarding quality management.

Authorized Alliance staff will be able to access the Navitus claims processing system to view plan design and member profiles, including eligibility and claim history, and enter necessary overrides to allow claim adjudication for approved prior authorizations. Alliance staff will be able to view all relevant claim and member eligibility information required to answer questions, troubleshoot issues, and take action to resolve adjudication issues on the first call.

Transition to ACS puts Alliance in Control

In May 2021, Alliance launched the Alliance Claims System (ACS), an in-house claims management platform that has allowed us to fully control and customize our claims and authorization process and prepare for a smooth transition to operating a Behavioral Health I/DD Tailored Plan.

ACS is a next-generation managed care system designed specifically to meet the needs of managed care organizations and the providers they support. ACS allows providers to view appointments, submit patient claims and treatment plans, check on authorizations, and more.

A big advantage of ACS is that Alliance Health owns the source code and all development and support is handled in-house, eliminating the need to depend on a third party.

Work is ongoing to expand the types of claims the system can handle in preparation for Tailored Plan management and to build a unified provider portal that will include more applications and give providers one place to go to have access to all of the functionality and applications that they will need.



FULL



NCQA Accreditation Demonstrates Alliance's Commitment to Improving Members' Behavioral Health

In 2021 Alliance was one of three MCOs in North Carolina to earn Full Medicaid Managed Behavioral Health Organization (MBHO) Accreditation with a Long-Term Services and Supports (LTSS) Distinction from the National Committee for Quality Assurance (NCQA). Alliance is one of three MCOs in North Carolina to earn a full three-year accreditation and only the second MCO to earn LTSS Distinction.

NCQA MBHO Accreditation is a nationally-recognized evaluation that purchasers, regulators, and consumers can use to assess MBHOs. NCQA MBHO Accreditation evaluates how well a health plan manages all parts of its delivery system – practitioners and provider organizations – in order to continuously improve care for its members. NCQA reviews include rigorous on-site and off-site evaluations conducted by a team of managed care experts. A national oversight committee of physicians and behavioral health providers analyses the team's findings and assigns an accreditation level based on the MBHO's performance compared to NCQA standards.



Alliance Health's MBHO Accreditation is proof that it's an organization which works hard to coordinate care, provide access and good customer support for members. It's a sign that Alliance is focused on improving the behavioral health of its members.

Margaret E. O'Kane
NCQA President

Engaging the Communities we Serve

We are dedicated to building community partnerships that help us connect the people we serve to supports that enhance recovery and well-being. By promoting education and training, development of care guidelines, and awareness of how to navigate the public system, we give our communities the tools they need to succeed and help people lead healthier, more satisfying lives.

Our Community Health and Well-Being (CHWB) staff continued supporting our communities through the special circumstances created by the COVID-19 pandemic. This work included staffing education and resource tables at community events and vaccination clinics, distributing children's masks and coloring books about coping with pandemic restrictions, and supporting community food distribution efforts, including stocking Little Free Pantries in Johnston and Cumberland counties.

We continued to promote Hope4NC, a FEMA-funded helpline to provide COVID-related emotional support and service connections to people who need them. Our outreach team distributed promotional materials at community events and held a drive-by distribution event so that churches, schools, organizations and other community partners could pick up materials. Items included Hope4NC yard signs, banners, bundles of fliers, social distancing floor signs, static cling window signs, 2021 calendars, COVID coloring books in English and Spanish, business cards and magnets promoting the helpline.



Alliance is a founding member of the new Association for Community Affiliated Plans (ACAP) Center for Social Innovation. The center will provide Medicaid health plans with a clearinghouse to share best-practice information and other resources related to addressing social drivers of health.



We continue to offer a regular lineup of virtual community health and well-being trainings and Adult and Youth Mental Health First Aid trainings monthly. While we began to shift back to in-person events, the virtual format allows us to eliminate the barrier of distance and reach community members in all of our counties. Training topics have included child mental health, teen dating safety, resilience in the face of stress, meal planning on a budget, diabetes awareness, minority mental health, UV safety, ADHD, sickle cell disease, adolescent substance use prevention, access to care and understanding traumatic brain injury.



Alliance Chief Medical Officer Mehul Mankad, MD, regularly contributed his expertise to ABC11's discussions of mental health during the pandemic. You can watch this video by visiting report.alliancehealthplan.org

Reaching out to our new communities

An important part of our 2021 expansion into Orange and Mecklenburg Counties was establishing dialogue and relationships with community partners and stakeholders. These connections and partnerships are vital to helping us make a meaningful impact in our communities and the lives of the people we serve.

An essential initial step in each county was the formation of robust and active Consumer and Family Advisory Committees, or CFACs. These committees are made up of consumers and family members who receive mental health, intellectual/developmental disabilities, and substance use/addiction services. CFACs are self-governing committees that serve as advisors to Alliance leadership and our Board of Directors.

