Annual Needs & Gaps

Trillium HEALTH RESOURCES

# 2017 Network Adequacy & Accessibility Analysis

*(Finalized 2018)*

urac ACCREDITED
Health Network
Expires 03/01/2022

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Health Utilization Management
Expires 03/01/2022

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Health Call Center
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ACT ASSOCIATES

# Contents

## Introduction

The Trillium Network Adequacy and Accessibility Analysis was completed according to the requirements published by NC DHHS. It applies to members served during SFY2017 and providers in the network as of January 1, 2018. The internal process that Trillium undertook to complete the analysis was revamped for this report to include:

- A renewed interest and vigorous effort to obtain feedback from members and their families as well as community stakeholders;
- A much broader level of staff included in the assessment process; and
- An enhanced data validation process that ensured the addresses of members and providers as well as services rendered during SFY2017 and SFY2018 were accurately recorded in the Trillium MIS system.

Challenges faced by Trillium in conducting this analysis included the following issues:

A. Devising methods to engage a significant number of members, families, and stakeholders to obtain adequate inclusion for giving feedback as well as ensuring every county and stakeholder group was represented in the input.

B. Funding challenges (i.e., the elimination of the Medicaid Savings as an investment to reduce local needs and the ongoing reduction of state funds for the medically uninsured) have resulted in Trillium not being able to address as many gaps or needs in the system. Currently, there is no ability to tailor the LME/MCO benefit plan to assist in meeting the unique needs of the expanded 26-county area.

C. Addressing Gates County, which is clearly rural, within the Metropolitan designation it is assigned for this analysis.

1. Per the US Census Estimate of 2017, Gates County is an extremely rural county with a population of 11,544 individuals. Only seven North Carolina counties have populations smaller than Gates County: Tyrrell, Hyde, Graham, Camden, Jones, Clay and Alleghany (in order of population size). Four of those seven identified smallest counties are within the Trillium Network. Gates County has 35.8 people per square mile. Of those other seven smallest population counties, only three have fewer people per square mile than Gates: Graham, Tyrrell and Hyde (the latter two are also in Trillium's catchment.) When compared to all 100 counties in North Carolina, Gates ranks seventh for the fewest people per square mile statewide.

| County | 2010 Census Total Population | 2010 Census Urban Population | 2010 Census Rural Population | 2010 Census Percent Rural |
|---|---|---|---|---|
| Gates County, NC | 12,197 | 0 | 12,197 | 100% |

http://www2.census.gov/geo/docs/reference/ua/County_Rural_Lookup.xlsx

2. Given that the Adequacy and Accessibility Analysis applies to Medicaid and state-funded services only, identifying Gates County as a Metropolitan County tied to the Virginia Beach, Virginia behavioral health system makes the measurements put an unnecessary burden on Trillium to provide Gates County with services that must meet the metropolitan access and accessibility standards. Because Gates County is listed as Metropolitan (outlying County) rather than Rural as it is listed on virtually every other county listing identified by the State of North

Carolina, Trillium is always placed in a position to not meet these standards and potentially having to ask for exceptions and waivers. This presents a very skewed picture of access and choice in the Trillium area and a disproportionate responsibility on the LME/MCO to ensure services meet a standard that does not have any economic benefit or degree of scale to accommodate the reality for this county or the LME/MCO.

## Section One: Network Availability & Accessibility

### I) Outpatient Services

| | Medicaid | | | | Non-Medicaid-Funded | | | |
|---|---|---|---|---|---|---|---|---|
| **Categories** | **# of Providers Accepting New Medicaid Members** | **# of Members with Choice of Two Providers within 30/45 Miles/Minutes** | **# of Medicaid Members** | **% (# of Members with Choice/# of Members)** | **# of Providers Accepting New Non-Medicaid-Funded Members** | **# of Members with Choice of Two Providers within 30/45 Miles/Minutes** | **# of Members** | **% (# of Members with Choice/ # of Members)** |
| Reside in urban counties | | 24,670 | 24,670 | | | 10,046 | 10,046 | |
| Reside in rural counties | | 9,925 | 9,925 | | | 3,839 | 3,839 | |
| Total (standard = 100%) | 769/775 (99.23%) | 34,595 | 34,595 | 100.00% | 106/106 (100.00%) | 13,885 | 13,885 | 100.00% |
| Adults (age 18+) | | 19,492 | 19,492 | | | 13,048 | 13,048 | |
| Children (age 17 and younger) | | 15,103 | 15,103 | | | 837 | 837 | |
| Total (standard = 100%) | 769/775 (99.23%) | 34,595 | 34,595 | 100.00% | 106/106 (100.00%) | 1,3885 | 13,885 | 100.00% |

## II) Location-Based Services

| | Medicaid | | | | Non-Medicaid-Funded | | | |
|---|---|---|---|---|---|---|---|---|
| **Location-Based Services** | **# of Providers Accepting New Medicaid Members** | **# and % of Members with Choice of Two Providers within 30/45 Miles/Minutes of Their Residences** | | **Total # of Medicaid Members** | **# of Providers Accepting New Non-Medicaid-Funded Members** | **# and % of Members with at Least One Provider within 30/45 Miles/Minutes of Their Residences** | | **Total # of Members** |
| | | # | % | | | # | % | |
| Psychosocial Rehabilitation | 61/61 (100.00%) | 18,533 | 95.08% | 19,492 | 10/10 (100.00%) | 7,907 | 77.19% | 10,243 |
| Child and Adolescent Day Treatment | 62/62 (100.00%) | 16,301 | 94.83% | 17,189 | 9/9 (100.00%) | 754 | 90.08% | 837 |
| SA Comprehensive Outpatient Treatment Program | 21/21 (100.00%) | 22,716 | 65.66% | 34,595 | 9/9 (100.00%) | 6,662 | 90.94% | 7,326 |
| SA Intensive Outpatient Program | 74/74 (100.00%) | 34,263 | 99.04% | 34,595 | 25/25 (100.00%) | 7,305 | 99.71% | 7,326 |
| Opioid Treatment | 12/12 (100.00%) | 5,394 | 27.67% | 19,492 | 12/12 (100.00%) | 7,075 | 97.29% | 7,272 |
| Day Supports | | | | | 21/21 (100.00%) | 1,325 | 98.00% | 1,352 |

### III) Community/Mobile Services

| | Medicaid | | | | | Non-Medicaid-Funded | | |
|---|---|---|---|---|---|---|---|---|
| **Community/Mobile Service** | **# of Providers Accepting New Medicaid Members** | **# and % of Members with Choice of Two Provider Agencies within the LME/MCO Catchment Area** | | **Total # of Medicaid Members** | **# of Providers Accepting New Non-Medicaid Members** | **# and % of Members with Access to at Least One Provider Agency within the LME/MCO Catchment Area** | | **Total # of Members** |
| | | # | % | | | # | % | |
| Assertive Community Treatment Team | 26/26 (100.00%) | 19,492 | 100.00% | 19,492 | 4/4 (100.00%) | 10,243 | 100.00% | 10,243 |
| Community Support Team | 53/53 (100.00%) | 19,492 | 100.00% | 19,492 | 5/5 (100.00%) | 12,738 | 100.00% | 12,738 |
| Intensive In-Home | 102/102 (100.00%) | 17,189 | 100.00% | 17,189 | 20/20 (100.00%) | 837 | 100.00% | 837 |
| Mobile Crisis | 223/223 (100.00%) | 34,595 | 100.00% | 34,595 | 13/13 (100.00%) | 13,885 | 100.00% | 13,885 |
| Multisystemic Therapy | 10/10 (100.00%) | 17,189 | 100.00% | 17,189 | 6/6 (100.00%) | 837 | 100.00% | 837 |
| (b)(3) MH Supported Employment Services | 20/20 (100.00%) | 34,595 | 100.00% | 34,595 | | | | |
| (b)(3) I/DD Supported Employment Services | 35/35 (100.00%) | 34,595 | 100.00% | 34,595 | | | | |
| (b)(3) Waiver Community Guide | 143/143 (100.00%) | 34,595 | 100.00% | 34,595 | | | | |
| (b)(3) Waiver Individual Support (Personal Care) | 143/143 (100.00%) | 34,595 | 100.00% | 34,595 | | | | |
| (b)(3) Waiver Peer Support | 26/26 (100.00%) | 34,595 | 100.00% | 34,595 | | | | |

| | Medicaid | | | | | Non-Medicaid-Funded | | |
|---|---|---|---|---|---|---|---|---|
| **Community/Mobile Service** | **# of Providers Accepting New Medicaid Members** | **# and % of Members with Choice of Two Provider Agencies within the LME/MCO Catchment Area** | | **Total # of Medicaid Members** | **# of Providers Accepting New Non-Medicaid Members** | **# and % of Members with Access to at Least One Provider Agency within the LME/MCO Catchment Area** | | **Total # of Members** |
| | | # | % | | | # | % | |
| (b)(3) Waiver Respite | 216/216 (100.00%) | 34,595 | 100.00% | 34,595 | | | | |
| I/DD Supported Employment Services (non-Medicaid-funded) | | | | | 14/14 (100.00%) | 1,352 | 100.00% | 1,352 |
| Long-term Vocational Supports (non-Medicaid-funded) | | | | | 21/21 (100.00%) | 937 | 100.00% | 937 |
| MH/SA Supported Employment Services (IPS-SE) (non-Medicaid-funded) | | | | | 13/13 (100.00%) | 1,352 | 100.00% | 1,352 |
| I/DD Non-Medicaid-funded Personal Care Services | | | | | 68/68 (100.00%) | 1,352 | 100.00% | 1,352 |
| I/DD Non-Medicaid-funded Respite Community Services | | | | | 12/12 (100.00%) | 1,352 | 100.00% | 1,352 |
| I/DD Non-Medicaid-funded Respite Hourly Services not in a licensed facility | | | | | 44/44 (100.00%) | 1,352 | 100.00% | 1,352 |
| Developmental Therapies (Non-Medicaid) | | | | | 37/37 (100.00%) | 1,352 | 100.00% | 1,352 |

## IV) Crisis Services

| | Medicaid | | | | Non-Medicaid Funded | | | |
|---|---|---|---|---|---|---|---|---|
| **Crisis Service** | **# of Providers Accepting New Medicaid Members** | **# and % of Members with Access within the LME/MCO Catchment Area to at Least one Provider Agency** | | **Total # of Medicaid Members** | **# of Providers Accepting New Non-Medicaid Members** | **# and % of Members with Access within the LME/MCO Catchment Area to at Least One Provider Agency** | | **Total # of Members** |
| | | # | % | | | # | % | |
| Facility-Based Crisis - Adults | 99/ (100.00%) | 19,492 | 100.00% | 19,492 | 7/7 (100.00%) | 13,048 | 100.00% | 13,048 |
| Facility-Based Respite | 0 | 0 | 0.00% | 34,595 | 7/7 (100.00%) | 13,885 | 100.00% | 13,885 |
| Detoxification (Non-Hospital) | 3/3 (100.00%) | 34,595 | 100.00% | 34,595 | 1/1 (100.00%) | 7326 | 100.00% | 7,326 |
| FOR INFORMATION PURPOSES ONLY: Facility-Based Crisis - Children | 0 | 0 | 0.00% | 17,189 | 0 | 0 | 0.00% | 837 |

## V) Inpatient Services

| | Medicaid | | | | Non-Medicaid-Funded | | | |
|---|---|---|---|---|---|---|---|---|
| **Service** | **# of Providers Accepting New Medicaid Members** | **# and % of Members with Access within the LME/MCO Catchment Area to at Least One Provider Agency** | | **Total # of Medicaid Members** | **# of Providers Accepting New Non-Medicaid Members** | **# and % of Members with Access within the LME/MCO Catchment Area to at Least One Provider Agency** | | **Total # of Members** |
| | | # | % | | | # | % | |
| Inpatient Hospital – Adult | 273/237 (100.00%) | 19,492 | 100.00% | 19,492 | 11/11 (100.00%) | 12,738 | 100.00% | 12,738 |
| Inpatient Hospital – Adolescent/Child | 34/34 (100.00%) | 17,189 | 100.00% | 17,189 | 8/8 (100.00%) | 837 | 100.00% | 837 |

## **VI)** Specialized Services

*Give the number of parent agencies, not service sites, with LME/MCO contracts.*

| Service | Number Parent Agencies with Current Medicaid Contract | Number Parent Agencies with Current Contract for Non-Medicaid-Funded Services |
|---|---|---|
| Partial Hospitalization | 9 | 0 |
| MH Group Homes | 24 | 35 |
| Psychiatric Residential Treatment Facility | 21 | 0 |
| Residential Treatment Level 1 | 6 | 0 |
| Residential Treatment Level 2: Therapeutic Foster Care | 36 | 1 |
| Residential Treatment Level 2: other than Therapeutic Foster Care | 4 | 0 |
| Residential Treatment Level 3 | 22 | 0 |
| Residential Treatment Level 4 | 1 | 0 |
| Child MH Out-of-Home respite | 0 | 0 |
| SA Non-Medical Community Residential Treatment | 0 | 0 |
| SA Medically Monitored Community Residential Treatment | 0 | 0 |
| SA Halfway Houses | | 1 |
| I/DD Out-of-Home respite (non-Medicaid-funded) | | 21 |
| I/DD Facility-Based respite (non-Medicaid-funded) | | 7 |
| I/DD Supported Living (non-Medicaid-funded) | | 1 |
| (b)(3) I/DD Out-of-Home respite | 13 | |
| (b)(3) I/DD Facility-Based respite | 1 | |
| (b)(3) I/DD Residential supports | 1 | |
| Intermediate Care Facility/IDD | 131 | 0 |

