



# 2021 ANNUAL REPORT

## *Perseverance*



# Perseverance

IT ALWAYS SEEMS IMPOSSIBLE UNTIL IT'S DONE. — NELSON MANDELA

While so much has changed this past year, so many things remain the same. COVID-19 continues to influence our daily thoughts and plans. Most schools, retail shops, and restaurants are open, but many offices such as Trillium have kept operating with staff working in remote locations. A variety of vaccines have given hope and reduced numbers of people infected, but new variants bring back fear and uncertainty. Trillium's staff are making plans to fulfill the requirements to operate as a Tailored Plan, and still meeting our members and providers needs every day.

We feel the same way many in our community likely do: focused yet weary, optimistic but cautious, caring for our members but worried for our families. Facing this range of emotions for over a year can take a toll. What keeps Trillium going? Striving for everyone we serve to help them live their fullest lives possible.

We expanded medication-assisted treatment (MAT) to anyone, including those receiving state-funded services, making recovery possible for more people with opioid use disorder.



*Leza Wainwright*  
Chief Executive Officer

A handwritten signature of Leza Wainwright in black ink.

We launched a pilot program to identify behavioral and I/DD co-responders to assist law enforcement officials when someone is in distress... ensuring they get the help they need rather than face incarceration when appropriate.

We achieved our first year of NCQA accreditation, as required to operate a Tailored Plan...giving us even more tools to enrich our members' healthcare experience.

We partnered with PORT Health Services to hit the road with our first mobile integrated care clinic, traveling to rural areas around Perquimans County to bring services to where our members live.

Internally, Trillium enhanced our dedication to health equity by hiring our first Diversity, Equity, and Inclusion Director.

Last year personally taught us one of the key qualities we work so hard to emphasize in our members and their families: perseverance. Thank you to our members, the communities where we operate, our provider network, and local partners for persevering with us.



*Mary Ann Furniss*  
Chair, Governing Board of Directors

A handwritten signature of Mary Ann Furniss in black ink.



**02**

TRILLIUM EXECUTIVE TEAM

**04**

REGIONAL OPERATIONS

**08**

GOVERNING BOARD

**10**

CARE MANAGEMENT

**18**

MEDICAL AFFAIRS AND POPULATION HEALTH/  
QUALITY MANAGEMENT

**22**

MEMBER ENGAGEMENT

**24**

INNOVATIVE DEVELOPMENT

**26**

INFORMATION TECHNOLOGY

**28**

NETWORK MANAGEMENT

**32**

CIT, MHFA AND MOBILE CRISIS

**34**

DIVERSITY, EQUITY, AND INCLUSION EFFORTS

PERSEVERANCE IS THE ABILITY TO CONTINUALLY PERSIST, NO MATTER WHAT CHALLENGES ARISE. FINISHING THE JOB, EVEN WHEN THERE IS TROUBLE LOCATING RESOURCES. SHOWING UP FOR OTHERS, WHILE TAKING CARE OF YOUR OWN NEEDS.

*Trillium continues to do whatever it takes to make sure our members can lead fulfilling lives and reach their fullest potential.*

### MISSION

Transforming lives and building community well-being through partnership and proven solutions.

### VISION

For every community and individual to reach their fullest potential.



**Trillium**  
HEALTH RESOURCES



# EXECUTIVE TEAM



*Leza Wainwright*  
Chief Executive Officer



*Cindy Ehlers*  
Executive Vice President  
Clinical Operations



*Joy Futrell*  
Executive Vice President  
Business Operations



*Richard Leissner*  
General Counsel &  
Chief Compliance Officer



*Mike Lewis*  
Chief Information Officer



*Dr. Michael Smith*  
Chief Medical Officer







**\$12M**

**ACCESS, QUALITY,  
& ADMINISTRATION**

Call Center, Quality Management, Network, and other departmental costs, including marketing and overhead.

**\$47.6M**

**CARE COORDINATION**

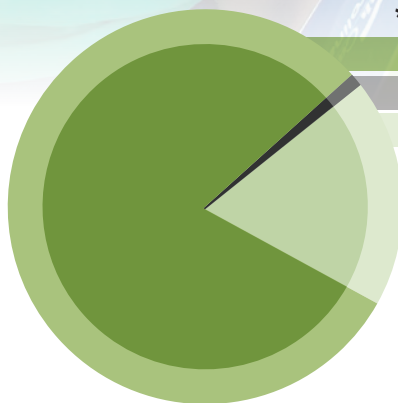
Trillium staff who work directly with members to link them to appropriate services and supports and monitor their health outcomes.

**\$560M**

**PROVIDER PAYMENTS**

Goes directly to services for individuals.

IN FISCAL YEAR 2021, TRILLIUM HAD TOTAL FUNDING SUPPORT AND REVENUE OF **\$563M** AND ADMINISTRATIVE REVENUE OF **\$54M**.



**\*BREAKDOWN OF PROVIDER PAYMENTS**

80% MEDICAID	\$450,296,389
1% COUNTY	\$4,891,020
19% STATE	\$104,778,106

**IMPACT**

**244,075**

**MEDICAID**

Unduplicated Count as of June 2021

**56,505**

**INDIVIDUALS SERVED**

Medicaid and State/Federal block grant total number

**31,760**

**AUTHORIZATION REQUESTS**

Medicaid only



# REGIONAL OPERATIONS

*From Hertford to Brunswick and Dare to Columbus Counties, Regional Operations is deeply rooted in building the health and well-being of our communities.*

Our three Regional Directors and eight System of Care (SOC) Coordinators accomplish their work through new and strengthened partnerships with agencies and entities across our 26 counties. Trillium collaborates with staff at Departments Social Services, Health Departments, hospitals, and grassroots organizations. We also contribute to the 23 local community collaboratives to help identify service and support gaps and explore solutions to address complex physical, emotional, behavioral, social, educational, and safety needs of the individuals and families we serve.

As the direct connection to Trillium for many of our elected officials, Regional Directors and SOC Coordinators not only represent Trillium, but provide a finger on the pulse of our communities. Through relationships and discussion, Regional Operations discovers the immediate, specific needs of each area. We work proactively to help determine the best solutions for positive outcomes, such as delivering over 2,400 Naloxone kits to help save lives in the event of an overdose. Other initiatives included a sponsored involuntary commitment training for Dare County, construction of an inclusive playground so all children in Nash County have the opportunity for fun, and Medication Assisted Treatment options in Pitt County jails to name a few.



**1,941**  
COMMUNITY EVENTS  
**35,446**  
ATTENDEES



**Bland Baker**  
Northern Regional Director



**Dave Peterson**  
Central Regional Director



**Dennis Williams**  
Southern Regional Director



## WE ARE PROUD TO WORK TOGETHER WITHIN EACH OF OUR 26 COUNTIES TO MAKE A DIFFERENCE IN THE LIVES OF OUR CITIZENS.

One major focus for Regional Operations this year was preparing communities for Medicaid Transformation and Trillium's transition to a Behavioral Health I/DD Tailored Plan. This campaign raised awareness with presentations for all 26 Boards of County Commissioner and each Community Collaborative in the catchment area. As we will experience so many changes, from launching Tailored Care Management to assisting members in finding providers for physical healthcare, making sure our local partners are well educated will be key during this process.

A universal determinant impacting towns and neighborhoods across the nation was social integration and inclusion. More specifically, this year emphasized the need for greater awareness and action for racial justice and equity gaps. Every region developed their own awareness activities, presentations, and multi-phase approaches to this work such as the Racial Equity and Implicit Bias presentation with the Herford Health Alliance. The addition of community partners from diverse backgrounds has been vital in addressing racial trauma and creating a path toward safety, inclusion, and healing.



*When we come together, we strengthen the health and well-being of ourselves, our families, and our neighbors. The work of ensuring all members of a community have the opportunity for a healthy, fulfilled life is a rewarding challenge that fuels and inspires our Regional Operations team.*



# 2020–2021 REGIONAL ACCOMPLISHMENTS

## NORTHERN REGION

- Racial Equity and Implicit Bias presentation developed alongside the Hertford Collaborative and Hertford Health Alliance to educate their community. The presentation was shared in multiple counties, and will continue to grow to other groups and civic organizations.
- Second Annual Marcus Jackson Project event sponsored alongside the Chowan Collaborative in July 2020. In 2019, Chowan County native Marcus Jackson was murdered in his home. The mother of Marcus Jackson started the nonprofit to raise awareness of gun violence as a public health epidemic and the resulting individual and community trauma.
- We hosted a ribbon cutting with PORT Health for the mobile integrated care unit serving Perquimans and surrounding counties.



