



2022 Alliance Health Annual Report

# Fulfilling Our Vision

# Table of Contents

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<b>03</b>	<b>Greetings from Alliance Health</b>
<b>04</b>	<b>Poised to Deliver a Seamless Transition to the Tailored Plan</b>
<b>06</b>	<b>Partnering to Expand Access to Care</b>
<b>08</b>	<b>Engaging to Empower Our Communities</b>
<b>11</b>	<b>Investing in Critical Support for Vulnerable Children and Families</b>
<b>18</b>	<b>Housing Is Health Care</b>
<b>23</b>	<b>Strengthening Our Crisis Continuum to Support Healthy Communities</b>
<b>27</b>	<b>Creating a Culture of Patient-Centered Whole-Person Care</b>
<b>30</b>	<b>Taking an Evidence-Based Approach to Substance Use</b>
<b>32</b>	<b>Financials</b>

# Greetings from Alliance Health

It was 2014 when Alliance adopted an organizational vision to be a leader in transforming the delivery of whole person care in North Carolina's public sector, and we have been working towards the fulfillment of that vision ever since. Early on, we were strong advocates for a model of care delivery that not only integrates the physical, behavioral and pharmacy care of our health plan participants, but also addresses the social and environmental factors that are critically impactful on their well-being.

This year, our preparations for Tailored Plan operations continued and even accelerated to reflect Alliance's critical role in our state's most ambitious transformation of its public health care system to date. We grew our comprehensive network of providers by 683, including 628 primary care practices, medical specialists, hospital systems, community health centers, laboratories and skilled nursing facilities, helping ensure that our participants can retain their current physical health care providers in 2023 under our Tailored Plan. We're also working to build a robust roster of member pharmacies to meet network adequacy standards.

Our work in 2022 reaffirmed our commitment to the health and well-being of vulnerable children and youth and their families. In this report we'll tell you about an exciting new child behavioral health urgent care and facility-based crisis center that is on the horizon, as well as other new programs that provide stabilization and assessment services to young people experiencing a crisis. We'll also update you on Alliance's award-winning school-based program that provides system coordination when a child is experiencing a crisis or is in transition to and from crisis or residential placements such as psychiatric residential treatment facilities.

We'll highlight Alliance's successful launch of Tailored Care Management, providing community-based, provider-driven care to improve whole-person care and health outcomes for the people we serve.

You'll read about our efforts across our region, often involving local partnerships, designed to expand treatment capacity and increase access to community-based behavioral health services and crisis response so people can quickly receive the treatment they need before more restrictive and costly interventions become necessary.

At Alliance, we consider safe, stable housing to be a health care intervention, and we'll detail our latest additions to an already robust inventory of housing assistance, including our investment in an innovative tiny home project.

As always, our Alliance team of exceptional professionals – 957 at year's end, representing 23% growth during 2022 – 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 bBoards 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 our partners and colleagues across the Alliance region.



**Rob Robinson**  
Chief Executive Officer



## Poised to Deliver a Seamless Transition to the Tailored Plan

Alliance Health staff have worked tirelessly to ensure our readiness for the NC Medicaid Managed Care Behavioral Health and Intellectual/Developmental Disabilities Tailored Plan launch despite shifts in the statewide implementation timeline.

### Tailored Care Management Launch

As part of our transition to the Tailored Plan, Alliance Health and other LME/MCOs launched Tailored Care Management (TCM) on December 1. TCM provides community-based, provider-driven care that aims to improve whole-person care and health outcomes for the people we serve.

With TCM, people benefit from a single care manager supported by a multidisciplinary care team to address all their wellness needs. Services may include physical health, behavioral health, intellectual and developmental disabilities (I/DD), traumatic brain injuries (TBI), pharmacy, long-term services and supports and unmet health-related resource needs.

The TCM model emphasizes outcomes and population health management. It depends on a coordinated approach to care among Tailored Plans, Advanced Medical Home Plus (AMH+) practices, Care Management Agencies (CMAs), pharmacies, and physical health, behavioral health and I/DD providers.

### Expanding our Provider Network

In 2022 Alliance undertook an aggressive market analysis and a systematic process for recruiting and contracting primary care providers, hospitals, specialists and specialized therapies, designed to expand access to care, improve quality and patient outcomes and control cost.

We grew our comprehensive network of providers by 683, including 628 primary care practices, medical specialists, hospital systems, community health centers, laboratories and skilled nursing facilities, helping ensure that our participants can retain their current physical health care providers in 2023 under our Tailored Plan. We're also working to build a robust roster of member pharmacies to meet network adequacy standards.

We grew our network  
by **683**, including  
**628** physical health  
providers



## Town Hall Meetings

To help our members prepare for a seamless transition to the Tailored Plan and TCM, Alliance offered town hall meetings during November in each of the six counties we serve. Members of Alliance leadership responded to excellent questions and feedback from engaged audiences in each county, with Spanish and American Sign Language interpretation available.

The presentation shared at the meetings is [available online](#). We also held a virtual meeting for those not able to attend in person, and [a recording of that session](#) is available.



## Advertising Campaign

To inform people about the upcoming Tailored Plan transition, we rolled out a comprehensive advertising campaign across our communities, which includes North Carolina's two largest media markets. The campaign included radio, digital streaming, newspaper, digital billboard, paid and organic social media, transit ads and videos in primary care clinics.



## Access to Care Presentations in English and Spanish

To help community members understand eligibility and how to enroll, we offered virtual presentations in English and Spanish twice monthly. The sessions provided an overview of Alliance Health's services and programs and gave participants the opportunity to ask questions and learn more about the Tailored Plan and Tailored Care Management.



# Partnering to Expand Access to Care

Across the state, and indeed across our country, a shortage of psychiatric hospital beds and an increase in the number of people seeking care have resulted in longer wait times for inpatient placements for children and adults in need of immediate care. As a result, people who need inpatient behavioral health services may end up waiting in the emergency department for days, or even longer, before receiving the help they need. Alliance Health is working aggressively to expand treatment capacity and increase access to community-based behavioral health services so people can receive treatment as quickly as possible. This includes partnering with our counties to provide more psychiatric hospital beds and enhancing community-based behavioral health services so people can get the care they need before more restrictive and costly interventions become necessary.