## VII) C-Waiver Services

| C-Waiver Services-Choice of Two Providers | | | | | |
|---|---|---|---|---|---|
| **Services** | **Adult** | **Child** | **# and % of Members with Choice of Two Provider Agencies within the LME/MCO Catchment Area** | | **Total # of C-Waiver Members** |
| | | | # | % | |
| Community Living and Supports | ✓ | ✓ | 1,449 | 100.00% | 1,449 |
| Community Navigator | ✓ | ✓ | 1,449 | 100.00% | 1,449 |
| Community Navigator Training for Employer of Record | ✓ | ✓ | 1,449 | 100.00% | 1,449 |
| Community Networking | ✓ | ✓ | 1,449 | 100.00% | 1,449 |
| Crisis Behavioral Consultation | ✓ | ✓ | 1,449 | 100.00% | 1,449 |
| In Home Intensive | ✓ | ✓ | 1,449 | 100.00% | 1,449 |
| In Home Skill Building | ✓ | ✓ | 1,449 | 100.00% | 1,449 |
| Personal Care | ✓ | ✓ | 1,449 | 100.00% | 1,449 |
| Crisis Consultation | ✓ | ✓ | 1,449 | 100.00% | 1,449 |
| Crisis Intervention & Stabilization Supports | ✓ | ✓ | 1,449 | 100.00% | 1,449 |
| Residential Supports 1 | ✓ | ✓ | 1,449 | 100.00% | 1,449 |
| Residential Supports 2 | ✓ | ✓ | 1,449 | 100.00% | 1,449 |
| Residential Supports 3 | ✓ | ✓ | 1,449 | 100.00% | 1,449 |
| Residential Supports 4 | ✓ | ✓ | 1,449 | 100.00% | 1,449 |
| Respite Care - Community | ✓ | ✓ | 1,449 | 100.00% | 1,449 |
| Respite Care Nursing – LPN & RN | ✓ | ✓ | 1,449 | 100.00% | 1,449 |
| Supported Employment | 16 & older | | 1,279 | 100.00% | 1,279 |
| Supported Employment – Long Term Follow-up | 16 & older | | 1,279 | 100.00% | 1,279 |
| Supported Living | 18 & older | | 1,170 | 100.00% | 1,170 |

| C-Waiver Services – Access to at Least One Provider | | | | | |
|---|---|---|---|---|---|
| **Services** | **Adult** | **Child** | **# and % of Members with Choice of at Least One Provider Agency within the LME/MCO Catchment Area** | | **Total # of C-Waiver Members** |
| | | | # | % | |
| Day Supports | ✓ | ✓ | 1,449 | 100.00% | 1,449 |
| Out of Home Crisis | ✓ | ✓ | 1,449 | 100.00% | 1,449 |
| Respite Care - Community Facility | ✓ | ✓ | 1,449 | 100.00% | 1,449 |
| Financial Supports | ✓ | ✓ | 1,449 | 100.00% | 1,449 |
| Specialized Consultative Services (at least one provider for one of multiple services) | ✓ | ✓ | 1,449 | 100.00% | 1,449 |

## Geo Maps

*(See **Appendix A**)*

### Access to Care

I) *Current DMA and DMH/DD/SAS contracts include requirements related to member access to care for emergent, urgent and routine services. Describe how your LME/MCO assures adequate provider capacity and service access for new members engaging in services.*

Preferred Provider designation was established to assist the Trillium Call Center with increasing immediate access to care. Preferred Providers are expected to see patients within two hours for emergent appointments, two days for urgent appointments, and within five days (formerly 14 days), for routine appointments. Preferred Providers are also asked to upload Comprehensive Clinical Assessments (CCAs) within seven days and to utilize standardized electronic assessment tools for their MH/SU adolescent and adult populations. Per their contract, Preferred Providers must meet all benchmarks at 50% or greater. Providers were asked to have same-day access for members in need of medication evaluations as well. During this process, upload of Preferred Providers' CCAs within seven days has improved by 80%**.** Use of Standardized Electronic Assessments has increased by 70%, and access to Routine Appointments within five days has increased by 14%.

## Section Two: Accommodation

### Cultural Competence

*LME/MCOs must ensure the availability and delivery of services in a culturally competent manner to all members, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation or gender identity.*

Trillium is--and has traditionally been--aware and sensitive to the diverse cultural, ethnic and racial needs of its network population. Two years ago, it designed an online course for its staff and providers addressing cultural competency issues. Available without charge for all Trillium and provider staff, the course has served a total of 57 individuals to date.

I) *Describe the population make-up of the LME/MCO's catchment area, including the size and geographic locations/distribution of specific cultural and special populations.*

*Geographic, cultural or special populations include, but are not limited to:*

- *ethnic groups*
- *people with traumatic brain injuries*
- *people with physical disabilities*
- *people with visual impairments*
- *people who are deaf or hard of hearing*
- *veterans, military members and their families*
- *pregnant women with substance use disorders*
- *people who are LGBTQ*
- *people who are in jails or prisons*

- *youth in the juvenile justice system*
- *people who are homeless or have unstable housing*
- *people who have transportation barriers*
- *people with food insecurity*

## Median Age

Trillium's 25-county population in 2017 was estimated to be 1,395,821; 11,967 more than in 2016. According to the NC Office of State Budget and Management, 13.6% of the population of North Carolina resides in the Trillium catchment area. The median age of the 25 counties is 42.6 years compared to the North Carolina median age of 38.6 years. The percentage of females (50.8%) is just slightly higher than males (49.2%).

**Trillium Median Age - 2017**

| County | Median Age |
|---|---|
| Beaufort | 45.9 |
| Bertie | 41.9 |
| Brunswick | 50.6 |
| Camden | 42.4 |
| Carteret | 47.8 |
| Chowan | 44.2 |
| Craven | 36.1 |
| Currituck | 43.0 |
| Dare | 45.5 |
| Gates | 43.7 |
| Hertford | 41.2 |
| Hyde | 43.7 |
| Jones | 43.4 |
| Martin | 45.6 |
| Nash | 42.4 |
| New Hanover | 38.3 |
| Northampton | 45.4 |
| Onslow | 26.0 |
| Pamlico | 50.2 |
| Pasquotank | 36.8 |
| Pender | 41.6 |
| Perquimans | 48.1 |
| Pitt | 32.7 |
| Tyrrell | 42.9 |
| Washington | 45.9 |
| **Trillium Catchment Median Age** | **42.6** |
| **North Carolina Median Age** | **38.6** |

Source: N.C. Office of State Budget and Management. Accessed 4/4/18.

## Race/Ethnicity

The analysis of the population by race and ethnicity based on 2017 U.S. Census projections for the Trillium catchment area indicates approximately 69.4% (1,012,211) identified as white, 21.7% (316,313) African American, 6.7% (98,259) as Hispanic/Latino. American Indians, Alaskan Natives and Asian-Pacific Islanders make up a little more than two percent. Trillium is sensitive to the cultural and linguistic needs of their communities and provides both English and Spanish access to their website and materials. The Access Point kiosk and online screening program has resources available in over 100 languages. Trillium continues to encourage providers to reflect and support the ethnic/racial make-up of the people they serve.

### Trillium Race/Ethnicity of Service Area - 2017

| County | White Alone | Black or African-American | American Indian and Alaskan Native Alone | Asian - Pacific Islander | Other Race | Hispanic/ Latino |
|---|---|---|---|---|---|---|
| Beaufort | 34,642 | 11,215 | 615 | 277 | 798 | 4,301 |
| Bertie | 7,126 | 12,228 | 93 | 173 | 261 | 303 |
| Brunswick | 112,196 | 14,775 | 1,232 | 1,071 | 2,452 | 7,630 |
| Camden | 8,437 | 1,357 | 40 | 231 | 294 | 288 |
| Carteret | 63,255 | 3,945 | 397 | 881 | 1,712 | 3,182 |
| Chowan | 9,235 | 4,679 | 63 | 111 | 204 | 619 |
| Craven | 73,568 | 23,407 | 623 | 2,952 | 3,185 | 7,906 |
| Currituck | 23,979 | 1,566 | 146 | 274 | 639 | 1,161 |
| Dare | 34,394 | 959 | 268 | 350 | 821 | 3,468 |
| Gates | 7,611 | 3,945 | 83 | 29 | 292 | 241 |
| Hertford | 8,903 | 14,251 | 261 | 201 | 331 | 855 |
| Hyde | 3,796 | 1,696 | 50 | 14 | 88 | 584 |
| Jones | 6,942 | 2,982 | 99 | 43 | 290 | 455 |
| Martin | 12,887 | 10,134 | 119 | 123 | 247 | 972 |
| Nash | 52,620 | 37,731 | 1,097 | 1,066 | 1,851 | 5,862 |
| New Hanover | 185,013 | 31,616 | 1,698 | 3,642 | 5,292 | 15,221 |
| Northampton | 8,174 | 12,098 | 134 | 61 | 242 | 402 |
| Onslow | 152,672 | 27,565 | 1,599 | 4,872 | 8,913 | 24,611 |
| Pamlico | 10,464 | 2,440 | 91 | 65 | 208 | 570 |
| Pasquotank | 22,591 | 16,120 | 215 | 626 | 1,046 | 2,135 |
| Pender | 49,312 | 9,203 | 654 | 420 | 1,410 | 4,557 |
| Perquimans | 9,864 | 3,349 | 56 | 70 | 207 | 432 |
| Pitt | 106,527 | 61,140 | 1,058 | 3,735 | 3,964 | 11,678 |
| Tyrrell | 2,384 | 1,540 | 43 | 99 | 72 | 225 |
| Washington | 5,619 | 6,372 | 97 | 35 | 226 | 601 |
| **Trillium Catchment Total** | **1,012,211** | **316,313** | **10,831** | **21,421** | **34,247** | **98,259** |
| **North Carolina Total** | **7,282,509** | **2,267,346** | **175,234** | **297,380** | **250,223** | **1,070,446** |

Source: N.C. Office of State Budget and Management

The race and Hispanic origin categories used by the Census Bureau are mandated by Office of Management and Budget Directive No. 15, which requires all federal record keeping and data presentation to use four race categories (White, Black, American Indian and Alaska Native, Asian and Pacific Islander) and two ethnicity categories (Hispanic, non-Hispanic). These classifications are not intended to be scientific in nature but are designed to promote consistency in federal record keeping and data presentation.

## Poverty/Unemployment

The median income for the 25 Trillium counties is $44,859. Nineteen counties fall below the North Carolina median income of $50,595, with Tyrrell County the lowest at $33,666 and Chowan County the highest at $65,415.

Unemployment rates declined both nationally and on a state-wide basis again in 2017. All 25 Trillium counties reflected a lower unemployment rate than the previous year. Only six counties were at or below the North Carolina rate of 4.2%.

Sixteen of the catchment's 25 counties had a higher percentage of poverty than the North Carolina percentage of 15.45%. During that same period, the percentage of people in poverty in the United States was 14.0%.

### Trillium Persons in Poverty

| County | Number of All People in Poverty | Percentage of All People | Number of Children Ages 0-17 in Poverty | Percentage of Children Ages 0-17 in Poverty |
|---|---|---|---|---|
| Beaufort | 8,925 | 19.0% | 3,006 | 30.8% |
| Bertie | 4,438 | 24.4% | 1,202 | 34.9% |
| Brunswick | 17,406 | 13.8% | 4,732 | 23.2% |
| Camden | 902 | 8.7% | 263 | 10.9% |
| Carteret | 8,321 | 12.3% | 2,194 | 17.9% |
| Chowan | 2,665 | 18.9% | 904 | 31.3% |
| Craven | 15,047 | 15.3% | 5,075 | 22.7% |
| Currituck | 2,616 | 10.2% | 893 | 15.7% |
| Dare | 3,909 | 10.9% | 1,188 | 17.6% |
| Gates | 1,731 | 15.2% | 526 | 22.3% |
| Hertford | 5,612 | 26.1% | 1,590 | 34.2% |
| Hyde | 1,067 | 22.3% | 271 | 29.7% |
| Jones | 2,088 | 21.5% | 664 | 36.6% |
| Nash | 5,175 | 22.5% | 1,675 | 35.9% |
| Martin | 15,151 | 16.5% | 5,235 | 25.1% |
| New Hanover | 37,472 | 17.3% | 8,560 | 20.5% |
| Northampton | 4,319 | 22.4% | 1,352 | 37.2% |
| Onslow | 23,670 | 13.7% | 8,863 | 19.1% |
| Pamlico | 2,230 | 18.5% | 635 | 32.2% |
| Pasquotank | 6,395 | 17.0% | 2,359 | 27.2% |
| Pender | 8,683 | 15.0% | 2,697 | 20.9% |
| Perquimans | 2,239 | 16.9% | 720 | 28.6% |
| Pitt | 36,594 | 21.5% | 9,256 | 24.2% |
| Tyrrell | 966 | 27.3% | 290 | 38.2% |
| Washington | 3,147 | 26.1% | 1,067 | 43.2% |
| **Trillium Catchment Total** | **220,768** | **15.9%** | **65,217** | **21.9%** |
| **North Carolina Total** | **1,523,034** | **15.4%** | **490,775** | **21.7%** |
| **United States Total** | **44,268,996** | **14.0%** | **14,115,713** | **19.5%** |

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program. Released 11/17 for CY2016. Accessed 4/19/18.
Percent of people who were in poverty in a calendar year. Annual poverty rates are calculated using the sum of family income over the year divided by the sum of poverty thresholds that can change from month to month if one's family composition changes.

## Veterans

The combined 25 counties of Trillium Health Resources saw an increase in veterans from 142,200 in 2016 to 143,517 in 2017. Onslow County has the highest veteran population of the catchment with 32,614 persons, followed by New Hanover County with 17,484 and Craven County with 15,166. Trillium works to connect veterans to housing and homelessness programs, domestic violence support and employment opportunities. Staff offer *Mental Health First Aid – Veterans*, focusing on the unique experiences and needs of the military, veterans and their families. Trillium also provides opportunities in local communities throughout the 25-county area to enlist mental health professionals to learn about and become part of the *Give an Hour* network.

### Trillium Veteran Population 4-Year Trend

| County | 9/30/2014 | 9/30/2015 | 9/30/2016 | 9/30/2017 |
|---|---|---|---|---|
| Beaufort | 3,890 | 3,827 | 3,761 | 3,695 |
| Bertie | 1,168 | 1,146 | 1,124 | 1,102 |
| Brunswick | 13,450 | 13,612 | 13,759 | 13,890 |
| Camden | 1,064 | 1,083 | 1,101 | 1,119 |
| Carteret | 8,472 | 8,439 | 8,403 | 8,366 |
| Chowan | 1,635 | 1,628 | 1,620 | 1,611 |
| Craven | 14,531 | 14,748 | 14,955 | 15,166 |
| Currituck | 3,128 | 3,163 | 3,197 | 3,231 |
| Dare | 3,246 | 3,209 | 3,170 | 3,129 |
| Gates | 1,124 | 1,136 | 1,147 | 1,157 |
| Hertford | 1,850 | 1,848 | 1,845 | 1,842 |
| Hyde | 392 | 386 | 381 | 377 |
| Jones | 1,134 | 1,129 | 1,124 | 1,120 |
| Martin | 1,645 | 1,631 | 1,617 | 1,602 |
| Nash | 8,237 | 8,206 | 8,166 | 8,121 |
| New Hanover | 17,703 | 17,638 | 17,564 | 17,484 |
| Northampton | 1,507 | 1,500 | 1,491 | 1,480 |
| Onslow | 29,203 | 30,329 | 31,458 | 32,614 |
| Pamlico | 1,367 | 1,350 | 1,333 | 1,316 |
| Pasquotank | 4,702 | 4,775 | 4,845 | 4,913 |
| Pender | 6,058 | 6,092 | 6,119 | 6,142 |
| Perquimans | 1,549 | 1,545 | 1,540 | 1,534 |
| Pitt | 11,091 | 11,138 | 11,180 | 11,223 |
| Tyrrell | 402 | 401 | 400 | 397 |
| Washington | 926 | 913 | 900 | 886 |
| **Trillium Catchment Total** | **139,474** | **140,872** | **142,200** | **143,517** |
| **North Carolina Total** | **775,022** | **773,881** | **772,424** | **770,854** |

Source: National Center for Veterans Analysis and Statistics. Accessed 4/6/18.