PHOTO: THOMAS SHERRILL,  
THE NEWS REPORTER

## SOUTHERN REGION

- Columbus Collaborative created a School Mental Health Workgroup initiated and chaired by an SOC Coordinator. The purpose of the group is to bridge school systems and the Collaborative regarding mental health needs, possible gaps in services, and additional needs of school children in the Columbus County, City, and charter school systems. The project was inspired by an SOC Coordinator's involvement on the Sandhills Regional Network School Mental Health Initiative.
- Resilient Columbus, a task force in Columbus County, grew exponentially since its beginning two years ago. The task force conducted community trainings about the Resiliency Model and ACES Science, hosted screenings of the Resilience film, and acquired funding from the Z. Smith Reynolds Foundation and Prevent Child Abuse NC. The funding enabled the hiring of a community engagement coordinator and additional staff.



## CENTRAL REGION

- “Em-BRACE-ing Racial Equity” initiative created in collaboration with the Pitt County Trauma Informed Communities Project, BRACE (the Pitt County Resiliency Collaborative), Pitt County Collaborative, and Parents for Public Schools. The initiative included Groundwater trainings, community discussion groups, healing groups, and developing a strategic plan to locally address racial trauma and equity.
- One SOC Coordinator served as co-chair of the Behavioral Health Initiative of Pitt Partners for Health. Along with Safe Communities Coalition of Pitt County, the group worked to secure a grant to train four Mental Health First Aid (MHFA) instructors and offer MHFA training in community. They also developed a listing of local therapists and business-card size listing of crisis supports in Pitt County for distribution.
- SOC Coordinators for Craven and Pitt Counties serve as trainers in the Partnering for Excellence (PFE) project with Benchmarks alongside two additional Trillium staff. PFE is a partnership between Trillium, Craven Department of Social Services (DSS), and Pitt DSS and select providers to identify children in DSS care who have experienced trauma and connect them with trauma-informed therapy in an accelerated manner.
- On National Children’s Mental Health Day, Beaufort Collaborative set up tables at the three largest high schools in the county to answer questions and hand out information regarding mental health awareness and resources.
- Craven Collaborative held its fifth annual Recovery Rally in recognition of National Recovery Month.
- Hyde Collaborative worked to develop a guide for the county that lists resources across a diverse range of services, not just mental health.





# TRILLIUM GOVERNING BOARD

The two-tiered governing structure allows Trillium Health Resources to maintain regional representation while expanding the variance of Governing Board members. The structure also allows Trillium to keep its administration close to the communities we serve. The first governance level is made up of three Regional Advisory Boards. These Advisory Boards then elect representatives to the Trillium Governing Board, our top level of governance.

Local Management Entities/Managed Care Organizations like Trillium Health Resources are led by a Governing Board as designated in NC Statute. The Governing Board is charged with collaboratively planning, budgeting, implementing and monitoring services through policymaking actions.

Trillium serves an area large enough to waive some Governing Board structure requirements as noted in G.S. 122C-118.1(c). However, Trillium depends on the diversity and expertise of these various representatives.



*Mary Ann Furniss*  
**Governing Board Chair**  
Southern Region CFAC Representative  
Brunswick/Southern Region



*Dr. Denauvo Robinson*  
**Governing Board Vice Chair**  
Pasquotank/Northern Region



*Ron Lowe*  
**Northern Region CFAC Chair**  
Pasquotank/Northern Region



*Sandra Buckman*  
**Central CFAC Chair**  
Beaufort/Central Region





**Gary Bass**  
Provider Council Chair  
(non-voting member) Pitt



**Commissioner Charles Jordan**  
Pasquotank/Northern Region



**Commissioner Ann Floyd Huggins**  
Pitt/Central Region



**Jim Madson**  
Finance Committee Chair  
Beaufort/Central Region



**Lea Wolf**  
Carteret/Southern Region



**David Clegg**  
Tyrrell/Central Region



**Janice Nichols**  
Pender/Southern Region



**Emmie Taylor**  
Bertie/Northern Region







# CARE MANAGEMENT

## *A hurricane, the pandemic, and transitions toward operating as a Tailored Plan...*

Trillium's fiscal year ending June 2021 pretty much mirrors what we were experiencing in June 2020. However, our lessons learned in recent history has more than equipped us to meet the goals in serving our communities in unusual times.

Our COVID-19 flexibilities and adjustments continue to assist our populations. We hosted three vaccination clinics and called members to explain the safety and benefits of the vaccines. New Alternative and In Lieu of Services were developed to address member needs during the pandemic; services such as Home Monitoring through Virtual Supervision and Disaster Outreach and Engagement are available during emergency situations such as this pandemic to make sure members and recipients can still get the care they need. We coordinated **572 home meal deliveries** for those who did not feel safe visiting grocery stores or restaurants. Parents and guardians were given extended allowances to serve in certain provider roles while at home for their children.

While it lacked the broad devastation or strength of Hurricanes Florence and Dorian, Hurricane Isaias caused power outages and flooding after hitting Ocean Isle Beach on August 3, 2020. We helped notify local families in our care of the impending arrival, checking they were prepared for losing electricity or access to medications. Care management staff supplied 60 emergency disaster kits from ECU that contained first aid supplies and other materials to be used during a natural disaster.

This past year we expanded the use of Trillium Connections, our care management platform, to include members with mental health/substance use disorders and not just those with I/DD. This virtual environment will allow us to seamlessly integrate with CMAs and AMH+ practices after Tailored Plans launch in 2022. Trillium Connections manages each member's care

## DATA

# 130

### STAFF PARTICIPATED

Training in Mental Health Aspects of 1/DD Training Series.

# 109

### MEMBERS ENROLLED

Received a CMCA for Complex Care Management in March of 2021.

# 6

### SUPERVISORS HIRED

New positions for District Care Management.

## WHOLE PERSON HEALTH

### *Care Management Comprehensive Assessment (CMCA)*

Our CMCA will utilize a variety of diagnostic screening tools based on evidence-based practices. We will validate that a member receives the following screenings and services such as: dental health, primary care, blood pressure screenings, cholesterol screenings, diabetes screenings, screening of chronic health conditions, developmental screenings, TBI, behavioral health screenings, and unmet health-related resource needs.





planning and details to help us to provide the highest quality care. Our staff will be able to confirm that our members' physical health needs and medications are followed as required in their care plans. Trillium Connections brings Tailored Care Management to the next level with assessment strategies, integrated care coordination activities, and long-term service and support coordination for timely communication. We will also use data integration tools for actionable alerts, trends, and population analytics reporting.

Even though these "unusual" circumstances have seemed to become our "new normal," our regular duties have not changed. We reminded our members to get the flu shot, especially if they have underlying health conditions. We train our staff in complex care management, magnifying the skills they have to recognize ways they can help improve our members' health and well-being. Our Emergency Department team reaches out to every hospital in our region to learn if any of our members have presented for care, then following up to determine how we can help lower these admissions.

We have enrolled 109 members in complex care management, specifically for those in Level III, IV, and Psychiatric Residential Treatment Facilities (PRTF), implementing In-Reach with these members to ensure

timely return to the community. Historically, this was only required for members eligible for Transitions to Community Living (TCL), but will be required as a Tailored Plan; Trillium has already started integrating these members back into the community. We have engaged all but two of these members in services over the past year.

Our multi-disciplinary "So Able" Team helps overcome obstacles to care in meeting members' needs and treatment goals. Additionally, the So Able team tracks barriers on a population level for Trillium's catchment, and provides recommendations to the appropriate departments on opportunities to improve care to its members. Examples include recruitment of specialty care providers or streamlining internal processes for accessing services.

We have implemented In Lieu of Services such as Family Navigator and Community Inclusion and Support to ensure that members had access to additional supports throughout the COVID-19 pandemic. These services have assisted in preventing gaps in care.

Our care management staff embody our mission of transforming lives every day. They consistently show up and stand up for our families, no matter the situation (or weather!). We are grateful for their passion and dedication, as is each person we serve.





## MEGAN

Megan enjoys being busy and wanted to start working as soon as she completed high school. As a young woman with a great personality and warm smile, Megan knew she would be an asset to any company's customer service department. She was hired at a local coffee shop part time and later moved to their kiosk in an office building in downtown Wilmington. As the COVID-19 pandemic spread, Megan's work hours decreased and finally the building's coffee service closed. Megan's community activities were also postponed, and her once full social calendar was devoid of activity. During this time, Megan learned she would be able to receive Innovations Waiver services. She had previously been working on employment skills but lacked the services to elevate what she had started. She didn't want a part time position; Megan was looking for a routine, daily interaction where she felt needed and appreciated. Megan also wanted to direct her talents and skills toward a good cause.