While Orange County is contiguous with our other Triangle counties and can be largely served by staff based in our home office, we have three staff members dedicated solely to Orange:

- A member inclusion and outreach specialist who draws upon lived experience to help members connect with community services and address needs related to social drivers of health.
- A system of care coordinator who supports the ongoing development of a community collaborative and help build partnerships with local agencies and organizations.
- A criminal justice specialist who works with the courts and coordinates Crisis Intervention Training of law enforcement personnel and other first responders.

In Mecklenburg County we assembled a robust CHWB department to ensure broad and comprehensive reach into that large and diverse community, which is not adjacent to any of our existing service areas. This includes a community engagement team that is:

- Building relationships with community-based organizations that can help meet the social drivers of health (SDOH) needs of our members.
- Working within the community to enhance the system of care so that we are working together with shared goals.
- Helping our members involved in the court systems get connected to the services they need.
- Helping families navigate systems and support their children.
- Supporting Crisis Intervention Team and Mental Health First Aid training for law enforcement and other first responders.

We've also assembled a member inclusion team to formulate a community inclusion planning meeting process to engage members with significant SDOH needs who are coming out of crisis and other facilities. The team has also supported the creation of a local Consumer and Family Advisory Committee (CFAC) and helps our members to connect or reconnect to needed services. Our education specialists offer educational opportunities to members and the community as a whole.

Our Mecklenburg supportive housing team supports our housing efforts, particularly the Transitions to Community Living (TCL) initiative, and works with community partners to develop additional affordable housing opportunities in the community for our members.

CIT Training Rebounds From Pandemic Lull

Alliance has a longstanding commitment to increase the safety of both citizens and first responders in our communities by providing Crisis Intervention Team (CIT). CIT teaches police and other first responders to recognize and respond appropriately to individuals in a behavioral health crisis with the goal of de-escalating dangerous situations and referring people, when appropriate, to treatment instead of emergency departments or jail. We've also developed a specialized 16-hour Veterans CIT (VCIT) module in addition to the normal 40-hour CIT training to help first responders react appropriately in situations involving military veterans.

Although the pandemic's interruption of in-person events reduced our ability to hold classes, in 2021 we began a return to our normal CIT training schedule.

Wake County

5 CIT Classes
(123 People Trained)

2 Detention Classes
(14 People Trained)

1 CITelecommunicator Class
(11 People Trained)

Durham County

5 CIT Classes
(75 People Trained)

Johnston County

3 CIT Classes
(40 People Trained)

1 VCIT Class
(9 People Trained)

Housing is Health Care

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.



Tiny Homes Architect Rendering

Capital Investments in our Members' Health

Alliance has invested more than \$4,500,000 to date in housing inventory for people we serve.

- We made a \$100,000 capital investment to build two tiny homes to provide permanent housing for people experiencing homelessness who are served by the UNC Assertive Community Treatment Team (ACTT). The homes will be part of the all-inclusive Tiny Homes Village at the Farm at Penny Lane in Pittsboro, NC, a demonstration project aimed at developing a new affordable housing option for people with serious mental illness (SMI) and other health conditions living on a fixed income. The project is part of a public/private partnership between local nonprofit Cross Disability Services, Inc., (XDS Inc.) and the UNC School of Social Work. Supply chain issues have delayed the construction of Alliance's tiny houses; when materials are ready Alliance staff will have an opportunity to participate in building through our Alliance CARES volunteer program.
- As a first step toward tying our housing programs and investment toward addressing specific health issues, we made an investment with Reinvestment Partners to secure our first three units for kids who have chronic asthma conditions and are frequent users of the emergency department (ED). Alliance is funding the rehabilitation of the units to meet all green standards for environmental mitigation to minimize potential asthma triggers. Risk stratification data will be used to identify children in families who face homelessness or housing insecurity who frequently visit the ED for asthma attacks.
- Alliance also began a new partnership with our longtime partner CASA. We have invested more than \$1,000,000 for seven units at Kings Ridge, which will be Wake County's first supportive housing program. King's Ridge will feature trauma-informed design with on-site supportive services and will provide permanent housing for up to 100 households, potentially reducing homelessness in Wake County by 10%. Alliance will also hold the contract for all supportive services at Kings Ridge.

CASA is proud to celebrate Alliance Health as our Partner of the Month in March! Thank you, Alliance Health, for being such incredible partners for CASA and the people we serve together.