## Special Populations

### *Physical Disabilities*

According to the N.C. Division of Medical Assistance (NCDMA), as of June 30, 2017, there were 44,621 adults in the Trillium 25-county catchment area enrolled in Medicaid who have one or more physical disabilities. Specific diagnoses range from multiple sclerosis, cerebral palsy, cardiovascular, respiratory and other system impairments. NCDMA data also reflected 255 adults meeting the criteria for being blind or visually impaired. The Deaf and Hard of Hearing National Health Interview Survey estimates 174,268 persons who are deaf or hard of hearing live in the catchment area.

### *Physical and Sensory Disabilities*

Trillium has developed numerous opportunities to reach out to those with physical and sensory disabilities. It has initiated community partnerships to build accessible outdoor play and recreation areas, which increase social awareness, sensory integration, and increased independence. Trillium also continues to provide the *Choose Independence* program, which offers opportunities for eligible individuals and families to purchase equipment, supplies and services that strengthen independence; decrease the need for 24-hour/day supervision; increase long-term success in living independently as possible; and provide training for proper use of items and technology.

### *Teen Pregnancy*

There were 18,835 pregnancies in the Trillium catchment in 2016, including 6.5% (1,227) pregnancies in girls 15-19 years of age. Of the pregnancies in that young age group, 19.2% were repeat teen pregnancies. Fourteen of the 25 Trillium catchment counties saw decreases in the number of pregnancies for girls ages 15-19 in 2016.

### *Pregnant and Using Drugs*

Based on data from the Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services, the estimated number of pregnant women ages 15-25 in the 25 counties who used opioids was 159 (1.5%), 624 (5.9%) used illicit drugs and 898 (9.5%) drank alcohol. Currently, Trillium has two homes built for women with children or women who are pregnant--one located in Wilmington and one located in Greenville.

### *LGBTQ*

The Williams Institute School of Law at UCLA reports that North Carolina is home to 250,000 LGBT adults and 18,000 same sex couples. They estimate 56% are white, 29% African American and 11% Latino. In the Trillium 25 counties, Gallup estimates there to be 49,321 persons identifying as LGBTQ.

## Trillium Special Populations

**Disabled; Blind; Deaf & Hard of Hearing; Pregnant and Using Opioids/Illicit Drugs/Alcohol; LGBTQ**

| County | Number of Disabled[1] Adults Enrolled in Medicaid | Number of Blind[2] Adults Enrolled in Medicaid | Estimated Number of Deaf or Hard of Hearing[3] | Estimated Number of Pregnant Women, ages 15-25 who use Opioids (Rate 1.5%)[4] | Estimated Number of Pregnant Women, ages 15-25 who use Illicit Drugs (Rate 5.9%)[5] | Estimated Number of Pregnant Women, ages 15-25 who Drink Alcohol (Rate 8.5%)[6] | Estimated Number of LGBTQ[7] |
|---|---|---|---|---|---|---|---|
| Beaufort | 2,282 | 9 | 6,010 | 4 | 16 | 24 | 1,701 |
| Bertie | 1,319 | 10 | 2,555 | 2 | 7 | 10 | 723 |
| Brunswick | 3,182 | 24 | 17,411 | 9 | 35 | 51 | 4,928 |
| Camden | 187 | 2 | 1,306 | 1 | 4 | 6 | 369 |
| Carteret | 1,773 | 6 | 9,218 | 6 | 24 | 35 | 2,609 |
| Chowan | 645 | 4 | 1,807 | 1 | 5 | 7 | 511 |
| Craven | 3,085 | 19 | 12,302 | 12 | 45 | 65 | 3,482 |
| Currituck | 446 | 2 | 3,357 | 3 | 10 | 14 | 950 |
| Dare | 536 | 1 | 4,749 | 3 | 10 | 15 | 1,344 |
| Gates | 353 | 2 | 1,531 | 1 | 5 | 7 | 433 |
| Hertford | 1,328 | 4 | 3,054 | 2 | 9 | 13 | 864 |
| Hyde | 185 | 1 | 744 | 0 | 2 | 3 | 211 |
| Jones | 442 | 4 | 1,324 | 1 | 3 | 5 | 375 |
| Martin | 1,161 | 15 | 2,970 | 2 | 8 | 12 | 841 |
| Nash | 4,049 | 22 | 11,781 | 9 | 37 | 53 | 3,334 |
| New Hanover | 5,908 | 29 | 29,327 | 29 | 114 | 164 | 8,300 |
| Northampton | 1,291 | 7 | 2,676 | 2 | 7 | 10 | 757 |
| Onslow | 4,364 | 26 | 21,989 | 24 | 93 | 134 | 6,223 |
| Pamlico | 380 | 1 | 1,782 | 1 | 4 | 5 | 504 |
| Pasquotank | 1,448 | 10 | 4,983 | 5 | 21 | 30 | 1,410 |
| Pender | 1,678 | 6 | 7,683 | 6 | 24 | 35 | 2,174 |
| Perquimans | 487 | 2 | 1,749 | 1 | 5 | 7 | 495 |
| Pitt | 7,202 | 44 | 21,884 | 33 | 130 | 187 | 6,194 |
| Tyrrell | 143 | * | 536 | 0 | 1 | 2 | 152 |
| Washington | 747 | 5 | 1,540 | 1 | 4 | 5 | 436 |
| **Trillium Catchment Total** | **44,621** | **255** | **174,268** | **159** | **624** | **898** | **49,321** |
| **North Carolina Total** | **298,046** | **1,661** | **1,265,527** | **1,120** | **4,404** | **6,345** | **358,168** |

* Not Reported

Sources:

1,2 N.C. Division of Medical Assistance. June 30, 2017.

3 Deaf and Hard of Hearing: National Health Interview Survey 2014-2016, 2017

4 Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services, 2017

5 Forray, 2016

6 Forray, 2016

7 Gallup, Inc., 2018

Accessed 5/24/18

## Traumatic Brain Injury

In SFY2017, ten distinct individuals with a traumatic brain injury (TBI) were served throughout the 25 counties. Those served ranged from 37 to 64 years of age. The most common causes of TBI were falls, motor vehicle crash, and bicycle/motorcycle incidents. TBI members served during the year were from the following counties: Chowan, Dare, Gates, New Hanover, Pasquotank and Pitt. None reported being a veteran of the Iraq or Afghanistan wars.

## Prison/Jail

There are 11 correctional facilities located in the Trillium catchment counties. As of December 31, 2017, there were 5,122 people incarcerated. According to the NC Department of Public Safety, 91.8% were males and 8.2% were females. These numbers reflect the county of residence for inmates.

Trillium has contracted with a provider in Wilmington for Jail Diversion services in New Hanover County. This is a direct service provided in county jails, detention facilities, and environments such as court and community settings to assist in diverting individuals with serious mental illness from jail to treatment. It includes telephone time and collateral contact with persons who assist the member in meeting their goals. The service staff evaluate an inmate for eligibility to participate in the jail diversion service and negotiate with the district attorney, judge, and defense attorney for the inmate's release from jail. When a release plan is agreed upon by all relevant parties, the jail diversion staff arrange for the inmate to receive the services and supports needed for success in the community.

## Trillium Prison/Jail Population - December 31, 2017

| County | Prison/Jail Population | Female | Male |
|---|---|---|---|
| Beaufort | **301** | 27 | 274 |
| Bertie | **71** | 2 | 69 |
| Brunswick | **335** | 25 | 310 |
| Camden | **8** | 0 | 8 |
| Carteret | **250** | 40 | 210 |
| Chowan | **55** | 9 | 46 |
| Craven | **462** | 45 | 417 |
| Currituck | **37** | 4 | 33 |
| Dare | **79** | 9 | 70 |
| Gates | **16** | 0 | 16 |
| Hertford | **99** | 4 | 95 |
| Hyde | **23** | 1 | 22 |
| Jones | **34** | 1 | 33 |
| Martin | **137** | 16 | 121 |
| Nash | **370** | 18 | 352 |
| New Hanover | **991** | 81 | 910 |
| Northampton | **81** | 5 | 76 |
| Onslow | **532** | 56 | 476 |
| Pamlico | **55** | 7 | 48 |
| Pasquotank | **136** | 7 | 129 |
| Pender | **179** | 10 | 169 |
| Perquimans | **33** | 1 | 32 |
| Pitt | **768** | 48 | 720 |
| Tyrrell | **7** | 0 | 7 |
| Washington | **63** | 2 | 61 |
| **Trillium Catchment Total** | **5,122** | **418 (8.16%)** | **4,704 (91.84%)** |
| **North Carolina Total** | **37,263** | **2,978 (7.99%)** | **34,285 (92.01%)** |

Sources: North Carolina Department of Public Safety, Office of Research and Planning. A.S.Q. Custom Offender Report. Accessed 5/15/18.

### Juvenile Justice

Juvenile Facility Operations operates two types of secure commitment centers for youth in North Carolina: juvenile detention centers and youth development centers. There were 284 youth from Trillium's catchment area placed in detention with 27 youth committed to a youth development center for a period of at least six months in 2017. There were 3,892 youth served in programs supported by the Juvenile Crime Prevention Councils (JCPC) and 163 served in community-based and residential programs, while 112 individuals received therapeutic/skill building programs in group homes.

Trillium contracts with four providers to offer Multisystemic Therapy (MST) services to youth and families across the catchment area. They also contract with a provider in Pitt County who provides Comprehensive Assessments to juveniles admitted to the Pitt County Youth Detention Center, in addition to a wide array of office- and community-based services (Intensive In-Home Services, Outpatient Therapy, Medication Management, etc.). Trillium also contracts with a provider in the Southern Region (New Hanover, Pender, and Brunswick Counties) to provide a similar array of services.

Juvenile Justice Substance Abuse Mental Health Partnerships (JJSAMHP) were invited to participate in the Stakeholder Survey this year. The response from this group included the following:

- A total of 10 JJSAMHP staff responded to the survey:
    - All but four of the 26 Trillium Counties were represented in these responses (JJSAMHP representatives reported serving multiple counties. Counties not having any response included New Hanover, Washington, Tyrrell, Pender.)
- Needs and Gaps identified by JJSAMHP staff listed the following groups of youth needing additional or more complete services:
    - Special needs/Dually Diagnosed/Complex needs youth
    - Treatment for Sex Offending Youth
    - Parents of Juvenile Offender Youth need parenting classes
    - Out-of-Home placements for justice-involved youth
    - Need more Therapeutic Foster Care beds
    - Need more local Level II/IAFT homes
    - Onslow County does not have access to MST services
    - Jones County has limited resources to address youth mental health needs
- Additional suggestions:
    - It would be helpful for Trillium to consider hosting a clinical symposium with clinicians to explain the UM process and rationale. Also, because of the "least restrictive" measure, Trillium spends more money not addressing juvenile's needs at appropriate levels and could assist youth with short-term stays in residential and then provide a step-down service, which would foster more successful outcomes.

## Trillium Juvenile Justice - Table A

| County | POPULATION AGE GROUPS | | | COMPLAINTS RECEIVED | | | | | | | RATES | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Juvenile Population Ages 6-15 | Juvenile Population Ages 6-17 | Juvenile Population Ages 10-17 | Violent Class A - E | Serious Class F-I, A1 | Minor Class 1-3 | Infraction | Status (Undisci-plined) | Total Delinquent Complaints | Total Complaints | Undisciplined Rate per 1,000 Age 6-17 | Delinquent Rate per 1,000 Age 6-15 |
| Beaufort | 5,787 | 7,023 | 4,834 | 1 | 30 | 123 | 0 | 6 | 154 | 160 | 0.85 | 26.61 |
| Bertie | 2,313 | 2,766 | 1,831 | 1 | 16 | 26 | 0 | 0 | 43 | 43 | 0 | 18.59 |
| Brunswick | 12,747 | 15,296 | 10,228 | 8 | 92 | 187 | 1 | 16 | 288 | 304 | 1.05 | 22.59 |
| Camden | 1,316 | 1,594 | 1,131 | 1 | 3 | 7 | 0 | 3 | 11 | 14 | 1.88 | 8.36 |
| Carteret | 7,035 | 8,613 | 5,949 | 3 | 18 | 58 | 2 | 6 | 81 | 87 | 0.7 | 11.51 |
| Chowan | 1,727 | 2,090 | 1,404 | 0 | 5 | 50 | 0 | 7 | 55 | 62 | 3.35 | 31.85 |
| Craven | 14,277 | 16,884 | 10,488 | 5 | 100 | 230 | 2 | 27 | 337 | 364 | 1.6 | 23.6 |
| Currituck | 3,250 | 3,998 | 2,854 | 0 | 5 | 51 | 0 | 9 | 56 | 65 | 2.25 | 17.23 |
| Dare | 3,926 | 4,720 | 3,208 | 0 | 41 | 88 | 5 | 21 | 134 | 155 | 4.45 | 34.13 |
| Gates | 1,361 | 1,653 | 1,139 | 0 | 3 | 13 | 0 | 4 | 16 | 20 | 2.42 | 11.76 |
| Hertford | 2,863 | 3,425 | 2,331 | 0 | 26 | 23 | 0 | 0 | 49 | 49 | 0 | 17.11 |
| Hyde | 583 | 682 | 445 | 0 | 0 | 2 | 0 | 0 | 2 | 2 | 0 | 3.43 |
| Jones | 1,194 | 1,468 | 978 | 0 | 9 | 34 | 0 | 0 | 43 | 43 | 0 | 36.01 |
| Martin | 2,831 | 3,463 | 2,379 | 7 | 24 | 103 | 0 | 8 | 134 | 142 | 2.31 | 47.33 |
| Nash | 11,649 | 14,359 | 10,035 | 6 | 146 | 142 | 0 | 6 | 294 | 300 | 0.42 | 25.24 |
| New Hanover | 23,981 | 28,757 | 19,143 | 17 | 66 | 265 | 2 | 11 | 350 | 361 | 0.38 | 14.59 |
| Northampton | 2,378 | 2,840 | 1,921 | 2 | 17 | 36 | 1 | 0 | 56 | 56 | 0 | 23.55 |
| Onslow | 27,342 | 31,511 | 17,580 | 14 | 99 | 589 | 0 | 157 | 702 | 859 | 4.98 | 25.67 |
| Pamlico | 1,259 | 1,529 | 1,039 | 0 | 3 | 16 | 0 | 2 | 19 | 21 | 1.31 | 15.09 |
| Pasquotank | 5,204 | 6,192 | 4,005 | 2 | 58 | 88 | 0 | 13 | 148 | 161 | 2.1 | 28.44 |
| Pender | 7,099 | 8,622 | 5,887 | 9 | 43 | 176 | 0 | 2 | 228 | 230 | 0.23 | 32.12 |
| Perquimans | 1,518 | 1,825 | 1,230 | 3 | 12 | 29 | 0 | 1 | 44 | 45 | 0.55 | 28.99 |
| Pitt | 21,865 | 26,052 | 16,871 | 13 | 244 | 396 | 0 | 11 | 653 | 664 | 0.42 | 29.87 |
| Tyrrell | 438 | 523 | 341 | 0 | 4 | 12 | 0 | 2 | 16 | 18 | 3.82 | 36.53 |
| Washington | 1,623 | 1,921 | 1,258 | 5 | 4 | 15 | 0 | 2 | 24 | 26 | 1.04 | 14.79 |
| **Trillium Catchment Total** | **165,566** | **197,806** | **128,509** | **97** | **1,068** | **2,759** | **13** | **314** | **3,937** | **4,251** | **1.58** | **23.78** |
| **North Carolina Total** | **1,314,230** | **1,582,313** | **1,064,658** | **890** | **7,588** | **17,166** | **93** | **2,428** | **25,737** | **28,165** | **1.53** | **19.58** |

