

WAKE COUNTY BOARD OF COMMISSIONERS

Regular Meeting

November 4, 2013

2:00 P.M.

Room 2700, Wake County Justice Center

Members present were: Chairman Joe Bryan, Paul Coble, Tony Gurley, Phil Matthews, Caroline Sullivan, Betty Lou Ward, James West

Others attending were: Susan J. Banks, Clerk to the Board, David C Cooke, County Manager, Scott Warren, County Attorney, Denise Hogan, Deputy Clerk; Johnna Rogers, Deputy Manager, Joe Durham, Deputy Manager and Denise Foreman, Assistant to the Manager

Meeting Called to Order: Chairman Joe Bryan

Pledge of Allegiance

Invocation: Commissioner Paul Coble

Items of Business

Approval of Agenda

Chairman Bryan noted that there had been an item on grave removal on school property but it will be handled by the Wake County Board of Education.

Betty Lou Ward motioned, seconded by Phil Matthews, to approve the agenda. The motion passed unanimously.

Approval of the Minutes of the Commissioners' Regular Meeting of October 21, 2013

Paul Coble motioned, seconded by Tony Gurley, to the Minutes of the Commissioners' Regular Meeting of October 21, 2013. The motion passed unanimously.

Recognition of 2013 Volunteer Award Winners

Mr. David Cooke said that today Wake County would honor its most distinguished citizens who have served as volunteers over the past year. Each year Wake County recognizes its outstanding volunteers who go above and beyond. He shared the award winners as follows:
2013 Distinguished Volunteer Award Winners are as follows:

Wake County Larry B. Zieverink Volunteer of the Year:

Hannah Moyles, Founder, "From Ewe to You"

Hannah Moyles founded From Ewe to You in January of 2009. The charity was created to aid the disadvantaged of Wake County. Hannah's volunteer duties include making, collecting, and donating a variety of items to organizations around Wake County. These items include: hats, scarves, blankets, beds, slippers, baby hats and booties. Furthermore, Hannah has raised more than \$2,000 for the Triangle Red Cross for victims of house fires and donated \$3,000 to the Wake County SPCA. Hannah was also recently named a 2013 Coca-Cola Scholar. She has also been featured in local newspapers and volunteer organizations, such as Youth Service America and Generation On.

Wake County Government Volunteer of the Year:

Wake County Extension and Community Association, Wake County

From July 2012 to June 2013, the 102 members of the Wake County Extension and Community Association have contributed more than \$400,000 in service and donations to Wake County. Projects such as roadside cleanup, clothing and food donations, and volunteering at numerous organizations are just a few things that have been accomplished. Leadership and commitment are values that the Association holds dear to them. Members meet regularly in neighborhood clubs to support countless communities and their goals.

Wake County Group Volunteer of the Year:

Jeanette Evans, Becky Swanson, Betsy Parker, Nancy McNitt – Dorcas Shop, Cary

Jeanette, Becky, Betsy and Swanson make up the group known as the "Golden Girls" of Cary. These women, all in either their 70s or 80s, have spent the past 45 years volunteering their time at the Dorcas Shop, a thrift store. With no pay, the group of women assists the store with a variety of duties, including: sorting donated clothes and assisting customers with whatever they may need. This summer, a feature story was conducted by Bill Leslie and WRAL to showcase the group's generous contributions.

Wake County Business Volunteer of the Year:

Jimmy Everett - Everett's Tree Service, Raleigh

Jimmy Everett, of Everett's Tree Service, has donated his time, equipment, and resources to the Warmth for Wake program for the past six years. The program primarily delivers firewood to low income seniors and families. Between October through March, Jimmy allowed program volunteers to come onto his land and properly showed them how to cut and split firewood. Jimmy portrays a genuine concern for the safety of both his crew and his volunteer workers. Without his charitable donations to the Warmth for Wake program, the program's ability to serve customers in the North Raleigh and Wake Forest areas would be reduced by an estimated 50%.

In fact, when notified of the award, Mr. Everett thought it was a joke, stating that he helps citizens in need not for an award but because it's the right thing to do.

Wake County Individual Volunteer of the Year:

James Brack, Cary

James has volunteered 600 hours, as well as driven more than 3,100 miles over the course of a year while volunteering for the Hospice of Wake County. James routinely goes above and beyond the role of a volunteer, holding the role of three different volunteer positions at one point in time. The positions include: Family Support Volunteer, We Honor Veterans Program Volunteer, and Vigil Volunteer. James provides respite care, practical support, emotional support, and acts as a companion to the patients and/or families that he is assigned to. The national hourly average per week for a volunteer is one to two hours. James averaged 11.5 hours a week between July 2012 and June 2013.

Wake County Individual Volunteer of the Year:

Mike Peterson, Raleigh

As a volunteer/tutor for Wake Technical Community College, Mike has logged a total of 2,524 hours since he began volunteering in January 2008. His goal is to use a variety of teaching methods to teach and tutor students that may lack basic reading, writing, or math skills. Having been awarded the US President Volunteer Service Award three times, it can be seen that Mike is extremely dedicated and focused on bettering the lives of his students. Other examples of volunteer service include the Literacy Council of Wake County, Big Brothers and Big Sisters of Dutchess County, NY, and the Minority Science Program at Purdue University to name a few.

Mr. Cooke said that in 1989 a state program was formed to recognize a governor's award. Ms. Hannah Moyles has been chosen as the nominee from Wake County for the Governor's Medallion Award.

Chairman Bryan thanked all the volunteers for their service.

Update from Wake County SmartStart

Ms. Pam Dowdy and Mr. Mike Smith, Wake County Smart Start Board came forward. Mr. Smith introduced Mr. David Zonervan, NCSU Professor, Commissioner Caroline Sullivan, and Ms. Dale Threath-Taylor and thanked each member for their service on the board.

Mr. Smith said that the work at Smart Start enhances the Board of Commissioners' goals. He said that Wake County has a goal of being the healthiest Capital County.

Mr. Smith shared what determines future success for the program and its children.

Ms. Dowdy said the brain in a young child is the only organ that is not fully formed but is formed in the first five years of life. Early experiences determine how brains are wired. Interaction with young children helps build a strong foundation. She shared research on how the brain works. The goal is to raise a successful adult and raising a child is more than academics. Early childhood preparedness is the investment to a successful adulthood.

Professor Zonervan said that in third grade there should be learning to read instead of reading to learn. Smart Start focuses on preparing a good foundation for success. The three core goals of Smart Start are high quality child care, supportive environments, and helping children become prepared for kindergarten. The Smart Start Board is currently establishing goals for this community with high needs children as top priority.

Ms. Dowdy said there is an umbrella of key areas: quality early child care, family support, health, and school readiness. Wake County has collaborated with the state for an initiative to serve more children with greater needs. She shared the budget for fiscal year 2013/2014 and the direct service providers. Smart Start is located in all thirteen municipalities of Wake County. Wake County Smart Start goals are to address poverty and low income population, access to health, mental health and substance abuse care and utilization and engaging with community members.

Professor Zonervan said that he has served on the Wake County Smart Board for ten years. Lives can be changed by their work and he has seen an impact in the community.

Commissioner Sullivan said that Wake County Smart Start is a great program and during the federal government shutdown they continued to operate. She said that kindergarten has changed over the years. Wake County Smart Start focuses on quality to learn the new curriculum.

Commissioner Ward said that the learning of the pre-school child is important. She thanked the Smart Start Board members for their commitment and work.

Approve Resolution Recognizing Ken Atkins, Wake County Economic Development Director

Mr. Ken Atkins, Director of Wake County Economic Development will retire on December 31, 2013. He gave the board and public the following comments:

Chairman Bryan, Members of the Commission, and Manager Cooke Thank you for 16 great years. As a Raleigh native, I have seen a lot of change in this city and Wake County since my early days growing up on Dixie Trail, my high school years at Needham B. Broughton, and my graduation from NC State College (yes - it was still a college back then). When I came back to Raleigh in 1997 to take the reins of Wake County Economic Development, Wake County was transitioning from a second tier, southern capital county into a top tier national growth leader. There has been tremendous growth and change over these past 16 years, and here are some of the numbers that reflect these changes.