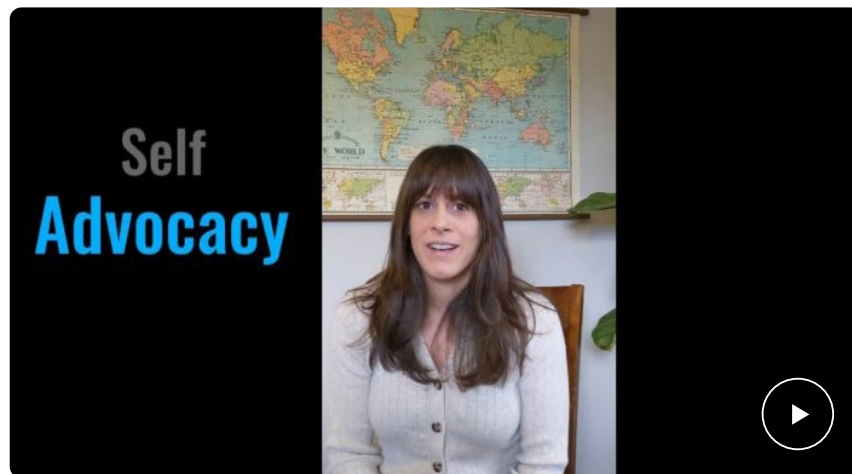
CASA in North Carolina



You can watch this video by visiting report.alliancehealthplan.org

A Foundation for Recovery

- Alliance secured \$160,000 to fund the **Healthy at Home** program in partnership with Wake Med and to be modeled after our **Health and Housing Case Management Program** in Durham. The Health and Housing initiative, a partnership with Duke Health Systems and Resources for Human Development (RHD), connects chronically homeless people referred by Duke clinics with housing and the supportive services they need to stay in that housing and manage their health conditions. The Health and Housing Case Management program currently supports **30 people** in housing.
- Using funding from the American Rescue Plan Act, Alliance will also start a second **Coming Home** justice-involved housing program in Wake County. Similar to the existing Coming Home program in Durham, the initiative will provide supportive housing to justice-involved people who are in recovery from mental health or substance use disorders and returning to the community. The program links participants with behavioral and physical health care providers, substance use resources, employment and vocational resources, and other supports to help them maintain their housing, health and recovery. The Coming Home program had seven new admissions in 2021, of whom five remain housed. The program currently supports 16 people in housing.
- We opened two new bridge housing programs in Wake County and secured property to open an eight-bed bridge housing program in Cumberland County slated to open in spring 2022. Bridge housing provides a temporary safe place to live along with the services and supports people need to move toward permanent housing. Together with the Hotel to Home program we started in Durham during 2020 and programs we acquired through our expansions, we are now administering six bridge housing programs. The Durham **Hotel to Home** program served **22 people** in 2021, **13** of whom moved to permanent housing.



You can watch this video by visiting report.alliancehealthplan.org

- Alliance was awarded \$265,000 in funding from SAMHSA to launch RISE (Rehousing Individuals for Sustained Empowerment), a supportive housing program for people experiencing homelessness and struggling with a mental health disorder exacerbated by the COVID pandemic. The program, a partnership with Housing for New Hope, can pay participants' rent for up to a year and link them with supportive services such as a vocational specialist. RISE has enrolled seven households and assisted two in obtaining housing.

Alliance's array of housing solutions also includes:

- The Durham Area Supportive Housing (DASH) program, funded by the US Department of Housing and Urban Development, which provides permanent supportive housing to chronically homeless individuals and families. DASH served **35 people in 18 households** in calendar year 2021.
- The Independent Living Initiative Program, a short-term assistance program for people receiving services through Alliance who are facing possible eviction or utility disconnection, or who need start-up funds to move into permanent housing following short-term life circumstances. In 2021 the ILI program provided **\$220,000** in assistance to more than **200 individuals and family households**.
- The Community Transitional Recovery Program (CTRC), a short-term community-based observation and assessment program emphasizing recovery education and independent living for people with a history of homelessness who are being discharged from inpatient settings. Participants live in one of six two-bedroom townhomes in Durham and they remain in the program for 60-90 days before transitioning to their next step. During 2021 there were **22 admissions** to the program and **nine** successful transitions to independent living.

Supporting Our Members' Right to Live, Work, and Participate in their Communities

The Transitions to Community Living Initiative (TCLI) helps people with serious mental illness transition out of adult care homes and state hospitals and helps to keep people from entering them in the first place. As part of the 2012 Olmstead Settlement Agreement between the United States and North Carolina, the state is required to provide community-based supported housing to people who currently reside in, or are at risk of entry into, adult care homes. This 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.

TCL Members in NC

Total of 3000 in housing



The Alliance Transitions to Community Living Initiative (TCLI) completed 168 new moves in 2021.

With the addition of Mecklenburg and Orange counties in December 2021, Alliance has more than 1,000 TCL members living in supportive housing in their communities. **This total represents one-third of the state total of 3000 TCL members currently in housing.**

Growing Our Crisis Continuum to Better Serve Our Communities

Appropriate and prompt response to behavioral health crises promotes better recovery and outcomes. It also can reduce unnecessary trips to the emergency department (ED), hospitalizations, and law enforcement involvement. We are consistently expanding our continuum of crisis care to increase access and minimize treatment delays so people can get the care they need in their communities before more restrictive and costly interventions become necessary, and to ensure connection to necessary services and supports.