With Innovation Waiver Support Services, Megan enhanced her job seeking skills, completed various job applications, and followed up on all potential leads.

In the early days of April 2021, Megan was offered a customer service position at a local fast food restaurant. Excited for this new opportunity, Megan accepted the offer and increased her Supported Employment Services to match her new schedule. As North Carolina continues to lift COVID-19 restrictions, Megan completes training at work, earning more responsibility and becoming a reliable employee.



## TAD

Tad moved into his first Adult Family Living (AFL) home in 2005 at the age of 13. While that setting met his needs and those supports became like family to him, Tad and his team felt it was time for him to live independently with a roommate. Living in a rural area with the same surroundings for 15 years was no longer suitable for him. Like so many of us, Tad was ready for a change! He moved to Wilmington, and is now living in his own apartment and doing wonderfully. Since the transition, Tad attends a day program and has made so many new friends. He plays in the Miracle League, an accessible baseball league. He sweats it out with ACCESS Fitness and Wellness, a community exercise program for people of all abilities. He visits Paws for People, snuggling with therapeutic dogs who offer love and acceptance. This change in surroundings has encouraged changes in Tad as well. He has gone from minimal verbal communication to now using a communicative board, allowing him to share more about his feelings and desires. He has developed skills to address his emotions when he is feeling overwhelmed and stressed. New monitoring systems are being installed in his home that will greatly increase his independence and daily living skills as well. Door sensors will trigger prompts for Tad to remember things like his house keys with an audible announcement. A smart light plug connected to Tad's lamp will help wake him up at the right time. In the few short months since moving to Wilmington, Tad has become fully engaged in a multitude of opportunities expanding his social network and giving him a sense of purpose. He and his team are excited to see what will come next.





## ANTHONY

On May 26, 2021, Anthony graduated from Lenoir County Learning Academy. While this is a great achievement, he also had the highest GPA in his class, becoming the valedictorian and giving a speech during the graduation ceremony. Despite the many challenges and multiple transitions that Anthony has faced over the years, he continued to do well academically and graduate at the top of his class. Anthony has overcome many barriers during his life. He is living proof that with hard work and perseverance, everyone has the ability to succeed. Anthony shows us all that having a diagnosis does not prevent anyone from having the life they deserve.

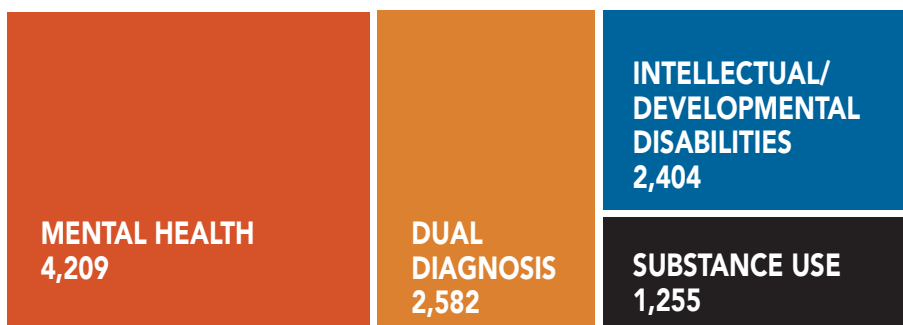


## DONALD

This is Donald. He lives in an Adult Family Living home in Columbus County. He is wearing a lanyard that is part of his assistive home technology system. Just by pushing a button, he can notify a remote access center if he is in any distress. Tools such as this help build confidence and independent living skills!

CARE MANAGEMENT STAFF  
WORKED REGULARLY WITH  
**5,313** MEMBERS THIS YEAR.

### NUMBERS SERVED BY DIAGNOSIS



\*note: 24 listed as "NULL"

# MEMBER NARRATIVES





# CARE FOR OUR YOUNGEST MEMBERS

*Through its work and partnership building, Care Coordination connects youth and the communities they reside in with the services and supports to grow and flourish.*

One initiative that encapsulated this perspective was the launch of the Tiered Care Coordination pilot program in Pitt County. In December 2020, the Governor's Task Force on Mental Health awarded Trillium the opportunity to lead the program. It aims to address the high rates of exposure to trauma and high behavioral health needs of youth age six to 21 involved in child welfare and the juvenile justice system. A High Fidelity Wraparound model brings together youth involved in the Division of Juvenile Justice (DJJ) or Department of Social Services (DSS) and their families to behavioral health services

and community supports needed for success. Supports are maintained in collaboration with the Department of Health and Human Services, Youth Villages, Pitt County DSS, District 3 DJJ, and NC Families United. Under the guidance of family navigators, the appropriate services are utilized to improve mental health outcomes, foster more engagement in school, and increase family involvement. The family-driven, youth-guided project had **48** families involved six months after its launch, with the hope of having as many as **100** families involved in the future.

Multisystemic Therapy (MST) is another area of focus for the Care Coordination team as we proactively promote this service in our catchment area. This evidence-based practice addresses the multidimensional





nature of behavioral issues in troubled youth. MST directs its attention to factors in a youth's social network that contribute to their antisocial behavior. The goal is to decrease the rate of such behaviors and improve functioning, thus reducing the use of out-of-home placements. Part of this initiative has been raising awareness of MST's availability. We reached out to impacted stakeholders and communities that serve youth who could benefit, and created new training courses on My Learning Campus for Trillium staff, member families, and external stakeholders. Services and providers offering MST are now in all of Trillium's 26 counties, including the recently added Columbus and Onslow Counties.

Care Coordination additionally worked alongside DJJ, DSS, and community agencies on a number of initiatives. These collaborations were vital to creating

innovative solutions addressing gaps and needs of our youth. Substance use disorders was one area where outcomes were strengthened through common goals and communication. Nash County was able to add Substance Abuse Intensive Outpatient Program (SAIOP) service offerings for adolescents; Pitt County's detention center added substance abuse services through Majors Funding. Care Coordination also worked with court counselors to prevent more restrictive and costly care for DJJ-involved youth.

The Care coordination team will continue to grow as we ready for Tailored Plan launch in 2022. Discovering the right, individualized care for the youth in our catchment is at the core of Care Coordination. With the appropriate care and supports to emphasize their positive skills and attributes, our youth can step into a bright future ready to navigate life.





# LOCAL BONDS FOR COMMON GOALS

*Partnership between the Department of Social Services (DSS) and Trillium mutually benefits supporting the clinically appropriate, individualized services to meet the local needs of our members. A strong relationship with all 26 local DSS entities ensures we can meet the complex and unique needs of each individual, family, and community.*

The pandemic created unique obstacles to navigate after offices were closed early in 2020. Technological innovations and shifts allowed for greater contact between supervisors and frontline DSS workers interacting with members. New telehealth availability and virtual communication built faster, accessible modes for engagement. As a result, no services were discontinued as a result of the pandemic. With most children under 18 years old at home with virtual schooling, DSS Engagement worked to ensure ample services were

made available to prevent foster care placements. Additionally, through a newly developed service, Complex Targeted Care Management, every one of the thousands of DSS-impacted children in our communities now can have a case manager dedicated to their healthy development and well-being.

Therapeutic living options were another area of expansion across our counties. DSS awarded contracts for Level III and Level II group homes specifically for DSS-impacted youth, both boys and girls. An advantage will be to keep youth closer to their homes geographically. Such efficient and wide-ranging solutions are only possible with communication, collaboration, and trust.





The Co-Responder program launched in Brunswick, New Hanover, Carteret, Pasquotank, and Nash Counties. With a mental health professional responding to calls in addition to first responders or DSS case workers, the needs of the individual child or adult can be addressed upon the initial contact. Co-Responders can immediately begin the linkage to appropriate services and de-escalation of an immediate situation, freeing DSS to focus on issues of protection.

The changes brought on by Medicaid Transformation and the pandemic offer new and exciting opportunities for every agency, organization, and provider to more effectively serve our communities. DSS Engagement helps bring together these groups with a shared purpose of creating more impactful experiences and positive outcomes for youth.

## YOU HELPED US EMPOWER

### 8 beds

#### ACROSS TWO NEW LEVEL III HOMES

Two Level 3 homes opened or opening, One for males in Pitt County and one for females in New Hanover County. Four beds per home.