Since 1997:

- Our population has grown from 574,000 to over 965,000, an increase of over 391,000 new residents of Wake County
- Employment has grown by over 42%, now providing 455,000 job opportunities for Wake County citizens
- Employment growth in our targeted industry clusters has been significant
 - Information technologies - up 31%
 - Financial services - up 42%
 - Professional and business services - up 59%
 - Education and health services, including our pharmaceutical, biotechnology, and healthcare technology and delivery industries - up 79%
- And the growth in these high paying industries has driven significant expansion of the other support and service jobs in the county
 - Trade, transportation, and utilities - up 22%
 - Construction - up 23%
 - Leisure and hospitality - up 92%
- Based on our records at Wake County Economic Development going back to 1998, much of this growth can be attributed to the 952 new and expanded company announcements, representing over \$5 ½ billion dollars in corporate investment, and 59,000 new jobs
- This business growth has resulted in a significant increase in the Gross Domestic Product in the Raleigh-Cary MSA. Since 2001, the GDP has experienced a 40% growth rate representing more than \$14 billion dollars a year in goods and services

Since 1997, Wake County's total tax base has experienced a dramatic growth resulting from our rapidly expanding economy - a cumulative growth rate of 250% - which is an increase of \$88.8 billion dollars

- Other people from across the country and around the world have recognized this remarkable growth. Since 1997, Wake County, Raleigh, Cary,

and its other municipalities have received a total of 70 - #1 Rankings. A few of my favorite one's going back to 1997 are:

- #1 Metro for Long Term Economic Growth - Where the Money Is, America's Strongest Local Economies – 1997
- #1 Area for Educational Opportunity - Time Magazine - 2000
- #1 Best Place to Live - Money Magazine - 2000
- #1 Hottest Job Market - Business 2.0 - 2004
- #1 Highest Growth County in NC - US Census Bureau - 2006
- #1 Healthiest County - County Health Rankings - 2010, 2011, and 2013
- #1 County in Green Jobs - NC Sustainable Energy - 2010
- #1 Best Places for Business and Careers - Forbes – 2011

· By any measure of success, Wake County has clearly emerged as one of the most vibrant and successful places to live, work, play, and learn in the United States, and yes, the world. Much of this success is a direct result of the stable, forward thinking, and business-like leadership that has come from this Wake County Board of Commissioners over these past 16 years. Success also requires commitment and investment to succeed over the long run, so thank you for the financial support that you have given the Greater Raleigh Chamber of Commerce and Wake County Economic Development since 1986.

And to Harvey Schmitt who has helped me grow as a professional and taught me many of the skills necessary to do this job. To the business leadership over the years that has provided support for community growth and development, especially in passing critical bond referendum that have fueled the growth of our schools and infrastructure. And to my staff at Wake County Economic Development - without them, much of this would not have been possible.· The long hours and dedication necessary to achieve success during my career also required a tremendous amount of support, encouragement and understanding from my family, and I would like to recognize and thank my wife Glad, and my two children Merritt and Cyrus, who are here today, for all of the love, support, and understanding they have given me over the past 33 years of my economic development career.

· Finally, Chairman Bryan and fellow commissioners, I am grateful and thankful for the opportunity to have worked with each and every one of you and your predecessors that have served on the board of county commissioners during my time here.

· I would also be remiss if I didn't express my gratitude to the amazing staff of professionals that you have put in place to serve the citizens of Wake County. For 13 of these past 16 years, David Cooke and his team have played a critical and key role in guiding and managing the significant growth of this county. I will sincerely miss the interaction and opportunity to be a part of this incredible team after my retirement this year from Wake County Economic

Development, but as a citizen and resident, I rest easy knowing that the great things that we have started will continue long after I am gone.

· It's been a great ride - thank you all so much for giving me the opportunity to be a part of it.

Commissioner Ward complimented Mr. Atkins for his work over the past sixteen years.

Chairman Bryan presented Mr. Atkins with a commemorative plaque and resolution honoring his service. He recognized the economic development accomplishments.

Joe Bryan motioned, seconded by Phil Matthews, to adopt the Resolution Recognizing Ken Atkins, Wake County Economic Development Director upon his upcoming retirement. The motion passed unanimously.



RESOLUTION HONORING

KEN M. ATKINS

ON HIS RETIREMENT

WHEREAS, Ken Atkins, Executive Director of Wake County Economic Development, will retire on December 31, 2013, a position he has held since October 1997; and

WHEREAS, Wake County Economic Development is the primary economic development organization in the county providing support and services for Wake County and its twelve municipalities; and

WHEREAS, the goals of this program are the retention and expansion of existing Wake County businesses in addition to the recruitment of new companies that provide quality jobs for citizens of the region and contribute to a growing tax base for local governments; and

WHEREAS, in just the last five years, Ken has helped 35 businesses locate or expand in Wake County, representing over 15,000 jobs and \$740 million in investment; and

WHEREAS, Ken received his Certified Economic Developer designation in 1988 and is a past president of the North Carolina Economic Developers Association; and

WHEREAS, *North Carolina Magazine* recognized Ken as one of North Carolina's top business recruiters in September 1994 and *Site Selection Magazine* recognized Ken as North Carolina's Economic Developer of the Year in 2007; and

WHEREAS, Ken has earned the admiration and respect of peers and community leaders for his dedication, professionalism and commitment to Wake County;

NOW, THEREFORE BE IT RESOLVED, that we, the Wake County Board of Commissioners, do hereby extend to Ken Atkins our sincere and grateful appreciation for his dedicated service to Wake County Economic Development, our congratulations on his well-earned retirement and our best wishes to him for continued success, happiness and good health in the years to come.

ADOPTED this the 4th day of November 2013.

Joe Bryan, Chairman
Wake County Board of Commissioners

Consent Agenda

Paul Coble motioned, seconded by Phil Matthews, to approve the Consent Agenda items as presented. The motion passed unanimously.

Accept and Appropriate \$37,475 in FY 14 of State Funds from the North Carolina Department of Health and Human Services (NCDHHS), Communicable Disease Branch, for the Care and Prevention in the United States (CAPUS) Minority Patient Navigator Specialist Project

Paul Coble motioned, seconded by Phil Matthews, to accept and appropriate to the FY 14 General Fund \$37,475 in additional revenues and expenditures from the North Carolina Department of Health and Human Services (NCDHHS), Communicable Disease Branch, for the Care and Prevention in the United States (CAPUS) Minority Patient Navigator Specialist Project. The motion passed unanimously.

Increase Cap for Blanket Exemption From North Carolina General Statute 143-64.31 Dealing with Architectural, Engineering, Surveying and Construction Manager at Risk Services

Paul Coble motioned, seconded by Phil Matthews, to a new resolution raising the cap to \$50,000 for the blanket exemption to North Carolina General Statute 143-64.31 for procurement of architectural, engineering, surveying and

construction manager at risk services, design-build, and public-private partnership construction services. The motion passed unanimously.

Public Comments:

There were no speakers.

**RESOLUTION EXEMPTING ALL PROJECTS FROM THE MODEL CODE FOR
PROCUREMENT OF ARCHITECTURAL AND ENGINEERING
SERVICES WHERE ESTIMATED PROFESSIONAL FEES ARE LESS THAN
FIFTY THOUSAND DOLLARS (\$50,000)**

WHEREAS, North Carolina General Statutes § 143-64.31 provides in part that architectural and engineering services shall be selected " on the basis of demonstrated competence and qualification for the type of professional services required without regard to fee other than unit price information at this stage"; and,

WHEREAS, North Carolina General Statutes § 143-64.32 Provides that "Units of local government or the North Carolina Department of Transportation may in writing exempt particular projects from the provisions of the act in the case of:

- (A) proposed projects where an estimated professional fee is in an amount less than fifty thousand dollars (\$50,000), or
- (B) other particular projects exempted in the sole discretion of the unit of local government, stating the reasons therefore and the circumstances attendant thereto." ;

WHEREAS, The Wake County Board of Commissioners now desires to exempt projects of less than (\$50,000) from said requirement.

NOW, THEREFORE, Be it resolved by the Commissioners of the County of Wake that all projects in which the estimated professional fees are less than fifty thousand dollars (\$50,000), are hereby exempt from the provisions of Article 3D of Chapter 143 of the North Carolina General Statutes.

Commissioner Paul Coble made a motion that the above resolution be adopted. Commissioner Phil Matthews seconded the motion and upon vote the motion carried this 4th day of November, 2013.

Wake County Board of Commissioners

Joe Bryan, Chairman

Conveyance of a Quit Claim Deed of Easement to the Town of Wake Forest for the Exchange of Sewer and Greenway Easements near Wake Forest, NC

Paul Coble motioned, seconded by Phil Matthews, to the conveyance of a Quit Claim Deed of Easement to the Town of Wake Forest of certain easement interest (Exchange of Sewer and Greenway Easements) the County may have, subject to terms and conditions acceptable to the County Attorney. The motion passed unanimously.

Tax Committee Recommendations for Value Adjustments, Late Filed Applications, Collections Refunds and Tax Collections

Paul Coble motioned, seconded by Phil Matthews, to accept and approve the Tax Committee Recommendations for Value Adjustments, Late Filed Applications, Collections Refunds and Tax Collections. The motion passed unanimously.

TAX COMMITTEE REPORT FOR NOVEMBER 2013

1. Report Collections – Wake County Only – September 2013
2. Wake County In-Rem Foreclosure Progress Report – September 2013
3. Consideration of Requests for Adjustments, Rebates, and/or Refunds of Penalties: (Wake County and Town of Cary), (Wake County and Town of Fuquay-Varina), (Wake County and City of Raleigh), (Wake County and Town of Wake Forest)
4. Consideration of Refund for Taxes, Interest, and Penalties: (Wake County Only), (Wake County and Town of Cary), (Wake County and Town of Holly Springs), (Wake County and Town of Knightdale), (Wake County and Town of Morrisville), (Wake County and City of Raleigh), (Wake County and Town of Wendell)
5. Consideration of Requests for Tax Deferment: (Wake County and City of Raleigh)
6. Consideration of Requests for Value/Special Situations: (Wake County and Town of Cary), (Wake County and City of Raleigh)
7. Consideration of Requests for Exemptions: (Wake County and City of Raleigh)
8. Consideration of Requests for Tax Relief Exclusions: (Wake County and Town of Garner), (Wake County and Town of Holly Springs), (Wake County and Town of Knightdale), (Wake County and City of Raleigh), (Wake County and Town of Wake Forest), (Wake County and Town of Zebulon)
9. Rebate Details: (Wake County and Town of Apex), (Wake County and Town of Cary),

(Wake County and Town of Fuquay-Varina), (Wake County and Town of Garner), (Wake County and Town of Holly Springs), (Wake County and Town of Knightdale), (Wake County and Town of Morrisville), (Wake County and City of Raleigh), (Wake County and Town of Rolesville), (Wake County and Town of Wake Forest), (Wake County and Town of Wendell), (Wake County and Town of Zebulon)

Regular Agenda

**Public Hearing on Wake Coordinated Transportation Services 2014-2015
Community Transportation Program and Targeted Transit Assistance
Program Application**

Mr. Don Willis, Wake County Coordinated Transportation Program Manager, provided the following information for the board:

The Wake Coordinated Transportation Service (WCTS) seeks to operate a self-sufficient program covering all program costs through various grants and passing through remaining costs to direct users and sponsoring agencies. Two of the major grant programs which help the WCTS to keep down costs are the ROAP grant and the CTP grant, each provided by the North Carolina Department of Transportation, Public Transportation Division.