## Adult Initiatives

### Community-Based Capacity Restoration Programming

Alliance partnered with the state to pilot community-based capacity restoration programs in Cumberland, Mecklenburg and Wake counties. This 24-month pilot project provides restoration education services, case management and support to people who have been charged with crimes but have been found by the court to be incapable to proceed (ITP) to trial because of serious mental illness, traumatic brain injury, intellectual and developmental disabilities or substance use disorder. When someone is considered ITP, all legal proceedings are put on hold until that person can get the mental health care they need.

Previously, the three state psychiatric hospitals were the only source of capacity restoration services in the state. Because of long wait times for admission, ITP defendants have had to stay in detention centers, sometimes for longer than they would if convicted. Community-based capacity restoration provides treatment for defendants who do not require hospital level care and who can be safely treated within the community, which can allow them to proceed more quickly through the court system.



### Other partnerships to expand adult treatment capacity include:

- A 24/7 child and adult behavioral health urgent care (BHUC) at the Smith Family Wellness Center in Charlotte.
- A planned 24/7 adult BHUC and 16-bed facility-based crisis center in Mecklenburg County.
- A planned community transition recovery program in Mecklenburg County, which will provide short-term intensive supportive housing for adults with high and complex needs.

**To learn more about these initiatives, see [Expanding Alternatives for Crisis Care and Investing in Housing for Health](#).**

## Child Initiatives

### The Hope Center for Child and Family Crisis

This new child BHUC and facility-based crisis center in Fuquay-Varina will serve youth and families across the Alliance region. The 16-bed facility will offer walk-in access to same-day clinical assessments, psychiatric evaluations and necessary medications. It will also provide 24/7 access to assessment, stabilization and treatment planning. The center is expected to open in spring 2023.

### Crisis Stabilization and Transitional Programs

Crisis Stabilization and Transitional Programs (CSTPs) provide stabilization and assessment services to children and youth in need of immediate behavioral health care. Alliance Health partnered with providers and counties we serve to increase both county-specific and regional inpatient CSTP capacity.

### MORES--Mobile Outreach Response Engagement and Stabilization

MORES provides a team of specially trained responders to help youth and families in crisis. These responders can connect them to community resources and providers to reduce the need for hospitalizations and out-of-home placement. MORES is available in all the counties we serve.

### Child Assertive Community Treatment

Child Assertive Community Treatment is designed to maintain home stability when a youth is at risk of residential placement or hospitalization. Members of a clinical team visit the family's home or meet in a community setting several times each week. The program is planned to begin in Durham, Mecklenburg, Orange and Wake counties in mid- to late-2023.



### Therapeutic Relief

Therapeutic Relief supports children in local DSS custody in non-therapeutic settings. Staff provide support to DSS and can take youth one-on-one out into the community to give the child a break from their situation.

**For more information about these and other initiatives for youth and families, see Investing in Critical Support for Vulnerable Children and Families.**



# Engaging to Empower Our Communities

We are dedicated to building high-value partnerships to help us make a meaningful impact in our communities. By promoting education and training and helping people navigate the public system, we give the people we serve the tools they need to succeed and lead healthier, more satisfying lives.

## Law Enforcement Partnerships Build Safer Communities

Law enforcement officers are often first to respond to people in a behavioral health crisis. Knowing how to recognize what they're dealing with and how to respond appropriately can defuse a potentially dangerous situation and get people the help they need.

Alliance has a longstanding commitment to increasing the safety of citizens and first responders by offering 40-hour Crisis Intervention Team (CIT) training. CIT teaches first responders to recognize and respond appropriately to people in a behavioral health crisis. The goal is to de-escalate dangerous situations and refer people, when appropriate, to treatment instead of emergency departments or jail. We've also developed a specialized 16-hour Veterans CIT (VCIT) module to help first responders react appropriately in situations involving military veterans.

In 2022 Alliance staff trained **299** first responders and others in CIT



NC State Bureau of Investigation (SBI) Special Agent Brie Benson said that CIT training has helped her and her partner, K9 Special Agent Porter, in their interactions with people in the line of duty. Benson is assigned to the SBI's Behavioral Threat Assessment Unit along with Porter, a certified therapy dog. Together they are equipped to respond to critical incidents and people in crisis by immediately calming them, defusing tense situations and generally making them feel better. "With Porter's goofy demeanor, it is difficult not to smile when he is around," she said. "We are very proud to have been through the CIT program provided by Alliance Health."

The Durham Crisis Intervention Team honored Alliance Pharmacist Dr. Vera Reinstein with the Durham CIT Volunteer of the Year award at their 2022 awards banquet. Alliance Criminal Justice Specialist Laylon Williams, who leads our Durham CIT program, also received an award of recognition from the Durham County Detention Center.





Over the course of **28 classes**, we trained **307 people** in Youth Mental Health First Aid

Over the course of **33 classes**, we trained **750 people** in Adult Mental Health First Aid

## Mental Health First Aid: We Can All be Ready to Help

People are more likely to encounter someone in emotional or mental health crisis than someone having a heart attack. Mental Health First Aid (MHFA) training can empower everyday citizens to save lives.

Alliance teaches MHFA classes regularly so that people in our communities have the tools they need to help each other. The class teaches a five-step action plan to offer immediate help to a person showing signs of a mental illness or crisis situation and connect them with appropriate care. Alliance also offers Youth Mental Health First Aid for adults who regularly interact with young people.

Alliance staff trained 22 Wake County barbers in Mental Health First Aid. Barbers are natural helpers in our communities, and people often talk to them about worries and feelings.



## Helping People Understand and Use Health Information

As part of our commitment to ensuring our members and recipients can access, understand and use information to make informed health decisions, Alliance Health has brought onboard a health literacy project manager. Meghan Watkins assists our efforts to improve organizational health literacy and manage the development, implementation and evaluation of health literacy quality improvement initiatives. Her work includes content creation as well as a formal health literacy review process in which Alliance staff can submit materials for review and recommendations.



The healthcare industry is complex, and it shouldn't take a graduate degree to understand your health care benefits and coverage. By using health literacy best practices Alliance can help ensure the people they serve receive materials that help them take action to improve their health and in turn their lives.

**Meghan Watkins**

Other highlights of our community engagement work include:

We partnered with the Mecklenburg County Sheriff's Office to offer the "Wellness is Wholeness Expo." The expo featured presentations and resource tables from 19 different community organizations, service providers and county departments, plus activities for children and adolescents. Each participant received a resource guide and crisis support information.

We presented "Breaking Barriers: Stigma & Disparities in Minority Mental Health," a workshop focused on strategies and solutions to address stigma and disparities in mental health care. Guest speakers included subject matter experts from across the community.