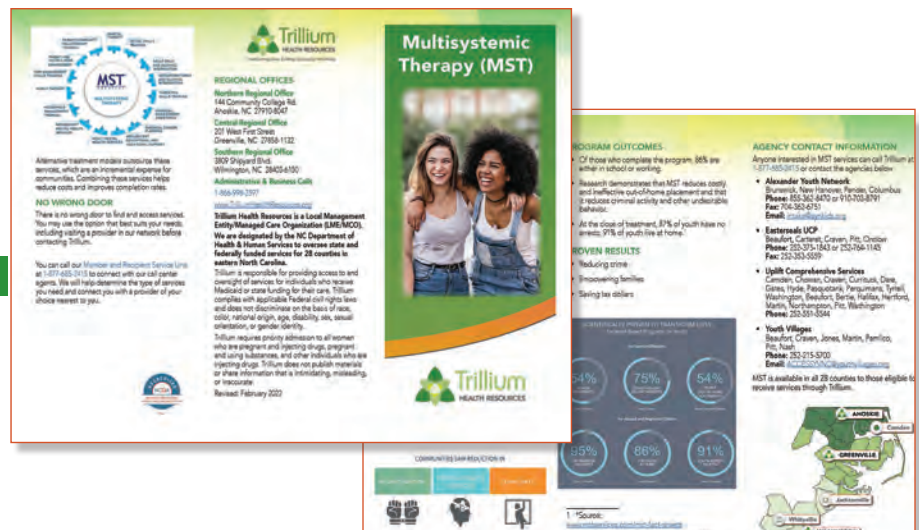
### 12 beds

#### ACROSS TWO NEW LEVEL II HOMES

Two Level 2 homes, one for females and one for males both located in Columbus County. Six beds each for those homes.



OUR DSS LIAISON  
IS WORKING IN ALL  
OUR COUNTIES TO  
HELP PUBLICIZE THE  
AVAILABILITY OF  
**MULTISYSTEMIC  
THERAPY**  
TO HELP DEVELOP  
PLANS TO KEEP YOUTH  
OUT OF TROUBLE, IN  
THE CLASSROOM, AND  
INVOLVED IN THEIR  
COMMUNITIES.





# IMPROVED HEALTH OUTCOMES THROUGH INTEGRATED CARE AND POPULATION HEALTH

*Our Medical Affairs team is in the process of undergoing one of the most significant departmental restructurings within Trillium.*

In order to operate as a Tailored Plan, the following departments will now report to our Chief Medical Officer: Utilization Management, Transition of Care, and Quality Management. Soon we will add Pharmacy, Care Management, and Population Health to this list.

This reorganization will allow Trillium to better identify individual, provider, and systemic adjustments that can be made to address wellness, including nutrition and exercise, stress management, tobacco and other substance use reduction or cessation.

**Some examples include:**

- Provider dashboards to assess readmissions and utilization trending
- Self-management tools and supports for members
- Partnerships with local health departments to deliver state population health programs

We are immensely proud of receiving a full one-year accreditation for Managed Behavioral Healthcare Organization from the National Committee for Quality Assurance (NCQA). While we have undertaken many adjustments and efforts to operate as a Tailored Plan,



achieving NCQA accreditation was a significant part of the process. Receiving this during a pandemic and such immense structural transformation is a testament to the commitment of Trillium staff involved.

Trillium's Quality Management team currently develops 13 Healthcare Effectiveness Data and Information Set (or "HEDIS") reports to create a holistic view of our members' health and fulfill our NCQA accreditation. Our software stratifies these metrics according to race/ethnicity, geography, and gender to identify trends and population analysis. We will share this data with providers at a systemic level to improve member outcomes and provider oversight. Reports detail the use of antipsychotics, diabetes screenings, opioid use, and follow-up care after an emergency room visit. These metrics were selected by our clinical and quality teams, reviewed by our Quality Improvement Committee, and endorsed by Trillium's Clinical Advisory Committee.

Our Emergency Department team contacts hospitals (both local and at the state level) to help transition individuals to more appropriate services upon discharge. This collaboration ensures direct communication as part of the Ready for Discharge (R4D) process and helps minimize the number of readmissions. If a person is able to successfully engage in follow up treatment, their chances of visiting the emergency room in the future will diminish. As of December 2020, we reached our goals of both reducing the number of emergency department visits among all populations (to 0.61%, under goal of 0.66%), and decreasing the number of members receiving Intensive In-Home (IIH) or Assertive Community Treatment Team (ACTT) services (to 7.28%, under goal of 7.79%).

During the past year, Trillium implemented a Preferred Psychologist initiative that incentivizes participating psychologists to see referred members within seven days and to share testing results with the referral source within



30 days of completing the evaluation. Currently, we have **14 Preferred Psychologists** who complete Level of Care Determinations for eligibility to Innovations Wavier services as well as other psychological evaluations to inform care planning. Utilization Management (UM) offers an annual refresher training for all preferred psychologists to ensure they are current with clinical guidelines and utilizing up-to-date testing instruments.

In an effort to maintain consistency for medical necessity and appropriateness of services, UM conducted **50 Inter-rater reliability (IRR)** reviews during the course of the year. IRR is conducted on clinical decisions made by UM review staff involving review and comparison of the consistency with which licensed healthcare professionals involved in UM apply criteria in decision making. This process has helped to improve the consistency of authorizations of our UM staff. Results from the IRR program are tracked, monitored, and reported to the Quality Improvement Committee. We then use these results to educate UM staff on all current accreditation standards, processes, and new procedures measured by UM departmental tests.

Staff in Medical Affairs team regularly interact with departments across Trillium. They actively assist the Call Center to help generate scripts and support issues regarding health and safety measures to advise on how to most effectively handle certain call situations. They developed standards and reviewed best practices during the COVID-19 pandemic for employees who had to return to face-to-face meetings and member appointments. They participate on Trillium's Recruitment and Retention workgroup that assesses network changes, including provider terminations, determine if service replacement is needed, and ensure we maintain network adequacy requirements for both adequate access and choice.



*Our Medical Affairs staff have extensive education, credentials, and responsibilities to boards outside of Trillium. Their depth of knowledge and broad networking serves both Trillium and partners across the state.*

#### CERTIFICATIONS AND DEGREES

- Certified Managed Care Nurse
- Board Certified Psychiatrists and Psychologist
- Both Chief Medical and Deputy Medical Officers are Certified Quality Management Diplomats through the American Board of Quality Assurance and Utilization Review Physicians; the only such certification recognized by the American Board of Medical Specialists
- Our RN has a Biotechnology degree, which encompasses studies in forensic science, pharmaceutical production, and genetic anomalies

#### BOARDS

- NC Physical Therapists, Licensure Board
- Executive Council of North Carolina Psychiatric Association
- Executive Board of Community Care of Lower Cape Fear (one of the organizations selected for the Healthy Opportunities Pilot)
- Executive Board of Access East (one of the providers for the Health Opportunities pilot)





# MEMBER SERVICES AND ENGAGEMENT

*Trillium's Member and Recipient Services staff in the call center are often the first point of contact for Medicaid members, potential members, state-funded recipients, and caregivers.*

In fiscal year 2021, they answered **25,705** such calls, 24 hours a day, 365 days a year. We strive to provide "one touch" resolution to addressing needs and accessing care. Our Member and Recipient Services department, with **28 agents**, coordinators, and clinicians, is dedicated to providing accurate and relevant information about

Trillium, our network of providers, and the available services. Our clinicians have an average of **12 years** of experience supporting our communities with everything from finding a mental health provider to guidance on completing paperwork for the registry of unmet needs.

As the initial impression of Trillium, these staff in our call center have an important role. They help introduce new processes, explain uncertain terms, and give support to callers during emotional situations. We value their ability to think on their feet while amassing extensive knowledge of all Trillium's programs and departments.

By the launch of the Tailored Plans in July 2022, we will have a dedicated Behavioral Health Crisis Line Manager and Member Services Manager. We will coordinate requests for transportation (NEMT), along with a nurse line for handling questions related to physical care needs. We will also expand our ability to immediately assist Spanish-speaking callers through bilingual staff and language training.





Our Member Engagement staff will directly contact members to help complete Tailored Care Management assignment. They will support assignment of care managers, welcome members to Trillium, and connect with members who are reluctant to engage in health services. They will enhance Trillium's health promotion campaigns, such as routine screening reminders.

With all the changes affecting our population through the Tailored Plan launch and the ongoing pandemic, having staff who can relate to our communities with compassion is vital. This direct connection builds trust, especially when we have to disseminate important information. Our members and recipients understand we have their health and well-being in the highest regard, from their very first call.

## YOU HELPED US CONNECT

### Three

Phone lines in operation today

### 96.7%

Of all calls to the Behavioral Health Crisis Line were answered in **30 seconds** or less

### 69,015

Calls answered from July 1, 2020–June 30, 2021

### 25,202

Of these calls were answered by our Crisis Line

### Six

Phone lines by December 1, 2022

- Administrative\*
- Member and Recipient Services
- Behavioral Health Crisis
- Pharmacy Line
- Provider Support Service Line
- Nurse Line

\*Note: Tailored Plan requirements do not necessitate an Administrative line, but we will retain this to serve our business-related needs.





