



2018 ANNUAL REPORT



Trillium
HEALTH RESOURCES

Transforming Lives



Trillium Health Resources has optimized the talents of its staff and embraced innovative technologies to ready ourselves for Medicaid transformation and the adjustments to come. While change has been the status quo in behavioral health services, both in North Carolina and across the nation, Trillium believes the steps we have taken will prepare us for the next few years. We will focus on integrated health and complex care coordination, utilize new software platforms, and address social determinants of health.

Departments across Trillium have shifted to meet these new state and federal requirements. While our mission remains "Transforming the lives of people in need by providing them with ready access to quality care," we updated our approach to accomplish this goal. Our Information Technology department implemented software that concentrates on whole person health. Care Coordination staff completed training that covered co-occurring disorders and preventative health. Trillium staff were invited to the Institute for Medicaid Innovation to present on programs for social determinants of health like Child First.

While Trillium modernizes for the future, we continue to assist members with accessing the help they require every day:

- Trillium used \$3,079,682.32 in funding from the 21st Century Cures Act that was allocated specifically for the opioid epidemic.
- Members benefiting from the Transitions to Community Living Initiative continue to experience positive outcomes, and Trillium has developed plans to pilot a new program to reach them before they are institutionalized.
- We promoted request for proposals or request for applications to fill gaps for services such as Substance Abuse Comprehensive Outpatient Treatment and Facility-Based Crisis.

Trillium and the other managed care organizations in North Carolina will encounter a new system once the 1115 Demonstration Waiver is approved and the tailored plans are finalized. We are confident that our experienced staff and progressive leadership will continue to fulfill Trillium's contractual and regulatory requirements. In the following pages, we will illustrate the ways we will achieve these goals.

Trillium values our internal staff but realizes our work would not be possible without our dedicated provider network, board of directors, community agencies, Consumer and Family Advisory Committee, and government officials and representatives. Their cooperation and vision matches Trillium's commitment, and for that we are grateful.

A handwritten signature in black ink that reads "Leza Wainwright".

Leza Wainwright
Chief Executive Officer

A handwritten signature in black ink that reads "Denauro M Robinson".

Dr. Denauro Robinson
Chair, Governing Board of Directors



Leza Wainwright
Chief Executive Officer



Dr. Denauro Robinson
Chair, Governing Board
of Directors



OUR MISSION

Transforming the lives
of people in **need** by
providing them with ready
access to quality **care.**

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EXECUTIVE TEAM



Leza Wainwright
Chief Executive Officer



Cindy Ehlers
Vice President
Clinical Operations



Joy Futrell
Vice President
Business Operations



Susan Hanson
Vice President
Operations
RETIRED OCTOBER 2017



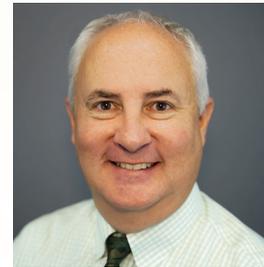
Dr. Burt Johnson
Chief Medical Officer
RETIRED JUNE 2018



Richard Leissner
General Counsel



Mike Lewis
Chief Information Officer



Dr. Michael Smith
Associate Medical
Director

2018 PRIORITIES

EVERY PERSON FIRST, EVERY TIME

Activities that improve our customer services to all customers

TRILLIUM 2020 VISION

Evidence-based services, nontreatment activities, integrated care, and crisis services to enhance overall quality for customers

ADVANCING TECHNOLOGY

Strengthen the use of technology within Trillium (website enhancements) and with those we serve (assistive technology)

ONE COMMUNITY TOGETHER

Activities that increase and improve local community relationships while demonstrating Trillium's investment in people living where we serve

ENTERPRISE INTEGRATION

Work together to ensure a consistent level of excellence among all departments throughout the organization

8% Access, Quality, Administration, and Medicaid Reinvestment

Call center, QM, claims, network, etc., saved through cost inefficiencies that allows Trillium to reinvest in innovative programs and services for the communities we serve

DOLLAR AMOUNT: \$35,394,853

2% Care Coordination

Money going to Trillium staff that work in care coordination and are assigned members to monitor

DOLLAR AMOUNT: \$10,246,767

90% Provider Payments

Money going directly to services for individuals

DOLLAR AMOUNT: \$423,638,790*

*BREAKDOWN OF PROVIDER PAYMENTS

County: \$5,445,957 | State: \$69,275,379 | Medicaid: \$348,917,454

257,881

unduplicated count of Medicaid members in catchment area

53,130

authorization requests (Medicaid and State)

56,038

total individuals served (Medicaid and State/Federal block grant)

REGIONAL CONNECTIONS



NORTHERN REGION

Bland Baker, Regional Director

SYSTEM OF CARE COORDINATORS

Hope Eley—Bertie, Gates, Hertford, Martin, and Northampton

Tracey Webster—Camden, Chowan, Currituck, Pasquotank, and Perquimans



CENTRAL REGION

Dave Peterson, Regional Director

SYSTEM OF CARE COORDINATORS

Jean Kenefick—Beaufort, Craven, and Pamlico

Chinita Vaughn—Hyde, Tyrrell, and Washington

Keith Letchworth—Dare, Nash, and Pitt



SOUTHERN REGION

David Tart, Regional Director

SYSTEM OF CARE COORDINATORS

Amy Horgan—Brunswick, New Hanover, and Pender (*departed June 2018*)

Karen Reaves—Carteret, Jones, and Onslow



“We are part of your community.”

We are part of your community. Although we serve 25 counties, it’s important to us to have a local presence and understand the diverse needs of Eastern North Carolina. We want to include you in the conversation about what your community needs.

Trillium Health Resources is widely accessible and deeply integrated in our communities to help improve access, reduce administrative burdens on providers, and increase the quality of services. To do this, we have three regional offices, each with a regional operations director dedicated to your area.

Each region has a Regional Advisory Board to ensure the local voice is heard on the Trillium Governing Board. Members of each Regional Advisory Board also serve on the Governing Board.



Chowan River, Gates County
photo: Elizabeth Helms

Bland Baker, Northern Regional Director

What program/agency/initiative do you feel has had a large impact in your region?

The after school/summer/respite programs for children with intellectual/developmental disabilities in two communities of the Northern Region have been such an important service for families. The Play Together Accessible Playgrounds are another well-loved contribution. These playgrounds have brought kids of all abilities together in a setting where they can play together.

Dave Peterson, Central Regional Director

What is the biggest change you have seen in your region in the past ten years?

As North Carolina has moved from an area program structure to a local management entity/managed care organization model, we had to develop a variety of skill sets that helped us compete and grow in the managed care arena. With our transition to Trillium Health Resources in 2015, we have developed much closer relationships with community stakeholders and providers in order to best serve individuals in the communities around our catchment area. The cost savings has allowed us to be much more creative about how to reinvest funds back into the community.

David Tart, Southern Regional Director

What improvements are you most excited to see in the years to come?