Recently the Board of Commissioners took action to submit an ROAP application for operating assistance for FY14. The purpose of that grant was to directly purchase additional trips for the elderly, disabled, employment related purposes, and for the rural public. That application was released from the state late this year and is entirely funded by the state.

The Community Transportation Program application is for FY15 and is being released early this year, resulting in another agenda item to meet the deadline of November 15 provided for that application. The funds received under this grant are both federal and state. The Community Transportation Program is an ongoing grant released through the North Carolina Department of Transportation, Public Transportation Division for eligible recurring administrative and capital costs. This grant does not purchase trips directly, and reduces the program overhead which must be passed on to the sponsor agencies. Wake County is requesting continuation funding for three positions. Other administrative costs such as marketing, supplies, vehicle insurance, employee development and training are also included. The breakdown of support is as follows:

Administration

<u>State 85%</u>	<u>Local 15%</u>
\$388,244	\$68,514

Capital

This request would also allow the County to replace 16 lift equipped vans that have exceeded useful life. The breakdown of costs is as follows:

State 90%

Local 10%

\$626,400

\$ 69,600 plus 3% destination title and tag costs

The Wake County Transportation Advisory Board (TAB) met on October 29, 2013 and has recommended the grant applications to the Board of Commissioners for their approval.

The Local match portions totaling \$138,114 will be funded in the FY 14-15 Transportation budget by user fees and local contributions.

Chairman Bryan opened the public hearing.

No one spoke.

Chairman Bryan closed the public hearing.

Mr. Willis asked the board to approve the application.

James West motioned, seconded by Betty Lou Ward, to the Chairman to sign the resolutions to apply, certifications and assurances and affix the signatures of local officials as required, once having held the duly required public hearing. The motion passed unanimously.

COMMUNITY TRANSPORTATION PROGRAM RESOLUTION

Section 5311 FY 2015 RESOLUTION

Applicant seeking permission to apply for Community Transportation Program funding, enter into agreement with the North Carolina Department of Transportation, provide the necessary assurances and the required local match.

A motion was made by Commissioner James West and seconded by Commissioner Betty Lou Ward for the adoption of the following resolution, and upon being put to a vote was duly adopted.

WHEREAS, Article 2B of Chapter 136 of the North Carolina General Statutes and the Governor of North Carolina have designated the North Carolina Department of Transportation (NCDOT) as the agency responsible for administering federal and state public transportation funds; and

WHEREAS, the North Carolina Department of Transportation will apply for a grant from the US Department of Transportation, Federal Transit Administration and receives funds from the North Carolina General Assembly to provide assistance for rural public transportation projects; and

WHEREAS, the purpose of these transportation funds is to provide grant monies to local agencies for the provision of rural public transportation services consistent with the policy requirements for planning, community and agency involvement, service design, service alternatives, training and conference participation, reporting and other requirements (drug and alcohol testing policy and program, disadvantaged business enterprise program, and fully allocated costs analysis); and

WHEREAS, Wake County hereby assures and certifies that it will provide the required local matching funds; that its staff has the technical capacity to implement and manage the project, prepare required reports, obtain required training, attend meetings and conferences; and agrees to comply with the federal and state statutes, regulations, executive orders, Section 5333 (b) Warranty, and all administrative requirements related to the applications made to and grants received from the Federal Transit Administration, as well as the provisions of Section 1001 of Title 18, U. S. C.

NOW, THEREFORE, be it resolved that the Chairman of the Wake County Board of Commissioners is hereby authorized to submit a grant application for federal and state funding, make the necessary assurances and certifications and be empowered to enter into an agreement with the NCDOT to provide rural public transportation services.

Accept and Appropriate \$125,000 in Grant Funding from the PNC Foundation

Ms. Elena Owens, Manager of the West Regional Library, said that the PNC Foundation grants awards to organizations that focus on educational programs, particularly early educational initiatives serving low and moderate income children. The PNC Foundation awarded a grant of \$125,000 to Wake County Public Library as part of Grow Up Great: Financial Education Initiative for Young Children.

The libraries will use the funds for books, supplies and materials and costs associated in developing, designing and delivering programs focusing on financial education for preschool aged children and adult caregivers. Programming will take place at all six regional libraries, at day care centers via the bookmobile, and at selective outreach programs in the community beginning in 2013.

The grant will fund this two year project and will be disbursed in two installments. In kind contributions have been committed by Wake County Public Libraries that total \$64,239 (51% for staff time and facility use) as well as \$6,000 (5%) identified in the libraries regular FY2014 operating budget for materials. No additional funds have been requested.

Chairman Bryan asked if the funding is one time or repetitive. Ms. Owens said there is a plan for sustainability.

Chairman Bryan asked if the training is only for young children. Ms. Owens said the program focuses on children three to five years old but in the future there may be opportunities for program expansion.

Commissioner Ward thanked them for their work.

Caroline Sullivan motioned, seconded by Betty Lou Ward, to accept and appropriate \$125,000 in Grant Funding from the PNC Foundation for Wake County Public Libraries. The motion passed unanimously.

Appropriate \$244,255 of Building Permit Revenue in the General Fund and Establish 4.0 FTEs for Building Inspections and Plan Review

Mr. Jason Horton, Wake County Community Services, explained the function of the Planning, Development, and Inspections staff. There are processes for performance targets. He shared charts to explain the targets. He said that the numbers have been tested and verified in the field. He shared a chart of building inspections. Staffing was gradually decreased during the recession by 39% or 8 fulltime equivalent positions, to correspond with the 40% decrease in the number of area team building inspectors. A plan review was also reduced in FY 2011 due to lower demand. Currently, Wake County has 13.5 FTEs performing area team building inspections and 2.0 FTEs dedicated to plan reviews in the unincorporated areas.

Mr. Horton informed the Board that they anticipate inspections to increase between 49,000 to 56,000 for the Fiscal Year 2014. He said the expected increase in inspections would require the inspectors to to 18.9 inspectoins per day but the desired range of inspections is 10 to 14 inspections per day per inspector. He said that staff workload has already begun to increase. He said the request to the Board is to approve of hiring four fulltime equivalent positions to address the increase in inspections.

Mr. Horton shared charts of plan reviews. There are 3,537 plan reviews expected for Fiscal Year 2014. The request is one full-time employee recommended for plan review. The full year operating costs for the four positions is \$285,215. The revenues generated from the additional inspections should cover the expense of the positions.

Commissioner West said that overtime and workload has been discussed. He asked with the full-time employees hired will overtime be needed. Mr. Horton said that if the positions are hired and certified quickly then overtime may not be needed. Commissioner West asked if overtime is voluntary or mandatory.

Mr. Barry Mooneyham, Wake County Inspections, said overtime is voluntary. Inspectors try to keep up with the workload so the overtime stays down.

Betty Lou Ward motioned, seconded by Caroline Sullivan, to appropriate \$244,255 of additional building permit revenue in the FY 2014 General Fund, and establishes four FTE general inspector positions for building inspections and plan review. The motion passed unanimously.

Approval to Proceed with Development of Northeast Regional Library

Mr. Mark Forestieri, Wake County Facilities Design and Construction Manager, said that the Board of Commissioners was presented the site design for the Northeast Regional Library at the October 7, 2013 meeting. The Board asked staff to study the possibility of incorporating an elections polling site at the library for general elections, and to return with an alternative design that accommodates this approach. The space could function as multi-purpose and be used as a voting location. However, Mr. Forestieri stated there is a voting site across the street at the North Forest Pines Elementary School.

Mr. Forestieri said that the alternative design would result in a net increase of approximately 1600 square feet of space. Detailed cost studies have not been completed, but it was estimated that the additional space would increase the cost of construction of the building by approximately \$280,000 to roughly \$5.98 million. An additional appropriation would be required to cover the increased cost, if this option were selected. Staff recommended that since there was a polling site across the street from the library, to move forward with the original design. As future libraries are planned, space for an elections polling place will be evaluated for each new branch.

Commissioner West asked if the \$280,000 could be used for future bond referendums. Mr. Forestieri said that this funding could not be used for the future bond referendum because these funds were not part of the original project and would have to be appropriated for the construction.

Commissioner Coble said that the addition was not in a convenient location. The location should be the least disruptive to the school. Design is of utmost importance. He said that future library sites should consider voting sites.