# YOUR MENTAL HEALTH MATTERS

*Trillium established the One Community program in May 2021 to address the stress, anxiety, depression, and general challenges caused by the pandemic. The program encourages people affected by the pandemic to seek help for their mental and behavioral health needs. Our community matters and so does the health and well-being of its people.*



**Your mental  
health matters,  
we can help.**

**1-877-685-2415**



TrilliumHealthResources.org



We are committed to helping individuals thrive in spite of the lasting effects the COVID-19 pandemic has caused. Whether experiencing problems with a sleep routine, losing interest in normally enjoyable activities, changes in eating patterns, consuming more alcohol or other



drugs, or not keeping a healthy self-care routine, we all have witnessed or experienced these consequences. One Community is connecting residents in all 26 counties to local resources like counseling referrals and COVID-19 support services. Through the one-year program, One Community staff will visit homes to hand out fliers, host events such as health fairs at our Trillium playgrounds, and participate in local activities to build awareness that help is available.

We have also started billboard campaigns to broaden the reach, and encouraged people to wear their message on their sleeves to show support with free t-shirts.

Your mental health matters...You are not alone...You can live your best life. And One Community will help.





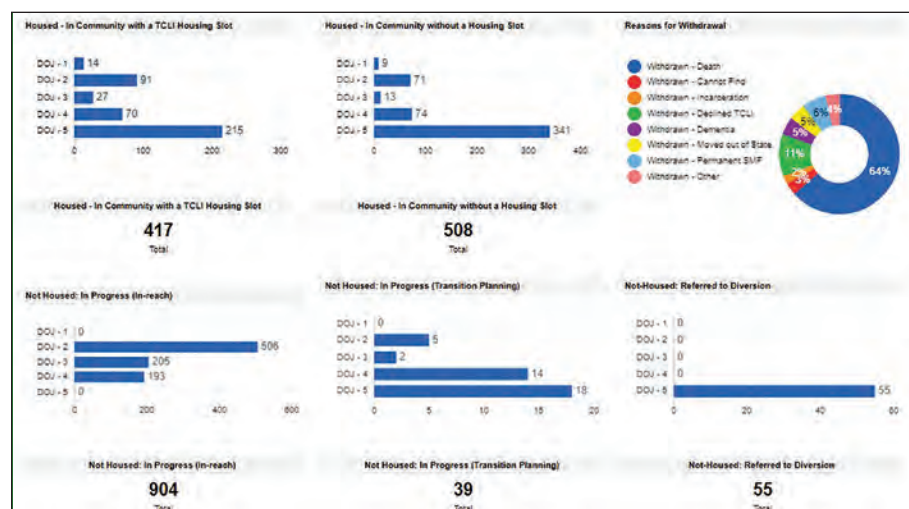
# HOME IS A PLACE OF SAFETY, SECURITY, AND COMFORT.

*When someone does not have a permanent home to rely on for these qualities, there is a far greater loss than simply a roof and walls. Safe and affordable housing is an essential component for an individual's health and well-being.*

There is a reason access to housing is often the first step in an individual's treatment plan. People have more difficulty through recovery and building healthy lives without the security and safety of a home.

Trillium's Housing department hears and sees the impact of homelessness on a daily basis. They also hear and see the impact of having a place to call home on an individual's outlook on life. Every project and partnership is geared to create and sustain that outlook for all members of our communities.

Many people contact Trillium under the assumption we own facilities or independent housing. We instead work through agreements with landlords, property owners, and community resources to meet the housing needs of those we serve. One initiative that built upon that network was the Housing Connections program. This **\$300,000 grant** began April 2021 to engage landlords and property owners in offering affordable rental options and cultivate those relationships for mutual benefit. Landlords were offered incentives to create housing opportunities for individuals and families. Potential renters had their move-in fees paid for them so instances of bad credit history would not be a factor in housing eligibility, as well as paying for any needed inspection or repair fees.



TRILLIUM HOUSING DASHBOARD  
TRACKS A VARIETY OF METRICS.

FY 20-21

**3,416**

Total people assisted with obtaining/  
maintaining housing

**419**

Individuals currently in housing through  
Transitions to Community Living

**182**

Individuals transitioned to  
independent living

**PERMANENT  
SUPPORTIVE  
HOUSING  
GRANTS  
SERVED**

**238**

Total Adults  
Served

**31**

Families  
(Adults with  
Children)

**84**

Single Adults

**54**

Children

**BACK@HOME**

**56**

Families housed

**75**

Adults housed

**44**

Children housed

**GRANTS AWARDED**

**\$1,086,432**

Permanent Supportive  
Housing Grants

**\$300,000**

Housing Connections

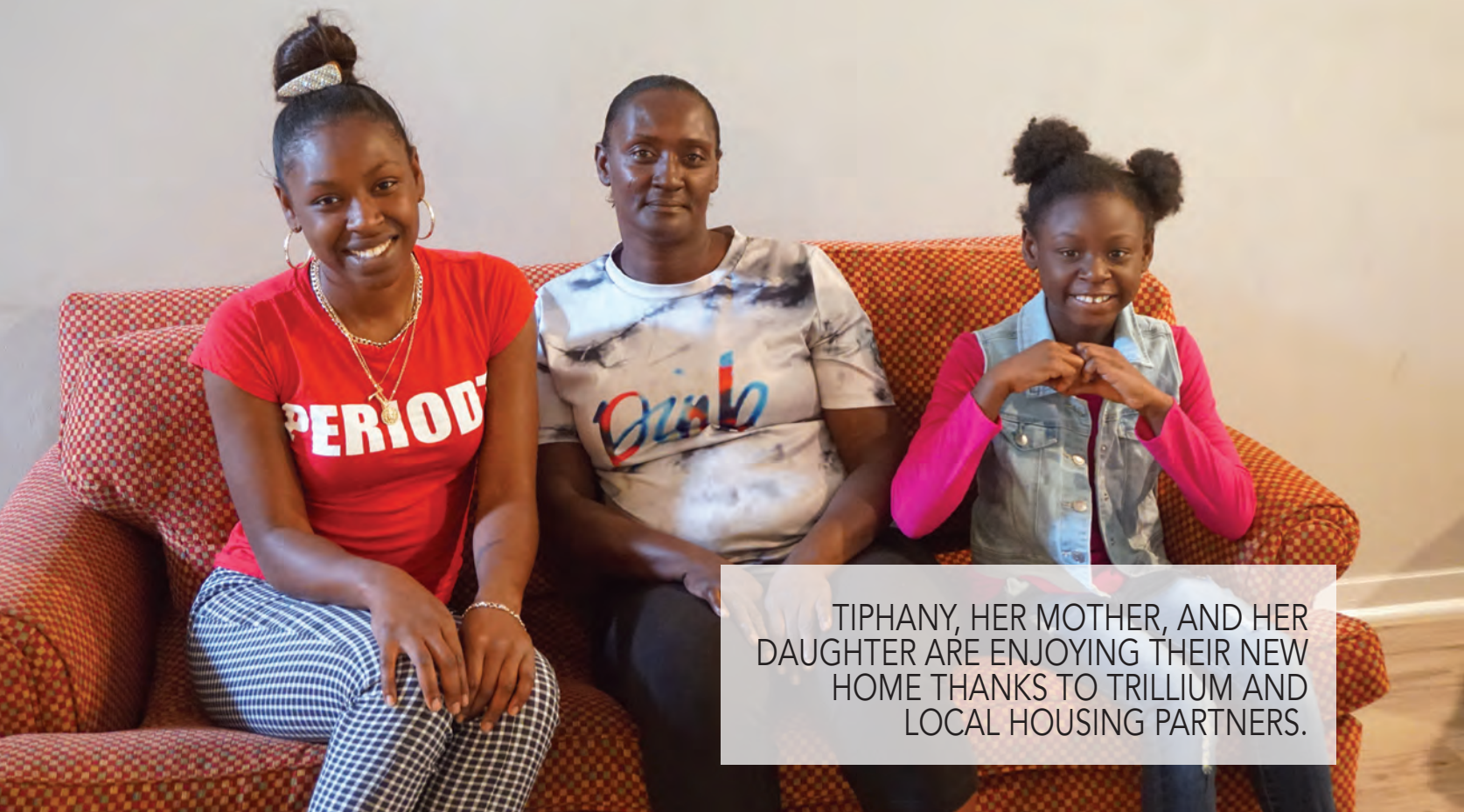
**\$207,563**

Rapid Re-Housing

**\$50,000**

Supportive Services Only:  
Coordinated Entry Grant





TIPHANY, HER MOTHER, AND HER DAUGHTER ARE ENJOYING THEIR NEW HOME THANKS TO TRILLIUM AND LOCAL HOUSING PARTNERS.