I am very excited about DHHS's proposal to create Tailored Plans to ensure that the treatment needs of those with the most severe challenges get the attention that they deserve. Trillium and our counterparts across the state would be able to continue to use our expertise and local relationships to bring the highest quality care to our neighbors while at the same time retaining the ability to reinvest our savings locally.

SYSTEM OF CARE (SOC)

System of Care (SOC) is a coordinated network of community services and supports organized to meet the challenges of serving children with mental health issues and their families.

The System of Care model is not a program; it is a philosophy of how supports and services should be delivered. This approach recognizes the importance of family, school, and community. It promotes each child's full potential by building on the strengths of the child, family, and community to address physical, emotional, intellectual, cultural, and social needs.

Each county in the Trillium area has a designated System of Care coordinator. System of Care coordinators are knowledgeable about their counties and the services and supports available in that particular geographical area.

System of Care coordinators contribute their time and knowledge to many committees, such as:

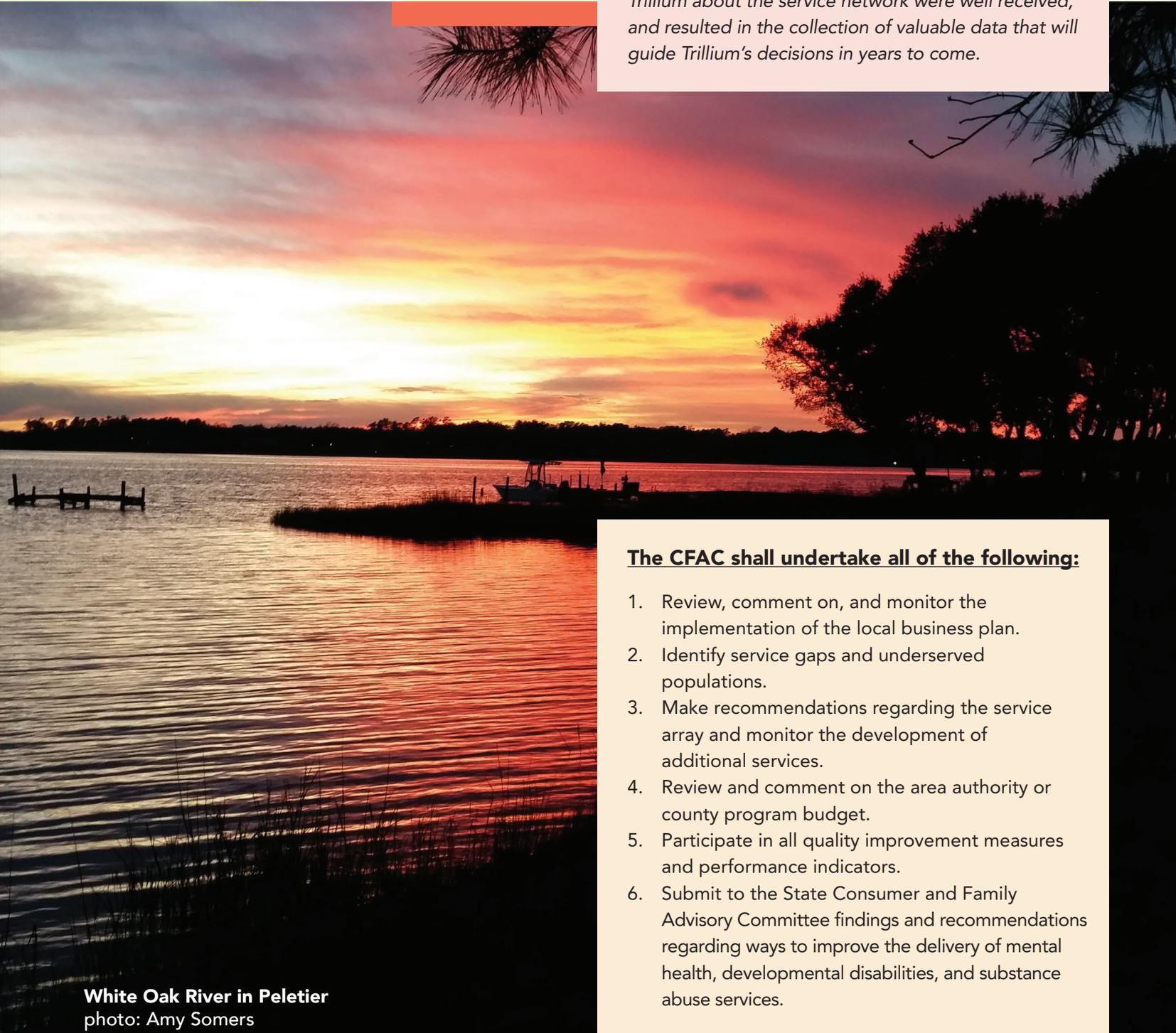
- Child Fatality and Protection Teams
- School Health Advisory Councils
- Substance Abuse Prevention Groups
- Emergency Preparedness and Planning
- Community Child Protection Teams
- Child Abuse Prevention Task Forces
- Community Collaboratives
- Juvenile Crime Prevention Councils

CFAC

In keeping with the regional structure, Trillium has three Regional Consumer and Family Advisory Committees (CFAC). Each committee has representation from each county with equal representation from among the three disability groups: Mental Health, Intellectual/Developmental Disabilities, and Substance Use. CFACs should be self-governing and self-directed, in accordance with G.S. 122C-170 Directives.

Trillium recognizes the valuable insight and experience that CFAC members can contribute to our decision-making process. Representatives from CFAC comprise 25% of our governing board members.

Trillium saw a large increase in responses to our annual Gaps and Needs Survey (formally titled the Network Adequacy and Accessibility Assessment) in 2018, and the actions of our local CFAC members are largely responsible for this increase. Their efforts to spread information about the opportunity to give feedback to Trillium about the service network were well received, and resulted in the collection of valuable data that will guide Trillium's decisions in years to come.



White Oak River in Peletier
photo: Amy Somers

The CFAC shall undertake all of the following:

1. Review, comment on, and monitor the implementation of the local business plan.
2. Identify service gaps and underserved populations.
3. Make recommendations regarding the service array and monitor the development of additional services.
4. Review and comment on the area authority or county program budget.
5. Participate in all quality improvement measures and performance indicators.
6. Submit to the State Consumer and Family Advisory Committee findings and recommendations regarding ways to improve the delivery of mental health, developmental disabilities, and substance abuse services.

Transforming Lives Awards sponsored by Trillium Health Resources

Triple "A" Award | Awareness, Advocacy, and Assistance

GIVEN TO: KATIE HOLLER, AUTISM SOCIETY OF NORTH CAROLINA

Recognizes providers that demonstrate exceptional public awareness and/or advocacy functions through prevention, outreach, public awareness, advocacy, and wellness to the community.