Source: North Carolina Department of Public Safety. 2017 Juvenile Justice County Databook. Last updated 4/24/18. Accessed 5/15/18.
Population Data Source: https://ncosbm.s3.amazonaws.com/s3fs-public/demog/countytotals_singleage_2016.html
Data Source Columns G-U: NC-JOIN Data Source Column V: https://www.ncdps.gov/documents/juvenile-crime-prevention-council-report-2018

# Trillium Juvenile Justice - Table B

| County | SUPERIOR COURT TRANSFERS | DETENTION | | | YDC COMMITMENTS | | COMMUNITY PROGRAMS | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Number of Juveniles Transferred to Superior Court | Distinct Juveniles Detained *, ** | Detention Admissions *** | Detention Admission Rate | YDC Commitments | YDC Commitment Rate per 1,000 youth Age 10-17 | JCPC Youth Served | Alternatives to Commitment Youth Served | JCPC Endorsed Level II Programs Youth Served | Residential Contractual Programs Youth Served | Community-Based Contractual Programs Youth Served |
| Beaufort | 0 | 13 | 17 | 2.42 | 2 | 0.41 | 178 | 0 | 0 | 3 | 13 |
| Bertie | 0 | 2 | 2 | 0.72 | 0 | 0 | 32 | 0 | 0 | 4 | 2 |
| Brunswick | 0 | 15 | 20 | 1.31 | 1 | 0.1 | 281 | 0 | 0 | 12 | 17 |
| Camden | 0 | 0 | 0 | 0 | 0 | 0 | 46 | 0 | 0 | 0 | 0 |
| Carteret | 0 | 11 | 11 | 1.28 | 0 | 0 | 276 | 0 | 0 | 2 | 2 |
| Chowan | 0 | 1 | 1 | 0.48 | 0 | 0 | 120 | 0 | 1 | 6 | 2 |
| Craven | 0 | 18 | 24 | 1.42 | 1 | 0.1 | 230 | 0 | 0 | 5 | 4 |
| Currituck | 0 | 2 | 2 | 0.5 | 0 | 0 | 72 | 0 | 1 | 4 | 1 |
| Dare | 0 | 2 | 2 | 0.42 | 0 | 0 | 117 | 0 | 2 | 3 | 0 |
| Gates | 0 | 0 | 0 | 0 | 0 | 0 | 85 | 0 | 0 | 0 | 0 |
| Hertford | 0 | 3 | 3 | 0.88 | 0 | 0 | 28 | 0 | 0 | 10 | 2 |
| Hyde | 0 | 0 | 0 | 0 | 0 | 0 | 37 | 0 | 0 | 0 | 0 |
| Jones | 0 | 2 | 4 | 2.72 | 0 | 0 | 15 | 0 | 0 | 2 | 1 |
| Martin | 0 | 15 | 15 | 4.33 | 1 | 0.42 | 345 | 0 | 0 | 7 | 8 |
| Nash | 0 | 27 | 34 | 2.37 | 2 | 0.2 | 238 | 0 | 0 | 9 | 16 |
| New Hanover | 0 | 28 | 39 | 1.36 | 0 | 0 | 394 | 9 | 46 | 3 | 38 |
| Northampton | 1 | 4 | 4 | 1.41 | 0 | 0 | 34 | 0 | 0 | 4 | 2 |
| Onslow | 0 | 56 | 90 | 2.86 | 1 | 0.06 | 314 | 17 | 0 | 14 | 23 |
| Pamlico | 0 | 1 | 1 | 0.65 | 0 | 0 | 173 | 0 | 0 | 0 | 0 |
| Pasquotank | 0 | 8 | 11 | 1.78 | 0 | 0 | 116 | 0 | 3 | 7 | 1 |
| Pender | 0 | 14 | 24 | 2.78 | 1 | 0.17 | 138 | 0 | 1 | 1 | 10 |
| Perquimans | 0 | 3 | 3 | 1.64 | 0 | 0 | 34 | 0 | 0 | 0 | 1 |
| Pitt | 0 | 56 | 73 | 2.8 | 17 | 1.01 | 386 | 0 | 44 | 14 | 17 |
| Tyrrell | 0 | 0 | 0 | 0 | 0 | 0 | 138 | 0 | 0 | 0 | 0 |
| Washington | 0 | 3 | 6 | 3.12 | 1 | 0.79 | 65 | 0 | 0 | 2 | 3 |
| **Trillium Catchment Total** | **1** | **284** | **386** | **1.95** | **27** | **0.21** | **3,892** | **26** | **98** | **112** | **163** |
| **North Carolina Total** | **16** | **1,805** | **2,672** | **1.69** | **187** | **0.18** | **21,238** | **111** | **217** | **598** | **597** |

Source: North Carolina Department of Public Safety. 2017 Juvenile Justice County Databook. Last updated 4/24/18. Accessed 5/15/18.

DETENTION

*"Distinct" in the County Databook is a count of juveniles detained per billed county. ** Statewide Distinct Juveniles Detained does not include 6 juvenile admissions from the Reservation.

***Admissions are the number of times all juveniles were admitted to detention from each respective county. This data does not include transfers between centers (within the detention system).

COMMUNITY PROGRAMS

Community Programs' data for columns V-AA are defined as youth served during the 2016-17 school/fiscal year.

Column AA data are defined as admissions during calendar year 2017 for assessment or secure custody purposes.

## Crime

Issues of public safety can negatively impact individuals and communities. Nine of the 16 reporting Trillium counties had a murder rate higher than the NC rate of 6.9 (per 100,000 persons). Thirteen of the 23 reporting counties reflected rape rates higher than the NC rate of 21.1 (per 100,000 persons).

**Trillium Crime Rates of Service Area - SFY16**

**(Rate per 100,000)**

| County | Murder | Rape | Robbery | Assault |
|---|---|---|---|---|
| Beaufort | 4.2 | 25.4 | 57.1 | 205.0 |
| Bertie | 45.0 | 25.0 | 20.0 | 110.0 |
| Brunswick | 1.8 | 14.2 | 21.3 | 110.3 |
| Camden | * | 9.8 | 19.6 | 68.8 |
| Carteret | 1.4 | 22.9 | 27.2 | 187.6 |
| Chowan | * | 20.6 | 27.5 | 543.3 |
| Craven | 3.0 | 20.2 | 62.7 | 195.1 |
| Currituck | * | 19.5 | 7.8 | 117.1 |
| Dare | 0.0 | 30.6 | 11.1 | 180.6 |
| Gates | * | * | * | * |
| Hertford | 29.5 | 12.7 | 42.2 | 202.6 |
| Hyde | * | * | * | * |
| Jones | * | 94.3 | 94.3 | 188.7 |
| Martin | 16.8 | 12.6 | 67.4 | 303.2 |
| Nash | 6.5 | 22.6 | 87.3 | 244.5 |
| New Hanover | 7.8 | 30.7 | 118.3 | 280.2 |
| Northampton | 11.2 | 22.4 | 22.4 | 134.4 |
| Onslow | 7.5 | 33.9 | 39.6 | 180.2 |
| Pamlico | 8.2 | 16.3 | 24.5 | 65.4 |
| Pasquotank | 10.1 | 30.2 | 95.5 | 286.6 |
| Pender | * | 22.5 | 17.3 | 72.6 |
| Perquimans | 7.7 | 15.3 | 23.0 | 107.4 |
| Pitt | 6.8 | 16.5 | 114.1 | 290.4 |
| Tyrrell | * | 47.4 | * | 142.3 |
| Washington | * | 54.1 | 27.0 | 837.8 |
| **Trillium Catchment Rate** | **10.5** | **26.9** | **46.7** | **219.7** |
| **North Carolina Rate** | **6.9** | **21.1** | **95.9** | **251.0** |

* Crime Rate not reported

Source: N.C. Department of Justice, Accessed 5/21/18.
http://crimereporting.ncsbi.gov/Reports.aspx

## Social Determinants of Health

The World Health Organization defines social determinants of health (SDOH) as the conditions in which people are born, grow, work, live and age, in addition to the wider set of forces and systems shaping the conditions of daily life.

Healthy People 2020 states that health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain, in part, why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

**Trillium Health Risk Factors**

| County | Percentage Reporting Poor or Fair Health | Percentage of Adults Who Smoke | Percentage of Obese Adults | Percentage Reporting Physical Inactivity | Percentage Reporting Excessive Drinking |
|---|---|---|---|---|---|
| Beaufort | 19% | 18% | 33% | 27% | 14% |
| Bertie | 24% | 21% | 36% | 31% | 12% |
| Brunswick | 16% | 16% | 28% | 20% | 14% |
| Camden | 14% | 16% | 31% | 24% | 17% |
| Carteret | 15% | 16% | 26% | 23% | 15% |
| Chowan | 21% | 19% | 34% | 30% | 12% |
| Craven | 18% | 18% | 30% | 26% | 16% |
| Currituck | 14% | 17% | 29% | 23% | 17% |
| Dare | 14% | 16% | 27% | 25% | 17% |
| Gates | 18% | 18% | 34% | 31% | 14% |
| Hertford | 24% | 22% | 37% | 32% | 12% |
| Hyde | 18% | 18% | 30% | 26% | 15% |
| Jones | 20% | 19% | 34% | 26% | 13% |
| Martin | 22% | 20% | 38% | 32% | 13% |
| Nash | 20% | 20% | 32% | 30% | 14% |
| New Hanover | 15% | 17% | 25% | 20% | 20% |
| Northampton | 26% | 22% | 39% | 31% | 11% |
| Onslow | 18% | 21% | 30% | 21% | 21% |
| Pamlico | 16% | 16% | 32% | 27% | 14% |
| Pasquotank | 20% | 19% | 35% | 27% | 15% |
| Pender | 16% | 17% | 31% | 26% | 16% |
| Perquimans | 19% | 18% | 33% | 24% | 13% |
| Pitt | 21% | 22% | 34% | 26% | 16% |
| Tyrrell | 21% | 20% | 31% | 26% | 14% |
| Washington | 23% | 20% | 33% | 31% | 11% |
| **Trillium Average Percentage** | **19%** | **19%** | **32%** | **27%** | **15%** |
| **North Carolina Percentage** | **18%** | **19%** | **30%** | **24%** | **15%** |

Source: Robert W. Johnson 2017 County Health Rankings. Accessed 5/20/18. www.countyhealthrankings.org

## Food Stability / Transportation / Housing

The Trillium catchment reflects the many issues of lower income and decreased access to stable housing, transportation and food stability in eastern North Carolina. Even while all counties experienced lower unemployment rates in 2017, 16 of the 25 counties had a higher percentage of poverty than North Carolina and the nation.

In North Carolina, 7% reported a lack of access to food. In the Trillium catchment, six counties reported a higher percentage than that for N.C., with Hyde County at 26%. Twelve of the 25 counties were identified as low income and did not have reasonable access to a grocery store. The US Department of Agriculture defines reasonable access as the number of people in a county living less than 10 miles from a supermarket or large grocery store. Also, 59.8% of NC public school students receive free or reduced-price meals. The Trillium county average was 70.4%.

The percent of households with no motor vehicles ranged from 2.7% in Camden County to 12.3% in Washington County. The NC percentage with no motor vehicle was reported in the US Census to be 6.5%. All counties in Trillium's catchment area are served by a community/regional community transportation system. There are a range of services offered by community transportation systems. Some provide rides to local community colleges, while some are human service-focused only. There is also a range of charges for users, from free to a $4.00 round-trip local ticket, with increasing fees for other areas, such as around the county or out-of-county. Some systems have routine stops at specific agencies, including social services, hospitals and grocery stores, while others are appointment-specific requiring pre-scheduling and location-specific pick-up.

North Carolina has federal approval to claim transportation as an administrative service reimbursement for transportation arranged and paid by County Departments of Social Services (DSS) as an agent for the State. Medicaid is required to assure transportation to medical appointments for all eligible individuals who need and request assistance with transportation. Transportation will be available if the recipient receives a Medicaid-covered service provided by a qualified, enrolled NC Medicaid provider. Medicaid only pays for the least expensive means suitable to the recipient's needs.

Seventeen percent of North Carolina households have severe housing problems. Within the catchment, percentages ranged from 15% in Gates and Tyrrell Counties to 24% in Pasquotank County and 26% in Chowan County. The January 2017 Point-in-Time Count reflected 8,962 persons experienced homelessness in North Carolina. The Point-in-Time Count follows the U.S. Department of Housing and Urban Development (HUD) definition of homeless: "People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided." While counts were not conducted in all Trillium counties, there were 466 adults and children identified as homeless in 12 counties. Of those, 57 were homeless veterans.

Across the country, organizations like Trillium have been working to address the Social Determinants of Health, which include factors such as socioeconomic status, race, educational attainment, neighborhood and environment, public safety, food security, and other elements of people's everyday living.