The Rapid Rehousing grant was another successful resource for our area. As a sister program to the Permanent Supportive Housing Program (PSH), this federally-funded initiative assisted homeless individuals and families attain short-term housing needs. Rapid Rehousing provided assistance for up to 24 months along with check-ins with participants to ensure long-term housing goals could be met. If an individual required assistance longer than 24 months, they would be transferred to a PSH connection. Trillium's PSH assists individuals with serious mental illness, substance use issues, and/or intellectual and developmental disabilities experiencing homelessness. In an innovative move, Trillium contracted several certified housing inspectors for both PSH and the Transitions to Community Living Initiative to conduct inspections.

The pandemic greatly affected housing availability. Back@Home, a program originally used to help those impacted by Hurricane Florence, was reignited with

federal funds to assist those in financial hardship find housing opportunities. With many pre-existing connections and procedures from hurricane response, the program was able to quickly begin its work. Since its start in December 2020, over **45 families** now have a home to call their own. The Housing Opportunities and Prevention of Evictions Program (HOPE) also connected low-income renters experiencing financial difficulties due to the pandemic with rent and utility assistance. Over 2,600 applicants across our 26 counties seeking to maintain their housing received the help they needed.

Our Housing team celebrates every time someone is finally placed in a home. Especially in uncertain times, it is a moment encapsulated with joy and hope. Our homes are where we can celebrate our greatest achievements or weather our harshest storms. Trillium's Housing staff continues go beyond their call to make sure our neighbors have that chance for fulfillment and resiliency that starts when they can open their very own door.

TRILLIUM STAFF  
CONTINUED TO ASSIST  
IN THE ONGOING  
RECOVERY FOR  
THE COMMUNITIES  
IMPACTED BY  
HURRICANE DORIAN.





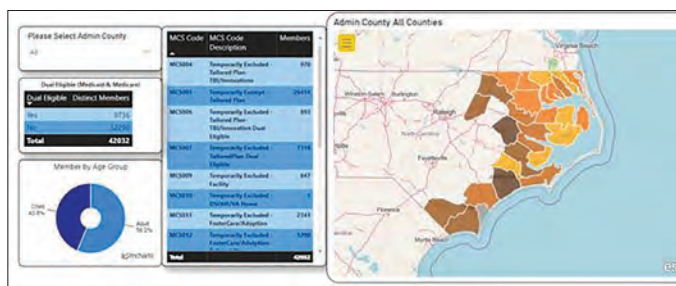
# GROWING I.T. TO MEET EXPANDED NEEDS

*The key themes for our Information Technology Department the past year have been skill building to support Tailored Plan growth and development. We have added to our team at nearly every level including development, operations, and security.*

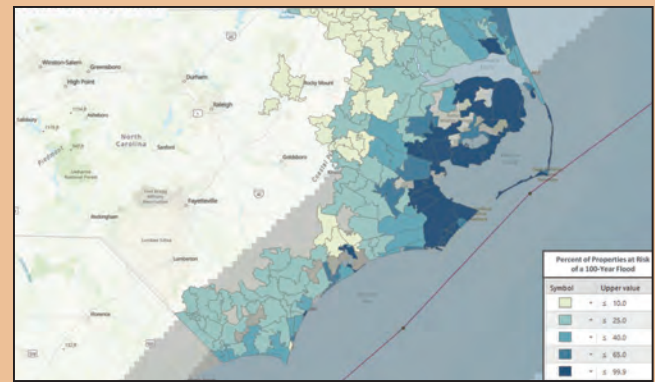
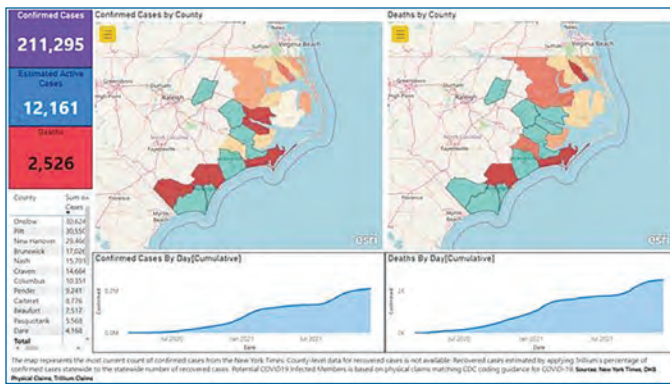
We have also launched, enhanced, and updated our major business platforms. While our Trillium staff are the primary users of our platforms, the outcomes for our members are both immediate and forward reaching.

We also operationalized data analytics and reporting software to improve dashboard capabilities and visual discovery, crucial to the upcoming new reports we will be completing related to population health and integrated care. At a glance, functional team members who need information quickly can picture how certain programs, services, or business lines are faring and meeting goals. These dashboard and reporting systems are customizable to deliver information needs identified by our clinical and care coordination/care management teams to improve member outcomes. Dashboards and reports are available to Trillium team members in real time and as needed to support our members.

In addition, we deployed a our quality analysis platform for reports required as part of our NCQA accreditation. Our IT staff play a critical role in utilizing results to generate specific and complex sets of reports and perform trend and population analyses. We delivered the first quality reporting batch and are working to prepare the second batch of reports, by identifying custom options for key performance indicators. The platform will compile the Healthcare Effectiveness Data and Information Set (HEDIS) measures related to behavioral health, physical health, and pharmacy data to achieve to achieve valid, reliable, and actionable reports for our QM Program.







# ANTICIPATING (AND PREPARING) FOR THE IMPACT OF FUTURE STORMS

*Trillium worked with a team of graduate students from North Carolina State University's Master of Science in Analytics program.*

While new software and enhancements are exciting, Trillium IT staff were also able to maintain compliance with historical requirements. All B-Waiver, C-Waiver, and related performance measures (about 220 total) were submitted on time in fiscal year 2021 with no issues. These fulfillments validate that our reporting processes and workflows are prepared to meet the demands of future reporting needs as a Tailored Plan.

As we rely on technology and digital advancements more than ever, Trillium has sought out IT staff who can also instill the person-centered values we demonstrate across our agency. They take the time to understand the purpose behind each new report and platform through discovery meetings with the direct staff who will use them. While filters, scripts, and coding are necessary to their day-to-day work, our members' experience truly guide what they do.

According to the National Hurricane Center, 12 hurricanes or tropical storms have impacted the North Carolina coast since 2015. As all but six counties in Trillium's catchment area meet the Atlantic Ocean or large sounds, too often we have witnessed the long term affects in our communities.

The NCSU team was asked to research the impact of hurricanes and tropical storms on service delivery in Trillium's catchment area. Past experience has shown that storm effects can take months or even years to assess, and that each storm has the potential to affect Trillium members differently. Because of that, students also attempted to develop a predictive model that could provide a foundational framework for anticipating how a given storm might affect service delivery, based on factors such as wind speed, rainfall totals, and the parts of the Trillium catchment that were most strongly affected.



# PAYING FOR POSITIVE HEALTH OUTCOMES

*Given the importance of our provider network to Trillium, it is no surprise that our Network Management department has so many different teams dedicated to supporting this partnership.*

From initial contracting and credentialing to collaborating on quality improvement projects, answering calls on our Provider Support Service Line to developing new training tools, Trillium assists our providers on multiple levels. While the past year gave additional hurdles, including ongoing hiccups due to COVID-19 and a successful RFA response to serve as a Tailored Plan, we still want our providers' primary focus to be on helping members live their best lives, not what piece of paperwork to complete.

Throughout the past year, we are proud that we have continued such important tasks as monitoring and reviews, albeit in a virtual presence. We also kept reimbursing providers at enhanced rates, to recognize both overtime or hazard pay for those who helped guarantee members could still receive services. Upon guidance from state and federal entities, we coordinated with residential providers on reopening plans to follow safety protocols and measures.

Trillium's Network Development and Network Accountability staff collaborate to select and retain network providers according to our region's needs. Trillium utilizes various effective recruitment strategies to ensure that the highest quality providers are part of our network, including competitive opportunities such as Request for Proposals, Request for Applications, Open Enrollment, and Direct Recruitment. Trillium staff utilize robust criteria when selecting providers, including past record of services, compliance with laws, regulations and standards, qualifications and staff competency, infrastructure adequacy, financial stability and leading



practices. We also have targeted efforts to recruit a diverse network that is representative of our member demographics. We recruit culturally diverse providers who will demonstrate cultural sensitivity and understand a person's disabilities, trauma history, and language preference including American Sign Language or communication devices.