SPARCS Model Excellence in Implementing Best Practice Award

GIVEN TO: PRIDE IN NORTH CAROLINA

Recognizes providers that demonstrate implementation of evidence-based practices with fidelity to the model to achieve superior outcomes.

Partnering in Action Award

GIVEN TO: EASTERSEALS UCP, EMPOWER PROGRAM IN ELIZABETH CITY

Recognizes providers that demonstrate how their organization has collaborated with a private provider or other community partners to improve the services offered in their catchment area.

Member-Directed Supports Award

GIVEN TO: EASTERSEALS UCP, EMPOWER PROGRAM IN AHOSKIE

Recognizes services that directly employ or involve enrollees who are or have been in treatment and that improve care to existing clients.

Exceeding Expectations Award

GIVEN TO: AUTISM SOCIETY OF NORTH CAROLINA

Recognizes provider agencies that perform above and beyond the normal realm of services.

Prestigious Community Affiliate Award

GIVEN TO: AINSLEY'S ANGELS

Recognizes a nonprovider organization that enhances the lives of individuals with disabilities through programs or activities within their community.

Impact Award

GIVEN TO: INTEGRATED FAMILY SERVICES

Recognizes provider agencies that demonstrate the effectiveness of their crisis response system.

Care Integration Award

GIVEN TO: COMMUNITY CARE OF LOWER CAPE FEAR

Recognizes a program or service that is effectively integrating behavioral and health care services for MH/DD/SA enrollees and demonstrating positive outcomes.

Trillium Innovation Award

GIVEN TO: RY-CON SERVICE DOGS

Recognizes innovations and challenges how care is currently viewed, organized, and practiced in the creation of concepts, products, processes, services, and technologies that are catalysts for change for any of the populations served by Trillium.

Excellence in Advocacy by a County and State Elected Official Award

GIVEN TO: DR. GREG MURPHY

Recognizes a county or state elected official who has led advocacy and public policy efforts to expand access to services and supports for persons with intellectual and/or developmental disabilities, mental illnesses, or substance addictions.

Direct Support Professional of the Year

GIVEN TO: SELENA JACKSON, ALBERTA PROFESSIONAL SERVICES

Recognizes a direct support professional who has continuously gone above and beyond and stands out in the profession of direct support.

Peer Support Specialist of the Year

GIVEN TO: MIKE PAGE

Recognizes a person with a lived experience of mental illness or substance use who works in an organization and uses their strengths to help peers on their road to recovery.

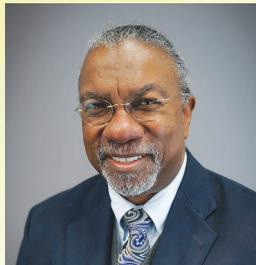
Continuous Quality Improvement Award

GIVEN TO: INTEGRATED FAMILY SERVICES

Recognizes a provider agency that displays continuous quality improvement efforts through the development and implementation of a project that successfully demonstrates improvement in the quality of care to members.

TRILLIUM GOVERNING BOARD

The Governing Board collaboratively plans, budgets, and monitors Trillium operations. It is composed of an equal number of members from each Regional Advisory Board. This two-tiered governing structure allows for accountability of services within our communities, a local service model, and local advocacy opportunities for individuals and family members.



Dr. Denauvo Robinson
Chair



David Creech
Vice Chair



Mary Ann Furniss

It's important for me to sit on the Trillium board so that I can be the voice for those vulnerable people in our community who are challenged by substance use disorders, mental health issues, and intellectual/developmental disabilities. This is especially important to me as a person in long-term recovery who has benefited greatly from the help I've received in the past. It's my time to give back now, and the Trillium board gives me that opportunity. I'm pleased that Trillium has initiated discussions to bring a long-term recovery facility to New Hanover County and is working with county officials to make that project happen.

As the current president of the Trillium Provider Network Council, I can advocate for the providers the Council represents. Fellow board members from other industries have the chance to gain the provider perspective through my point of view. One of my main missions in life is to help reduce the stigma of mental illness. Trillium provides many initiatives to this cause. Not unlike cancer and other physical illnesses, mental illness is a disease. The good news is mental illness can often be effectively treated and even cured, but people need to seek help. It is hard to seek help when you are afraid of a stigma.



Jonathan Ellis



Commissioner
Zack Koonce



Glenn Simpson
Provider/Non-Voting



Emmie Taylor



Lea Wolf

I am honored to serve on the Trillium board to represent the central region in general and Dare County in particular with regard to the needs of our MH, I/DD, and SA communities. These are among the most vulnerable of our population and I am proud to be part of the work Trillium does on their behalf. The inclusive playground, sponsored by Trillium as part of the Greater Nags Head Park, is a welcomed and wonderful part of our overall community, allowing children and adults of all abilities to enjoy recreational activities together.



Commissioner
Wally Overman



“One of my main missions in life is to help reduce the stigma of mental illness.”



“It’s my time to give back now, and the Trillium board gives me that opportunity.”

As the director of Consolidated Human Services for Onslow County, I believe it is important to have a strong connection between Trillium and the community so that we may ensure that the necessary services are available to our citizens. Trillium has played a pivotal role in helping the communities of Onslow/Carteret/Craven to bring a facility-based crisis center to the community. Trillium assisted Onslow and Carteret counties in securing grant funding from the Bureau of Justice for the Onslow Carteret Crisis Continuum Project.



Wayne Petteway



Commissioner
Ronnie Smith



Sheri Slater

CARE COORDINATION

Care Coordination is a person-centered, assessment-based interdisciplinary approach to integrating behavioral health services, intellectual/developmental disabilities (I/DD) services/supports, primary health care, and natural and community social support services. This function is completed in a cost-effective manner in which an individual's needs and preferences are assessed, a comprehensive care plan is developed, and services are managed and monitored by a care coordinator.

Care coordinators include qualified professionals, licensed clinicians, and peer support specialists. They assist individuals with severe mental illness, substance use disorders, or I/DD. While they personalize the approach based on the individual's needs, care coordinators may provide:

- Education on community and natural supports
- Monitoring of person-centered plans or individual support plans
- Links to whole person health care services
- Information on Medicaid and state-funded benefits
- Collaboration to address obstacles to a successful recovery



Due to upcoming changes to the Medicaid system in North Carolina, care coordinators are completing training to better address complex care, co-occurring disorders, and preventive health. An estimated 68% of adults diagnosed with a serious and persistent mental illness also have a co-morbid physical health condition.* Trillium Care Coordination understands the importance of treating the whole person as opposed to isolated conditions.

* 2001–2003 National Comorbidity Survey Replication (NCS-R)



SOCIAL DETERMINANTS OF HEALTH

Social determinants of health are factors beyond a person's physiology that can predict health outcomes. For many years health care providers focused on treating the individual's body or mind. However, research across a broad spectrum of components shows that when people have better access to food, more education, and live in safer environments, their overall health improves. Food insecurity occurs when there is little access to quality food supplies due to income or transportation. One study found that low-income, food-insecure adults between the ages of 18 and 65 had higher rates of chronic disease. An additional study revealed citizens who believe their neighborhood is not safe due to crime are less physically active and therefore have a greater rate of obesity.

