

STATE GRANT COMPLIANCE REPORTING

Report Template B: Please use this reporting template for the END OF YEAR report

1. Organization:	
Organization Name:	North Carolina Healthcare Quality Alliance, Inc.
Organization Tax ID #:	27-2498233
Project/Activity Title:	
Reporting Period:	July 1, 2021 through June 30, 2022
Organization Fiscal Year End:	December 31, 2022
Mailing Address (street, city, state, zip code):	421 Westwood Dr. Chapel Hill, NC 27516
Phone Number (area code + number):	919-810-5328
Fax Number (area code + number):	
Contact Person:	Alan Hirsch
Contact Person Title:	CEO
E-Mail Address:	ashirsch@gmail.com

2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input checked="" type="checkbox"/> Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer: Alan Hirsch		
Phone Number: 919-810-5328		

3. Please provide a list of the Organization's Board Members. [ADD ADDITIONAL PAGES, IF NEEDED]	
Name of Board Member	Board Member Title
See attached	

4. What restrictions are placed upon the grant by the grant award document? If the grant award document does not identify specific restrictions, please identify the intended use of the grant funds as included in the award document.			
<p><u>Restrictions:</u> No restrictions are in the grant document other than to work to improve the quality of healthcare for North Carolinians. The grant funds have supported efforts to expand peer support services in a respite setting through partnership with existing peer agencies and discussion with peer support expansion with DHHS representatives. The funds have also supported review of health disparities and targeted efforts to improve health care access in marginalized communities. The funds have supported expansion of our existing initiatives in rural counties to improve access to substance use and mental health services by expanding partnerships for MAT and supporting staff time to explore new funding for telepsychiatry.</p>			
5. Does the organization have a Conflict of Interest policy?	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	
6. Is the organization a for profit entity?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	

7. Did the organization subgrant or pass down any funds to another organization?			
<input checked="" type="checkbox"/> yes <input type="checkbox"/> no			
If yes, answer the following:			
a. Name of Subgrantee	b. Program Name	c. Amount Subgranted	
Promise Resource Network	Peer Support Mental Health	\$5000.00	

8. Program Activities and Accomplishments:
Recipient must complete and submit a separate Program Activities and Accomplishments Report, detailing the program name, the original goals of each program, and a brief narrative of program accomplishments for each funded program. This information is required of all recipients of state funding in an amount greater than or equal to \$25,000.

SCHEDULE OF RECEIPTS AND EXPENDITURES

Report Template C: Please use this reporting template for the END OF YEAR report

9. Organization:	
Organization Name:	North Carolina Healthcare Quality Alliance, Inc.
Organization Tax ID#:	27-2498233
Organization Fiscal Year End:	December 31, 2022
Mailing Address (street, city, state, zip code):	421 Westwood Dr. Chapel Hill, NC 27516
Phone Number (area code + number):	919-810-5328
Fax Number (area code + number):	
Contact Person:	Alan Hirsch
Contact Person Title:	CEO
E-Mail Address:	ashirsch@gmail.com

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
NCDHHS	North Carolina Healthcare Quality Alliance	\$300,000
b. Expenditures		
Category	Dollar Amount	
Personnel	78,891.96	
Contracted Services	5,832.42	
(a)Total Personnel/Contracted Srvcs Costs:	84,724.38	
Office Supplies & Materials		
Service Related Supplies		
(b)Total Supplies & Material Costs:		
Travel		
Communications & Postage	200.92	
Utilities		
Printing & Binding		
Repair & Maintenance		
Meeting/Conference Expense		
Employee Training (no travel)		
Classified Advertising		
In-State Board Meeting Expenses		
(c)Total Non-Fixed Operating Expense:	200.92	
Office Rent (Land, Buildings, etc.)		
Furniture Rental		
Equipment Rental (Phones, Computers, etc.)		
Vehicle Rental		
Dues & Subscriptions		
Insurance & Bonding	2,412.00	
Books/Library Reference Materials		
Mortgage Principal, Interest and Bank Fees		
(d)Total Fixed Charges & Other Expenses:	2,412.00	
Buildings & Improvements		
Leasehold Improvements		
Furniture/Non-Computer Equip., \$500+ per item		
Computer Equipment/Printers, \$500+ per item		
Furniture/Equip., under \$500 per item		
(e)Total Property & Equipment Outlay:		

Purchase of Services	
Contracts with Service Providers	5000.00
Stipends/Scholarships/Bonuses/Grants	
(f)Total Services/Contracts:	5,000.00
Food	
Other (provide description here): Payroll Processing	636.02
Other (provide description here): Website Hosting	197.91
Other (provide description here):	
Other (provide description here):	
(g)Total Other Expenses:	833.93
Total Expenditures (sum a through g)	93,171.23

Unexpended cash balance (do NOT use with reimbursement grants)

Beginning of the year cash balance	300,000.00
End of the year cash balance	206,828.77

NOTE: If total receipts, expenditures, beginning or ending unexpended grant balance available for expenditures is \$500,000 or more, an audit is required *by G.S. 143C-6-23*.