***Requests we have either initiated or contracted with providers for in the past year include:***

- High Fidelity Wrap Around Services
- Co-Responder Pilot to provide behavioral health or I/DD professionals to assist law enforcement officials and DSS
- Level II Residential Treatment (Program Type setting)
- Opioid Treatment Program
- Tiered Care Coordination Pilot

Trillium's Practice Management team helps guide providers to the proper tools to help assess their individual or agency performance. We partnered with Open Minds, an industry leader for best practices for organizations in health and human services, to offer a four-part learning series to staff and providers on value-based purchasing. We saw an average of **175-200 participants** per training.

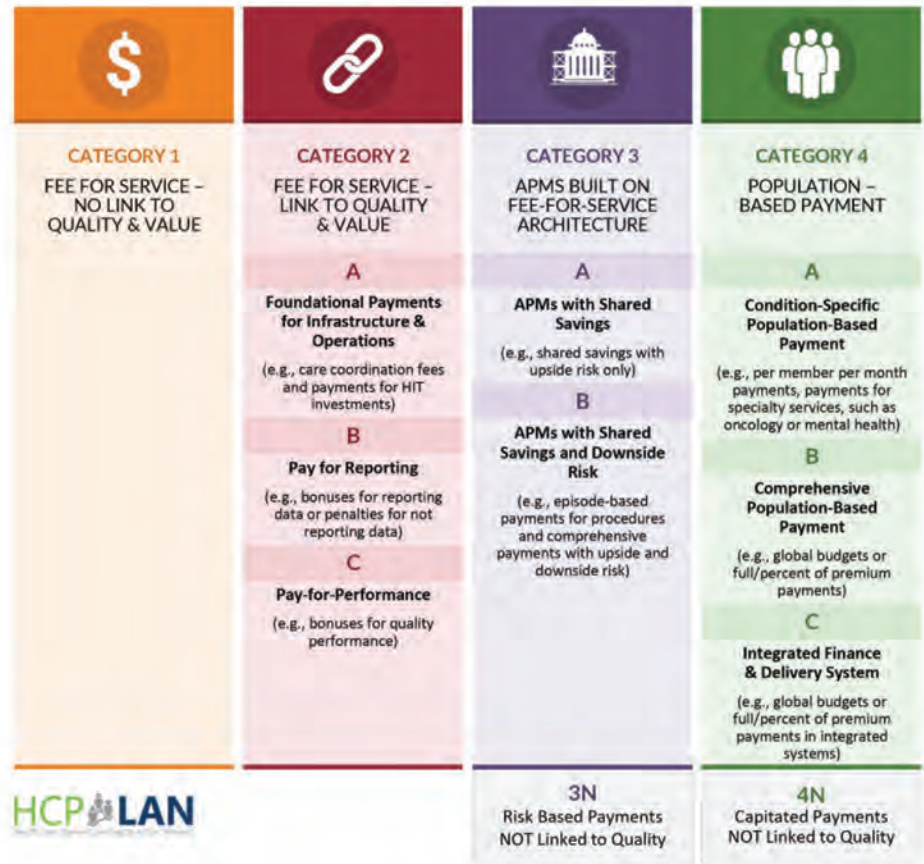
As part of Medicaid Transformation, Trillium joins agencies across the state in launching our efforts towards value-based payments. Paying for positive health outcomes, rather than per appointments or per member, will be a huge transition. The Health Care Payment and Learning Action Network (HCP-LAN)



Alternative Payment Model (APM) Framework is the industry standard for how payers and providers design alternative payment methods and set value-based payment goals. Trillium's role in services such as Assertive Community Treatment (ACT) and Community Support Team (CST) helped advance Trillium this year to Category 3A. We also recently signed a shared commitment statement to support the HCP-LANs Healthcare Resiliency Framework. Trillium is committed to taking the necessary action steps to transition to alternative payment models that foster resiliency, promote equity in healthcare, support network providers, and advance whole-person care.

The Network Department launched a coalition with Assertive Community Treatment (ACT) providers in February 2021. Along with all the ACT providers in our region, we connected with the UNC Institute of Best Practices trainer/fidelity reviewer to ensure high fidelity ACT services for members. In addition, the coalition is an opportunity for the providers to share successes and challenges in efforts to support each other. In an effort to help ACT teams increase Tool for Measurement of ACT (TMACT) ratings, part of the monthly coalition meeting is dedicated to the fidelity reviewer to give technical assistance on an area of fidelity where providers have opportunities for improvement.

Through this collaboration we were also able to promote a Person Centered Planning (PCP) training for providers in April 2021. This training focused on making sure each member's goals are being addressed in the PCPs. This training was helpful for providers to be able



**The Updated APM Framework**  
Chart courtesy of HCP-LAN

to write effective person centered plans which translate to offering a high fidelity service. Network will be working closely with ACT teams to assist with getting more members working with vocational specialists on employment opportunities. It has been proven that employment is a key component for members who have had success in maintaining housing and being successful in the community; we plan to continue helping our members reach these accomplishments.

Our Provider Support Service Line (PSSL) launched in January 2021, meeting the desires of providers to speak directly with trained Trillium staff when needed to answer questions or give guidance on procedures. Also a Tailored Plan requirement, the PSSL is available for provider agencies, hospitals and Licensed Independent Practitioners (LIP) to call Trillium and receive a "one touch" resolution. The team, comprised of knowledgeable customer service professionals, will warm transfer the call to the staff member identified in the appropriate department to assist with answering provider questions. By the end of the fiscal year (June 30), we already assisted with **673** inquiries to the PSSL while continuing to respond to email inquiries through our ticket system.





# STRENGTHENING OUR PROVIDER NETWORK

*Maintaining the course can be difficult when faced with adversity and setbacks, yet an indispensable purpose can move us forward.*

Our Network Development team continues searching for new providers, programs, and services to help change our members lives. Whether developing in-network solutions through full contracts or adding services to existing contracts, this team is ready and prepared to meet the needs of members and their communities.

The opioid crisis remains a deep concern for Eastern North Carolina. Four of the state's cities rank among the nation's worst for opioid abuse. Two of these cities are Wilmington and Jacksonville, both falling in Trillium's catchment area. This doesn't account for the many individuals outside of cities where access to treatment meets multiple barriers in transportation and location. Network Development was at the forefront for mediating such barriers. With the onboarding of new Opioid Treatment programs, nearly **94** percent of Trillium's 26 county catchment has coverage. Improved access to services was made possible through the 21st Century Cures Act grant and the Substance Abuse and Mental Health Services Administration's (SAMHSA) SOAR program in addition to increased state and Medicaid funding. This year saw **16** more Medicaid programs and **17** more state programs to our communities for opioid treatment services, with **five** Medicaid and **four** state programs being monitored to receive their license. A total of **12** new treatment contracts were also added to Trillium's catchment area. Network Development continues forward to eliminate barriers and build bridges between our neighbors and the services to help them lead healthy, fulfilling lives.

NUMBER OF TOTAL  
SERVICES ADDED TO  
CONTRACTS

**676**

New contract additions

**48**

Of which are new providers  
to the Trillium network

**12**

New treatment contracts

CALL METRICS TO BE TRACKED  
STARTING JULY 2021:

**Call volume**

How many callers each month

**Wait time**

Time from initiation of call until an  
agent answers the line

**Abandonment rate**

Percentage of calls ended before an  
agent answers the line

**Length**

Average and maximum call length



Network Development was also instrumental in the launch of Family Centered Treatment® in Trillium's catchment and the Preferred Psychologist Program. As a Tailored Plan, Trillium will have an increased need for psychologists to complete psychological testing for members with complex needs. The Preferred Psychologist Program offers incentives to providers who complete an initial determination of service eligibility, increase access for referrals from Trillium, and complete testing in a timely manner. The program has 11 participating providers. Family Centered Treatment® is a comprehensive, evidence-based practice for youth at risk of out of home placement and their families. The service is offered at an enhanced rate with value-based payments for providers determined by outcomes met. As an alternative to Intensive In-Home, it looks at addressing the functions of behavior while keeping the child or adolescent in their home environment. Three contracts were awarded to begin Family Centered Treatment® in Trillium's service area.

Improving the visibility and inclusion of our LGBTQ youth, families, and neighbors was another source of tremendous growth and achievement. Project OUTreach began under Network Development's lead as a conduit to share research and tools with stakeholders, providers, faith-based organizations, and additional groups regarding the importance of LGBTQ acceptance and support. Project OUTreach partnered with the Human Rights Campaign's All Children-All Families (ACAF) program to train ten Trillium staff to become certified facilitators of ACAF's Setting the Foundation training. These facilitators will eventually train external agencies on the best practices and latest data for LGBTQ youth and families. The work of Project OUTreach did not go unnoticed; Trillium received the i2i Center for Integrative Health's Social Justice Award in December 2020 for the work of Project OUTreach. The award ceremony recognized innovative and impactful programs for mental health, intellectual and developmental disabilities, and substance use across North Carolina.