Joe Bryan motioned, seconded by Tony Gurley, to staff to proceed with preparation of bid documents and to receive bids for the original design plan for the Northeast Regional Library. The motion passed unanimously.

Approve Alliance Behavioral Healthcare Business Plan for 2014 - 2016

Ms. Ellen Holliman, Alliance Behavioral Health, said that she has booklets for the board to review. Ms. Beth Melcher shared System Performance Indicators. The state establishes the measures. It is based on the average from the previous year. She clarified the Wake Customers Served by sharing a chart. Performance Indicators are defined.

Ms. Melcher shared charts of the variability of Adult Medicaid percent of population. Grants received where billing has not occurred and service mix can make the difference in variability. Ms. Melcher shared several slides of results.

Chairman Bryan asked what happened in Mecklenburg County during Fiscal Year 2012-2013 for mental health. Ms. Melcher said that service delivery could have been an issue.

Ms. Melcher shared divestiture information. There is a transition rate of 93%. There have been 1647 new persons served. The access to service was 17.6 days for routine service and 9.1 days for an urgent appointment. Since changes have been made, the numbers have changed to 4.9 for routine and 2.2 days for urgent.

Commissioner West asked if there are plans to address the quality of appointments. Ms. Melcher said the faster the appointment, the better. She said that there are surveys that help determine the quality of the appointments.

Ms. Melcher said the Local Business Plan is a requirement. She reported the state-wide and local initiatives.

The Business Plan is for the period January 2014 through December 2016. The Alliance Board of Directors approved the Business Plan on October 3, 2013. Durham and Cumberland County are scheduled to approve the Plan in November 2013. Statewide Initiatives Following are the five initiatives required by DHHS for Alliance to address:

1. Transition to Community Living - Individuals who meet the definition of need per the Department of Justice (DOJ) Settlement Agreement should be provided access to community-based supported housing.
2. Assertive Community Treatment Team (ACTT)/Supported Employment - A primary objective is to develop a robust provider network and consistent approach to Assertive Community Treatment (ACTT) services and Supported Employment throughout the Alliance catchment area. Via preliminary findings

the current ACTT teams across the catchment area are not operating at full capacity or might not be meeting fidelity to the model criteria for ACTT.

3. Crisis Services/Emergency Department (ED) Wait Times - Alliance serves a four-county region where there has been a historic disparity in the range of crisis services available within each of the communities. The lack of adequate crisis resources has led to the over-utilization of emergency departments, extended ED wait times and at times increased admission rates to the State psychiatric and community hospitals.

4. Closer to Home - Psychiatric Residential Treatment Facility (PRTF) - Historically a large number of child and adolescent consumers from the Alliance region, particularly from Wake County, have been referred to and placed in out-of-state PRTFs. Lack of availability or expertise of in-state PRTFs has been a contributing factor to this issue. It should be noted that Alliance currently has 19 children receiving services in an out-of-state facility, down from 31 during the summer of 2012.

5. I/DD Waitlist - Historically, waiver slot allocation for individuals with Intellectual and/or Developmental Disabilities has not kept pace with demand and potentially eligible individuals are waiting a long length of time before enrollment in NC Innovations.

Additionally, the accuracy of wait list information is compromised by the long lapse in time from initial request for service and waiver enrollment. County Initiatives In addition to the required Statewide Initiatives, County Initiatives were selected based on gaps and needs identified via assessments, focus groups, claims data, service utilization, crisis services utilized, types of services utilized, consumer and family member input, provider and other stakeholder input, and quality of care concerns.

Following are the three Local Initiatives selected for the Business Plan:

1. Preventable Readmission Options and Care Transitions (PROACT) - Behavioral health issues can have a significant impact on physical health issues and physical health issues can negatively impact an individual's behavioral health issues. Behavioral and emotional disorders can diminish an individual's attention to their overall health, impact important preventative health strategies such as making and keeping routine health care appointments adversely affect follow-up and aftercare for an illness and can lead to poor compliance related to the care of more chronic health conditions.

2. Open Access to Care - Prior to the merger of the Wake LME and The Durham Center, which initially formed Alliance Behavioral Healthcare, the majority of State-funded outpatient behavioral health services were provided by

Wake Health and Human services in Wake County. Additionally, prior to the inter-local agreement between Cumberland and Alliance, the majority of outpatient behavioral health services were provided by the Cumberland County Area Authority. These entities could no longer provide direct services based on the county relationships with Alliance.

3. Jail Initiatives (Diversions and Post Linkages) - Consumers are sometimes taken to jails as a first responder destination rather than to a crisis facility or by having mobile crisis units contacted. This is due in part to many law enforcement personnel still not being trained in Crisis Intervention techniques (CIT), although it has been offered for several years in each of the Alliance counties. Another issue regards a need for improved follow up post incarceration to ensure consumers are connected to services and to reduce recidivism (crisis events and incarceration).

The Board of Commissioners received a briefing from Alliance Behavioral Healthcare at the October 14 Work Session. An overview of the Business Plan was provided at that time. Additionally, Commissioners requested information regarding State performance metrics. Alliance staff will address the questions raised at the Work Session and will provide an overview of the elements of the Business Plan.

Ms. Melcher shared a summary of the transition and moving forward as follows:

- Through the transition year have maintained numbers served and penetration rate
- Successful transition of consumers from divested services
- Initiated efforts to improve numbers served
- Significant increase in numbers of new individuals being seen and significant improvements in access to services by reducing wait times for appointments
- Local Business Plan initiatives will improve care and performance indicators especially in areas of:
 - Access to Care
 - Crisis services
 - Medical care coordination
 - Service transitions

Commissioner Ward said she had a citizen that wanted the phone number to contact Alliance. Ms. Holliman said all the information is in the booklet.

Chairman Bryan asked how quickly Wake County will move from 30-40% service in the Adult Mental Health Area. Ms. Melcher said the ability to

transition patients quickly will depend on the partnerships with stakeholders which will help. Improvements should be expected each year.

Commissioner Gurley asked how the population percentage for need of services is figured. Ms. Melcher said that only public-funded patients are calculated, the private sector is not included. She said the data is provided by the state.

Commissioner Sullivan spoke of the Child Developmental Disabilities service level. Commissioner West asked if there is a data problem for service mix and formulas. He asked about the criteria and whether it is difficult to compare. Ms. Melcher said that a formula is applied for the reflection of the data. Commissioner West asked if the numbers are because of the higher populations. Ms. Melcher said that there is room to grow services in Wake County.

Commissioner Ward asked if there are fewer persons in Wake County that need mental health services in comparison to Mecklenburg County. Commissioner Gurley said the publicly funded numbers are different in Wake County. Commissioner West said the law of averages can be a disadvantage for indicators.

Commissioner Gurley said the poverty rate may be 10%, but the reality is about quality improvement of individual care. Commissioner Ward asked how many psychiatrists are on staff. Ms. Melcher said all the providers hire staff. Alliance has reviewers to determine medical necessity. There are three staff psychiatrists.

Commissioner Coble asked about transport of jail patients and the distribution of patients. Ms. Melcher said the goal is to support the first responders in making the decision on where to take the patient. She said the right skills and tools will allow emergency management to divert the patient to the correct location instead of the jails.

Chairman Bryan said that the model has been expanded to EMS and First Responders. Chairman Bryan said he would like further discussion on the numbers that explains the background and data that is shown. Better measures are needed.

Tony Gurley motioned, seconded by Caroline Sullivan, to approve the Alliance Behavioral Healthcare Business Plan for 2014 - 2016. The motion passed unanimously. A five minute break was taken.

**Alliance Behavioral Health
Local Business Plan
FY2014-2016**

Effective December 31, 2013 Alliance Local Business Plan FY2014-2016

EXECUTIVE SUMMARY

Background

In accordance with General Statute 122C-115.2, all Local Management Entities (LMEs)/ Managed Care Organizations (MCOs) must submit the LBP to meet contractual obligations with DHHS. The LBP is to address administrative costs, proposed reinvestment of savings toward direct services, compliance with the Catchment Area Consolidation Plan adopted by the DHHS Secretary, and finally, financial and services accountability in accordance with State and federal laws. In addition, the LBP is to address five Statewide Initiatives and a minimum of three Local Initiatives. These initiatives are addressed later in this document. Financial data has already been submitted to DHHS during the fiscal year and is not required to accompany this document.

Demographics

The Alliance catchment area consists of Durham, Wake, Cumberland and Johnston counties. The 2012 combined population was 1,727,580, with approximately 187,000 Medicaid Eligibles. State-funded consumers total 261,408 for the catchment area, with 17,560 unduplicated consumers served with State funds in 2012.

Statewide Initiatives

Following are the five initiatives required by DHHS for Alliance to address:

Statewide Initiative #1

Transition to Community Living – Individuals who meet the definition of need per the Department of Justice (DOJ) Settlement Agreement should be provided access to community-based supported housing.

Statewide Initiative #2

Assertive Community Treatment Team (ACTT)/Supported Employment – A primary objective is to develop a robust provider network and consistent approach to Assertive Community Treatment (ACTT) services and Supported Employment throughout the Alliance catchment area. Via preliminary findings the current ACTT teams across the catchment area are not operating at full capacity or might not be meeting fidelity to the model criteria for ACTT.

Statewide Initiative #3

Crisis Services/Emergency Department (ED) Wait Times – Alliance serves a four-county region where there has been a historic disparity in the range of crisis services available within each of the communities. The lack of adequate crisis resources has led to the over-utilization of emergency departments, extended ED wait times and at times increased admission rates to the State psychiatric and community hospitals.