According to the Centers for Disease Control's Healthy People 2020 report, "All Americans deserve an equal opportunity to make the choices that lead to good health. But to ensure that all Americans have that opportunity, advances are needed not only in health care but also in fields such as education, childcare, housing, business, law, media, community planning, transportation, and agriculture."

Trillium has dedicated resources to supporting programs that help address the social determinants of health for residents in our region.

1. Secure Housing and Access to Food

- Transitions to Community Living - Transitional Housing and Permanent Housing
- Permanent Supported Housing
- Rapid ReHousing Initiative with Housing and Urban Development
- Trillium Connections for local food resources and distribution

2. Access to Educational and Employment Opportunities

- Everybody Works (sponsored by North Carolina Council on Developmental Disabilities and DHHS)
- Supported Employment & Vocational Rehabilitation

3. Availability of Community-Based Resources in Support of Community Living and Opportunities for Recreational and Leisure-Time Activities

- Ainsley's Angels
- Play Together Grants for accessible playgrounds in 30 locations
- Summer Recreation and Afterschool Programs with Easterseals UCP & Autism Society of NC

4. Transportation Options

- Trillium Connections for local community resources offering transport

5. Public Safety

- Crisis Intervention Team training for local law enforcement
- Youth Mental Health First Aid

6. Social Support

- RI International: Wellness Cities and Recovery Outreach classes
- Day Programs

7. Social Norms and Attitudes

(e.g., discrimination, racism, and distrust of government)

- One of Trillium's marketing goals is reducing stigma through information, exposure, and dispelling myths
- Trillium participates in public events through sponsorship, exhibition tables, and volunteering to help spread this message

8. Language and Literacy

- Trillium Connections identifies local resources for literacy assistance
- All Trillium materials incorporate health literacy best practices and most meet 6th-8th grade reading levels; materials are available for native Spanish speakers and can be translated into most other languages, including Braille

9. Access to Mass Media and Emerging Technologies

(e.g., cell phones, the internet, and social media)

- Trillium social media accounts encourage responsible online usage
- Lifeline Assistance and Lifeline Calling Plans
- Choose Independence

10. Access to Health Care

- 24-Hour Access to Care Line
- Mobile Crisis Teams
- School-Based Therapy
- Child First

PROGRAMS OF EXCELLENCE AWARDS BY THE NC COUNCIL OF COMMUNITY PROGRAMS

Best Practice

GIVEN TO: PRIDE IN NC, SPARCS MODEL

Recognizes innovations and challenges how care is currently viewed, organized, and practiced in the creation of concepts, products, processes, services, and technologies that are catalysts for change for any of the populations served by Trillium.

Consumer Directed Supports

GIVEN TO: EASTERSEALS UCP, EMPOWER PROGRAM

Services that directly employ or involve members that are/or have been in treatment and that improve care to existing clients.

NETWORK ADEQUACY & ACCESSIBILITY ASSESSMENT

Trillium utilizes the data from the Gaps and Needs Report (formally the Network Adequacy & Accessibility Assessment) in order to provide direct services through RFPs or issue grants for programs. In this year, Trillium awarded Substance Abuse Comprehensive Outpatient Treatment (SACOT) RFPs and Substance Abuse Intensive Outpatient Program (SAIOP) RFPs to several counties that demonstrated a need for those services. Additionally, grants were awarded to several communities to provide summer day camps, after-school programs, and adult day programs for people with intellectual/developmental disabilities.

■ = Need ■ = Action

QUALITY AND ACCOUNTABILITY

Trillium should develop a dashboard to routinely assess the services the Severe and Persistent Mental Illness (SPMI) population is receiving.

Test pilot for Assertive Community Treatment Team (ACTT) and Intensive In-Home (IIH) with two providers nominated by Network Council



WORKFORCE DEVELOPMENT

Trillium to begin leading a collaborative effort within the catchment's communities to design unique service solutions specific to communities' needs and challenges.

Launched the Direct Course program in 2016 to assist providers with offering trainings to direct service providers (DSPs) to gain the skills necessary to become credentialed



The System of Care Community Collaborative Grants were geared toward strengthening and expanding the use of evidence-based practices (EBPs)

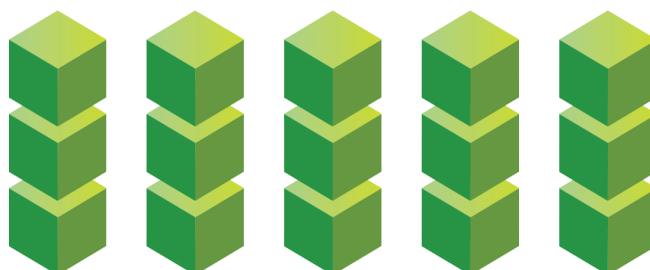


Carefully monitor the provider network to ensure providers are accessible to the variety of populations and cultures throughout the service area.

Cultural Competency training for providers was offered starting in 2018



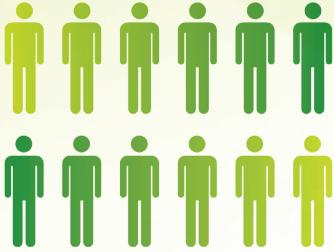
\$453,677.12 in total grants awarded to 22 agencies



EXPANSION OF SERVICES

Grow beyond the requirements and focus on quality and excellent outcomes.

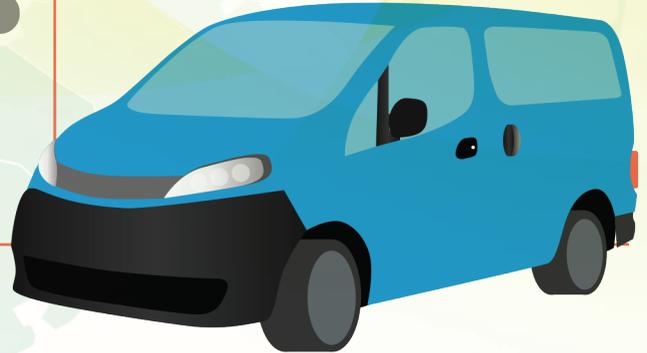
Increase outpatient therapy in children in Therapeutic Foster Care (TFC)



Increase access to adequate admissions, discharges, and transfers (ADT) from hospitals

The Specialized Inclusive Programs Initiative provides summer day camps, after-school programs, and adult day programs for people with intellectual and/or developmental disabilities.

Trillium worked with the Autism Society of North Carolina and Easterseals to assist individuals with I/DD awaiting Innovations Waiver services



Trillium to enhance its Mobile Crisis Services in every county within its catchment area and ensure 120 minute or less crisis time intervention.