The primary goal of our crisis services is to stabilize distress symptoms and 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.

Urgent Care Coming to Mecklenburg

To bolster the spectrum of crisis services in one of our newest counties, in 2021 we forged a partnership with Mecklenburg County and the Steve Smith Family Foundation to bring a behavioral health urgent care center (BHUC) to Mecklenburg. Like our current BHUCs in Wake and Durham counties, the Mecklenburg BHUC will help bridge the gap in access to care for people experiencing behavioral health distress that does not rise to the level that requires care from a crisis center or ED. 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.

The Mecklenburg BHUC is expected to open in early 2022 and will be available 24/7, 365 days a year. Mecklenburg County will provide

\$2 million for construction with the Steve Smith Family Foundation and Alliance Health contributing \$800,000 each. Daymark Recovery Services, which has three other behavioral health urgent cares in the state, will be the service provider.



Learn more about the Steve Smith Family Foundation and our partnership to bring a BHUC to Mecklenburg County.

You can watch this video by visiting report.alliancehealthplan.org

The Right Option for Children and Teens

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 Alliance region. The 16-bed crisis facility for children and teens ages 6-17 includes behavioral health urgent care services to address ED 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. Anticipated start of operations is September 2022.

The Alliance Crisis Continuum Also Includes:

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 ED evaluations.

- In 2021, we reopened the renovated Cumberland Recovery Response Center (CRRRC) under the management of RI International, a national leader in providing recovery-oriented behavioral health and substance use disorder crisis services. The center offers behavioral health urgent care and a 10-chair, 23-hour observation unit where individuals are assessed by a psychiatric nurse practitioner or physician's assistant to determine their needs.

Mobile crisis teams, which 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 EDs 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 ED 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.

1,500 individuals were served by the Durham & Wake BHUCs. 94% of them were stabilized in the community. 87% of them left with a prescription. 6% of them had an ED visit in the following 30 days after a BHUC visit.

1,600 individuals were served by Facility Based Crisis/Detox Facilities.

770 individuals were helped by a Mobile Crisis Team.

766 individuals were served by the Wake County Enhanced Mobile Crisis. 30% of them were stabilized in the community.

3,852 individuals were served by Community Paramedic Services.



Learn more about the Child Crisis Center by visiting report.alliancehealthplan.org

The Evolution of Care Management

Our realignment growth and transition to the Tailored Plan entail big changes, but delivering quality care and maintaining continuity for our members remains a top priority. To help ensure that Alliance is fully prepared to provide required care management services across all programs so that our members receive the right services, at the right time, in the appropriate level of care, we brought on board Angel Felton-Edwards as our new Senior Vice President—Population Health and Care Management.



You can watch this video by visiting report.alliancehealthplan.org

Key to this task has been staff recruitment — **180 people were hired** in the Clinical Operations department alone from July to December 2021, and the care management team has grown to **almost 400 professionals**. Of equal importance has been ensuring that new and existing staff are appropriately trained on all the Tailored Plan requirements as they relate to care management. Under the Tailored Plan, Alliance will share care management responsibilities with Advanced Medical Home Plus (AMH+) and Care Management Agency (CMA) practices. AMH+ practices are primary care practices that are qualified to provide the required care management services for their patients enrolled in a Tailored Plan. CMH practices are providers of MH/SUD/IDD services who are certified to provide care management services.

Complete Care

Complete Care, Alliance's whole-person care model, places the member at the center of the model, alongside their behavioral and physical health providers.