We maintain and support Free Little Pantries in several of our counties. The pantries are an easy way for neighbors to help neighbors who need food, hygiene products or paper items and help combat food insecurities within our communities. We currently have four Free Little Pantries in Johnston County, two in Cumberland County and one in Durham County.

Alliance employees participated in Alliance CARES activities focused on food insecurity to coincide with our 10th birthday celebration. Alliance CARES (Community Awareness Resource & Education) engages Alliance employees in activities related to the social drivers of health, which are the conditions in the places where people live, learn, work and play that affect a wide range of health and quality-of-life risks and outcomes. During Alliance CARES activities staff:

- Donated hundreds of cans of food
- Donated enough money to pay for more than 3,100 meals
- Logged more than 145 volunteer hours at food banks and men's shelters in Mecklenburg County
- Sorted more than 10,000 pounds of potatoes (enough for 8,300 meals) in Durham

We offer regular Child and Family Team (CFT) trainings for community members, families and agencies. CFTs are meetings that bring together members of families involved in the child welfare system and their community supports to create a care plan for the child. The plan builds on the family's strengths, desires and dreams and addresses the needs identified during the child protective services assessment. The two-day experiential trainings provide an overview of CFT meetings from the family's perspective.



# Investing in Critical Support for Vulnerable Children and Families

## MORES—Mobile Outreach Response Engagement and Stabilization

MORES (Mobile Outreach Response Engagement Stabilization) provides a team of specially trained responders to help youth and families in crisis. The responders can connect families to community resources and providers, reducing the need for hospitalization and out-of-home placement.

A MORES team responds within an hour to a call made by a parent or caregiver. The team includes a consulting clinician and a family partner, who has firsthand experience as a parent or caregiver of someone who has received mental health, substance use or intellectual/developmental disability services. The family partner is trained to help families navigate the mental health system and connect them to local resources, find services and supports and learn to advocate for themselves.

MORES teams help keep children out of hospitals and restrictive residential settings and can reduce law enforcement involvement in children's mental health crises. They also stay connected to the families for eight weeks to make sure they are engaged with a provider. In other states, MORES teams have kept more than 90% of the children they served out of the hospital and stabilized in their current living situation.

MORES is available in all the counties we serve.

# 43

**children/youth**

have been served by Alliance MORES since its inception in mid-2022



This program is completely different from the normal approach that focuses on the need for more crisis beds or residential placements. It's an attempt to prevent that need. We're going much further upstream to keep kids at home with their families.

**Melissa Payne**  
Alliance Health Care Network Project Manager

# Crisis Stabilization and Transitional Programs

Crisis Stabilization and Transitional Programs (CSTPs) provide stabilization and assessment services to young people experiencing a crisis. Alliance Health partners with providers and the counties we serve to increase both county-specific and regional inpatient CSTEP capacity.

County-specific CSTEP capacity initiatives include:

In Durham County, a four-bed CSTEP facility operated by Breakout, LLC, is in development and expected to open in mid-2023.



In Cumberland County, three CSTEP beds, operated by Thompson Child and Family Focus, are expected to open in late spring 2023.



In Mecklenburg County, we have added nine CSTEP beds in partnership with three providers, with eight more expected to open later this year. Also, we are in discussion with a North Carolina provider about opening another facility that would bring the number of beds available for our members in Mecklenburg to 21-24.



In Johnston County, we have submitted a proposal for residential options for children involved with social services.



In Wake County, we are in discussion with providers to open a goal of 18 beds.



In addition to increasing county-specific capacity, we are working with several providers to open CSTEP beds for regional use. This includes six beds in Johnston County, 14 beds in Mecklenburg County and six beds in nearby Rock Hill, SC.



## Therapeutic Relief

Therapeutic Relief supports children in DSS custody in non-therapeutic settings, such as DSS offices. Staff from the provider, Pinnacle Family Services, support DSS staff and can take youth one-on-one out into the community to give them respite from their temporary living arrangement. The program is currently running in Mecklenburg and Cumberland counties, in planning in Durham and Orange counties, and under consideration in Johnston County.

## Child Assertive Community Treatment

Child Assertive Community Treatment is designed to maintain stability at home when a youth is at risk of residential placement or hospitalization. Members of a clinical team, including qualified professionals such as a psychiatric nurse practitioner, registered nurse, licensed therapist, behavior specialist and respite provider, visit the family's home or meet in a community setting several times each week. The frequency of visits varies based on family needs, and the team is on-call 24/7 throughout treatment, which lasts an average of six months.

In addition to providing evidenced-based therapy and treatment, the team addresses social drivers of health, such as connections to community resources for food, utilities, housing, clothing and other necessities that impact family stability. Families can also receive in-home and in-community respite, psychiatry and medication management, health and wellness coaching, individual and family therapy and enhanced safety planning.

By mid-summer 2023, provider Children's Hope Alliance plans to expand its Alamance County team to begin serving serve Orange and Durham counties. They are also in the planning stages of starting teams in Mecklenburg and Wake counties.

## School-Based Team

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 program provides system coordination when a child is experiencing a crisis or is in transition to and from crisis or residential placements such as psychiatric residential treatment facilities.

During the 2021-22 school year  
Alliance's School-Based Team served

**632** WCPSS  
students



### The SBT initiative includes six core programs:

The **Traditional Program** connects students and their families referred through their school to behavioral health care providers who can assess and recommend appropriate treatment to improve their engagement. The program collaborates with WCPSS and community partners such as Easter Seals CARES to address any barriers to engagement in care to help families sustain connection with therapeutic interventions and support.

The **Traditional I/DD (Long-Term Services) Program (I/DD-LTS)** supports children with intellectual and developmental disabilities (I/DD) who are referred by the WCPSS special education department. Services include crisis intervention, immediate response and navigation of the I/DD eligibility process.

The Lighthouse program is a trauma-informed intervention that provides intensive support to students with complex needs. It began serving students through the I/DD-LTS program during the 2021-22 school year and serves two classrooms in coordination with WCPSS and Hope Services. The addition of a third classroom is under consideration.

During the 2021-22 school year,  
the Traditional Program received

**268** new  
referrals

**194** agreed to  
participate in  
the program

During the 2021-22 school year  
the I/DD-LTS program served

**50** new  
referrals

The **Crisis Program** assists students referred from crisis facilities as they transition back to school. During the 2021-22 school year Wake County supported expansion of the program allowing it to increase capacity.