If there are any questions, please contact the Contract Administrator.

PROGRAM ACTIVITIES AND ACCOMPLISHMENTS REPORT
Report Template D: Please use this reporting template for the END OF YEAR report

Recipient Name:	North Carolina Healthcare Quality Alliance, Inc.
Recipient Tax ID #	27-2498233
Project/Activity Title:	
Recipient's Fiscal Year End:	December 31, 2022
Report Completion Date:	July 15, 2022
Preparer of This Report:	Alan Hirsch

1. What were the original goals and expectations for the activity supported by this grant?

The grant provided unrestricted funding to meet the overall goals of the organization, broadly to improve the quality of healthcare for all North Carolinians. More specifically, those goals are to provide leadership for the improvement of health care delivery in North Carolina; to promote and facilitate transparency and public accountability; and to foster innovative and sustainable activities and interventions that improve the quality and value of health care. The grant funds have supported efforts to expand peer mental health support services in a respite setting through partnership with existing peer agencies and discussion with peer support expansion with DHHS representatives. The funds have also supported review of health disparities and targeted efforts to improve health care access in marginalized communities. The funds have supported expansion of our existing initiatives in rural counties to improve access to substance use and mental health services by expanding partnerships for medication assisted treatment for opioid disorders and supporting staff time to explore new funding for telepsychiatry.

2. If applicable, how have those goals and expectations been revised or refined during the course of the project?

The goals and expectations have remained as originally planned.

3. What has the activity accomplished with these grant funds? Please include specific information including facts and statistics to support conclusions and judgments about the activity's impact.

We have used these funds to expand existing programs and create new service options for substance use and behavioral health in Edgecombe, Halifax, Northampton, and surrounding counties, with a particular focus on opioid treatment. These programs are currently serving thousands of individuals with behavioral health needs in this region. We anticipate serving at least 500 additional individuals through expansion of peer support, MAT, and other behavioral health services. We have also used these funds to plan for implementation of a peer respite model in Wake, Orange, or Durham County with the support of an existing peer model in Mecklenburg County, and anticipate further investment to implement the program once careful planning is completed. The need for a wide array of mental health and opioid disorder treatment has been substantial for several years, and has been exacerbated further by the pandemic.

4. If the activity is a continuing one, briefly summarize future plans and funding prospects.

Our focus is on the expansion of medication assisted treatment of opioid use disorder in our focused underserved communities, building on the baseline strengthened opioid services already created in these communities; on the creation of mental health peer support networks; and creation of appropriate activities to reduce health disparities and targeted efforts to improve health care access in marginalized communities.

If there are any questions, please contact the Contract Administrator.

Board of Directors

Chair of the Board

Samuel Cykert, MD

- *Professor of Medicine and Director of the Program on Health and Clinical Informatics, UNC School of Medicine*
- *Associate Director for Medical Education, NC AHEC Program*

Vice Chair of the Board

C. Annette DuBard, MD, MPH

- *VP of Clinical Strategy, Aledade Inc.*

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- *Deputy Secretary for Medical Assistance Division of Medical Assistance North Carolina Department of Health and Human Services*

Treasurer

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- *Founder & Executive Director, Senior Pharm Assist*

Jamey Millar

- *On Leave*

Chris Shank

- *President and CEO, North Carolina Community Health Center Association*

Cherry Beasley, PhD, MS, FNP, RN, CNE

- *Anne R. Belk Endowed Professor, UNC Pembroke*

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- *Bladen Medical Associates*

Von Nguyen, MD, MPH

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- *Associate Director of Health Care, Duke Endowment*

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- *President, North Carolina Healthcare Association*

Christoph Diasio, MD

- *Sandhills Pediatrics*

Betsey Tilson, MD

- *State Health Director and Chief Medical Officer, NC Dept. of Health and Human Services*

Dee Jones

- *Executive Administrator, North Carolina State Health Plan*