Awarded SACOT and SAIOP RFPs to several counties that demonstrated a need for those services



Maintaining response time of 120 minutes or less

Integrated Family Services (IFS) now serves every county in the catchment area. RHA Health Services (RHA) also serves six counties

Teletherapy available through mobile crisis management teams and also through providers

Expand services treating substance use disorders (SUD) for both adults and adolescents.



Agreements with New Hanover County to launch long-term, peer-led recovery facility

Launched Wellness City in Wilmington January 2016; individuals can participate in classes, meet with peer support specialists, and get job training

Expand psychiatric coverage to all counties with the Trillium catchment.



So far, 11 Oxford Houses have opened in catchment area with 9 more planned



Launched open enrollment request for proposal (RFP) in January 2018 for new psychiatric providers



Over 100 providers that offer teletherapy, more members have access to their services

MALLINCKRODT DRUG DISPOSAL PACKET EVENT

Every year, the Gaps and Needs Report allows us to ultimately identify the needs in each community. This serves as a roadmap for determining how to use our reinvestment dollars. In recent years, the opioid epidemic has been one of the issues at the forefront. The need to fight this epidemic is great, and we take it very seriously. We are proud to be able to use our reinvestment dollars and partnerships to join the fight.

North Carolina has outlined an Opioid Action Plan for 2017 through 2021. Comprehensive strategies are focused in the following areas:

1. Creating a coordinated infrastructure.
2. Reducing the oversupply of prescription opioids.
3. Reducing diversion of prescription drugs and flow of illicit drugs.
4. Increasing community awareness and prevention.
5. Making naloxone widely available and linking overdose survivors to care.
6. Expanding treatment and recovery oriented systems of care.
7. Measuring our impact and revising strategies based on results.

Trillium is intimately involved with many of these steps in our community. Trillium has taken steps to focus on awareness and prevention. The fact of the matter is we cannot treat this problem away. We must have more resources to prevent the problem.

Trillium partnered with Mallinckrodt Pharmaceuticals to give 10,000 disposal kits to the Pitt County Coalition on Substance Abuse.

These kits assist in the much-needed prevention efforts to reduce the risk of people becoming addicted to opioids by providing a portable, easily accessible means to remove unused medications from homes and the community. The Detera Drug Deactivation System, developed by Verde Technologies, applies the patented MAT12 ® molecular absorption technology that uses water and activated carbon to neutralize any organic medications, including opioids.



**10,000 DISPOSAL
KITS DISTRIBUTED**





"The need to fight this epidemic is great, and we take it very seriously. We are proud to be able to use our reinvestment dollars and partnerships to join the fight."



North Carolina received more than \$31 million to address the opioid crisis through the 21st Century Cures Act, State Targeted Response to the Opioid Crisis Grant, in May 2017. The funds were split among the seven MCOs in the state. Eighty percent of the funds must target outreach, engagement, treatment, and recovery services.

As of June 30, 2018, Trillium has served **1,880 individuals** as part of the Cures Act. We have received **\$3,079,682.32** as part of this funding that was used for services from July 1, 2017 until June 30, 2018.

TRANSITIONS TO COMMUNITY LIVING INITIATIVE

The Trillium Transitions to Community Living Initiative (TCLI) department works in collaboration with the North Carolina Department of Health & Human Services and other MCOs across the state to meet the goals specified in the Department of Justice (DOJ) Settlement Agreement. The Transitions to Community Living Initiative staff primarily works to ensure individuals with serious mental illness identified within the DOJ Settlement Agreement are:

- Given choice in determining where they would like to live
- Provided access to supports and services to assist with safe and successful transitions into the community
- Linked to evidence-based, person-centered, recovery-focused, and community-based supports and services



For fiscal year 2018, 70 individuals were transitioned to independent housing—62 people within 90 days. In addition, 311 found supported employment. Since the project inception in 2015, Trillium has helped to transition 261 individuals.

No Place Like Home: Transitions to Community Living

Living independently is a privilege that most adults are able to take for granted. Due to community barriers such as lack of public transportation or grocery stores, as well as living with their own diagnoses, individuals with mental health and/or substance use issues often find themselves unable to secure safe, independent housing outside of restrictive adult care homes.

Trillium has worked with 70 individuals this year to assist them in finding and occupying their own independent housing.

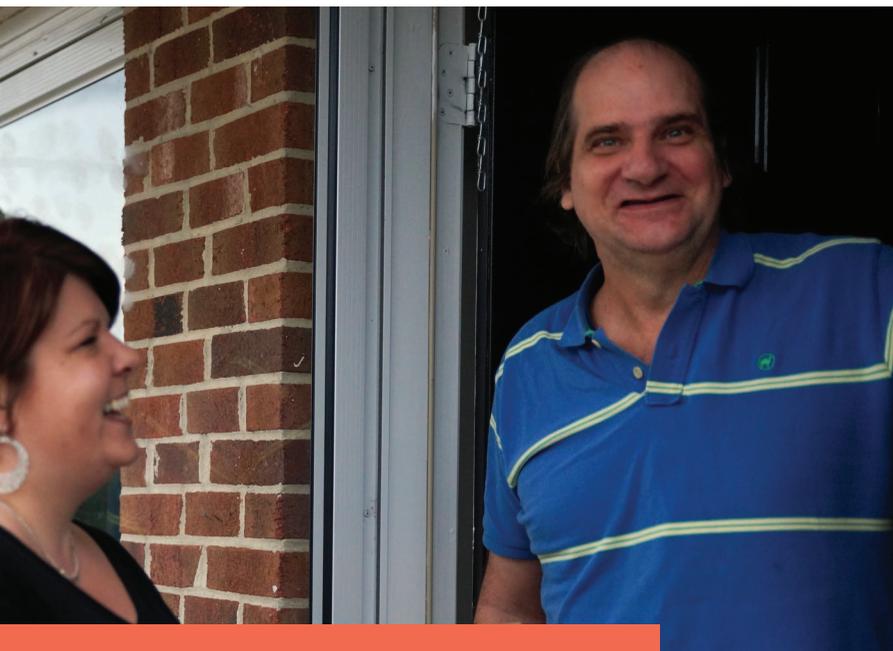
One of these individuals, Jerry, shared that “after living in several assisted living facilities, my goal was to become independent again.” Jerry received help in achieving this goal through the Transitions to Community Living Initiative (TCLI) at Trillium.

“I was linked to appropriate services such as peer support and the Wellness City,” he said. “I continue to receive ongoing moral support.”

Another member, Randall, shared that prior to becoming a TCLI participant, he experienced unstable housing, living in friends’ homes as well as adult care homes. “For a long period of time, I had no supports in place and no one to turn to, but managed to remain positive despite my situation. On November 17, 2016, I was wandering around in the woods when I received a phone call from Trillium. That’s when my life changed.”

As a result of that phone call, Randall was able to secure an independent living arrangement. He was able to receive therapy twice a week, access to community resources, and even an electronic monitoring device for support due to his multiple physical conditions.