The crisis team works closely with local hospitals, crisis facilities and WCPSS. During the 2021-22 school year, the WakeMed emergency department saw a significant increase in the number of youth admissions, as well as the severity of their conditions. In response, SBT leadership shifted resources to WakeMed to support these youth and help them avoid unnecessary inpatient admissions.

The crisis team has seen a significant increase in the number of “cases of concern,” which include school-related threats and cases that involve a significant risk of violence or threat to safety. The team has an immediate alert process in which WCPSS leadership provides rapid notification of these cases to activate safety planning to support the identified student, family and school.

The **Psychiatric Residential Treatment Facility (PRTF) Program** helps coordinate prompt re-enrollment for students leaving PRTFs. During the 2021-22 school year, two SBT PTRF liaisons attended more than 200 Child and Family Team (CFT) meetings. These meetings help facilitate clear communication and collaboration between behavioral health providers and WCPSS to assist students.

From July 1, 2021, through June 30, 2022, the Crisis Program received

**276** new referrals

**265** agreed to participate in the program

During the 2021-22 school year the SBT crisis team addressed

**36** cases of concern

During the first half of the 2022-23 school year the SBT crisis team addressed

**40** cases of concern

During the 2021-22 school year the SBT PRTF program successfully enrolled

**100%** of WCPSS students

returning to school within 10 business days after discharge from PRTF

The **Justice Liaison Program**, commonly called the diversion program, helps youth who commit non-violent offenses at school avoid getting charges in the court system. When it expanded to support middle school students in spring 2021, the program saw a significant increase in referrals.

The Justice Liaison Program  
received

**105** referrals

during the 2021-22 school year

**76** youths  
qualified

This is up from 17 referrals and  
15 qualified youths during the  
2020-21 school year

The **Alternative School Program** places a liaison in Longview Alternative School to facilitate coordination between WCPSS and behavioral health services to assist students transitioning in and out of crisis facilities. The liaison helps implement school-based mental health services by reaching out to parents of identified students, coordinating with the designated provider, Sigma Health Services, and supporting sustained engagement in services. The liaison also collaborated with Longview's career development coordinator on several initiatives during the school year, including presenting to the Longview Business Alliance about post-secondary resources for students and arranging for guest speakers to talk to students about career opportunities.

During the 2021-22 school year  
the Alternative School  
Program served

**45** students





The School-Based Team is developing an innovative new program in response to youth engagement and well-being challenges that were created or exacerbated by the COVID-19 pandemic. The **Student Engagement Team Pilot** is a collaboration between WCPSS, Alliance Health and Wake County Cooperative Extension to design a community-informed, data-driven system to identify and track the engagement of youth in positive youth development and educational systems. The pilot is built on a tiered and family-centered system of care support structure that recognizes the role of the school, community and family in a young person's engagement and thriving and saturates the community with messages that point to increased access and reduced barriers.

The SBT also includes a bilingual SBT liaison, who provides case monitoring and support across all SBT programs. The bilingual liaison provides Spanish language support, assistance with identifying necessary mental, physical and dental health resources, and community resource information for all clients.



The whole Alliance team, pediatric team and school counselors have been absolutely wonderful in trying to get help for my son. When I felt like giving up because everywhere was a dead end, these teams really stepped up. I have so much appreciation for all of these people.

**Shaylyn Ferrell**  
Mother of SBT participant

# Housing Is Health Care

At Alliance we recognize that housing is a health care intervention and a key approach to improving outcomes for vulnerable populations. Housing insecurity and homelessness can worsen health outcomes and increase health care costs. People who are homeless are more likely to use emergency rooms, have untreated chronic conditions and experience mental health and substance use problems. Our dedication to addressing the housing needs of our members has resulted in a broad and growing continuum of options to help members live, work and thrive in the communities of their choice.

## Capital Investments in our Members' Health

Lack of affordable housing is a major driver of homelessness and a tall hurdle for housing programs. To address this, Alliance has invested nearly \$3 million since 2017 to build an inventory of housing available for our most vulnerable members. Alliance's housing inventory currently includes the exclusive use of 92 units secured through partnerships with affordable housing organizations and developers.

### It Takes a Village

We made a \$350,000 capital investment to build seven tiny homes at the all-inclusive Tiny Homes Village at the Farm at Penny Lane in Pittsboro, NC. The 15-unit village is a demonstration project aimed at developing a new affordable housing option for people on a fixed income with serious mental illness (SMI) and other health conditions.

The Farm at Penny Lane is a therapeutic farm that uses a holistic and sustainable approach to enhance the quality of life of people with SMI. The farm features a large community garden, heritage-breed chickens, beehives, a learning kitchen, a walking trail and a training program for emotional support dogs.

The Tiny Homes Village is part of a partnership between nonprofit Cross Disability Services, Inc., (XDS Inc.) and the UNC School of Social Work. It is expected to be completed in August 2023.



I am very thankful for Alliance Health's willingness to step out of the traditional bounds and invest in creative community-based solutions. Alliance's innovative approach to housing and health care is a life changer for people impacted by serious mental illness.

**Thava Mahadevan**

Director of Operations, UNC Center for Excellence in Community Mental Health

## Rising to Meet the Challenge

Alliance's \$300,000 investment secured six units in Charlotte's first adaptive reuse permanent supportive housing solution for our most vulnerable members in Mecklenburg County.

SECU The Rise on Clanton is an 88-unit former hotel that has been renovated into an affordable supportive housing facility by Roof Above, a Charlotte non-profit working to end chronic homelessness. Each unit has been turned into a studio apartment with a kitchen, and the facility offers onsite access to case managers, a full-time nurse, a learning lab and community space for supportive activities. Tenants at SECU The Rise on Clanton will typically pay 30% of their income toward rent plus basic utilities.

Alliance is also planning to offer community inclusion classes at the facility and is exploring the possibility of onsite access to behavioral health care.



## Leveraging the Power of Healthy Homes

Substandard housing can expose children to allergens, mold and other pollutants that can increase the risk of asthma and worsen asthma symptoms. As a first step toward tying our housing programs and investments to addressing specific health issues, we invested \$402,000 with Reinvestment Partners to fund the rehabilitation of three units in Durham for kids who have chronic asthma conditions and are frequent users of the emergency department. The interiors of the homes meet all green standards for minimization of potential asthma triggers. The units are ready for occupancy, and eligible residents will be selected using population health data.



## Pioneering Supportive Housing in Wake County

In a collaboration with our longtime partner CASA, we invested more than \$1,000,000 in 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. It 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. The development is expected to open in 2024.