Statewide Initiative #4

Closer to Home – Psychiatric Residential Treatment Facility (PRTF) – Historically a large number of child and adolescent consumers from the Alliance region, particularly from Wake Alliance Local Business Plan FY2014-2016

County, have been referred to and placed in out-of-state PRTFs. Lack of availability or expertise of in-state PRTFs has been a contributing factor to this issue. It should be noted that Alliance currently has 19 children receiving services in an out-of-state facility, down from 31 during the summer of 2012.

Statewide Initiative #5

I/DD Waitlist – Historically, waiver slot allocation for individuals with Intellectual and/or Developmental Disabilities has not kept pace with demand and potentially eligible individuals are waiting a long length of time before enrollment in NC Innovations. Additionally, the accuracy of wait list information is compromised by the long lapse in time from initial request for service and waiver enrollment.

In addition to the required Statewide Initiatives, County Initiatives were selected based on gaps and needs identified via assessments, focus groups, claims data, service utilization, crisis services utilized, types of services utilized, consumer and family member input, provider and other stakeholder input, and quality of care concerns. Following are the three Local Initiatives selected for the LBP:

Local Initiative #1

Preventable Readmission Options and Care Transitions (PROACT) – Behavioral health issues can have a significant impact on physical health issues and physical health issues can negatively impact an individual's behavioral health issues. Behavioral and emotional disorders can diminish an individual's attention to their overall health, impact important preventative health strategies such as making and keeping routine health care appointments adversely affect follow-up and aftercare for an illness and can lead to poor compliance related to the care of more chronic health conditions.

Local Initiative #2

Open Access to Care – Prior to the merger of the Wake LME and The Durham Center, which initially formed Alliance Behavioral Healthcare, the majority of State-funded outpatient behavioral health services were provided by Wake Health and Human services in Wake County. Additionally, prior to the inter-local agreement between Cumberland and Alliance, the majority of outpatient behavioral health services were provided by the Cumberland County Area Authority. These entities could no longer provide direct services based on the county relationships with Alliance.

Local Initiative #3

Jail Initiatives (Diversion and Post Linkages) – Consumers are sometimes taken to jails as a first responder destination rather than to a crisis facility or by having mobile crisis units contacted. This is due in part to many law enforcement personnel still not being trained in Crisis Intervention techniques (CIT), although it has been offered for several years in each of the Alliance counties. Another issue regards a need for improved follow up post incarceration to ensure consumers are connected to services and to reduce recidivism (crisis events and incarceration).

Conclusion

Alliance Behavioral Healthcare considers this Local Business Plan as a mechanism to assist with ensuring consumers served by State and Medicaid funds in Durham, Wake, Cumberland and Johnston counties have higher quality of care in the areas of mental health, substance abuse, and intellectual/development disabilities/disorders. These initiatives will assist Alliance in improving quality of care in the service continuum over the next three years.

LOCAL BUSINESS PLAN FY2014-2016

Requirement

Alliance Behavioral Healthcare (Alliance) must submit a Local Business Plan (LBP) to the North Carolina Division of Health and Human Services (DHHS) for the next three-year period for approval by the Alliance Board of Directors and Boards of County Commissioners no later than December 31, 2013.

Background

In accordance with General Statute 122C-115.2, all Local Management Entities (LMEs)/ Managed Care Organizations (MCOs) must submit the LBP to meet contractual obligations with DHHS. The LBP is to address administrative costs, proposed reinvestment of savings toward direct services, compliance with the Catchment Area Consolidation Plan adopted by the DHHS Secretary, and finally, financial and services accountability in accordance with State and federal laws. In addition, the LBP is to address five Statewide Initiatives and a minimum of three Local Initiatives. These initiatives are addressed later in this document. Financial data has already been submitted to DHHS during the fiscal year and is not required to accompany this document.

Demographics

The Alliance catchment area consists of Durham, Wake, Cumberland and Johnston counties. The 2012 combined population was 1,727,580, with approximately 187,000 Medicaid Eligibles. State-funded consumers total 261,408 for the catchment area, with 17,560 unduplicated consumers served with State funds in 2012.

Statewide Initiatives

Following are the five initiatives required by DHHS for Alliance to address:

Statewide Initiative #1

Transition to Community Living – Individuals who meet the definition of need per the Department of Justice (DOJ) Settlement Agreement should be provided access to community-based supported housing.

Reason for Action

Per the DOJ Settlement Agreement, priority for the receipt of Housing Slots will be given to the following individuals:

- Individuals with SMI (Severe Mental Illness) who reside in an adult care home determined by the State to be an Institution for Mental Disease (IMD).
- Individuals with SPMI (Severe and Persistent Mental Illness) who are residing in adult care homes licensed for at least 50 beds and in which 25% or more of the resident population has a mental illness.
- Individuals with SPMI who are residing in adult care homes licensed for between 20 and 40 beds and in which 40% or more of the resident population has a mental illness.
- Individuals with SPMI who are or will be discharged from a State psychiatric hospital and who are homeless or have unstable housing; and
- Individuals diverted from entry into adult care homes pursuant to the preadmission screening and diversion provisions of Section III(F) of the DOJ Agreement.

Data utilized to measure goals: DOJ data tracked per DOJ Agreement requirements, by consumer, service, and housing.

Measurable Goals

- Perform in-reach services to a minimum of 150 people either already in Adult Care Homes or transitioning from hospital settings by June 30, 2014.
- Of the individuals identified who meet the criteria, 100% will transition into housing within 90 days unless there are barriers beyond the control of the MCO (i.e. no housing available but diligent outreach has occurred) by June 30, 2014.
- At least 50% of individuals identified and who meet the DOJ definition/criteria will have an advocate assigned to work them on an ongoing basis by June 30, 2014.
- A minimum of 30% of individuals meeting criteria will be diverted from entry into Adult Care Homes by December 31, 2014.

Strategies to Meet the Goals

- Alliance will identify barriers encountered with Adult Care Home in-reach or the PASRR process and determine if a county specific/facility specific issue or an MCO issue. Based on findings, action plans will be developed to address the findings within 7 calendar days. Action plans will be enacted upon within 14 calendar days.
- The status of individuals approved for housing and progress toward goal of transition within 90 days will be assessed to ensure compliance. Barriers will be identified and will be acted upon (those that can be addressed under the control of the LME/MCO). Alliance leadership will be informed of barriers that are systemic (statewide).
- Resources will be identified, such as advocates, in each community that can be assigned to the individuals.
- Individuals not diverted from Adult Care Homes and reasons will be identified. At this time, most reasons are due to inappropriate PASRR submitted, medical complications, already in placement, family or consumer refusal, or issues with the PASRR process. Issues will be documented and tracked in order to problem solve improvements.

Statewide Initiative #2

Assertive Community Treatment Team (ACTT)/Supported Employment – A primary objective is to develop a robust provider network and consistent approach to Assertive Community Treatment (ACTT) services and Supported Employment throughout the Alliance catchment area. Via preliminary findings the current ACTT teams across the catchment area are not operating at full capacity or might not be meeting fidelity to the model criteria for ACTT.

Reason for Action

Two important components of the state's DOJ settlement are the development of high fidelity ACT Teams and implementation of evidence-based Supported Employment services for adults with mental health and substance abuse diagnoses. These services are expected to help consumers transition to and maintain housing and services in the least restrictive setting within their community. This initiative aligns with Alliance's current participation in statewide implementation of the DOJ settlement and with Alliance's overall goals of ensuring robust provider network capacity and adherence to evidence-based practices throughout its catchment area. Expected outcomes include increased access to competitive employment, increased length of community tenure without re-hospitalization, and decreased crisis services utilization. Additional expected performance and quality measures include accessibility of each service and availability of high fidelity services in each county.

Data to be utilized: ACTT Fidelity Reviews; Supported Employment Engagement; Claims data – Alpha.

Measurable Goals

- Increase the number of consumers engaged in competitive employment by 20% by June 30, 2014.
- At least 100% of providers in the Alliance geographic area will be following fidelity to the models of care (ACTT and Supported Employment) by June 30, 2015.
- Alliance will have contracted with at least two additional providers to provide Supported Employment for individuals with MH/SA by June 30, 2014.
- Consumers who have utilized ACTT services for at least 12 months will have at least a 50% decrease in crisis events by June 30, 2015.

Strategies to Meet the Goals

- Both ACTT and Supported Employment (SE)/Long Term Vocational Services (LTVS) initiatives are being led by DHHS, pursuant to the state's DOJ settlement. Alliance will collaborate with DHHS and associated partners to promote the objectives of the DOJ settlement regarding Supported Employment and ACTT services.
- Alliance will develop a Supported Employment and ACTT workgroup to improve internal and external communication and planning efforts for these services.
- Alliance will develop and issue a Request for Proposals (RFP) for Supported Employment and Long Term Vocational Supports for Cumberland, Durham, Johnston and Wake that will include expected projected outcomes for consumers served.

Statewide Initiative #3

Crisis Services/Emergency Department (ED) Wait Times – Alliance serves a four-county region where there has been a historic disparity in the range of crisis services available within each of the communities. The lack of adequate crisis resources has led to the over-utilization of emergency departments, extended ED wait times and at times increased admission rates to the State psychiatric and community hospitals.