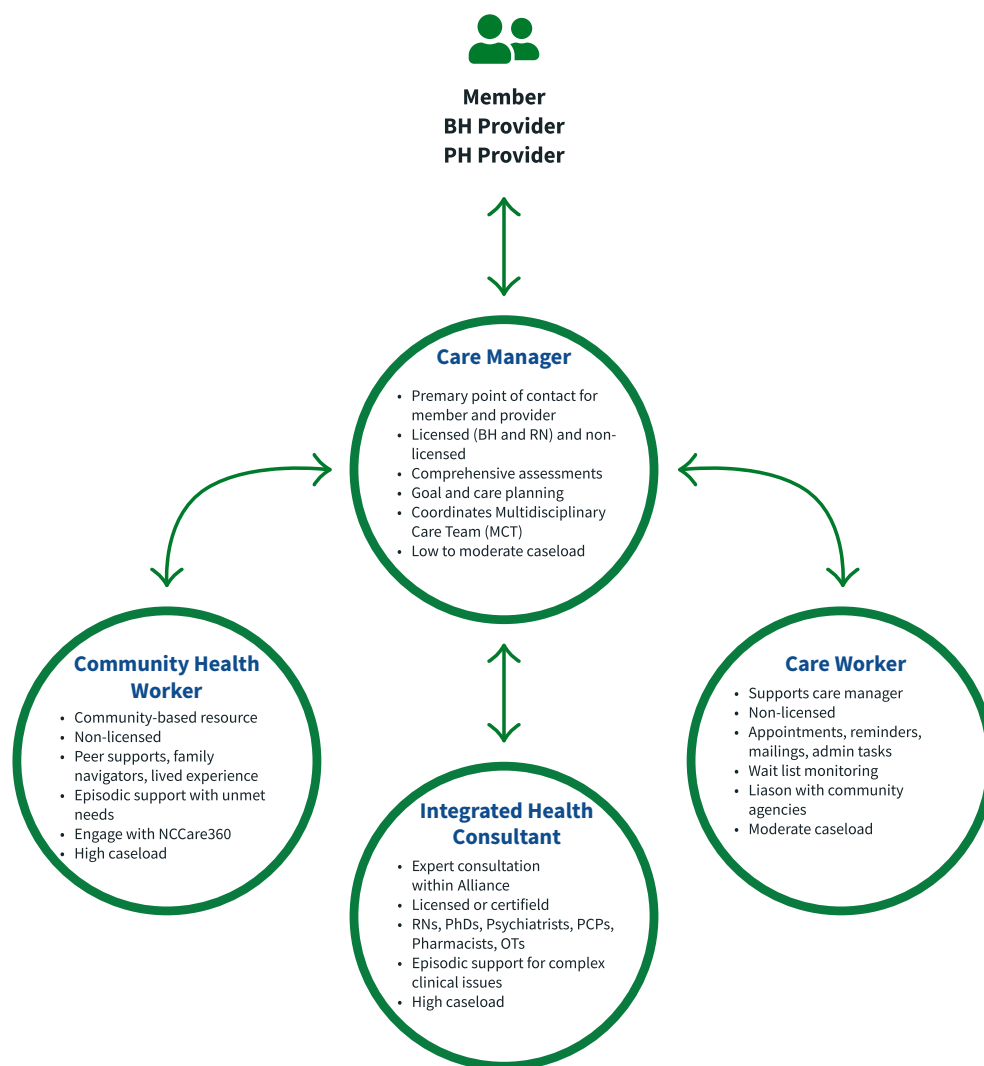
The care manager is the primary point of contact for the member and their provider. The care manager is responsible for providing a comprehensive needs assessment to identify the member's health status and needs to set goals and devise a care plan. The care manager works with other multidisciplinary care teams that may include other Alliance team members or external providers to ensure the member receives the appropriate care.

The care worker supports the care manager with administrative tasks such as appointment scheduling, reminders, and mailings as well as acting as a liaison to community agencies.

Community health workers (CHWs) are not licensed staff members, but are people with lived experience and a close understanding of the community, similar to peer support specialists. CHWs engage with members to determine if there are barriers to service or address social determinants of health needs such as homelessness or food insecurity, and work in partnership with the care manager and care worker to address the needs and remove the barriers.

Integrated health consultants (IHCs), who may be RNs, PhDs, MDs or pharmacists, work with the care manager as needed in cases where a member has an inpatient episode for a medical or behavioral health diagnosis. IHCs will help start the discharge planning process for the member and help get them back out into the community.

Multidisciplinary Care Team



Providing Support for Healthy, Fulfilling Lives

The services Alliance provides to our members with intellectual or developmental disabilities (I/DD) are essential in supporting their needs and life goals. Our modern, interdisciplinary care teams help people with disabilities get the supportive care they need to live full lives in their communities.

- The NC Innovations Waiver allows individuals with I/DD to receive services and supports in their own community. This helps people live as independently as possible, rather than in an institution like a developmental center. Alliance manages the NC Innovations Waiver program in Cumberland, Durham, Johnston, Mecklenburg, Orange and Wake counties. There is currently a waitlist for these services called the Registry of Unmet Needs. Alliance expects to receive 263 new Innovations Waiver slots during the first half of 2022. These slots will help decrease the number of people waiting on the registry.
- Our care management team supports many children with complex needs, identified as those with an I/DD and a mental health disorder diagnosis. Our integrated health consultant serves as the point of contact for children with complex needs, consulting internally with care management to develop strategies to address problematic behaviors. She also provides training to community providers on positive behavior supports, trauma and intellectual disability and autism, and attends treatment team and school-based meetings. She advocates in cases where there are unmet SDOH needs and assists the teams in getting programs, services, and funding to meet the needs of the individual. The integrated health consultant served 384 children with complex needs in 2021.
- Alliance's Olmstead Team works to ensure community-based supported housing to people who currently reside in, or are at risk of entry into, state developmental centers, state hospitals, and other institutional settings. In 2021 the team arranged for less restrictive living arrangements for 28 individuals, along with the comprehensive supports that allow them to more fully live as thriving members of their communities.