King's Ridge will provide housing for up to **100 households**, potentially reducing homelessness in Wake County by **10%**

Alliance's array of housing solutions also includes:

## Community Transitional Recovery Program (CTRP)

CTRP provides short-term assessment and recovery supports to people with high and complex needs who are leaving institutions or other acute crisis settings. The program includes intensive supportive housing for 60-90 days to help people transition into independent community-based living.

The program currently serves participants in Durham, who live in one of six two-bedroom homes. A new CTRP program is scheduled to open in Mecklenburg County during the second quarter of 2023. It will serve 36 members annually, plus 12 more who are in our Transition to Community Living program.



## Durham Area Supportive Housing (DASH)

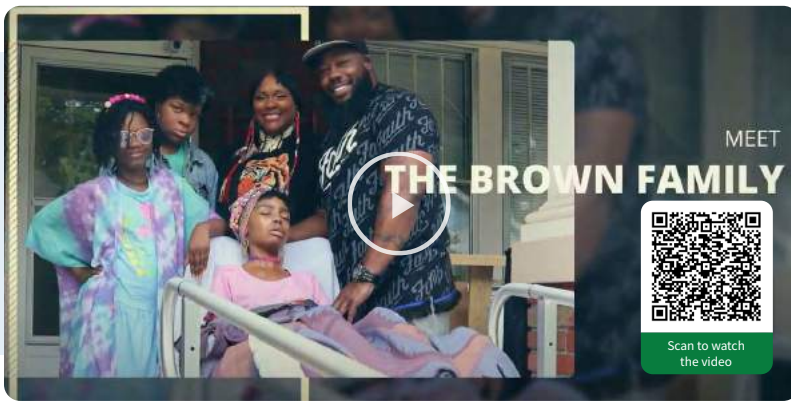
The DASH program, funded by the US Department of Housing and Urban Development (HUD), provides rental assistance and supportive services. DASH helps the most vulnerable households with an adult member who has a disability move from homelessness to affordable permanent housing.

In 2022 DASH received an outstanding performance score from HUD's Continuum of Care (CoC) Program. DASH was the highest ranking permanent supportive housing program among all applicants, and Alliance was awarded \$194,320. The CoC program promotes community-wide commitment to ending homelessness by funding rapid rehousing efforts by nonprofits and state and local governments.

DASH served 26 people in 15 households during 2022.

**DASH** was the highest ranking permanent supportive housing program among all applicants





Melinda Brown is a participant in the Durham DASH program and lives with her family in a vintage home. When Melinda's daughter lost mobility in a serious accident, Alliance Tenancy Support Coordinator Malcolm White leveraged our partnerships to install a much needed ramp at the home.

## Bridge Housing

Bridge housing provides a temporary safe place to live along with case management, support and referral services for people who had been homeless. The goal is to help people move toward self-sufficiency and transition to permanent supportive housing in three to five months. Alliance currently has five bridge housing programs, two in Wake County and one each in Cumberland, Mecklenburg and Orange counties.

## Durham Health and Housing Case Management Program

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. It also helps provide the supportive services they need to maintain housing and manage their health conditions.

## Wake Healthy at Home

This partnership with WakeMed and the Wake Continuum of Care will connect chronically homeless people identified as frequent users of emergency department or crisis services with housing and supportive services. A \$160,000 HUD grant will fund rental assistance while Alliance will provide a range of supportive services to help recipients stay housed and healthy. The program will serve a minimum of seven people and is expected to house its first participants in late 2023.

## Independent Living Initiative Program (ILI)

ILI is a short-term assistance program for people receiving services through Alliance who are facing the possibility of being evicted or having their utilities disconnected, or who need start-up funds to move into permanent housing.

## Coming Home

This Durham initiative provides supportive housing to justice-involved people returning to the community who are in recovery from mental health or substance use disorders. The program links participants with behavioral and physical health care providers, substance use resources, employment and vocational resources, and other supports to help maintain their housing, health and recovery. A second Coming Home program in Wake County has been funded and is in planning stages.

In 2022 the ILI program provided **\$560,863** in assistance to more than **400** individuals and family households

Durham Area Supportive Housing (DASH): DASH served **26 people** in **15 households** during 2022

## RISE (Rehousing Individuals for Sustained Empowerment)

We recently wrapped up this successful partnership with Housing for New Hope. RISE provided supportive housing for people experiencing homelessness and struggling with a mental health disorder made worse by the COVID pandemic. Funded by a \$265,000 grant from SAMHSA, RISE paid participants' rent for up to a year and linked them with supportive services such as a vocational specialist.

During the partnership RISE assisted 18 people – four single individuals and five families:



- **Four households received educational training via courses through the NCDHHS Division of Vocational Rehabilitation Services (DVRS).**
- **All nine households were assisted with income, financial literacy and employment through a partnership with The Community Empowerment Fund and DVRS.**
- **All nine households received at least one session with the clinical specialist. Eight of those households opted to continue meeting with the clinical specialist at least twice per month for the duration of RISE.**
- **All nine households left the program with a stable housing destination.**

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

The Transitions to Community Living Initiative (TCLI) was renamed Transition to Community Living (TCL) during the past year. The change was made to reflect the program's focus on permanent supportive housing (PSH). PSH is a highly effective strategy that combines affordable housing with intensive coordinated services to help people with serious mental illness live and thrive in their communities.

Under the Olmstead Settlement Agreement, North Carolina is required to provide community-based supportive housing to people who currently reside in or are at risk of entry into adult care homes. TCL helps people with serious mental illness avoid or transition out of these institutions and into less restrictive permanent housing in their communities. The program ensures that people with mental illness have access to critical community-based mental health services and provides supports to help them live independently, including case management, peer support and community integration services.

Alliance TCL completed 177 new moves in 2022. Alliance's 996 TCL members living in supporting housing represent 31% of North Carolina's TCL members currently in housing.

Alliance Health's community integration efforts include referral for Individual Placement and Support – Supported Employment (IPS-SE) to help people with severe mental illness work at jobs of their choosing. During the past year we contracted with Alliance of Disability Advocates North Carolina (ADANC) to provide community inclusion services, which helps TCL members fully participate in their communities. ADANC also began providing peer extender work, which uses peer support specialists to enhance our ability to engage in education and in-reach with TCL eligible members living in adult care homes.

Alliance TCL referred 98 members for IPS-SE and provided community inclusion services to 109 members in 2022.

In 2022 Alliance TCL also launched a complex care management team made up of nurses and an occupational therapist to provide evaluations, plans and support to help members address their functional, safety and health needs throughout their transitions.