Reason for Action

Based on historical data, both Wake and Durham counties have low ED utilization for behavioral health reasons. This low ED utilization rate was due to a strong crisis continuum that included 24/7 access to crisis and assessment centers and strong community support related to emergency department diversions. Adding to the effectiveness of these centers is their ability to accept and manage consumers on Involuntary Commitment.

Wake County's crisis and assessment center at WakeBrook was operated by Wake County, and a facility based crisis/non-hospital detoxification unit was operated on the same campus by a contracted provider. This arrangement created issues with the facility based crisis center not always being operated at targeted capacity. As of July 1, 2013 UNC has been contracted to operate both facilities.

As part of Cumberland County's service divestiture plan (required to be part of the waiver operations), the walk-in clinic and outpatient services provided by the Cumberland LME were divested to the Cumberland County Health Department. The Health Department was unable to provide adequate crisis walk-in capacity and the Cape Fear Valley ED became the primary crisis assessment site for the county. This historically had served consumers during non-regular business hours and weekends.

In Johnston County, crisis and assessment services had previously been provided by the Johnston LME during regular business hours and the Johnston Memorial ED provided crisis services after typical business hours and weekends. Johnston County divested the outpatient

program and crisis and assessment services to the Johnston County Health Department and that department has since maintained capacity for walk-in crisis and assessment services. Data to be utilized: NC-DETECT; Alliance Claims (Alpha); HEARTS.

Measurable Goals

- Decrease ED admissions in Cumberland County by 30% between July 1, 2013 and June 30, 2014 (Based on NC-DETECT and Claims Data).
- Decrease the number of times the WakeBrook Crisis Facility is on Diversion by 40% between July 1, 2013 and June 30, 2014 (based on WakeBrook Admissions Data).
- Decrease the number of Durham County consumers admitted to CRH by 30% by January 1, 2014 (based on HEARTS data).
- Decrease ED readmission rates in all Alliance EDs by 25% between July 1, 2013 and June 30, 2014 (NC-DETECT and Claims Data).
- Improve the percentage of follow up appointments occurring within seven days post inpatient stays by 30% by January 1, 2014 (Alpha and claims data).
- Improve the percentage of follow up appointments occurring within five days post crisis facility stays by 30% by January 1, 2014 (Alpha and claims data).

Strategies to Meet the Goals

- Each county will have a local crisis collaborative with representation from local hospitals/EDs, the MCO, Law Enforcement, EMS, Crisis Facilities, network providers, shelters and other key stakeholders that meets monthly to identify and address issues and barriers and develop collaborative plans and agreements. The groups will receive data reports regarding the use of the crisis system and identify trends and needs.
- In collaboration with Cumberland County and Cape Fear Valley Health System, a 24/7 crisis and assessment center that can receive consumers on IVC will be developed. Funding has been allocated for this project and implementation is underway.
- Facility based crisis/non-hospital detoxification beds at Cape Fear Valley Hospital will be expanded from eight to 16 beds, and will have 24-hour access. Funding has been allocated and planning is underway.
 - Improve connections to outpatient and follow-up psychiatric services for consumers leaving the EDs and inpatient services.
 - Develop an open access outpatient/psychiatric clinic within the Cape Fear Valley Health System. Will improve post ED and Inpatient connection to aftercare. Funding has been allocated and Cape Fear has begun hiring and offering limited appointments and should be fully operational within four months.
 - Expand use of open access and walk-in clinics in the four Alliance communities with a goal of discharge follow-up available within 24 hours. (See Local Initiative on Open Access).
 - Implement Wake Crisis Facility/ACTT pilot Alliance wide. Currently, the WakeBrook crisis facility contacts ACTT providers directly when they have determined that a consumer has a history of accessing crisis and inpatient services and have a SPMI and the consumer is not service linked. The ACTT teams come to the assessment center before the consumer leaves to enhance engagement.
 - Improve the rate in which EDs and crisis facilities contact Alliance Access and Information Center to determine if consumers presenting at these facilities are linked with providers or need a provider post discharge.
 - Provide education and continued outreach to EDs and crisis facilities.
 - Ensure accurate call coding in the Alliance MIS system to better track all calls from these facilities in order to report progress and ensure facilities are following established protocols.

- Ensure each community has Alliance ED liaisons available to assist in the linkage of high utilizers to services and to assist EDs with system navigation.
- Ensure each local inpatient unit has an assigned Alliance liaison to assist with discharge planning and better community linkage.

Statewide Initiative #4

Closer to Home – Psychiatric Residential Treatment Facility (PRTF) – Historically a large number of child and adolescent consumers from the Alliance region, particularly from Wake County, have been referred to and placed in out-of-state PRTFs. Lack of availability or expertise of in-state PRTFs has been a contributing factor to this issue. It should be noted that Alliance currently has 19 children receiving services in an out-of-state facility, down from 31 during the summer of 2012.

Reason for Action

The ability to monitor and provide appropriate levels of care oversight is diminished when a child is in an out-of-state facility. Distance presents a significant challenge to family involvement in treatment and creates barriers to developing a treatment team that can support a consumer and their family post discharge. Often, the length of stay for children in out-of-state facilities is significantly longer than those treated locally.

Data to be utilized to track goals: PRTF claims; Care Coordination data – Alpha.

Measurable Goals

- Reduce the number of children referred to out-of-state placements by 75% by June 30, 2014.
- By October 31, 2014, less than 5% of children from the Alliance region will be served in out-of-state facilities, excluding border facilities.
- By October 31, 2014, less than 10% of children from the Alliance region will be served in a border facility.
- By January 1, 2015, no more than 2% of authorizations for PRTF services will be for an out-of-state PRTF.

Strategies to Meet the Goals

- Alliance will identify populations of youth typically referred to out-of-state facilities for treatment. Currently, children with sexually aggressive behavior and children with I/DD and significant mental health issues are placed out-of-state at higher rates than other groups of youth.
- Alliance will work with in network PRTFs and has developed a working relationship with Strategic Behavioral Healthcare (a local PRTF in Wake County), to develop more specialized programming. Strategic has recently opened 12 beds to serve youth with sexually aggressive behavior.
- Alliance will explore expanding a contract with Timber Ridge (also local), a level III residential provider that is operating a specialized program for sexually-aggressive youth.
- Alliance has entered into a contract with Rapid Resources for Families for IAFT services that are evidence based for enhanced treatment of children in foster care. The program is being used as a diversion from PRTF levels of care as well as a step-down from PRTF.

The IAFT providers have specialty areas that will help reduce both in state and out-of-state PRTF placements. Alliance will expand the use of this program over the coming year.

- All children in a PRTF level of care have an Alliance Care Coordinator that participates in monthly treatment teams and is actively engaged in discharge planning with the facilities. All requests for out-of-state PRTF placements are reviewed by the Alliance Chief Clinical Officer

and must be approved by an Alliance psychiatrist peer reviewer within the UM Department. All youth in a PRTF placement for longer than 6 months will receive a case review by an Alliance psychiatrist.

Alliance will also provide ongoing education to judges, local offices of Juvenile Justice and Social Services regarding the types of mental health issues that are most effectively addressed by PRTF level of care.

Statewide Initiative #5

I/DD Waitlist – Historically, waiver slot allocation for individuals with Intellectual and/or Developmental Disabilities has not kept pace with demand and potentially eligible individuals are waiting a long length of time before enrollment in NC Innovations. Additionally, the accuracy of wait list information is compromised by the long lapse in time from initial request for service and waiver enrollment.

Reason for Action

Currently, Alliance has identified 1,793 individuals to be potentially eligible and waiting for an Innovations slot to become available, almost half of whom have been waiting longer than five years, and approximately 20 new names are added to the waitlist each month.

Waiver funding is made available statewide for the number of individuals specified in the approved waiver. Slots are allocated by DMA to each PIHP and DMA remits to the PIHP a monthly capitated payment for each individual enrolled in the NC Innovations Waiver. Funding is distributed on a per capita basis, geographically among Alliance's four counties.

Individuals who are waiting for a slot on Alliance's Registry of Unmet Needs may only be enrolled when (1) vacated slots are available at the end of the waiver year (July 31st); (2) criteria is met and Reserve Capacity slots are available; or (3) the North Carolina General Assembly provides more funding and CMS approves a request to serve additional people. Reserve Capacity slots are set aside by the PIHP for CAP/C Age Out; Statewide DI; Money Follows the Person; and Emergencies. Available slots, as allocated by the state or vacated during the waiver year, are assigned based on length of time waiting. Criteria for enrollment in Reserve Slots is set according to waiver policy.

Data Source: Alpha Slot Tracker.

Measurable Goals

- By March 1, 2014, remove 227 individuals from the Registry of Unmet Needs by enrolling them in available new and vacated slots.
- By June 30, 2014, contact each remaining individual on the Registry of Unmet Needs to verify or update contact information, continued potential ICF Level of Care eligibility, and connection to B3/IPRS services and community resources.
- By July 1, 2015, reduce wait time for waiver slot allocation to less than five years across all four counties.

Strategies to Meet the Goals

Individuals access the NC Innovations Waiver through the uniform portal process. Alliance utilizes its I/DD Eligibility Review Committee, under leadership of clinical and medical staff, to assure that individuals requesting waiver services are carefully screened for potential eligibility according to the state definition of ICF Level of Care, eligibility for Reserve Capacity slots, and referred and connected to B3 or IPRS-funded services as quickly as capacity and/or funding become available. If the individual has Medicaid the individual receives any medically necessary Medicaid service. Requests for new or additional I/DD services are processed by Alliance's

Access and Information Department's team of I/DD Access Coordinators. Alliance submits a wait list report quarterly to DMA and DMH.