## Trillium Social Determinant Factors

| County | Percentage Reporting Lack of Access to Food[1] | Percentage of Low Income Population and Do Not Live Close to a Grocery Store[1] | Percentage of Public School Students Receiving Free or Reduced Price Meals[2] | Percentage of Households with No Motor Vehicles[3] | Percentage of Households with Severe Housing Problems[3] | Population Receiving SNAP (Food Stamp) Benefits[4] |
|---|---|---|---|---|---|---|
| Beaufort | 5% | 18% | 76.0% | 7.8% | 16% | 9.4% |
| Bertie | 5% | 24% | 99.8% | 10.0% | 19% | 12.8% |
| Brunswick | 5% | 15% | 62.0% | 4.2% | 17% | 5.2% |
| Camden | 1% | 12% | 30.0% | 2.7% | 16% | 3.7% |
| Carteret | 7% | 14% | 46.0% | 5.5% | 16% | 5.1% |
| Chowan | 7% | 21% | 68.0% | 11.8% | 26% | 9.7% |
| Craven | 6% | 17% | 57.6% | 7.6% | 16% | 6.3% |
| Currituck | 3% | 12% | 35.8% | 3.2% | 16% | 3.2% |
| Dare | 10% | 14% | 43.8% | 3.9% | 18% | 3.4% |
| Gates | 0% | 17% | 54.8% | 4.1% | 15% | 6.7% |
| Hertford | 6% | 25% | 99.5% | 10.8% | 22% | 12.5% |
| Hyde | 26% | 20% | 100.0% | 6.1% | 16% | 7.7% |
| Jones | 0% | 19% | 96.4% | 7.0% | 16% | 10.0% |
| Martin | 1% | 21% | 98.1% | 7.3% | 16% | 10.6% |
| Nash | 4% | 20% | 76.3% | 8.2% | 16% | 8.1% |
| New Hanover | 8% | 17% | 56.4% | 6.6% | 20% | 5.5% |
| Northampton | 3% | 24% | 99.4% | 12.2% | 17% | 13.1% |
| Onslow | 11% | 16% | 50.7% | 5.1% | 16% | 4.9% |
| Pamlico | 2% | 15% | 73.7% | 5.3% | 18% | 6.8% |
| Pasquotank | 9% | 21% | 71.2% | 12.1% | 24% | 8.7% |
| Pender | 3% | 16% | 55.3% | 6.1% | 18% | 5.9% |
| Perquimans | 1% | 18% | 67.2% | 9.6% | 16% | 8.3% |
| Pitt | 3% | 21% | 64.8% | 7.9% | 22% | 8.0% |
| Tyrrell | 6% | 20% | 77.2% | 11.0% | 15% | 9.7% |
| Washington | 10% | 24% | 99.4% | 12.3% | 16% | 12.4% |
| **Trillium Average Percentage** | **6%** | **18%** | **70.4%** | **7.5%** | **18%** | **6.7%** |
| **North Carolina Percentage** | **7%** | **18%** | **59.8%** | **6.5%** | **17%** | **6.4%** |

Sources: Accessed 5/17/18.

1. Robert W. Johnson 2017 County Health Rankings. Accessed 5/16/18. www.countyhealthrankings.org
2. N.C. Department of Public Instruction
3. U.S. Census, American Community Survey. Community Commons. https://assessment.communitycommons.org/CHNA/report?page=2&id=246&reporttype=libraryCHNA
4. NC DMA https://www2.ncdhhs.gov/dss/stats/docs/FNSCA/FNSCA_12-17.pdf

*II) Describe obstacles and barriers to serving specific geographic, cultural or special populations, as well as gaps they experience in mental health, developmental disabilities and substance use disorder services access, quality, or outcomes.*

## Geographic

- While Trillium's 25 counties represent 13.6% of the State's population, their total 12,022.79 square miles also represent almost 25% of the square-mile size of North Carolina.
- Nine of the 25 counties in the catchment have fewer than 50 persons per square mile. The population ranges from 9.2 to 10.6 persons per square mile in Hyde and Tyrrell Counties respectively to 1,142.4 persons per square mile in New Hanover County.
- Reflecting the geographical diversity of Trillium's catchment area in eastern North Carolina, Dare County has a total area of 1,563 square miles. Three hundred eighty-three square miles of it comprise the long, narrow Outer Banks peninsula and barrier islands separated by 1,179 square miles (75%) of water.
- Along with the uniqueness of the geography come the challenges of recruiting and delivering behavioral health services. While everyone should have access to needed services, these smaller populations in remote and rural areas can present the largest obstacles.

## Demographic/Race/Ethnicity

- The median ages among Trillium 25 counties present their own challenges. The median age in North Carolina is 38.6. Brunswick (50.6) and Pamlico (50.2) Counties reflect an older median age, while Pitt (32.7) and New Hanover (38.3) Counties, both with large universities, have a younger population. The types of services needed and utilized can be greatly impacted by these differences
- The associated stigma for those living with mental illness also presents a barrier. Research has shown the varying attitudes towards mental illness to be more negative in both older adults and those in rural communities, many times resulting in reluctance to reach out for services.
- The Hispanic/Latino population has steadily increased each year in the Trillium Counties. The twenty-five counties reflected approximately a 3% growth from 2016 to 2017.

## Special Populations

- Individuals identifying as LGBTQ are almost three times more likely than others to experience a mental health condition, such as major depression or generalized anxiety disorder. The fear of coming out and being discriminated against for sexual orientation and gender identities can lead to depression, post-traumatic stress disorder, thoughts of suicide and substance use.
- Barriers and obstacles include facing stigma and prejudice based on their sexual orientation or gender identity, while also dealing with the societal bias against mental health conditions. As a community, individuals who are LGBTQ do not often talk about mental health and may lack awareness about mental health conditions. This can prevent them from seeking the treatment and support they need to get better.

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## Section Three: Acceptability

*To ensure the LME/MCO's assessment reflects member and stakeholder experience, seek direct input from members and from a variety of existing service system partners. Discuss service gaps with local leaders, staff and members of disability-specific agencies to learn about service gaps for people with co-occurring physical, sensory (visual, hearing) and other disabilities. Engage the LME/MCO's Consumer and Family Advisory Council (CFAC) per § 122C-170, partners such as juvenile justice, DSS, education and disability advocacy groups in dialogue about service gaps and corresponding strategies and solutions. Use the information gathered to address the following items. If surveys were used please include a copy of the survey and a description of the distribution methodology as appendix documents.*

### Member/Family and Stakeholder Surveys

*I) Describe methods used to get input from members and their families regarding service needs, gaps and strategies. Include efforts to achieve geographic and disability-specific representation.*

Trillium Health Resources revamped the methods used to conduct the member/family and stakeholder input to the Gaps and Needs process this year. Trillium has always put a high degree of value on listening to its constituency groups and decided to use its network, SOC, and CIT staff to broadcast the surveys. Using methods like surveys, listening sessions, and an emphasis on Trillium staff contacting individuals in the system helped gain input from a broader range of members and families as well as stakeholders. The three regional CFACs designed the member/family survey, which was completed by over 1,500 individuals. The stakeholder survey was redesigned by Trillium staff and gathered over 1,200 responses. Both surveys and listening sessions focused on needs, gaps and challenges within the Trillium network.

Concerted efforts made surveys available online and in hard copy. The Member and Family Survey was made available in Spanish for members, advertised online and available in hard copy upon request. Surveys were also made available through a Quick Response (QR) code developed specifically for each survey audience, which allowed the surveys to be answered via tablets or smart phones. Trillium held listening sessions within the Northern, Central and Southern Regional Advisory Boards, CFACs and County Collaboratives.

To ensure members and families, stakeholders, and providers represented all counties in the 25-county network, Trillium identified teams of staff to assist with the outreach efforts. The teams traveled to different sites throughout the catchment area and assisted individual members/families with completing the surveys. Surveys were hand-delivered to providers with a deadline pick-up date and then entered into the system. The following efforts were also made:

- Each Network staff person was assigned a specific number of LIPs/LIP groups each day who encouraged provider participation in the stakeholder survey process.
- CIT Coordinator targeted law enforcement entities throughout the Trillium network area to encourage their participation.
- I/DD and MHSU Care Coordinators were tasked to ask five families each to complete a survey
- SOCs targeted the 25-county Department of Social Services to encourage their participation.

The chart below illustrates the dramatic increase in input that this new, more direct approach produced.

## Trillium Gaps and Needs Survey Respondents Comparison

| Survey Type | SFY2015 Number of Respondents | SFY2016 Number of Respondents | SFY2017 Number of Respondents | % Increase from SFY16 to SFY17 |
|---|---|---|---|---|
| Stakeholders Surveys | 524 | 918 | 1,283 | 39.76% |
| Member & Family Surveys | 578 | 784 | 1,585 | 102.17% |
| **Total Survey Respondents** | **1,102** | **1,702** | **2,868** | **68.51%** |

Additionally, the following surveys conducted across the 25-county area during SFY2017 were reviewed to capture any gaps and needs identified via those input processes.

- 2017 NC CAHPS® 3.0 Adult Medicaid ECHO® Report
- 2017 NC CAHPS® 3.0 Child Medicaid ECHO® Report
- 2017 Provider Satisfaction Survey Results: Trillium Health Resources

By reviewing input from the above surveys, Trillium staff had the ability to identify common themes across surveys conducted during the same timeframe. The following chart shows a comparison of the number of respondents who participated in each survey process reviewed and analyzed for this report.

## Comparison of Trillium LME/MCO Survey Respondents

| | 2017 NC CAHPS® 3.0 Adult and Child ECHO® Report[1] | Trillium LME/MCO SFY2017 Member and Family Surveys | Trillium 2017 Provider Satisfaction Surveys[2] | Trillium LME/MCO Stakeholder Surveys |
|---|---|---|---|---|
| **Total Number of Survey Respondents** | 195 | 1,585 | 500 | 1,283 |

***1 – December 2017: North Carolina CAHPS® 3.0 Adult Medicaid ECHO® Report; December 2017: North Carolina CAHPS® 3.0 Child Medicaid ECHO® Report***
***2 – December 2017: Trillium Health Resources 2017 Provider Satisfaction survey Results***

Trillium conducted the Member and Family Gaps and Needs Survey between April 19 and June 29, 2018. The English version was advertised on Trillium's Facebook pages, website, local county newspapers and hard copies were delivered to many individuals and groups. The Spanish version was available in hard copy and available and advertised on the website for members. Respondents were able to access both member and stakeholder surveys through QR codes to be downloaded on tablets or smart phones. One thousand five hundred eighty-five (1,585) member and their families responded to the survey, a 102.15% from last year.

The geographic representation of the member survey results was as follows (n=1,557):

- 265 or 17.02% -New Hanover
- 167 or 10.73% -Pitt
- 141 or 9.06% -Pasquotank
- 116 or 7.45% -Craven
- 89 or 5.72% -Beaufort
- 73 or 4.69% -Onslow
- 72 or 4.62% -Carteret
- 66 or 4.24% -Pender
- 59 or 3.79% -Bertie
- 56 or 3.60% -Nash
- 52 or 3.34% -Martin
- 49 or 3.15% -Brunswick
- 41 or 2.63% -Hertford
- 41 or 2.63% -Pamlico
- 38 or 2.44% -Washington
- 31 or 1.99% -Northampton
- 29 or 1.86% -Chowan
- 22 or 1.41% -Currituck
- 19 or 1.22% -Dare
- 17 or 1.09% -Gates
- 17 or 1.09% -Hyde
- 16 or 1.03% -Perquimans
- 13 or 0.83% -Camden
- 13 or 0.83% -Jones
- 9 or 0.58% -Tyrrell

At the time of the survey, members reported receiving or having received the following services (n=1,774) and were able to choose all services that applied:

- 528 or 29.76% Adult Mental Health
- 393 or 22.15% Adult Developmental Disabilities
- 272 or 15.33% Adult Substance Use Disorder
- 238 or 13.42% Child/Adolescent Mental Health
- 216 or 12.18% Child/Adolescent Developmental Disabilities
- 20 or 1.13% Child/Adolescent Substance Abuse

Themes from the Member and Family Survey include:

- Most respondents reported their marital status as Single (1,179 or 76.02%).
- The bulk of respondents indicated they were White/Caucasian (916 or 59.75%) or Black or African American (556 or 36.27%).
- Two hundred sixty-two (262) or 18.46% of respondents indicated they did not know if they were on a waiting list for Innovation Waiver services, while 105 or 7.40% reported they were on a waiting list for Innovations Waiver services.
- There were 591 or 54.87% respondents who reported their support staff changed 1-2 times, 3-4 times, or 5 or more times at the time of this survey.
- Four hundred thirty-two (432) or 33.34% of respondents reported they did not understand what a peer specialist was and how they might help.

*II) For each disability group (mental health, developmental disabilities and substance use disorder) what service gaps were identified by members and family members?*

One thousand one hundred sixty-three (1,163) or 80.04% of respondents felt they were getting the services they needed at the time of the survey. Of the 290 respondents that reported they were not getting the services they needed at the time of the survey, 94 or 34.81% of those respondents indicated more services were needed, including hours that services were available being inconvenient or travel time/distance was too long/far.

Needs and gaps were identified in more than one question, with the number of respondents being different for each question. The following is a list of the top 10 perceived needs and gaps, by percentage, identified by members and family members are listed below:

- 94 or 34.81% Need more services
- 169 or 15.69% Too few support service hours
- 157 or 14.66% Mental health services and supports
- 151 or 14.10% Psychological Counseling
- 147 or 13.65% Respite
- 59 or 13.53% List of and/or referral to available services and programs by agency
- 145 or 13.46% Supported employment services
- 138 or 12.81% Day programs
- 54 or 12.39% Increase education/awareness of disorders
- 51 or 11.70% Coaching services

The top perceived 6 barriers/challenges identified by members and families included:

- 297 or 26.38% Transportation
- 195 or 17.32% Wait too long for appointments
- 150 or 13.32% Cost of medication
- 147 or 13.06% Inconvenient hours
- 135 or 11.99% Lack of insurance
- 78 or 6.93% Don't want friends/family members to know about my condition

The top social determinant mentioned by members' families was transportation (297 or 26.38%). Two hundred thirty-two (232) respondents made additional comments at the end of the survey. Of those 232 respondents, 69 or 29.74% made favorable comments specific to services and providers.

*III) Describe methods used to get input from stakeholders other than members and families regarding service needs, gaps, and strategies.*

The Stakeholder Gaps and Needs Survey was also completed between April 19 and June 29, 2018. One thousand two hundred and eighty-three (1,283) stakeholders responded to the survey, which is a 39.76% increase from last year. The survey was posted on the Trillium website and emailed to all staff and various community groups. It was also hand-delivered, presented face-to-face and distributed to CFAC members, Regional Advisory Boards, advocacy groups, collaborative partners and other stakeholders. Teams were formed to target and distribute surveys to areas that were previously under-represented. A list of targeted areas and programs can be found in Appendix B.

Respondents to the stakeholder survey were as follows (n=1,283): Stakeholders (1020 or 78.40%), Trillium staff (214 or 16.45%), other (32 or 2.46%), Trillium Board (25 or 1.92%) and JJSAHMP Partnerships (10 or 0.77%).