Leveraging the Power of Peers to Promote Positive Outcomes

Peer mentoring is a type of service where people with lived experience are trained to provide support to other individuals with I/DD. Peer mentoring is considered a best practice in mental health intervention and consistently promotes positive outcomes for individuals with I/DD. Evidence indicates the use of peer supports increases member engagement in care, social functioning, and self-esteem, and can lower the total cost of care through reduced hospital admission rates, decreased substance use, and fewer reports of depression.

In partnership with Optum, the North Carolina Council on Developmental Disabilities, and the National Association of Councils on Developmental Disabilities, we are developing a new peer mentor training program.

We hired an I/DD peer in care management to help support individuals through life transitions such as:

- Moving from living with their families to living independently.
- Deciding what to do after graduating or completing school.
- Supporting moves from facilities to the community.
- Engaging as a strong self-advocate with health care providers.

In addition to the care management team member, provider network development is working with I/DD providers to add I/DD peers to their teams to increase member engagement with services and provide similar transitional supports related to independent living and employment.

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 3 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 in Alliance's original 4-county service area.

Alliance is currently working with DHHS partners to offer TBI Waiver services to members in Orange and Mecklenburg County within 2022. At this time Alliance members who live in Orange and Mecklenburg counties may call Alliance's Access and Information Center at 800-510-9132 and ask to be placed on Alliance's TBI Waiver registry of interest.

TBI Waiver services have helped members who have been in the community living with traumatic brain injury for many years as well as helping some members move into the community for the first time since experiencing an injury.

Improving Access and Care for Children and Youth

Investing in the Lives of DSS-Involved Youth

Youth with complex behavioral health needs, often including intellectual and developmental disability needs, face real challenges in accessing needed treatment. This can result in long stays in EDs, detention centers, or DSS offices. This can impact health and cause considerable stress and concern to the youth, their families, and agencies charged with supporting them.

At Alliance Health, we focus on improving the treatment and support for these youth and their families to reduce the need for out-of-home placements or reduce the length of these placements when needed. We are building a continuum of early screening and identification, comprehensive trauma-informed assessments, early intervention and prevention services, a comprehensive array of evidence-based community-based services and supports, and crisis response capacity.



Committed \$8 Million

We committed \$8 million for construction of a regional child facility-based crisis center to open in fall 2022 to offer an age appropriate, supportive therapeutic response for youth in crisis. It will also offer walk-in behavioral health urgent care for assessment, medication, and other services to help prevent crisis.



Invested \$1.5 Million

\$1.5 million was invested to create 14 regional group home crisis beds. These homes offer a structured placement alternative to EDs and a supportive therapeutic environment to provide time to identify longer-term services and supports for youth and families.



Funded 20 Transitional Therapeutic Foster Care Beds

We funded 20 transitional therapeutic foster care beds to provide a therapeutic family environment as an alternative to the ED for youth in crisis or whose placement has been disrupted. They provide time to identify longer-term services and supports for youth and families.



Developed 24/7 MORES Team

We developed a mobile outreach engagement stabilization (MORES) team in Cumberland County at a cost of \$500,000. This is a 24/7 mobile response team to support youth and families in their home. It can assess, de-escalate, and prevent disruption of youth from their home environment, and remain involved with the family for a period of time to ensure they are supported and linked to ongoing services.



Generated New Case Coordination Services

We created services to link youth to needed support following trauma assessments by adding case coordination as a service option for DSS involved children in Wake and Cumberland who have no permanent caregiver identified. Once caregiver is identified, high-fidelity wraparound can be provided. We also developed an enhanced process to rapidly assess youth in EDs and options to quickly place them in appropriate therapeutic settings.



Expanded Expertise

Director-level expertise was brought on to support and interface directly with DSS leadership around care management and on system development needs. This support includes addressing care management placement issues or treatment barriers for youth with complex issues in crisis or in inappropriate settings, and collaborating with DSS senior leadership to solve system issues around community needs, barriers, and supports for family and youth.

Meeting the Needs of Youth and Families to Boost Success in School

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

The SBT initiative includes six core programs:

- The **Traditional program** connects students referred through the schools to behavioral health care providers who can assess and recommend appropriate treatment to improve their engagement in school. During the COVID-19 pandemic, SBT Traditional program staff collaborated with Community Health and Well-Being family partners and system of care specialists to support Wake County schools and families with unmet social needs, including food insecurity, housing insecurity/homelessness, transportation issues, financial barriers, and access to behavioral health supports.
- The **Traditional I/DD program** connects students and families referred by the special education department to services. In 2021 the SBT partnered with Hope Services and Schools to launch a day treatment program to serve the IDD population.
- The **Crisis program** supports students referred from crisis facilities as they transition back to school.
- The **Psychiatric Residential Treatment Facility (PRTF) program** helps coordinate prompt re-enrollment for students leaving PRTFs.
- The **Justice Liaison program** helps divert youths who commit non-violent offenses at school from getting charges in the court system. In Spring 2021, the program was expanded to also serve and support middle school students.
- The **Alternative School program** assists Longview School students transitioning in and out of crisis facilities. The program shifted to support crisis facilities during the pandemic while schools were in virtual learning platforms.