**996 Alliance TCL members living in supporting housing**

**This represents 31% of North Carolina's TCL members**



# Strengthening Our Crisis Continuum to Support Healthy Communities

Prompt response to behavioral health crises promotes better recovery and outcomes. Often, a mental health or substance use crisis can be prevented with a timely clinical intervention. However, it can sometimes take weeks to get an appointment with a provider.

Our primary goal for clinical crisis intervention is to quickly de-escalate distress symptoms and connect people to the treatment they need. Evidence shows that this approach can reduce arrests, incarceration and violent interactions between law enforcement and people in crisis. To make evidence-based treatment more accessible, and reduce treatment delays, we are always expanding our crisis care services.

## Behavioral Health Urgent Care

Behavioral health urgent care (BHUC) is a community-based option to stabilize people experiencing behavioral health crises. It provides rapid assessment of a person's situation, medical screening and care, and referrals for follow-up services. BHUC is proven to reduce unnecessary trips to the emergency room, hospitalizations and incarcerations.

A new 24/7 walk-in BHUC has opened at the Smith Family Wellness Center in Charlotte. The facility is a partnership between Alliance, Mecklenburg County Government and the Steve Smith Family Foundation (SSFF) and will be operated by Daymark Recovery Services. Mecklenburg County provided \$2 million for construction of the facility and Alliance and SSFF contributed \$800,000 each.



Our crisis continuum includes BHUCs in Durham, operated by Carolina Outreach, and in Wake County, operated by Monarch.

# 1,881

people were served by these Durham and Wake BHUCs in 2022. **93%** of the people who came to BHUC saw a physician or prescriber on the same day. **83%** left with a prescription. Just **9%** of people with Medicaid had an ED visit in the 30 days after a BHUC visit.



BHUC services are also available at UNC Health Care at WakeBrook and at Cumberland Recovery Response Center as part of their broader array of services. Data for the BHUCs at WakeBrook and Cumberland Recovery Response Center is included in the data for crisis and assessment centers later in this section.

## Facility-Based Crisis and Detox

Facility-based crisis and detox services help people in an average of 5-7 days build the skills they need to work through crisis, begin recovery and return to their community with continued treatment services. This service reduces the need for psychiatric hospitalization and emergency department evaluations.



# 3,024

people were served by facility-based crisis and detox services in 2022

We have partnered with Mecklenburg County to begin add a new facility-based crisis and detox center to our continuum. The planned Mecklenburg Recovery Response Center will feature a 24/7 walk-in behavioral health urgent care and a 16-bed facility-based crisis center. The facility will serve people who walk in seeking assistance as well as those brought in under involuntary commitment orders. In addition to crisis assessment services, it will offer 23-hour observation, detoxification and short-term crisis stabilization services from substance use disorder treatment professionals and peer support specialists. Mecklenburg County will help fund the startup and operations and contribute funds to build a new facility on county-owned land. RI International will operate the facility, which is planned to open in late 2025.



## Crisis and Assessment Centers

Alliance crisis and assessment centers provide licensed clinicians who can assess treatment needs and help find an appropriate treatment setting for people in need of immediate care. Our network includes facilities in Cumberland, Durham, Orange and Wake counties that are an alternative to inpatient hospital settings. They can provide stabilization services to individuals experiencing both mental health and substance use-related crises.

# 3,239

people were served by Alliance crisis and assessment centers in 2022. More than **75%** of individuals with Medicaid had no ED visits in the 30 days following a crisis and assessment center visit



## Mobile Crisis Teams

Mobile crisis teams support people experiencing behavioral health crises in their homes or other community settings. The goal is to stabilize the situation and link people to appropriate treatment and community services, helping them avoid trips to emergency departments and crisis facilities.



# 1,473

individuals helped by a mobile crisis team in 2022

## Enhanced Mobile Crisis

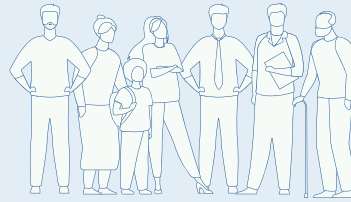
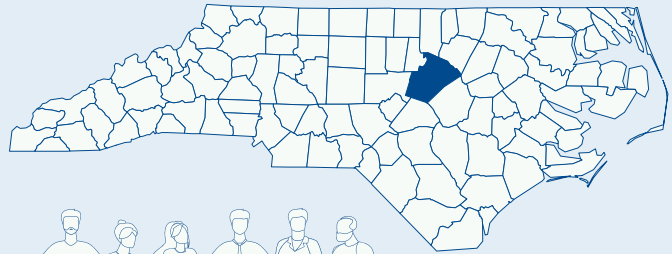
Enhanced Mobile Crisis, an innovative partnership between Alliance, Wake County, and a community provider, integrates mobile crisis clinicians into the Wake EMS system to provide on-scene risk assessment, provider referrals, linkages to long-term community resources, and 30-day follow-up for people receiving 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.

**483**

people were served  
by the Wake County  
Enhanced Mobile  
Crisis Pilot in 2022

**9%**

of those people  
were stabilized in  
the community



## Community Paramedic Services

Community paramedic services deploy specially trained paramedics in Wake, Cumberland 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.



**3,587**

people were helped by Community  
Paramedic Services

# Creating a Culture of Patient-Centered Whole-Person Care

## Building a Team to Improve Patient Outcomes

Care management is proven to lead to higher quality care and improved health outcomes. Coordinated care helps people feel listened to, understood and properly cared for. In preparation for operating a Tailored Plan and launching Tailored Care Management, Alliance saw enhanced sophistication and robust growth in our care management capacity and infrastructure. This year:

We added 191 staff to our care management team – a 30% net increase – including several specialized leadership positions.

The care management department was restructured to reinforce a “one team” concept. This approach supports timely delivery of care and services, improved effectiveness and efficiencies, and standardized duties across the system. Focused teams of care managers are also in place to address the specific needs of specialized member groups.

We started using a population health approach that leverages organizational data to coordinate care across different departments. Our goal is to improve health outcomes, make our staff more efficient and save money. This data allows care managers to see the overall health of the people they are working with and identify risks related to health conditions, opioid use and social drivers of health. This data will also help identify gaps in care so we can provide better whole-person care management for our members.