Respondents were able to choose all counties where their organization had offices at the time of the survey. One hundred twelve (112 or 4.50%) respondents indicated their organization had offices outside of the Trillium 25-county catchment area. Counties represented within the Trillium catchment area include (n=2,487), in descending order of the number of respondents:

- New Hanover (365 or 14.68%)
- Onslow (301 or 12.10%)
- Pitt (240 or 9.65%)
- Carteret (128 or 5.15%)
- Brunswick (114 or 4.58%)
- Hertford (111 or 4.46%)
- Pender (110 or 4.42%)
- Craven (107 or 4.30%)
- Pasquotank (95 or 3.82%)
- Camden (94 or 3.78%)
- Chowan (80 or 3.22%)
- Nash (78 or 3.14%)
- Beaufort (73 or 2.94%)
- Bertie (63 or 2.53%)
- Washington (60 or 2.41%)
- Dare (57 or 2.29%)
- Martin (56 or 2.25%)
- Northampton (55 or 2.21%)
- Currituck (54 or 2.17%)
- Perquimans (52 or 2.09%)
- Pamlico (48 or 1.93%)
- Gates (43 or 1.73%)
- Jones (36 or 1.45%)
- Hyde (34 or 1.37%)
- Tyrrell (33 or 1.33%)

*IV) For each disability group (mental health, developmental disabilities and substance use disorder) what service gaps were identified by other stakeholders?*

Of 1,224 respondents, 331 (27.02%) indicated they were not sure if services offered in the Trillium catchment area addressed their members' cultural and ethnic needs, while 18.71% reported they were not addressing their cultural or ethnic needs at the time of this survey.

When asked to expand on why respondents felt the way they did, they reported the following:

- 33 or 18.33% Gaps or limited services
- 28 or 15.56% Need to establish or improve partnership with Trillium
- 27 or 15.00% Mental health services and supports, particularly for pre-kindergarten children and students at all levels in public schools
- 26 or 14.44% Need for additional resources
- 16 or 8.89% Language interpretation and multilingual clinical services and resources, especially for Spanish speakers
- 13 or 7.22% Need more providers; open network of providers
- 11 or 6.11% Day treatment

Respondents indicated the following cultural or ethnic groups they felt were experiencing gaps at the time of the survey:

- 62 or 19.87% Hispanic/Latino
- 53 or 16.99% Children/preschoolers
- 35 or 11.22% Low income
- 27 or 8.65% Adults
- 23 or 7.37% Adolescents/teens/juveniles/youth
- 21 or 6.73% African Americans
- 11 or 3.53% Asian Americans
- 10 or 3.21% LGBTQ members

The top five gaps identified by respondents that cultural or ethnic groups might be experiencing include:

- 106 or 32.22% Limited or no services
- 69 or 20.97% Mental health services and supports
- 53 or 16.11% Lack of providers
- 47 or 14.29% School-based services and supports
- 27 or 8.21% Transportation

Two hundred and twenty (220) or 17.90% of respondents indicated they did not feel the services offered in the Trillium catchment area addressed the service needs of individuals with co-occurring physical, visual/hearing disabilities or other disabilities; 495 or 40.28% reported they were not sure. The top three gaps identified for those individuals with co-occurring physical, visual/hearing disabilities or other disabilities include the following:

- 84 or 42.21% Limited or no services
- 36 or 18.09% School-based services and supports
- 28 or 14.07% Mental health services and supports

Additional feedback respondents gave included these top items:

- Limited or no services (149 or 42.82%)
- School-bases services and supports are needed (64 or 18.39%)
- Mental health services and supports are needed (63 or 18.10%)
- Services for children (54 or 15.52%)

## Summary of Trillium Listening Sessions 2018

Listening sessions were conducted to determine needs and gaps in behavioral health services. The listening sessions included all Collaboratives and Regional CFACs, which resulted in the following gaps and needs identified.

| Listening Session | Gaps and Needs identified |
|---|---|
| Northern, Central and Southern Regional Advisory Boards | • "Getting a client certified and placed is difficult"<br>• More Level III group homes<br>• Difficulty with I/DD placement and services<br>• More services after someone completes detox<br>• Case management services need to be embedded within DSS<br>• Emergency Operations Centers should have MCO or provider presence during disasters<br>• More affordable recovery housing<br>• More providers for school-based therapy in Pender County<br>• More Substance Abuse Services<br>• More local inpatient psych beds |
| Southern CFAC | • Supported Employment services in Onslow County<br>• Developmental Vocational Programs in Onslow County<br>• SUD – Transitional facility of housing needed after Detox and before re-entering the community<br>• Mental health services for children – "middle ground" services<br>• CBS services<br>• New Hanover County – Dr. Johnstone's non-profit (TIDE) should be supported for pregnant woman with SUD issues |
| Jones Collaborative | • Level III and other services to meet youth needs |
| Onslow Collaborative | • Transitional housing<br>• Increase in pre-release programs and services |
| Tri-County Collaborative | • Services are available but are not being authorized<br>• Lack of resources for TBI<br>• Lack of medication management<br>• Long wait times between when a call center staff calls with a crisis for someone leaving the hospital, and them getting services<br>• Individuals with MH & I/DD must choose between MH and I/DD services; they are not receiving services combined |
| Camden/Pasquotank Collaborative | • Need Sex Offender Treatment Services for youth in Camden and Pasquotank Counties. Currently, youth and families are traveling long distances to obtain services, sometimes across state lines.<br>• Limited public transportation options exist<br>• Soft Skills Training to increase employment for individuals with MH challenges<br>• More MH/SA services for individuals with private insurance<br>• There is a lack of homeless shelters in Camden County |
| Tyrrell County | • Limited local provider choice<br>• Limited behavioral health services for ages 5-12 years old<br>• Not much coordination between the schools and providers who come into the schools to provide services…need more consistency |

| Listening Session | Gaps and Needs identified |
|---|---|
| Washington County Collaborative | • Services for children from ages 6-11 are lacking<br>• More support for members that collaborative agencies are working with<br>• Experience communication problems with Trillium |
| Dare Community Collaborative | • Increasing the availability of School Based Mental Health services,<br>• Having a local detoxification center |
| Chowan Community Collaborative | • Need additional evidence-based practices for youth ages 5-12 |
| Currituck Community Collaborative | • Intensive In-Home Services for youth on Knotts Island.<br>• Day Treatment programs for youth in the Northern Region |
| Perquimans County Child Community Collaborative | • Sex Offender Treatment Services for youth |
| Hertford Community Collaborative | • High numbers of youth and elderly being seen in the ED and by Mobile Crisis |
| Hyde County | • Need to increase availability of SBMH<br>• Detox services need to be local. Nearest detox is over 2 hours away and it is hard to arrange transportation that far away |
| Pitt Community Collaborative | • Youth Peer Support<br>• High Fidelity Wrap-around for Youth and Families<br>• Inpatient Psychiatric Hospital Beds<br>• Crisis Stabilization Beds for Children and Youth in Pitt County so they would not have to go out of county<br>• Timely and high-quality psychological evaluations |

# Section Four: Special Populations

## I. Transitions to Community Living Initiative (TCLI)

### A. Community-Based Supportive Housing Slots

1. *Describe service gaps and needs, obstacles and barriers, and recent activities and projects in the LME/MCO to identify and engage eligible individuals in the TCLI priority population*

   TCLI has offered TCLI training to ACTT and TMS providers as well as to the community and ACH. The PASRR has been an obstacle to engaging eligible individuals. There is a shortage of Certified Peer Support specialists, especially in the Northern Region of Trillium's catchment. TCLI has been working with the state hospitals to receive information on eligible members in a more timely and efficient manner. There are no ACTT providers in the Northern Region of Trillium's catchment. Trillium has only one TMS provider, which results in no choice for members.

2. *Describe service gaps and needs, obstacles and barriers, and recent activities and projects in the LME/MCO to provide access and transition individuals to community-based supported housing*

   Transportation is an obstacle in the Trillium catchment due to its primarily rural nature. Available and affordable housing is an obstacle. Housing is difficult to identify for members who have criminal backgrounds, extensive poor credit history, or who are sex offenders. TCLI staff have worked with private property owners to cultivate new housing opportunities. Waiver for Fair Market Value has been discontinued effective April 1, 2018, allowing for additional access to housing.

3. *Describe service gaps and needs, obstacles and barriers, and recent activities and projects in the LME/MCO to transition individuals within 90 days of assignment to a transition team*

   State hospitals are now using TCLI as a referral source and are faxing discharge paperwork to the MCO and In-Reach provider. TCLI has been given access to bridge housing via DHHS utilizing hotels as an option for diversion. Obstacles to transitioning in 90 days include lack of available and affordable housing, lack of housing that accepts criminal offenders or sex offenders, and transportation.

4. *Describe service gaps and needs, obstacles and barriers, and recent activities and projects in the LME/MCO to support individuals' housing tenure and ability to maintain supportive community-based housing*

   Monthly follow up by Post Transition Coordinators as well as scheduled staffings to create a housing plan for members facilitate tenure in housing. Access to Personal Care Service is limited and often difficult to put in place in a timely manner.

### B. IPS-Supported Employment

1. *Describe the network adequacy of IPS-Supported Employment services, including number, locations and capacity of fidelity teams; the LME/MCO's total service capacity requirements (including but not limited to the TCLI population); and service gaps and needs.*

   Trillium currently has seven contracted IPS Supported Employment providers.

a. LeChris Health Systems of Greenville has an IPS-SE team serving 23 members in Pitt and Beaufort Counties.
b. NuVizions, LLC has two IPS-SE teams serving 32 members in Pitt, Martin, Bertie, Perquimans, Hertford, Northampton, Chowan, and Pasquotank Counties.
c. Physicians Alliance for Mental Health has an IPS-SE team serving 105 members in Brunswick, New Hanover, Pender, Onslow, and Carteret Counties.
d. RHA Health Services has an IPS-SE team serving 45 members in Pitt, Jones, Beaufort, Pamlico, Craven, Hyde, Tyrrell, and Washington Counties.
e. EasterSeals UCP Greenville has an IPS-SE team serving 19 members in Pitt, Beaufort, and Martin Counties.
f. EasterSeals UCP New Bern has an IPS- SE team serving 21 members in Craven, Jones, and Pamlico Counties.
g. EasterSeals UCP Wilmington has an IPS-SE team serving 94 members in Brunswick, New Hanover, and Pender Counties.

All seven providers have passed their fidelity reviews. The service gaps and needs are currently in Dare, Camden and Gates Counties. Total number of days members were in Supportive Employment = 1007

2. *Describe obstacles and barriers as well as recent activities and projects to engage and refer individuals in the TCLI priority population, including individuals with SMI living in community-based supportive housing and individuals living in or at risk of entry to adult care homes.*

Trillium has not seen any barriers; the numbers have been good.

## C. Community-Based Mental Health Services

1. *Describe the array and intensity of community-based mental health services provided to individuals living in supportive housing, as well as their sufficiency, as indicated by individuals' ability to obtain and maintain stable housing and by other personal outcomes indicative of greater integration in the community. Personal outcomes addressed in response should include the following: (Time period 7/1/16 -6/30/2017)*

***a.*** ***Supportive housing tenure and maintenance of chosen living arrangement;***
TMS, ACTT, Peer Support, CST, Medication Management, Out Patient Therapy
***b.*** ***Hospital, adult care home, or inpatient psychiatric facility admissions;***
Nine total State Psychiatric Admissions
***c.*** ***Use of crisis beds and community hospital admissions;***
75 community-based hospitalizations, 11 FBC admissions
***d.*** ***Emergency room visits;***
105 ED admissions
***e.*** ***Incidents of harm;***
44 incidents of harm (source: IRIS reporting)
***f.*** ***Time spent in congregate day programming;***
PSR authorizations 1367
***g.*** ***Employment;***
Three (3) (two volunteers hoping positions turn into paid employment)
***h.*** ***School attendance/ enrollment;***
None to our knowledge
***i.*** ***Engagement in community life;***
Not sure how to measure this

2. *Describe gaps and needs in the community-based mental health services provided to individuals in community-based supportive housing. Note that this item refers to gaps and needs related to the provision and outcomes of services, and not solely to the access and choice standards addressed in Section One*.

   ACTT and TMS providers are lacking in addressing members' needs after 5:00 PM as well as on nights, weekends and holidays.

3. *Describe obstacles and barriers as well as recent activities and projects to address gaps in the array, intensity, and sufficiency of community-based mental health services provided to individuals in supportive housing.*

   ACTT and TMS providers are lacking in addressing members' needs after 5:00 PM as well as on nights, weekends and holidays.

### D. Crisis Services

1. *Describe the network adequacy of the LME/MCO crisis service system, including the geographic availability, array and intensity of services; the sufficiency to offer timely and accessible services and supports to individuals experiencing a behavioral health crisis; and service gaps and needs. Note that this item refers to gaps and needs related to the provision and outcomes of services, and not solely to the access and choice standards addressed in Section One*.

   There is no ACTT team in the Northern Region of Trillium's catchment.

2. *Describe the extent to which crisis services are provided in the least restrictive setting and consistent with an already developed individual community-based crisis plan or in a manner that develops such a plan because of the crisis, and in a manner that prevents unnecessary hospitalization, incarceration or institutionalization*.

   TCLI works collaboratively with ACTT, CST and TMS providers to manage crisis for members creating comprehensive crisis plans and housing plans.

3. *Describe obstacles and barriers as well as recent activities and projects to address gaps related to crisis service availability, delivery, sufficiency, and outcomes*.

   Network function

## II. Children with Complex Needs

*The term "Children with Complex Needs" is defined as Medicaid eligible children ages five to 21 with a developmental disability (including Intellectual Disability and Autism Spectrum Disorder) and a mental health disorder who are at risk of not being able to enter or remain in a community setting due to behaviors that present a substantial risk of harm to the child or to others.*

*A. Describe service gaps and needs as well as obstacles and barriers to identifying and linking children with complex needs to appropriate levels of services, including Case Management and all services provided by NC START.*

1. Need - Increased development of Residential service options that specialize in treatment and support of children with complex care needs: Level II, IAFT, and Level III providers and providers experienced in providing support to children with comorbid IDD and ASD diagnoses.
2. Need - Respite (hourly and overnight) services for children with comorbid IDD and ASD and/or MH (preferably at least one option in each region of the Trillium geographic area).

3. Gap - Rapid Resource for IAFT referral portal is not effective due to lack of provider response.
4. Need -Crisis Respite options need more development.
5. Gap - Intensive In-Home teams lack training in treatment for children with complex needs.
6. Gap - Providers throughout the state have a general lack of knowledge regarding the specific service/support needs for children with complex needs.