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 Alliance region. The 16-bed crisis 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. Operations are expected to begin in fall 2022.

Uzama Price, EdD, Named NADD Member of the Year

The National Association for the Dually Diagnosed (NADD) honored Alliance Health Integrated Health Consultant Uzama Price, EdD, with its 2021 Member of the Year Award. The award is given annually to a person who has made a notable contribution to support NADD's mission to promote a quality life for individuals with dual diagnosis (IDD/MI) in their communities.

Dr. Price came to Alliance Health as a NADD Dual Diagnosis Specialist, and she is the point of contact for the NC Children with Complex Needs Settlement Agreement. In her role she mentors internal applicants who are going through the process of certification. All Alliance applicants who completed the dual diagnosis specialist certification program have been certified. Dr. Price has also served as a resource throughout the state regarding NADD certification.



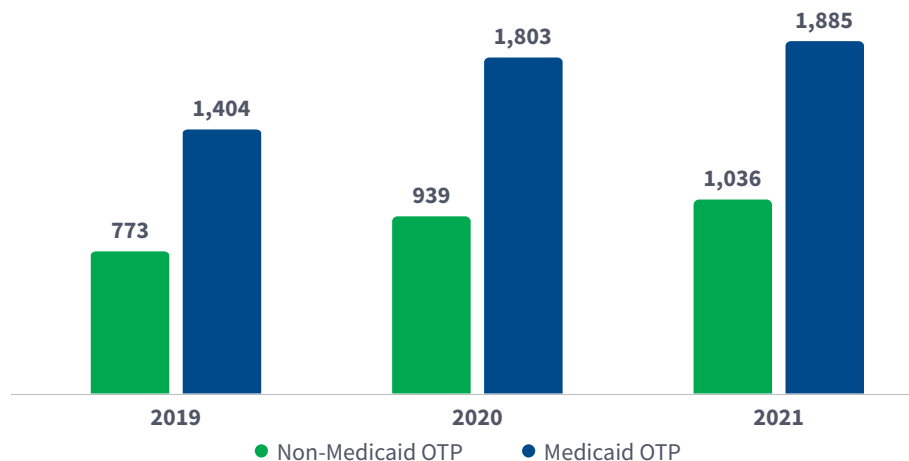
Uzama Price, EdD
Integrated Health Consultant

Taking an Evidence-Based Approach to Substance Use

The COVID-19 pandemic contributed to a worsening of the opioid epidemic in 2021, 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's ongoing work to provide timely treatment access, supports to address social determinants, assistance with sustaining recovery, and supporting community harm reduction efforts.

We grew our network of medication-assisted treatment (MAT) providers to include nine 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.

Opioid Treatment By The Numbers



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

We also continued other initiatives in our communities to grow the substance use disorder system of care, including:

- Distributing over \$1.3M of naloxone to providers and stakeholders in each of Alliance's six counties.
- 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.
- Using peer support specialists in our programs and embedded at treatment facilities to address potential barriers to continued recovery such as lack of transportation, food or housing insecurity, and other social drivers of health.
- Expanding access to transitional housing for individuals with opioid use disorder.
- Promoting proper storage and disposal of medication by supporting medication take-back events and distributing medication disposal kits.

Our [Alliance for Action on Opioids](https://allianceforaction.org) website informs the public about ways to prevent misuse of opioid medication.

Learn more at allianceforaction.org.



Fostering a Diverse, Equitable and Inclusive Culture



At Alliance we aspire to promote a culture that allows members and employees to thrive, feel that they belong and are valued, and be free to be their true selves. We are committed to promoting a diverse and equitable workplace built on foundations of respect for all members and recipients, employees, stakeholders, and community. In 2021 we developed an internal diversity, equity and inclusion (DEI) plan to honor the importance of our employees' identities and differences and promote equity in our company culture. Also:

- We added five new affinity resource groups, which are voluntary, employee-led groups formed around common interests, common bonds, or similar backgrounds.
- Our BRIDGES (Building Relationships across Inclusive Diverse Groups for Everyone's Success) program launched, allowing employees to have engaging conversations about DEI topics. **237** employees have participated in BRIDGES.
- 72% of our staff responded to our first organizational DEI survey, sharing their opinions about our workplace culture and organizational efforts to promote diversity and inclusion.
- Annual diversity training, including sessions on unconscious bias, gender inclusive language in healthcare and how to be an effective ally, was completed by 484 employees.
- To help build a more culturally competent provider network, we developed a provider cultural competency plan and a [cultural competency tool kit](#). The tool kit is full of educational and evidence-based resources and guidelines to help our providers create cultural competency plans for their organizations

Learn more about the Alliance DEI Plan by visiting report.alliancehealthplan.org

Maintaining Vigilance Against Fraud, Waste and Abuse

To educate our employees, members and providers about fraud, waste and abuse, our Office of Compliance began issuing quarterly bulletins. Each issue explains the law and terminology regarding an aspect of fraud, waste and abuse.