We created a specialized care management team to focus on a long-term approach to our Transitions to Community Living (TCL) initiative. Previously, care management support had been provided for 90 days after a participant had been housed. This specialized team addresses tenancy risk and attends to whole-person care for the lifetime of a TCL-eligible member. We expect this approach to reduce crisis, support permanent housing, improve health outcomes, enhance community integration and reduce separations.

## Providing Support for Healthy, Fulfilling Lives



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

The NC Innovations Waiver allows individuals with I/DD to receive services and supports in their 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. To address the wait, the NC Legislature added new waiver slots. As a result, Alliance was able to **enroll 263 new members to the Innovations Waiver** across our counties.

Our care management team supports many children with complex needs. Complex needs are identified as a diagnosis of both I/DD and a mental health disorder. Our program consultant for children with complex needs works 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 social drivers of health and assists the teams in getting programs, services and funding to meet the needs of individuals. In 2022, our program consultant served **1278 children with complex needs**.

Alliance's Olmstead team works to ensure community-based supported housing for people who currently reside in, or are at risk of entry into, institutional settings such as state developmental centers or state hospitals. The team facilitates less restrictive housing and comprehensive supports that allows members to live as thriving members of their communities. In 2022 the Olmstead team **transitioned 20 members through B3DI**, a Medicaid-funded deinstitutionalization program that helps members in intermediate care facilities for individuals with intellectual disabilities transition back to the community, and 13 members through Money Follows the Person (MPF), a federal demonstration project run by the states that helps members in facility settings move back into the community using a variety of Medicaid waivers. Alliance uses the Innovations Waiver via the MFP program.

Author, activist and Alliance member Owen Daughtry is living proof that when people with disabilities can access the supports they need to live the life they choose, the lives they lead can be extraordinary.

Daughtry, who lives with cerebral palsy, receives NC Innovations Waiver services and care management from Alliance Health. He directs his own care and services through the Employer of Record (EOR) model, which allows the participant to essentially operate as the provider and decide how, when and from whom his services and supports will be delivered.

The NC Innovations Waiver has helped him make home modifications such as a platform ramp and a track system on his ceiling to help with transfers, and he is planning a fully handicap-accessible kitchen within the next year. At age 13 Daughtry wrote the book “Different but Special” about his life with cerebral palsy. He currently serves as chair of the Johnston County Partnership for Children’s park committee and advocates for people with disabilities and legislation regarding inclusiveness of parks throughout the state.



## 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 four years Alliance Health has been operating North Carolina’s TBI Waiver pilot project. The waiver provides community-based services and support to people who have experienced a TBI as an adult. TBI Waiver services have helped members living with TBI in the community for many years and helped some members move back into their community for the first time since their injury.

In 2022 Alliance worked with DHHS partners to expand TBI Waiver services to include members in Orange and Mecklenburg counties. CMS approved the expansion and TBI Waiver services are expected to be available in those counties on or by June 1, 2023. To be placed on Alliance’s TBI Waiver registry of interest, members who live in Orange and Mecklenburg counties may call Alliance Member and Recipient Services at 800-510-9132.

During calendar year 2022 **60 survivors of traumatic brain injury were served** by the NC TBI waiver and the population continues to expand. To support the growing population, Alliance created a dedicated position to assist members with establishing eligibility and enrolling in the TBI Waiver.



# Taking an Evidence-Based Approach to Substance Use

Eight people die every day in North Carolina due to drug overdose. In 2022, there were 16,928 visits to North Carolina emergency departments due to opioid overdose, a nearly 40% increase in five years. The primary driver of increasing overdose deaths nationwide is widespread contamination with synthetic fentanyl, which is 50 times more potent than heroin.

Alliance Health has been working for more than eight years to address the substance use crisis that is devastating families and communities across the state. We recognize that multiple approaches are needed, including prevention, harm reduction and access to treatment. We also are committed to addressing social drivers of health and other barriers that can prevent people from getting the help they need, such as stigma, systemic inequities and healthcare disparities.



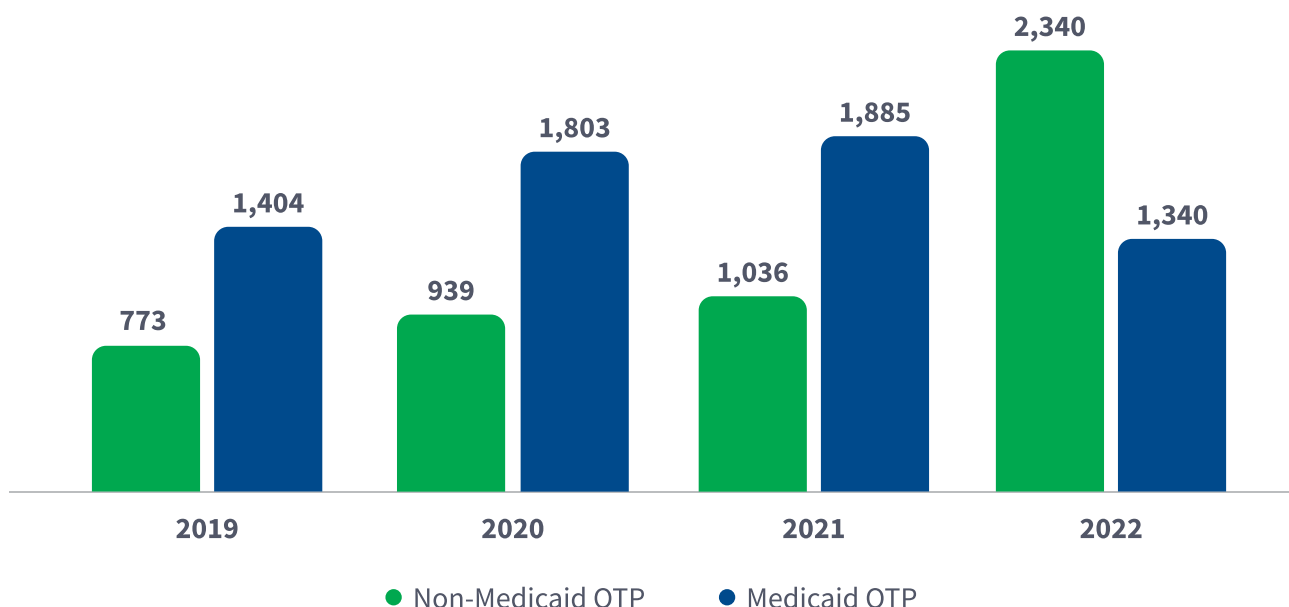
## Increasing Access to Substance Use Treatment

Increasing our capacity to provide evidence-based substance use disorder (SUD) treatment is a major component of our strategy. As most people receiving medications for opioid use disorder (MOUD) must get their medicine every day from opioid treatment programs (OTPs), making OTPs accessible is a necessity. We grew our network to include 13 OTPs, up from nine the previous year.