□ At least annually each individual on the Registry of Unmet Needs is contacted by an I/DD Access Coordinator to update demographic information and gather updated assessments and information about changes in needs. Referrals for additional services or supports are made as deemed necessary and available. A Slot Tracking Excel spreadsheet is used to track transfers, terminations, Reserve Capacity, and newly allocated slots. Slots are distributed on a per capita basis, geographically among Alliance's four counties. Within each county, slots are allocated by date and time of referral. When new or vacated slots are available, the I/DD Access Coordination Team contacts those individuals who have been waiting longest and initiates the Level of Care review by a trained independent credentialed provider.

□ Once the Level of Care process is complete, an I/DD Care Coordinator is assigned and the ISP is developed and submitted to UM for approval. Services start within 45 days of ISP approval date. The contract between the newer waiver sites, such as Alliance, allows for the expansion of Medicaid B3 services. Several of these services will help address needs of individuals with I/DD. Alliance will study these services and work with our existing providers and recruit new providers to our network in order to offer B3 options to individuals served through Alliance. Priority for these services will be given to those on the existing waitlist, then to those deemed eligible through the process outlined above.

□ The Alliance Business Operations Department will determine funding levels available for new B3 services. It is anticipated that some individuals on the waitlist who are receiving support through state funded services can transition to B3 services, leaving the limited state funded services available for individuals on the waitlist who do not have Medicaid. The availability of this greater array will help reduce the number of individuals awaiting services or provide a level of support while awaiting an Innovations slot.

In addition to the required Statewide Initiatives, County Initiatives were selected based on gaps and needs identified via assessments, focus groups, claims data, service utilization, crisis services utilized, types of services utilized, consumer and family member input, provider and other stakeholder input, and quality of care concerns.

Following are the three Local Initiatives selected for the LBP:

Local Initiative #1

Preventable Readmission Options and Care Transitions (PROACT) – Behavioral health issues can have a significant impact on physical health issues and physical health issues can negatively impact an individual's behavioral health issues. Behavioral and emotional disorders can diminish an individual's attention to their overall health, impact important preventative health strategies such as making and keeping routine health care appointments adversely affect follow-up and aftercare for an illness and can lead to poor compliance related to the care of more chronic health conditions.

Often these individuals seek primary health services through local emergency departments when symptoms worsen or become exacerbated. Additionally, oftentimes individuals seeking services in an emergency department may present with a physical health complaint, yet the true reason for the visit can be attributed to a behavioral health issue. As a result, the appropriate treatment and follow up is often missed. These individuals tend to have high overall healthcare costs based on the usage of emergency departments and because more expensive healthcare interventions are required as a result of non-compliance. These issues require an integrated approach to the overall care management for these individuals.

This issue impacts the State Performance Indicator of "Medical Care Coordination." The average percent of consumers served by Alliance who have received a preventive health visit in the past 12 months is 86%. The statewide average is 90%, which is the Alliance goal.

Data source: NC-TOPPS; claims data; CCNC data.

Reasons for Action

There are several reasons to integrate behavioral and physical health care management for this population. Studies have revealed that in general individuals with serious and persistent mental illness have an average life expectancy of up to 25 years less than individuals without a persistent mental illness.

Individuals with co-occurring physical health and behavioral health issues are high utilizers of emergency room services and tend to have higher inpatient readmission rates on medical floors and psychiatric units or hospitals. Individuals with primary behavioral health-related issues tend to use emergency departments to address physical health care needs at higher rates than those without an identified mental illness.

In general, based on national data, this population has an average of eight or more emergency department visits per year, primarily for physical health complaints often across multiple hospitals. This population also is at risk for adverse medication events if there is no coordination between their physical health and behavioral healthcare prescribers. Currently, MCOs only receive ED claims for consumers whose primary reason for an ED visit was coded a behavioral health disorder.

Additionally, individuals with depression, anxiety, trauma and substance abuse present complaining of physical symptoms that can be attributed to these conditions, however based on coding and billing practices, the ED claims for these visits are sent to general Medicaid and not

Alliance for payment, therefore we miss these individuals as high utilizers through typical MCO data mining activities and in turn miss the opportunity to better manage care.

Measurable Goals

- Reduce ED admissions of consumers with both behavioral health and physical health conditions by 25% by June 30, 2014.
- Reduce ED admissions of consumers with behavioral health and physical health conditions by 50% by June 30, 2015.
- Reduce readmissions to EDs within 90 days by 30% by June 30, 2014.
- Reduce readmissions to EDs within 90 days by 50% by June 30, 2015.
- Ensure all consumers identified as part of this population receive a medication review within 5 days of inpatient or ED discharge, by June 30, 2014.

Strategies to Meet the Goals

- Alliance will implement an integrated care management model with the local CCNC networks that focuses on the PROACT population, which is described above. The integrated care model will include specific interventions, timeframes for interventions and benchmarks for all consumers identified as being in the PROACT population. This planning and model development is currently underway. Alliance and CCNC will develop a management and oversight structure for the initiative.
- Distinct PROACT teams comprised of Alliance staff and local CCNC staff will be formed to manage this population in each Alliance/CCNC region. Alliance will enter into formalized agreements with both the state CCNC and local CCNCs that will detail all responsibilities, expected practices, case assignment, discharge processes and expected outcomes for the initiative.
- Alliance will identify staff within our existing Care Coordination units to assign to PROACT teams. Roles for all PROACT members will be developed and will outline role specific tasks. Alliance will work with CCNC to develop and implement formal data sharing arrangements that will inform target populations and improve outcome monitoring, including developing efficient ways to exchange data.
- Alliance and local CCNCs will educate stakeholders in the initiative and develop needed agreements to work with stakeholders to meet the needs of the target population and initiative goals. In conjunction with local CCNCs, Alliance will complete a review of all consumers that have been identified as falling within the priority population based on CCNC analytics. This will include a review of all consumer history in Alpha and the CCNC CHMIS system.
- Alliance and CCNC will develop standard operating procedures for the team in relationship to interactions with other CCNC and Alliance staff and activities. The roles of Alliance and CCNC psychiatrists, CCNC pharmacists, Alliance ED and Inpatient Liaisons, CCNC practice embedded care managers, Alliance UM and Access to Care Center staff will be delineated as well. In addition to cost reduction data, Alliance, in collaboration with CCNC, will develop a mechanism to evaluate the effectiveness of the program.

Local Initiative #2

Open Access to Care – Prior to the merger of the Wake LME and The Durham Center, which initially formed Alliance Behavioral Healthcare, the majority of State-funded outpatient behavioral health services were provided by Wake Health and Human services in Wake County. Additionally, prior to the inter-local agreement between Cumberland and Alliance, the majority of outpatient behavioral health services were provided by the Cumberland County Area Authority. These entities could no longer provide direct services based on the county relationships with Alliance.

As a result, all services provided by these entities needed to be divested. A second divestiture of services needed to occur as a result of the merger of Cumberland Area Authority with Alliance. The divestitures created access to care issues during the time that providers were ramping up to accept a greater volume of consumers. In both Cumberland and Wake counties, the divesting agencies stopped accepting new referrals sooner than anticipated and before adequate capacity was available in these communities. Longer wait times for initial assessments were creating delays in regard to consumers' ability to access medication evaluations, necessary follow-up, and increases in the no-show rate for first appointments.

Beyond issues related to divestiture, timely access to psychiatry care had been an issue in Wake and Cumberland counties. As a result of these issues, Alliance's access percentages have slipped below the state's average timely access to care performance criteria. Data utilized: Access to Care (STR) data - Alpha.

Reasons for Action

Alliance believes that services need to be available to consumers when they need them. It is difficult at times for individuals to ask for help and the longer the wait for services after seeking them the more likely it is that an individual will end up not accessing services. No show rates for services begin to spike when appointments are not available in a timely manner. In fact, no show rates may go as high as 50% when a consumer cannot be seen within several days of a request for service. Alliance network providers were reporting these high no-show rates, which were supported by internal data. Often, these providers did not have first appointments available for seven to 10 days after consumers called seeking services. High no-show rates waste the clinical capacity of providers and can lead to fiscal instability.

Beyond access issues for consumers who called seeking services, a greater impact was being experienced by the local crisis facilities and EDs and consumers leaving inpatient units. While consumers leaving an inpatient facility or those referred by a crisis facility receive priority status for an initial assessment, access to prescribers was limited. Consumers were leaving facilities on medications and their prescriptions would run out prior to seeing a prescriber.

Additionally, EDs and crisis facility physicians were less likely to divert consumers back to the community or take a consumer off of involuntary commitment if they could not be seen by a prescriber within a few days. For these reasons, Alliance began exploring other models that would allow more immediate access to an assessment and psychiatric services. In Durham, Alliance has shared a strong historic relationship with an outpatient psychiatric clinic where consumers are seen by a prescriber for their initial appointment. Based on the network make-up in the other communities this model was not an option. The service divestitures in Cumberland County and Wake County provided the opportunity to begin implementing best practices related to service access such as open access and same day prescriber appointments, both with existing providers as a way to capitalize on their current capacity and with the providers who would assume the roles of the divesting programs.