HEALTH CARE FRAUD LAWS

An Informational Bulletin brought to you by Alliance Health




Health Care Fraud Conspiracy

18 U.S.C. §1349

This law makes it illegal for two or more people to agree to a scheme or plan to commit some form of health care fraud. The plan does not have to be successful for someone to be convicted of this crime. All the government must prove is that there was an agreement to do something that violates the health care fraud laws. A person convicted of a health care fraud **conspiracy** faces up to 10 years in prison.

What do those words mean?

Conspiracy: a secret plan by two or more people to do something illegal or harmful.



§ 14-113.20


...possesses, or uses **identifying information** of another person with the intent to fraudulently make financial gain or obtain anything of value, purpose of avoiding legal consequences.

felony

...bribe, payments or rewards (directly or indirectly) in connection with care delivery when any portion of those federal dollars. Violations of the law are a felony conviction for the offenders, punishable for up to five years. Anti-Kickback provisions of the False Claims Act, meaning it likewise result in fraud **liability**.

08A-63

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Words mean?

...carried out intentionally and with a purpose to defraud or obtain anything of value.

Words mean?

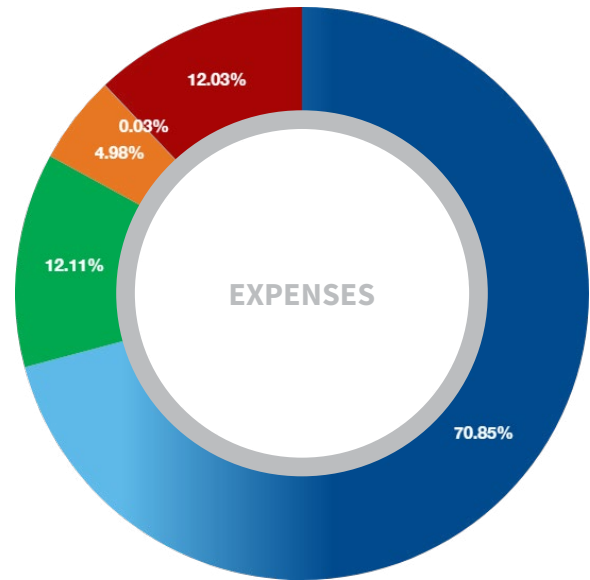
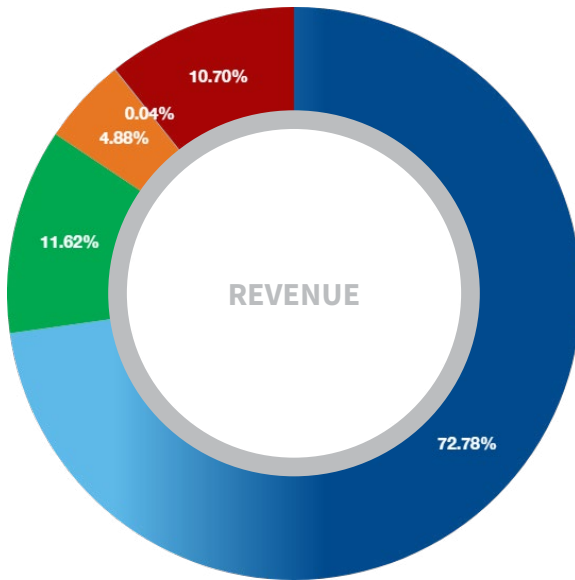
...g for or trying to get something from another person.

...value.

...or something, especially by law

Financials

Based on FY21 Audited Statements - Actuals



MEDICAID	\$463,683,621	72.78%
FEDERAL & STATE	\$74,006,381	11.62%
LOCAL	\$31,062,866	4.88%
GRANTS/ MISCELLANEOUS	\$225,267	0.04%
ADMINISTRATIVE*	\$68,144,558	10.70%

\$637,122,693

MEDICAID	\$430,841,217	70.85%
FEDERAL & STATE	\$73,654,931	12.11%
LOCAL	\$30,254,863	4.98%
GRANTS/ MISCELLANEOUS	\$171,756	0.03%
ADMINISTRATIVE*	\$73,153,369	12.03%

\$608,076,136

*The difference between Administrative revenues and expenses resulted from 1) a required legislative intergovernmental transfer 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 2.24 for FY21, 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

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