For individuals like Jerry and Randall, TCLI supports them to achieve their dreams of living independently and operating as active partners in their communities. Trillium is committed to collaborating with communities across Eastern North Carolina to ensure individuals are linked to the services and supports they need. Since program inception, Trillium has helped 261 individuals flourish in their new homes.



“I was wandering around in the woods when I received a phone call from Trillium. That’s when my life changed.”

A WEEK IN THE LIFE

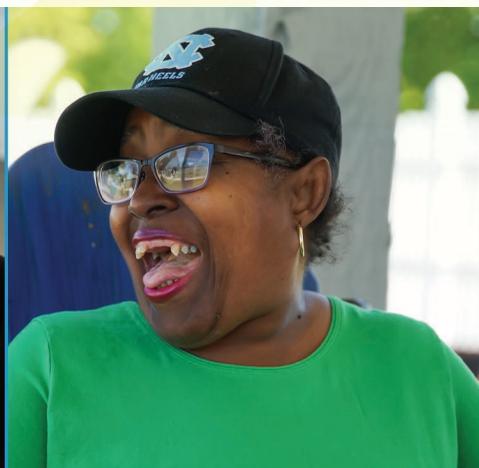
One of the misconceptions held about individuals with I/DD is that they can't do "normal things." While certain diagnoses may inhibit vocal communication or physical movement without an assistive device, people can enjoy an array of experiences with some minor modifications. Some may require help from support staff for transportation. Others may need a tablet to relay their desires. But just because they must complete these tasks using creative means does not diminish the value of those activities. From socialization to daily chores, those with an I/DD diagnosis are able to lead enriched lives. They keep active schedules, implement work goals, and maintain meaningful relationships. We spent some time with Myrtle and her support staff in May 2018. See below to check out her full week:



Tuesday 10am

Arts and Crafts

"My favorite craft to make is the rain stick."



Tuesday 12pm

Social Hour

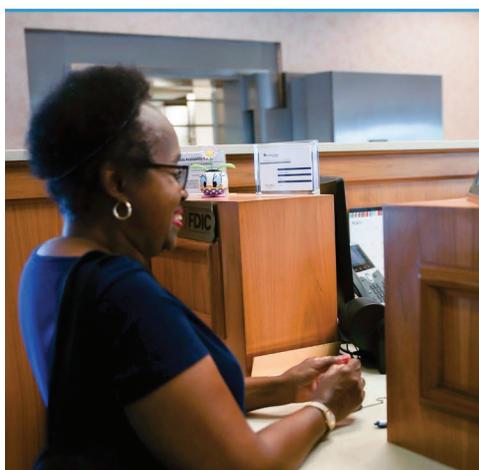
"I talk with my friends about my boyfriend and favorite soaps."



Thursday 12pm

Cleaning

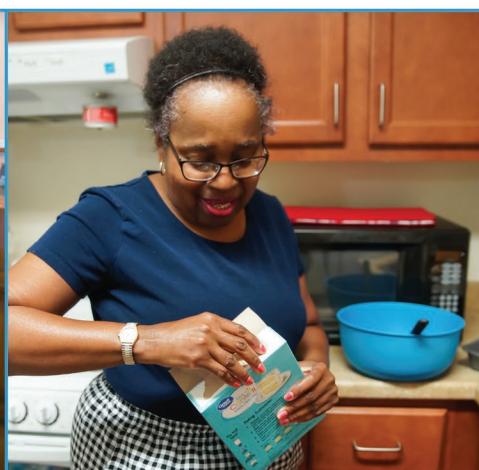
"I do my laundry and clean my house every Thursday, once a week."



Thursday 3pm

Bill Paying

"Tina on my support staff writes out my checks so I can pay my bills. I like to take them in person to pay."



Thursday 6pm

Cooking

"My favorite cake is a confetti cake; I only use my oven when my support staff is with me."



Friday 10am

Chair Aerobics

"The leg workouts are always the hardest for me."

Trillium’s provider network helps us fulfill our responsibility to ensure access to high quality, medically necessary care for the individuals we serve. Trillium recognizes our success in managing these services depends upon the providers in our network. All providers in the Trillium network must complete a comprehensive application process including credentialing, confirmation with Division of Medical Assistance (DMA) on any existing provider issues, and onsite visits. In addition, Trillium initiates audits and monitoring activities on a scheduled and ad hoc basis. Trillium’s network includes 567 providers operating 1,891 sites in the catchment area.



Meet Our Provider: Marsha Butler, Access Family Services, Inc.

Since 2015, Trillium has partnered with Access Family Services, Inc. (AFS) to provide juveniles with access to stable and safe foster housing. Their mission is to “deliver culturally sensitive behavioral health services” to individuals and families in need through the use of evidence-based practices. AFS achieves this by employing highly qualified clinical staff and implementing interventions aimed at improving emotional and behavioral well-being.



An advocate for integrated complex care management, Marsha Butler started as director of AFS’s Child Placement Agency in November 2014. Butler has lead the agency in the development of new foster care programs and associated service lines. Her passion for helping children who have experienced trauma drives her tenacity and dedication to seeing them develop healthy strategies for their emotional and behavioral well-being.



“Children who are raised to see medical, dental, vision, and other appointments as part of what parents do for their children, will be more likely to carry that forward to the next generation.”

When she thinks of the years to come, Butler hopes that training and education will help to develop healthier families, both emotionally and physically. “Learning how to view a child through a trauma lens has a profound impact on how one builds a relationship with a child,” she states. “My focus and our agency’s focus is to infuse all of our program and service associates and contractors with a better understanding of how to meet the needs of children with complex trauma. I am an advocate for our agency to become more proactive to ensure that we are teaching our families how to support their children’s health and wellness needs. Children who are raised to see medical, dental, vision, and other appointments as part of what parents do for their children, will be more likely to carry that forward to the next generation.”

CRISIS INTERVENTION TEAM & MENTAL HEALTH FIRST AID TRAINING

Trillium continues to support the law enforcement and mental health communities by providing Crisis Intervention Team (CIT) training. CIT is a jail-diversion and de-escalation model to give officers a better understanding of the needs of individuals with mental illness, substance use disorders, or IDD. Developed by Memphis police officers in 1988 as a way to respond to mental health needs in the community, the CIT program has now served 402 agencies in Eastern North Carolina.

While Trillium facilitates these trainings, it is very much a community collaboration with help from the local National Alliance of Mental Health (NAMI) chapter, community colleges, providers, hospitals, and law enforcement officials. These entities work together to ensure that proper resources are available and action is taken to best support an individual in crisis while maintaining safety for all.