Every barrier is a chance to correct course. Finding those solutions, whether they come from a broader network, more accessible services meeting members where they are, or providing the information to mend health disparities in marginalized populations, requires knowing our communities. It requires relationships with providers and listening to their observations and vantage points. Most of all, it requires a dedication to ensuring every single one of our members has the means to live empowered and healthy lives. And in that, Network Development is maintaining that course with commitment and great care.



## LISTENING TO OUR NETWORK

*Trillium's Provider Support Service Line (PSSL) empowers provider agencies to communicate their questions, inquiries and issues, and receive seamless resolution. With such a streamlined tool for communication, providers can shorten the time spent on administrative tasks, shifting to focus more time spent on members we serve.*

Trillium staff started developing scripts, learning the call center technology, and coordinating decision trees in September 2020. Scripts were tailored to meet the unique needs of Trillium's provider network.

After a soft launch phase, we formally opened the service line number for provider use in June 2021. While the PSSL serves those who wish to speak directly with a Trillium staff person, providers may continue to utilize the email ticket system for queries if they choose to do so.

The PSSL's team includes support specialists, comprised of experienced customer service professionals, and a full-time PSSL manager who has extensive background knowledge and experience of a healthcare call center. From the moment the service line number is dialed to the conclusion of a call, providers are guided through a streamlined pathway created with effectiveness and efficiency.

Every day and every call helps refine and reshape this tool, allowing us to better inform and connect the provider network with information they need from Trillium. By giving our providers more time to focus on our members, we are keeping their attention where it should be.



# PREPARING OUR COMMUNITIES WITH THE KNOWLEDGE TO SUPPORT ONE ANOTHER

*We all want to see our family members, friends, and neighbors living incredible, fulfilled lives. At one point or another, however, we all fall on difficult times.*

*Discussions surrounding mental health and its impact on ourselves and those we care about is the first step of showing support. Mental Health First Aid (MHFA) is a program to help our community approach these discussions and lessen the stigma for individuals experiencing mental illness or substance use disorders.*

Over the course of a free 8-hour training, MHFA participants receive information on risk factors and warning signs for mental health challenges and substance use disorders, the impacts of those challenges, and common treatments. Trainers build awareness about topics such as depression, anxiety, eating disorders, and disruptive behavior disorders. The training also lays out the proper steps to connect that individual with the appropriate professional help in the event of a crisis. Trainings were shifted to virtual environments due to the pandemic and included blended options beginning in September



## DATA POINTS FOR FY 2020–2021

### TOTAL NUMBER OF TRAININGS



### NUMBER OF PARTICIPANTS CERTIFIED



MENTAL  
HEALTH  
FIRST AID



*Wylanda Jones*  
Coordinator



*Carlos Mirodipini*  
Coordinator



*Crystal Ramus*  
Coordinator



*Susan Lambert*  
Coordinator



2020. The blended training allowed for 2-hours of self-paced learning followed by a later live instruction. A total of **428** participants received their MHFA certification over the course of the **31** offered sessions.

Youth Mental First Aid (YMHFA) training was similarly restructured to a virtual format. In a more targeted approach, this 8-hour training is centered on strategies for supporting adolescents ages 12 through 18 experiencing mental health or substance use challenges. Participants learn about common health challenges, typical adolescent development versus potential warning signs, and a five-step action plan for youth experiencing crisis and non-crisis situations. It is designed for any adult who regularly interacts with this age group, from parents and teachers to social workers. YMHFA saw **481** participants complete the training with **29** total sessions.

Trillium also unveiled the Question, Persuade, and Refer (QPR) training in August 2020. Five Trillium training coordinators became certified in QPR to begin offering this suicide prevention training to the public for free. QPR participants learn how to recognize the warning signs of a potential suicide crisis and the three steps to help. Since its first offering, **742** participants have gone through the **68** trainings to help save lives.

### ***Responding to mental health crisis***

The Crisis Intervention Team (CIT) program has long prepared first responders to assist individuals with mental illness, substance use, and intellectual/developmental disabilities in crisis. Over the course of a 40-hour training, first responders develop the knowledge and skills to de-escalate situations and connect individuals with the appropriate local services. The program links first responders, mental health systems and supports, the National Alliance on Mental Illness (NAMI), and community organizations to best serve our families, friends, and neighbors.

Law enforcement and health experts estimate **20 percent** of police calls involve a mental health crisis. With such a high need, CIT trainings requests have risen significantly. Trillium offered 8-hour, virtual refresher courses for CIT-trained officers who had already completed the full 40-hour course; **five** courses were offered to **24** CIT officers. The training was split between a self-guided and live session. We also developed shorter trainings for Emergency Medical Service (EMS) officers, fire and rescue, and dispatch responders.



**LAW ENFORCEMENT  
AND HEALTH EXPERTS  
ESTIMATE 20 PERCENT  
OF POLICE CALLS  
INVOLVE A MENTAL  
HEALTH CRISIS.**



While the pandemic created barriers for some of the interactive and role-play exercises, trainings resumed in fall 2020 ensuring both fidelity and safety for participants. Our communities gained **250** new CIT law enforcement officers, Fire/EMS responders, and 911 telecommunicators over the course of **28** trainings.

De-escalation skills are only part of the equation for CIT officers. The program also features how to contact local partnerships and supports. Trainings often include introductions to community agencies. Many officers visited the sites of mental health facilities for tours and discussions with staff. The connections are invaluable to the work of both the officers and service providers, as well as the safety and care of those experiencing a mental health crisis.

First responders have a great responsibility serving our communities. We realize their responsibility has been greatly intensified due to the pandemic. Yet our police officers, EMS officers, firefighters, and other first responders remain steadfast in their dedication. CIT trainings are an opportunity to not only empower these responders, but help deepen their connections to the populations we serve.





# TRUE SPIRIT OF PARTNERSHIP

*Over the past year, Trillium has put into action many efforts that reinforce our original statement on anti-racism. While words are very important, and help share our intentions, if they are not followed up by impactful endeavors they mean nothing.*

*Some examples of these tasks include:*

- We led sessions with our staff to teach out microaggressions, implicit bias, and the value of Historically Black Colleges and Universities (HBCU).
- We added more culturally diverse monthly awareness events to our existing calendar, including Native American Heritage Month and Hispanic Heritage Month.
- We edited Trillium forms to include our stance on anti-discrimination, and trained care management staff on how to react if they encounter racist or discriminatory practices.
- We have increased our interactions with HBCU to widen our pool of diverse candidates, and adjusted our hiring practices to ensure anonymity when reviewing applications.
- We have taken an honest assessment of our current Trillium team member demographics to determine where we can improve. Trillium is committed to increasing diversity throughout all levels of our organization.
- We hired our first DEI director who has already begun engaging with our staff through Employee Resource Groups and addressing the needs of our diverse membership population.





For Trillium, this is only the beginning. We do not envision checking a few tasks off our list and claiming success. We want to not only change our own internal culture and practices, but also set an example for our provider network and communities we serve.

We do not stand for racism, in all its forms. We do not stand for exclusion, whether against people of different abilities or different races. We do not stand for limiting anyone's potential, through restrictive practices or beliefs. We do stand together, united and unapologetically, in the true spirit of partnership to collectively transform.







July 1, 2020 – June 30, 2021

## PERFORMANCE DATA METRICS

---

**99.99%**

Of claims processed within 30 days

**4**

**SECONDS**

Average speed to answer calls Call Center)

**100%**

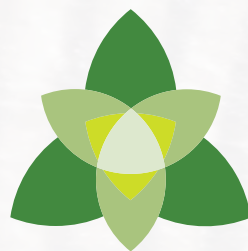
Of complaints resolved in **30** days

**99.9%**

Of authorizations processed  
within **14** days







# Trillium

HEALTH RESOURCES

Transforming Lives. Building Community Well-Being.

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**Member and Recipient Service Line**  
**1-877-685-2415**

**[TrilliumHealthResources.org](https://TrilliumHealthResources.org)**



**Northern Regional Office**

144 Community College Rd., Ahoskie, NC 27910-9320

**Central Regional Office**

201 West First St., Greenville, NC 27858-5872

**Southern Regional Office**

3809 Shipyard Blvd., Wilmington, NC 28403-6150

**Administration** 1-866-998-2597