B. *Describe recent activities, projects, and initiatives in the LME/MCO to identify children with complex needs, to link them with services including Case Management, ABA therapy and NC START services, and address related service gaps and needs, obstacles, and barriers.*

1. Trillium has developed two CM providers who cover the entire catchment area.
2. ABA services have been developed in the Trillium geographic areas.
3. Trillium has established a monthly collaborative meeting with NC START, CM providers, and the ABA provider. This meeting has resulted in NC START producing specific provider trainings on treating/supporting specific children/families.
4. Two Resource Coordinator positions have been developed (one in IDD CC; one in MH-SU CC) to assist in securing appropriate treatment/support options for children with complex needs. These positions work with Care Coordinators, stakeholders, and providers in crisis situations as well as children/families who need specialized treatment/support.
5. Resource Coordinators track availability of bed openings for all network residential options to identify the most appropriate for our members. In addition, the IDD Resource Coordinator tracks Allied Health, Respite, and SCS-BCBA service availability.
6. Trillium has developed a Complex Care Team in MH-SU Care Coordination to address members with high needs. The team works intensively with identified members who meet the criteria for Complex Care to ensure their needs are met. This team has specialized training and knowledge specific to children with dual diagnosis, medically fragile, and other integrated care concerns for those who have social determinate barriers.
7. The IDD Care Coordination Department also serves Children with Complex Needs and children with IDD/ASD and IDD/MH who have intensive behavioral support needs.
8. The Complex Care Team also provides the opportunity for transitioning-aged youth (18 to 21 years) to have Care Coordinators who can address needs specific to this population, i.e., housing, educational and vocational opportunities, and moving into independence.
9. Trillium utilizes INCEDO, a Care Coordination software platform designed to identify evidence-based treatment recommendations for mental health, IDD/ASD needs, medical needs, and prescription oversight.
10. Trillium has developed a referral and access process for Case Management with a pass- through period for completing appropriate assessments. Removing this barrier has provided our members with the opportunity to have Case Management quickly and be linked to appropriate services.
11. Trillium has provided Mental Health First Aid training to our communities to increase overall knowledge.

# Section Five: Network Access Plan

## I) Executive Summary

1. *Provide a summary of the 2018 Network Adequacy and Accessibility Analysis Report and the areas of focus that will be addressed in the upcoming year.*

The Network Plan is the heart and soul of the LME/MCO system. Without the Network, there is no reason for the LME/MCO to exist. It's how the health and function of the LME/MCO is judged to be adequate, exceptional or missing integral pieces. It's the piece of the LME/MCO that creates the structure by which members, families and communities are served. The goal of the Network is to create a quality system of providers that serves members efficiently with fidelity and quality to improve their lives and health conditions. It must, by purpose, be responsive to its communities' needs, challenges and opportunities.

During SFY2017, Trillium Health Resources expanded to include Nash County. By taking on the LME/MCO functions for the expanded 25 counties, it would be an expectation that the network would increase its providers as well as the number of members served. A quick comparison of the past two years illustrated the following:

| | SFY2016 | SFY2017 | Percentage Increase |
|---|---|---|---|
| **Provider Service Sites** | 2,535 | 2,592 | 2.2% |
| **Number of Members Served** | 49,075 | 51,604 | 5.1% |

In SFY2018, Columbus County also chose to join the Trillium Network and will result in additional provider sites and member growth for the upcoming year.

Trillium made a serious attempt at gathering input from members, families and stakeholders for this report. Trillium served a total of 51,604 members during SFY2017. A total of 2,868 surveys were completed by members, families and stakeholders. While members and families comprised 1,585 of that number, it is important to keep in mind that represents only 3% of the members and families served during SFY2017. The member/family/stakeholder voice is significant to this process and Trillium does take into consideration those issues addressed in the surveys, particularly in a time of no MCO Medicaid savings and legislative cuts to funding for services for the uninsured. However, it is a remote possibility that Trillium will be able to change much about the system until Medicaid reform becomes a reality.

The qualitative analysis of those respondents who added comments to their surveys (members 1,585/stakeholders 1,283) illustrated the following perceived needs:

**MEMBERS**

**Access**

- Need more services
- Too few support service hours
- List of and/or referral to available services and programs by provider
- Provider hours are inconvenient
- Wait for services is too long

**Type of services needed**

- Mental health services and supports
- Psychological counseling
- Respite
- Supported employment
- Day programs
- Coaching

**Education/Advocacy needs**

- increase education/awareness of disorders
- Don't want my family and friends to know about my condition

**Social Determinant issues identified most frequently**

- Transportation
- Cost of medications
- Lack of insurance

**STAKEHOLDERS**

**Cultural/Ethnic Needs**

- Limited or no services
- Trillium providers not addressing cultural or ethnic needs
- Language interpretation, multilingual clinical services and resources, especially Spanish speaking
- Limited or no services for the following special populations:
    - Hispanic/Latino
    - children/preschoolers
    - low income
    - adults
    - adolescents/teens/juveniles
    - youth
    - African-Americans
    - Asian-Americans
    - LGBTQ members

**Types of services most identified as needed**

- Mental health services and supports, particularly for pre-kindergarten children and students at all levels in public schools
- Day treatment
- School-based supports

**Access**

- Need to improve partnership with Trillium
- Additional resources
- Additional providers
- Open the network to new providers

**Social Determinants**

- Transportation

**SFY2018 Areas of Focus**

Trillium will be focused on the following areas in the upcoming year:

- Integrating Columbus County into the Trillium Network by
  - integrating providers serving Columbus County into the Trillium Network; and
  - migrating members currently receiving services from Eastpointe to Trillium network providers.
- Fully implementing the Incedo Care Management System, which incorporates health and social determinant indicators into care management plans for members and families.
- Preparing staff and network providers for the anticipated Medicaid Reform of the LME/MCO system.
- Working to upgrade and tailor the current CIE (MIS) system to meet Trillium's current data needs.

2. *Describe progress of activities, projects, and initiatives developed and/or implemented to address service gaps and service exceptions identified in last year's gaps analysis report. For areas in which continued gaps exist and service exceptions are still needed what barriers have been identified and addressed?*

| 2017 Identified Gaps & Needs and Recommendations | | | Activities, Projects, Initiatives Developed to Address Gaps & Needs | Progress/Results Achieved | Barriers Identified to Continued Gaps & Needs |
|---|---|---|---|---|---|
| 1 | General Recommendations | Data generated within the Trillium system needs to be accurate. Trillium staff need to sharpen their skills for determining which data they ask for to review. Staff also need to take a critical look at the data the system already collects, determine which data is missing, and figure out how to collect and analyze new information as the system changes. | In this review period, Trillium has hired a full-time data base administrator (DBA) to support more effective use of the data we collect, to identify systems that corrupt our data within and beyond our control as well as define data structure and methodologies to ensure data accuracy and consistency. In this review period, Trillium has created and hired the IT Project Analyst role to encourage and support better questions from the organization and translate those questions into IT tasks. In addition, Business Informatics continues to work with the business sections to create opportunities for cleaning and maintaining data integrity. Examples include, but are not limited to, workflow process improvement efforts using automation and trusted sources of truth, SSRS report aimed at identifying and correcting erroneous data, and improving role security and accountability to reduce opportunities for introducing flawed data. Trillium also continually works with external stakeholders and partners to increase reliable sources of data and to create standardization across the LME/MCO continuum so reporting is complete and more precise. | In this review period, Trillium has initiated joint IT and QM projects to support consistent data outcomes, define future data projects, and develop a shared knowledge base between these two critical data reporting functions. | None |

| 2017 Identified Gaps & Needs and Recommendations | | | Activities, Projects, Initiatives Developed to Address Gaps & Needs | Progress/Results Achieved | Barriers Identified to Continued Gaps & Needs |
|---|---|---|---|---|---|
| 2 | General Recommendations | Trillium needs to develop a much better method for collecting data on psychiatric services in its 24-county area. Four (4) counties have telepsychiatry sites only. Five (5) counties have no face-to-face or telepsychiatry service sites located within county borders. | Data collection and service availability are two distinct functions. Trillium collected data at the levels and detail required by all funding contracts during the review period. To support better analysis of the data collected, reports were developed to combine service codes and location data. (See attached). As stated previously, Trillium also continually works with external stakeholders and partners to increase reliable sources of data and to create standardization across the LME/MCO continuum so reporting is complete and more precise. As additional information is obtained, Trillium will continue to update and evolve systems and structure to import, store and use data appropriately. For example, the addition of a North Carolina HIE (Health Information Exchange) and the increased usage of State source files like Pharmacy and Physical claims. | To support better analysis of the data collected, reports were developed to combine service codes and location data. | None |

| 2017 Identified Gaps & Needs and Recommendations | | | Activities, Projects, Initiatives Developed to Address Gaps & Needs | Progress/Results Achieved | Barriers Identified to Continued Gaps & Needs |
|---|---|---|---|---|---|
| 3 | Outpatient Services | Trillium did not meet the 100% standard for Non-Medicaid-Funded services by less than 1/10th of a percent. Trillium increased the number of Access Point kiosks placed in rural counties from 6 to 10 to boost screenings and referrals, which are expected to continue to assist with member referrals from those extremely rural areas. Data current to SFY2016 indicated a very minimal gap for this service and the plan for any non-Medicaid funded member would be to add single case agreements to an existing Medicaid provider | Access Point kiosks were placed in rural areas, which enable visitors to take an evidence-based screening. If there is a perceived need, individuals are linked with resources for accessing care, or use up the attached telephone handset to connect with the Call Center to be linked with an appointment. Ribbon cuttings were held at each kiosk at its opening and there were several presentations at local and state conferences. Rack cards were placed in local DSS offices, Health Department offices, and other areas. Project was completed with 14 kiosks being placed by the end of SFY2017. | 1300 Screenings completed in FY 16/17. Access Point was displayed at Child Vision 2020 in Wilmington, NC; Association of County Commissioners Annual Conference in Winston Salem; and Council on Community Programs Annual Conference in Pinehurst. Provided training to staff at Carteret County Health Department; Martin, Tyrrell, Washington Health Department; Currituck Library Staff; and Northampton Department of Social Services. | None |

| 2017 Identified Gaps & Needs and Recommendations | | | Activities, Projects, Initiatives Developed to Address Gaps & Needs | Progress/Results Achieved | Barriers Identified to Continued Gaps & Needs |
|---|---|---|---|---|---|
| 4 | Location-Based Services | Psychosocial Rehab. An RFP will be published to increase access/choice in the network which may include opening the network to new providers. If no qualified providers are identified through the RFP process, Trillium will develop a recruitment plan in which current providers will be asked their interest in providing this service in areas of need. In the interim, for any identified member needs, Trillium would utilize the Member-Specific Agreement process with providers willing and able to serve those members in need of this service. | Trillium posted an RFP for PSR in identified gap areas in Feb 2017. | No qualified providers applied for the PSR RFP, so Trillium was not able to award the RFP. Trillium continues to issue Single Case Agreements as needed for this service in areas where there are identified gaps. | Lack of interested or qualified provider applicants for this service. |

| 2017 Identified Gaps & Needs and Recommendations | | | Activities, Projects, Initiatives Developed to Address Gaps & Needs | Progress/Results Achieved | Barriers Identified to Continued Gaps & Needs |
|---|---|---|---|---|---|
| 5 | Location-Based Services | A CADT RFP will be published to increase access/choice in the network which may include opening the network to new providers. If no qualified providers are identified through the RFP process, Trillium will develop a recruitment plan in which current providers will be asked their interest in providing this service in areas of specific need. In the interim, for any identified member needs, Trillium will utilize the Member-Specific Agreement process with providers who are willing and able to serve members needing this service. | Trillium posted an RFP for CADT in April 2017 for areas of identified gaps. | No qualified providers applied for the PSR RFP, so Trillium was not able to award the RFP. Trillium continues to issue Single Case Agreements as needed for this service in areas where there are identified gaps. | Lack of interested or qualified provider applicants for this service. |

| 2017 Identified Gaps & Needs and Recommendations | | | Activities, Projects, Initiatives Developed to Address Gaps & Needs | Progress/Results Achieved | Barriers Identified to Continued Gaps & Needs |
|---|---|---|---|---|---|
| 6 | Location-Based Services | SACOT. An RFP will be published to increase access/choice in the network which may include opening the network to new providers. If no qualified providers are identified through the RFP process, Trillium will develop a recruitment plan in which current providers will be asked their interest in providing this service in areas of need. In the interim, for any identified member needs, Trillium would utilize the Member-Specific Agreement process with provider willing and able to serve those members in need of this service. | Trillium posted an RFP for SACOT in identified areas with coverage gaps in April 2017. | No qualified providers applied for the SACOT RFP, so Trillium was not able to award the RFP. Trillium continues to issue Single Case Agreements as needed for this service in areas where there are identified gaps. | Lack of interested or qualified provider applicants for this service. |

| 2017 Identified Gaps & Needs and Recommendations | | | Activities, Projects, Initiatives Developed to Address Gaps & Needs | Progress/Results Achieved | Barriers Identified to Continued Gaps & Needs |
|---|---|---|---|---|---|
| 7 | Location-Based Services | SAIOP. An RFP will be published to increase access/choice in the network which may include opening the network to new providers. If no qualified providers are identified through the RFP process, Trillium will develop a recruitment plan in which current providers will be asked their interest in providing this service in areas of need. In the interim, for any identified member needs, Trillium would utilize the Member-Specific Agreement process with providers who are willing and able to serve those members in need of this service. | Trillium posted an RFP for SAIOP in identified areas with coverage gaps in April 2017. | No qualified providers applied for the SAIOP RFP, so Trillium was not able to award the RFP. Trillium continues to issue Single Case Agreements as needed for this service in areas where there are identified gaps. | Lack of interested or qualified provider applicants for this service. |

| 2017 Identified Gaps & Needs and Recommendations | | | Activities, Projects, Initiatives Developed to Address Gaps & Needs | Progress/Results Achieved | Barriers Identified to Continued Gaps & Needs |
|---|---|---|---|---|---|
| 8 | Location-Based Services | Opioid Treatment. An RFP will be published to increase access/choice in the network which may include opening the network to new providers. If no qualified providers are identified through the RFP process, Trillium will develop a recruitment plan in which current providers will be asked their interest in providing this service in areas of need. In the interim, for any identified member needs, Trillium would utilize the Member-Specific Agreement process with providers who are willing and able to serve those members in need of this service. Trillium is still working with 2 of our current Buprenorphine providers to establish this service. | Trillium has identified a provider to add OTP sites in four gap areas; this development will take approximately 18 months. The first site will open in Elizabeth City, other areas include Jacksonville, Ahoskie and Morehead City. | Provider began work to open an OTP site in Elizabeth City, services began in March of 2018. | OTP services are heavily regulated and opening sites in identified areas could take 18-24 months. Work continues for opening a Jacksonville OTP site. |