CIT provides 40 hours of specialized training where officers gain skills in:

- De-escalation techniques using Mental Health First Aid strategies
- Intellectual and developmental disabilities (IDD)
- Substance use and co-occurring disorders
- Brain theory
- Risk assessment and intervention for suicide trauma
- Medication management



In 2017-18, Trillium held **44 CIT trainings and trained 499 officers** through the CIT program. The Trillium program is unique in that most of our CIT trainings also include a full day of a Public Safety MHFA training created specifically for law enforcement. Participants who complete the week receive their CIT certification *and* their Mental Health First Aid certification. With the use of their crisis intervention training, CIT officers have been able to see a decrease in the incidents of incarceration of persons with mental illness, officer and subject injuries during crisis moments, and the necessity for use of force. While additional research is needed to consider CIT an evidence-based practice, it is certainly considered a “best practice” among law enforcement as it has been shown to improve attitudes and knowledge about mental illness as well as officers’ overall confidence in responding to persons with mental illness.

CIT IN ACTION: DETECTIVE ROBERT McKONE, NEW BERN POLICE DEPARTMENT

Like many officers, Detective McKone was initially skeptical about CIT, but those feelings changed. He shares that “During the training I was exposed to thought processes and adverse effects of mental illness.” Despite his 13 years of law enforcement experience, he learned new information about mental illness. This training allows officers like Detective McKone to develop a different perception of how to interact with these individuals by encouraging more empathy, understanding, and patience.

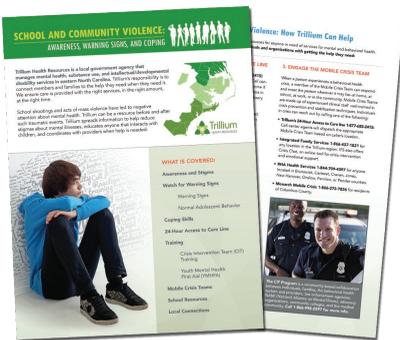


According to Detective McKone, CIT training has been vital, especially when he and his partner were dispatched to a person who was threatening to take their own life. Detective McKone believes that without the CIT class the officers “more than likely would have resorted to immediately handling the situation with force, which would’ve caused the citizen to have distrust in law enforcement after the incident.” He credits their CIT training for the officers’ abilities to handle the situation effectively and preserve the person’s life.

“He credits their CIT training for officers’ abilities to handle the situation effectively and preserve life.”

When considering the benefits CIT brings to law enforcement, Detective McKone shares, “I think the training will provide [us] with more tools to have in our skill set that will maybe help avoid an involuntary commitment (IVC) process or divert a subject ... to a service such as mobile crisis that will be more suitable to establish long-term care or treatment I see showing up to the call and immediately filing for an IVC like putting a bandage on a broken leg. It is only a temporary fix. If long-term treatment is established you can truly help someone to get through a difficult time in their life or to find the medical attention that they need to be a productive member of our society.”

Several tragic events in 2018 prompted an increased public focus on mental health and treatment. Trillium responded to the desire for additional resources and training to support individuals who have a mental illness or may experience a crisis. Trillium developed resources like the School and Community Violence brochure to publicize services available to cope with traumatic events or experiences. Over 1000 copies of this brochure were distributed to schools in the Trillium catchment area to educate staff and parents.



Trillium also promoted various mental health awareness months on its website and on social media in order to highlight the advocacy and support needed for individuals with mental health challenges. This promotion allows Trillium to keep the media, public, and stakeholders updated on important information regarding the mental health community.

MENTAL HEALTH FIRST AID AND YOUTH MENTAL HEALTH FIRST AID

Mental Health First Aid (MHFA) is a public education program that helps participants identify, understand, and respond to signs of mental illnesses and substance use disorders. During this interactive, eight-hour course, participants gain an understanding of mental illnesses and substance use disorders as well as the risk factors and warning signs of mental health challenges. Some topics covered include: depression, anxiety, substance use, eating disorders, and psychosis.

At the conclusion of this training, participants are equipped with the ability to recognize the potential risk factors and warning signs for a range of mental health problems and use a 5-step action plan to help an individual in crisis connect with appropriate professional help.

In addition to the Mental Health First Aid training, Trillium also offers Youth Mental Health First Aid (YMHFA), an eight-hour certification course for adults who regularly interact with young people or adolescents (age 12-18). This includes parents, caregivers, teachers, social workers, probation officers, camp counselors, and community members.

YMHFA is centered on strategies for supporting adolescents who are experiencing mental health or substance use challenges or who are in crisis. The course introduces common mental health challenges for youth, reviews typical adolescent development versus potential warning signs, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations.



YOUTH MENTAL HEALTH FIRST AID - 35 TOTAL TRAININGS

586
PEOPLE
TRAINED

ADULT MENTAL HEALTH FIRST AID - 49 TOTAL TRAININGS

784
PEOPLE
TRAINED

Trillium embraces North Carolina's Crisis Solutions Initiative to ensure people know where to get help quickly and effectively rather than going to a hospital emergency room when experiencing a behavioral health or IDD crisis. Trillium works with providers and organizations to offer a variety of emergency/crisis services available in our area, including:

Mobile Crisis Teams: RHA and Integrated Family Services contract with Trillium to provide on-site staff trained in crisis prevention and stabilization techniques

Facility-Based Crisis Centers: an alternative to hospitalization for adults who have mental health and/or substance use challenges or an IDD and are in crisis

Crisis Intervention Team (CIT) Training Program: a jail diversion and de-escalation model of training for law enforcement during which officers gain a better understanding of the needs of individuals with mental illness, substance use disorders, or intellectual/developmental disabilities

NC START: a community-based crisis prevention/intervention service for adults 18 and older with IDD

Mental Health First Aid Classes: an international, evidence-based program designed to improve knowledge and modify attitudes and perceptions about mental health and related issues

Telepsychiatry Technology in Various Provider Sites: incorporates modern technology to connect psychiatrists and behavioral health professionals with people



INTEGRATED FAMILY SERVICES EXPANDS MOBILE CRISIS SERVICES



Integrated Family Services (IFS) offers an array of mental health services for residents in Eastern North Carolina. IFS involves the mental health provider, the patient, and the family to make informed decisions regarding care and treatment for any mental or behavioral need.

IFS has worked within its partnership with Trillium to increase mobile crisis management services to all the counties Trillium serves. Mobile crisis management services are available 24 hours a day, seven days a week and provide an immediate evaluation, triage, and access to services for mental health, IDD, and substance use disorders. Crisis Chat, another benefit from IFS, is an online anonymous portal that offers emotional support, suicide prevention, and crisis intervention. Crisis Chat provides a convenient, personal option for individuals, children and adults, to communicate online. These services offer increased accessibility to help prevent delays in treatment.

To support this growth in services, IFS Clinical Director Natasha Holley notes that IFS follows a strategic program to ensure community education and engagement that includes:

- participating in the monthly community collaboratives facilitated by Trillium
- initiating relationships with key stakeholders to educate and share materials about the crisis services offered
- utilizing social media and traditional other media outlets to not only provide information about mobile crisis services but to also increase awareness about behavioral health issues

Because of the rural nature of many communities in Eastern North Carolina, access to behavioral health resources is significantly limited. This barrier can often prevent individuals in these rural areas from receiving the assistance they need. With each of these services, technology allows individuals to connect with qualified professionals who are miles away. "Without this advancement," Holley states, "many individuals would not be seen primarily due to the shortage of licensed professionals in rural communities. With this alternative service, individuals are able to chat with a specialist and receive suggestions on coping skills that can assist them in their situation."