We also received approval to offer Medicaid contracts to all licensed OTPs. Previously there were additional requirements that had to be met by OTPs to participate. Now if they have a DEA license and are in our catchment area, we can include them in our Medicaid network.

We are helping remove financial barriers for people who receive office-based opioid treatment (OBOT). OBOT allows physicians to provide addiction treatment services in primary care settings. It is commonly the setting for treatment with Suboxone (buprenorphine and naloxone), in which patients obtain and fill a prescription rather than receiving their medication daily in a clinic as with methadone. The medication and necessary lab tests can be too expensive for most uninsured people, so we removed this barrier by paying for them.

Thanks to new opioid treatment funding from the 21st Century Cures Act State Targeted Response and State Opioid Response grant, we dramatically increased the number of non-Medicaid state-funded people we serve through OTPs. We now serve more uninsured people than people with Medicaid.



## Collaborating to Create a Comprehensive System of Care

Creating an accessible treatment continuum requires teamwork with a variety of stakeholders, including government agencies, providers and community organizations. By working together, we are building an SUD system of care so people can get help they need, when they need it. We added several new initiatives in 2022, including:

Offering collaboration and support to the counties we serve as they plan how to best use the money they receive from national settlements with opioid manufacturers and distributors. These funds will be used to support treatment, recovery, harm reduction and other life-saving programs and services. We have made formal proposals to Mecklenburg and Wake counties.

A new partnership with Oxford House, a housing option for people in recovery. The program provides funding to help uninsured individuals pay for their initial rent and application fee and provides peer support for their transition into the home.

Working with each of our counties to support detention-based opioid treatment. Across the criminal justice system, MOUD has been found to reduce criminal activity, arrests, probation revocations and reincarcerations. Our goal is to offer MOUD and peer support to people who are incarcerated and have opioid use disorder to help them connect and transition to community-based treatment after their release. Detention-based treatment programs are currently operating in Durham and Orange counties and in development in Cumberland County.

Contracting with NC Recovery Support Services in Wake County to provide a 45-day transitional housing program for people with opioid use disorder. Participants receive a combination of treatment and housing supports in a group home setting before transitioning to permanent housing.

Our ongoing efforts include:

Collaborating with Duke to speed up 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 to help connect them with ongoing care. Peer support specialists are people with lived experience with substance use disorders and recovery.

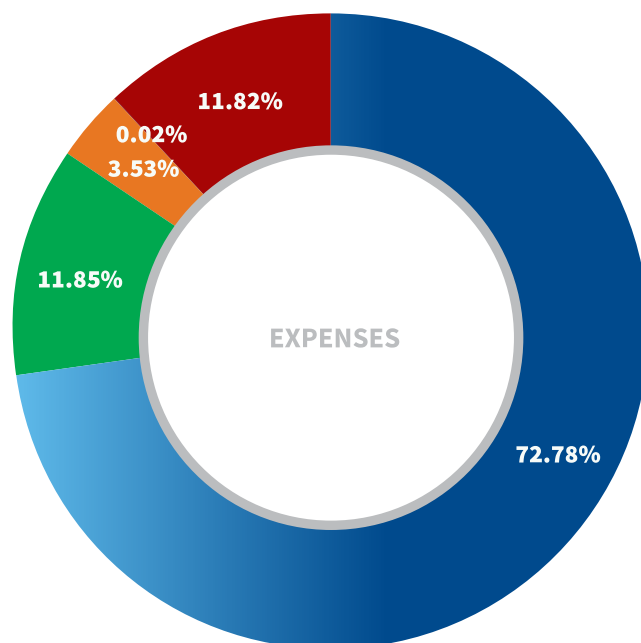
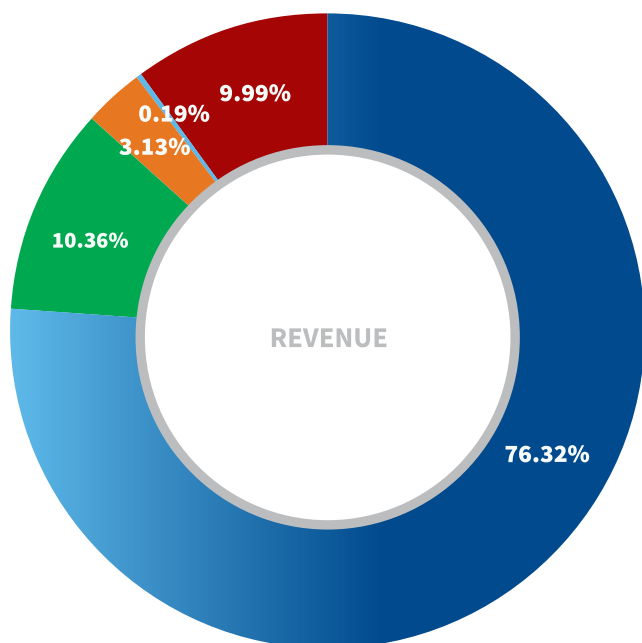
Continuing development of a program with UNC Health Care–WakeBrook to engage people with aftercare, non-hospital detox and facility-based crisis treatment.

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.

Exploring opportunities to purchase naloxone for distribution to providers and stakeholders.

Informing the public about ways to prevent misuse of opioid medication by providing information on our [Alliance for Action on Opioids](#) website.

# Financials



MEDICAID	\$730,415,589	76.32%
FEDERAL & STATE	\$99,200,248	10.36%
LOCAL	\$29,994,787	3.13%
GRANTS/MISCELLANEOUS	\$1,826,603	0.19%
ADMINISTRATIVE	\$95,661,401	9.99%
		<b>\$957,098,628</b>

MEDICAID	\$609,221,175	72.78%
FEDERAL & STATE	\$99,174,670	11.85%
LOCAL	\$29,581,769	3.53%
GRANTS/MISCELLANEOUS	\$173,010	0.02%
ADMINISTRATIVE	\$98,961,441	11.82%
		<b>\$837,112,065</b>

\* The difference in Medicaid revenues and expenses resulted from the realignment of Mecklenburg and Orange Counties into the Alliance catchment area and the transfer of restricted and unrestricted funds.

\*\*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 1.80 for FY22, 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

## **Media Inquiries**

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