Measurable Goals

- By June 30, 2014, at least 75% of outpatient service providers will offer open access/same day appointments within all Alliance regions.
- By June 30, 2014, 95% of consumers contacting Alliance for routine services will have an appointment within 5 business days from their request for services.
- By June 30, 2014, the no-show rate for first appointments will be less than 30%.
- By June 30, 2015, the no-show rate for first appointments will be less than 15%.

Strategies to Meet the Goals

- A complete evaluation of average time from referral to first appointment in all Alliance covered counties will be conducted. Alliance staff will meet with key service providers that offer assessments in order to review capacity to accept new consumers, review barriers and review resource needs.
- Alliance will arrange for training and ongoing consultation on the Open Access model to providers in the Alliance catchment area.
- Alliance will prioritize Open Access with same day physician appointments within the catchment area and recruit providers to the network who have demonstrated successful implementation of open access, or those who outline how they will implement this model if awarded a contract to serve Alliance consumers. For providers that use Open Access, Alliance will set-up Open Access times and days in the Alpha scheduler for providers to ensure appointments are used, and report utilization of these appointments.
- In addition, Alliance will prioritize Open Access with same day physician services to consumers seen in an ED, leaving an inpatient unit or post crisis and assessment center visit. Staff will ensure Open Access providers have sufficient service codes in contract to address multiple assessment appointments within the same day. Education will be provided for local emergency departments and crisis facilities about Open Access on how to refer directly to Open Access providers or how to access these appointments through the Alliance Access and Information Center.
- A Request for Information (RFI) has been released for additional outpatient services in Cumberland County with Open Access being a requirement for a successful response. A routine meeting schedule will be developed with Open Access providers to ensure Alliance is utilizing Open Access appointments and address barriers or issues as they arise.

Local Initiative #3

Jail Initiatives (Diversion and Post Linkages) – Consumers are sometimes taken to jails as a first responder destination rather than to a crisis facility or by having mobile crisis units contacted. This is due in part to many law enforcement personnel still not being trained in Crisis Intervention techniques (CIT), although it has been offered for several years in each of the Alliance counties. Another issue regards a need for improved follow up post incarceration to ensure consumers are connected to services and to reduce recidivism (crisis events and incarceration).

Reasons for Action

Alliance wants to ensure that the maximum number of individuals in each community receive CIT training because training has proven to be effective in jail diversion, increasing referrals to community-based services and crisis centers, and promotes decreased utilization of jails for misdemeanor and non-violent offense arrests.

In addition, the Alliance Community Relations team wants to include all types of Law Enforcement Officers (LEOs) and First Responders that may have contact with individuals with MH/I/DD/SA in various settings, such as community, detention, schools, and facilities because there is an increase in the number of effective and respectful interactions between individuals with MH/I/DD/SA and CIT trained LEOs; consumers improve their access to treatment resources via CIT LEO, and safety for CIT LEO and individuals with MH/I/DD/SA increases due to a use of CIT skills, verbal de-escalation, and decreased use of physical interventions. Data utilized to track goals: CIT training logs; incarceration data system developed.

Measurable Goals

- Alliance will provide a minimum of four CIT classes during FY14 for Durham, Wake and Cumberland counties. A minimum of two classes will be held in Johnston County. A minimum of twenty individuals will attend each CIT class.
- There will be a minimum of four different first responder types attending CIT classes during FY14. Examples would be police officers from the universities/community colleges, city police officers, County Sheriff's Departments, and general first responders such as EMS and fire department personnel.
- By June 30, 2014, Alliance will develop a central repository for data collection from the four counties regarding incarcerations, recidivism, and diagnostic information that can be standardized for reporting data. During FY14, base line data will be collected as part of this process.

Strategies to Meet the Goals

- Alliance will maintain, develop and collaborate with the CIT Leadership Committee in each community using the SAMHSA's GAINS model located at gainscenter.samhsa.gov.
- Data will be reviewed from every CIT class to engage the CIT Leadership Committee in a continuous quality improvement process. To improve consumer access to treatment resources via CIT LEO, training will enhance safety for CIT LEO and individuals with MH/I/DD/SA increases due to a use of CIT skills, verbal de-escalation and decreased use of physical interventions. The CIT Leadership Committee will ensure all LEO types are invited to participate and engage in CIT training and the CIT culture of community policing.
- Data will be reviewed to obtain information from every CIT class to show engagement in the CIT Leadership Committee. The Alliance Provider Network needs Alliance to know when consumers are incarcerated so that consumers can re-engage in treatment upon release.
- Alliance will use the data reports to identify system trends and patterns, interpret and integrate the facts, and stimulate change. This will be done by working closely with IT and QM to use technology to develop auto-generated reports decrease staff time manually collecting data. Data will be maximized to gather information from the various internal and external group meetings to interpret and integrated the facts, and stimulate change.

Conclusion

Alliance Behavioral Healthcare considers this Local Business Plan as a mechanism to assist with ensuring consumers served by State and Medicaid funds in Durham, Wake, Cumberland and Johnston counties have higher quality of care in the areas of mental health, substance abuse, and intellectual/development disabilities/disorders.

Attachments depicting data elements and statistics are listed below:

Attachment 1: ACTT Providers in Catchment area as of August 1, 2013

Attachment 2: Alliance Behavioral Healthcare ED data and analysis

Attachment 3: Alliance Behavioral Healthcare Inpatient Admissions

Attachment 4: Alliance Behavioral Healthcare Call Center Report FY2013

Attachment 5: Alliance Behavioral Healthcare Board of Directors

For questions or comments contact the Alliance Quality Management Department at QMHelp@alliancebhc.org or contact the Director of Quality Management at (919) 651-8442.

Attachment 5

Alliance Behavioral Healthcare Board of Directors

Alliance is governed by a Board of Directors is responsible for comprehensive planning, budgeting, implementing and monitoring of community-based mental health, developmental disability and substance abuse services to meet the needs of individuals in the Alliance region. The Alliance Board consists of community stakeholders from Durham and Wake counties that are appointed by their respective County Commissioners, as well as representation from Cumberland and Johnston counties. Service providers do not serve as members of the Board.

Current Members:

Lascal Webley, Jr., Chair
Nancy Henley, MD, Vice Chair
Ann Akland
Cynthia Binanay
Chris Bostock
George Corvin, MD
Commissioner Kenneth Edge
Jim Edgerton
Lodies Gloston
Phillip Golden
John R. Griffin
Commissioner Michael Page
George Quick
Vicki Shore
William Stanford
Scott Taylor
Amelia Thorpe

Appointments

Alliance Behavioral Healthcare

Commissioner Coble nominated Ms. Adele Foschia and Ms. Paige Pavlik. Commissioner West nominated Commissioner Sullivan to serve in one of the two vacant positions. Commissioner Coble withdrew his nomination of Ms. Paige Pavlik. The two nominees were Commissioner Sullivan and Ms. Foschia.

Greater Raleigh Convention and Visitors Bureau

Commissioner Coble nominated Mr. Michael Landguth for the at-large position.

Wake County Human Services Board

Commissioner Coble nominated Ms. Fiorella Horna-Guerra for General Public position, Dr. Seth Wexler for Veterinarian, and Mr. McKinley Wooten for the Consumer position.

Wake County Library Commission

Commissioner Coble nominated Abe Jones for at-large position. Commissioner Gurley nominated Mr. Robert Janson for his commissioner district nominee.

Wake County Nursing Home Community Advisory Committee

Commissioner Coble nominated Ms. Valerie Riddle and Ms. Karen Thomas.

Triangle Transit Authority Board

Commissioner Coble nominated Fred Day for reappointment and Mr. William Allen to fill the vacant seat. Commissioner West nominated Mayor Vivian Jones.

A role call vote concluded:

William Allen received three votes from Commissioners Matthews, Coble and Gurley. Fred Day received six votes from Commissioners Sullivan, Ward, Coble, West, Gurley and Bryan. Vivian Jones received five votes from Commissioners Sullivan, Ward, Matthews, West and Bryan.

Mr. Fred Day and Ms. Vivian Jones received the nomination with the majority votes.

City of Raleigh Housing Appeals Board

Commissioner Coble nominated Carlton Midyette for one of two vacant positions. Commissioner West requested the nomination for the other vacancy be delayed and the board members agreed.

Paul Coble motioned, seconded by Tony Gurley, to nominations by acclamation. The motion passed unanimously.

Committee Reports

Commissioner Ward reported the Budget, Education and Finance Subcommittee of the Board met today and there was a presentation by Dr. Ramon Rojano. Further information that will be forthcoming. Commissioner West

said the meeting was productive and the key would be to engage the primary stakeholders. Human Capital will be the driver.

Ms. Denise Foreman said that economic development will be reviewed from nine areas. Outcomes and strategies will be reviewed. Commissioner Ward said that there will be future meetings.

Commissioner Ward said she recently attended a Library Commission meeting and she was impressed with their work.

Other Business

Mr. Warren said that he has worked with Mr. Cooke for seven years. He spoke of Mr. Cooke's pending retirement and congratulated Mr. Cooke with additional comments.

Adjourn

Paul Coble motioned, seconded by Joe Bryan, to adjourn the meeting at 4:30 p.m. The motion passed unanimously.

Respectfully submitted,

Susan J. Banks, NCCCC
Clerk to the Board
Wake County Board of Commissioners