QUALITY IMPROVEMENT PROJECTS

Trillium oversees a variety of internal quality improvement projects designed to address identified problems that impact performance or enrollee care.

The projects in fiscal year 2017-18 focused on:

- Increasing the overall satisfaction percentage on the Annual DHHS Provider Satisfaction Survey
- Improving the percentage of timely contacts with individuals in in-reach status
- Decreasing upstream Medicaid encounter claims denial rate
- Increasing access to adequate admission, discharge, and transfer data from hospitals in the Trillium service area
- Integrated Care Performance Measure: Access to primary/preventative care for individuals under Innovations Waiver
- DMA and DMH mental health 7-day follow-up

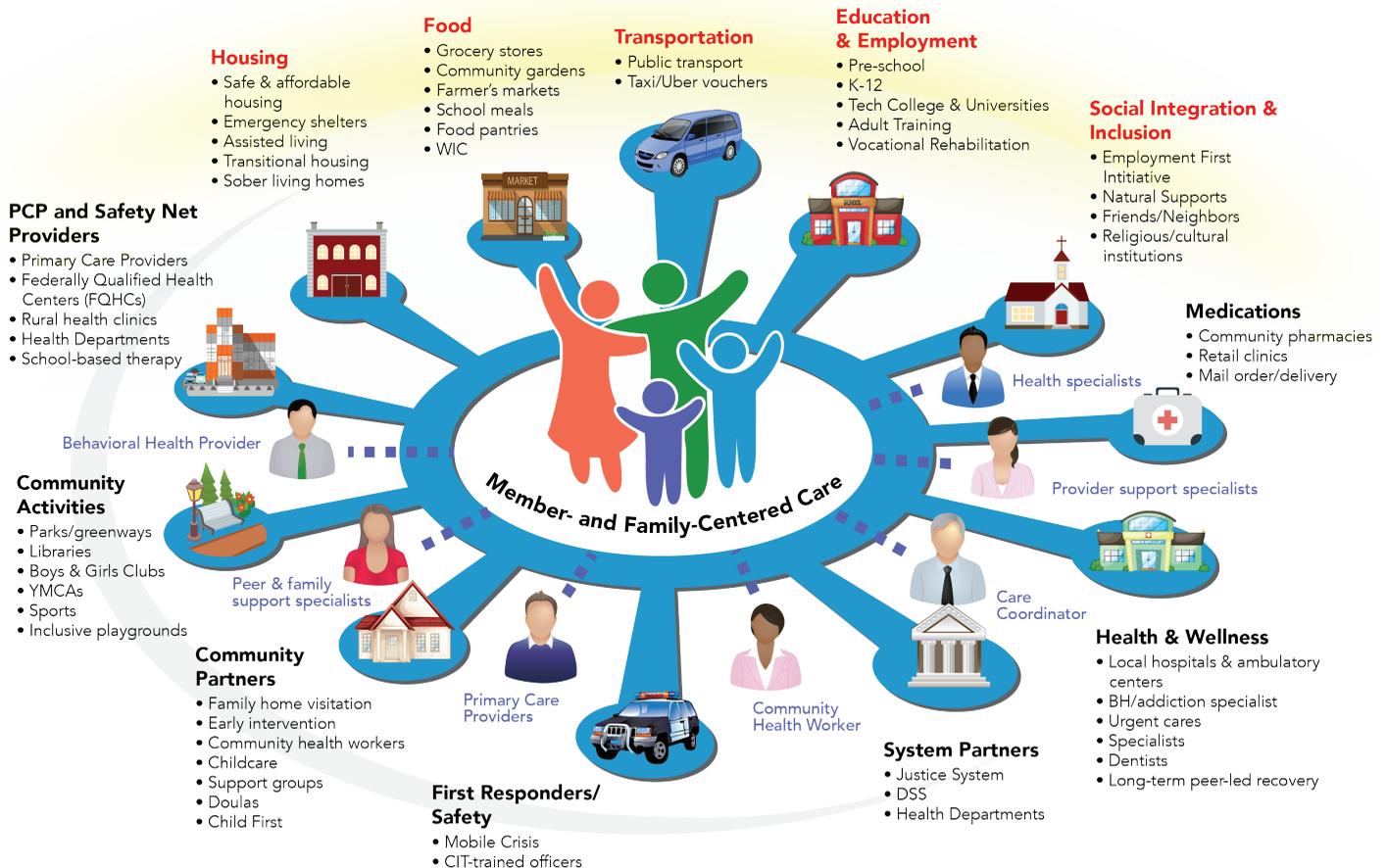
Incedo:

Trillium Care Coordination staff started using the Incedo software platform in fall 2017. Incedo provides the tools to address complex care coordination, necessary for populations with chronic health and social determinant of health needs. Trillium has already noticed significant improvements in certain cases and will share statistical data once Incedo has been in use for a complete year.



Trillium Connections and Social Determinants of Health:

Trillium Connections staff maintain organization lists that address social determinants of health. Social determinants of health are components outside of physical factors that impact an individual’s health and well-being such as education and stress. Trillium Connections will compile contacts around the region to offer resources for those in need. We will soon launch a department dedicated to expanding these efforts.





White Oak River in Peletier
photo: Amy Somers

Employment First:

The Employment First Project was developed to explore and define potential opportunities for individuals with intellectual/developmental disabilities (IDD) to work at Trillium or gain employment through other methods. After developing a few possible proposals, Trillium decided to work with an external vendor to hire individuals to provide administrative support to Trillium staff at two Trillium offices.

Future State 2020/Transforming the System:

Trillium was approved to pilot a diversion program to assist members earlier in the process for the Transitions to Community Living Initiative. Using complex care coordination techniques and with support from multiple community agencies, Trillium will be able to identify members in advance of them ending up in adult care homes.

Long Term Recovery in Wilmington:

Trillium plans to bring innovative, peer-based, recovery-oriented services to homeless and underserved individuals in Eastern North Carolina. Although almost 80,000 individuals in Eastern North Carolina have an addiction to alcohol or other drugs, there are currently zero long-term residential facilities for substance use disorders in our region. The new facility will incorporate principals from The Healing Place that operates in Kentucky. The Healing Place costs less than \$35 per day per resident (at no charge to the individual), much lower than the cost of an emergency room visit or incarceration. National rates of recovery vary from 30-50%, but graduates from The Healing Place program maintain a recovery rate of 70% one year after completion.

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of people in **need** by
providing them with ready
access to quality **care.**



99.9%

of claims processed
within 30 days

99.7%

of authorizations
processed
within 14 days

4.4 seconds

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answer calls
(Call Center)

100%

of complaints resolved
in 30 days

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