| 2017 Identified Gaps & Needs and Recommendations | | | Activities, Projects, Initiatives Developed to Address Gaps & Needs | Progress/Results Achieved | Barriers Identified to Continued Gaps & Needs |
|---|---|---|---|---|---|
| 9 | Location-Based Services | Day Supports. An RFP will be published to increase access/choice in the network which may include opening the network to new providers. If no qualified providers are identified through the RFP process, Trillium will develop a recruitment plan in which current providers will be asked their interest in providing this service in areas of need. In the interim, for any identified member needs, Trillium would utilize the Member-Specific Agreement process with provider who are willing and able to serve those members in need of this service. | Trillium utilizes Single Case Agreements for members who need this level of care. | N/A | None |
| 10 | Specialized Services | SA Non-Medical Community Residential Treatment-Medicaid and non-Medicaid funded. This is currently an approved exception request. Trillium continues to work toward the development of the Healing Transitions Programs, both in Greenville and Wilmington and will continue to evaluate the need for this service once these programs are operational. | Trillium continues to have an approved exception request for this service. Call center and care coordination made referrals to Healing Transitions in Raleigh to contract for 35 beds to provide access to non-medical detox while working on the Healing Place replication project. | 206 members were referred to Healing Transitions during the 2016/2017 FY. | Funding for The Healing Place replication for sites in Greenville and Wilmington was through Medicaid Reinvestment Funds and was put on hold because of the reallocation of those funds by the General Assembly. |

| 2017 Identified Gaps & Needs and Recommendations | | | Activities, Projects, Initiatives Developed to Address Gaps & Needs | Progress/Results Achieved | Barriers Identified to Continued Gaps & Needs |
|---|---|---|---|---|---|
| 11 | Specialized Services | SA Medically Monitored Community Residential Treatment-Medicaid and Non-Medicaid funded. This is currently an approved exception request. Trillium continues to work toward the development of the Healing Transitions Programs, both in Greenville and Wilmington and will continue to evaluate the need for the service once these programs are operational. | Trillium continues to have an approved exception request for this service. Call center and care coordination made referrals to Healing Transitions in Raleigh to contract for 35 beds to provide access to non-medical detox while working on the Healing Place replication project. | 206 members were referred to Healing Transitions during the 2016/2017 FY. | Funding for The Healing Place replication for sites in Greenville and Wilmington was through Medicaid Reinvestment Funds and was put on hold because of the reallocation of those funds by the General Assembly. |
| 12 | Specialized Services | Partial Hospitalization. Trillium had a contracted provider for this service through sfy16. Currently, this service is closed to Non-Medicaid funded members. For exceptions, Trillium is willing to enter into Member-Specific Agreements with providers to cover those members needing this level of care. | Trillium continues to issue Single Case Agreements for members who need this level of care. | Trillium issues Single Case Agreements for members in need of this level of care. PH sites were added with the realignment of Nash County. | None |

| 2017 Identified Gaps & Needs and Recommendations | | | Activities, Projects, Initiatives Developed to Address Gaps & Needs | Progress/Results Achieved | Barriers Identified to Continued Gaps & Needs |
|---|---|---|---|---|---|
| 13 | Specialized Services | Psychiatric Residential Treatment Facility (PRTF). This service is covered in the Medicaid benefit package and member becomes Medicaid eligible upon entering this service. For exceptions, Trillium is willing to enter into Member-Specific Agreements with providers to cover those members needing this level of care. | Trillium enters into Single Case Agreements for members in need of this level of care if an in-network provider is not available to meet this need. | Trillium enters into a Single Case Agreement for members in need of this level of care if an in-network provider is not available to meet this need. | None |
| 14 | Departmental Priorities: Prevention and Education | Compassion Reaction update for SFY2017 | Trillium contracted with *Rachel's Challenge* to train our school systems in 24 counties about kindness and compassion. The training follows the curriculum developed by Darryl Scott and his organization called Rachel's Challenge. | In the 2015-2016 School year, this program was implemented in 122 Middle and High Schools. In the 2016-2017 School year, this program was implemented in 165 Elementary Schools. The total number of students who went through this program was approximately 136,000. | None |

| 2017 Identified Gaps & Needs and Recommendations | | | Activities, Projects, Initiatives Developed to Address Gaps & Needs | Progress/Results Achieved | Barriers Identified to Continued Gaps & Needs |
|---|---|---|---|---|---|
| 15 | Departmental Priorities: Intervention and Treatment | Access Kiosks update for SFY2017 | Added Access Point kiosks in Bertie, Onslow. Pasquotank, Pamlico, and Tyrrell Counties for a total of 14 screening kiosks. Partnered with Martin, Tyrrell, Washington Health department to offer screenings via provided iPad using Access Point to individuals in all three county health departments. Increased community awareness of Access Point online screening and community kiosks. | 1300 Screenings completed in FY 16/17. Access Point was displayed at Child Vision 2020 in Wilmington; NC Association of County Commissioners Annual Conference in Winston Salem; and Council on Community Programs Annual Conference in Pinehurst. Provided training to staff at Carteret County Health Department; Martin, Tyrrell, Washington Health Department; Currituck Library Staff, and Northampton Department of Social Services. | None |

| 2017 Identified Gaps & Needs and Recommendations | | | Activities, Projects, Initiatives Developed to Address Gaps & Needs | Progress/Results Achieved | Barriers Identified to Continued Gaps & Needs |
|---|---|---|---|---|---|
| 16 | Departmental Priorities: Intervention and Treatment | Supportive Living update for SFY2017 | In July 2016, Trillium developed a plan to offer "Supported Living", a new innovative service to people receiving Innovations Waiver services through the Request for Proposal process. | In 2016, Trillium awarded seven providers Supported Living through the Request for Proposal. In 2017, Trillium expanded the Network by adding two providers through a Member Specific Contract (CSA).<br>Trillium's staff continues to participate in a monthly statewide Supported Living workgroup to collaborate with other MCOs and develop standardization tools for the service.<br>In 2016/2017, there were 11 members receiving this service. | Locating providers to support members with complex medical needs i.e. G/I tubes, suctioning, etc. Financial concerns for members who want to live without a roommate.<br>Lack of funding due to high IW for ATES, or Home Mods. Finding affordable housing that is in safe areas and/or on the bus line.<br>Barriers with service definition:<br>Members want to be able to Self-Direct this service and are not interested in provider directed services; or<br>Members who are 18 yrs. old cannot access Community Transition because the service definition for Community Transition says it is an "adult" service<br>Ensuring SL providers are understanding and implementing the service as intended.<br>Staff will continue to address these concerns, however, some may require change in definition |

| 2017 Identified Gaps & Needs and Recommendations | | | Activities, Projects, Initiatives Developed to Address Gaps & Needs | Progress/Results Achieved | Barriers Identified to Continued Gaps & Needs |
|---|---|---|---|---|---|
| 17 | Departmental Priorities: Intervention and Treatment | Mobile Crisis update for SFY2017 | Trillium has coverage for all 25 counties for Mobile Crisis Management. | One provider expanded its coverage area to include the Southern Region and Nash County to ensure there was adequate coverage. | None |
| 18 | Departmental Priorities: Intervention and Treatment | Preferred Providers update for SFY2017 | Preferred Provider was established to assist the Trillium Call Center with meeting time-frame appointment benchmarks for the call center. Preferred Providers are expected to see patients within two days for urgent appointments and within five days for Routine appointments (this was formerly 14 days.) Preferred Providers are also asked to upload Comprehensive Clinical Assessments within seven days and to utilize standardized electronic assessment tools for their MH/SU adolescent and adult population. Per their contract, Preferred Providers must meet all benchmarks at 50% or greater. Current Preferred Providers include: IFS, Pride, Access, Dream and RHA. | Trillium's staff continues to participate in a monthly Supported Living Statewide workgroup to collaborate with other MCOs and develop standardization tools for the service. | Lack of funding for due to high IW for ATES, or Home Mods |

| 2017 Identified Gaps & Needs and Recommendations | | | Activities, Projects, Initiatives Developed to Address Gaps & Needs | Progress/Results Achieved | Barriers Identified to Continued Gaps & Needs |
|---|---|---|---|---|---|
| 19 | Departmental Priorities: Intervention and Treatment | Healing Transition update for SFY2017 | Trillium continues to contract with Healing Transitions in Raleigh for 35 beds to ensure members have access to non-medical detox and long-term residential substance use services. Trillium continued to work with Healing Place of Louisville on the program replication and on architectural design during this FY. | 206 members were referred to Healing Transitions during the 2016/2017 FY. | Funding for The Healing Place replication for sites in Greenville and Wilmington was through Medicaid Reinvestment Funds and was put on hold because of the reallocation of those funds by the General Assembly. |
| 20 | Departmental Priorities: Intervention and Treatment | Naloxone Kits update for SFY2017 | Trillium donated $33,333 in SFY2017 to the NC Harm Reduction Coalition for Naloxone kits. | Most of the funds donated were used to purchase nasal kits for Law Enforcement. At prevailing rates, Trillium's donation should be adequate to purchase 450-500 nasal kits. | None |
| 21 | Departmental Priorities: Housing and Employment | 2020 Vision for Recovery update for SFY2017 | The goal of 2020 Vision for Recovery is to open 20 new Oxford Houses throughout Trillium's catchment area by 2020. | During SFY2017, two new houses were opened - one for women with children/8 beds; and one men's/8 beds | None |

| 2017 Identified Gaps & Needs and Recommendations | | | Activities, Projects, Initiatives Developed to Address Gaps & Needs | Progress/Results Achieved | Barriers Identified to Continued Gaps & Needs |
|---|---|---|---|---|---|
| 22 | Departmental Priorities: Housing and Employment | Referral Process for IPS-SE as part of TCLI update for SFY2017 | The participation in IPS-SE and employment is discussed throughout the In-Reach and Transition process with TCLI members. Members interested in IPS-SE can be referred to the service through the In-Reach Specialist, Transition Coordinator, and/or MH/SU Care Coordinator. | The IPS SE numbers have been increasing through the current referral process. | None |
| 23 | Departmental Priorities: Children and Families | Child First update for SFY2017 | Back in SFY2014, Trillium committed to re-invest over $63 million dollars of Medicaid savings into programs. For communities in the 24-county area, which included Child First/Child Parent-Psychotherapy. The approximate capacity for providing Child First to children aged birth to six and their families would be 432 families at a time. A review of information indicates 21 of the 24 counties for this time had an eligible member served. The three counties not indicated as served were Camden, Gates, and Jones Counties. | During the time between 7/1/2016 and 6/30/2017, there were 386 children served by the Child First Program by four different in-network provider agencies. Of the total served 83 were under the age of three and were managed by Beacon Health and DMA. The remaining children were over the age of 3 at the time of admission to services and were included under managed behavioral health care by Trillium. | Ensuring SL providers are understanding and implementing the service as intended. |

| 2017 Identified Gaps & Needs and Recommendations | | | Activities, Projects, Initiatives Developed to Address Gaps & Needs | Progress/Results Achieved | Barriers Identified to Continued Gaps & Needs |
|---|---|---|---|---|---|
| 24 | Department Priorities: Children and Families | 2020 Child Vision Update for SFY2017 | Increased access to evidence-based treatment for children 0-6yo and their families with the implementation of Child First in 24 counties. Collaborated with other early childhood agencies (i.e., CDSA, pediatricians), the local DSS agencies in the Trillium catchment, and school systems to maximize the number of children served and in targeting key social determinants of health (nutrition, housing, immunizations/well care, transportation, trauma exposure). Trained 46 licensed master-level clinicians in providing Child Parent Psychotherapy and Reflective Supervision. Recruited and trained 36 Family Resource Partners in Early Childhood Development, Assessment of Family needs, and in helping caregivers access community resources. Increased access to services for troubled youth with behavioral challenges by providing four fully staffed standard MST teams and one MST team that treated both standard and youth with Problem Sexual Behaviors. With JJSAMH partnerships across the catchment, explored use of a Centralized Assessment model for youth involved with DJJ to assess the best service available for targeted youth at the initial assessment. Provided internal and external training/clarification on MST. Increased collaboration with DJJ, DSS, Schools and JJSAMH partnerships. Conducted needs assessment for development of MST trams in Carteret and Onslow Counties and found there are not enough referrals to establish a team in either county yet. Investment in 11 sites to provide Inclusive child IDD afterschool programs, summer day camps and more integrated social activities for children with IDD throughout the 24 counties. | Increased referrals to evidence-based services (MST, TF-CBT, IAFT, Child First). Increased collaboration with DSS, CDSA, DJJ, JJSAMH partnerships. Quicker access to initial tx with NPA of MST and Child First services. Fidelity and clinical outcome targets met for MST. | DJJ in Carteret and Onslow counties continue to prefer to use alternative EBP (AMI) rather than MST. Funding cuts by the state. Additional services for dually diagnosed and transitional youth (18-25yo) |

| 2017 Identified Gaps & Needs and Recommendations | | | Activities, Projects, Initiatives Developed to Address Gaps & Needs | Progress/Results Achieved | Barriers Identified to Continued Gaps & Needs |
|---|---|---|---|---|---|
| 25 | Departmental Priorities: Quality Monitoring and Management | Increasing outpatient therapy for children receiving Therapeutic Foster Care Services. Update for SFY2017 | QIP initiated 11/17/15 with the goal of increasing percentage of TFC members receiving outpatient therapy to 90%. Baseline measurement taken 1st Quarter of FY15-16 and was 74%. Quarterly measurements taken from Q1 2015 through Q2 2017 and goal of project was not met. Project terminated by QIC in February 2018 due to multiple design flaws that were identified in early 2018 that prevented goal from being reached: limitations of data available to Trillium, inconsistent measurement population, and high turnover of TFC members. | QIP demonstrated, through consultation with provider agencies, that most children in TFC were likely receiving therapy. This was not being reflected in Trillium data due to data limitations. | None |
| 26 | Departmental Priorities: Quality Monitoring and Management | A complete Trillium Health Resource Provider Directory update for SFY2017 | QIP initiated 7/21/18 with the purpose of developing a 100%complete Trillium provider directory after consolidation of Coastal Care and ECBH legacy agencies. Baseline measurement taken July 1, 2015 and directory was 52% complete. Monthly measurements taken from August 2015 through November 2017, at which point project was closed successfully by QIC on 11/21/17due to maintenance of 100% goal for 12 months. Interventions implemented include technical assistance provided, the creation of three regions, increased collaboration between Trillium departments, development/design of module allowing for easier editing of provider information listed on website, creation of a provider search workgroup, contract with a new vendor on website design. | Goal of 100% reached and maintained for 12 months, QIP closed. | None |

| 2017 Identified Gaps & Needs and Recommendations | | | Activities, Projects, Initiatives Developed to Address Gaps & Needs | Progress/Results Achieved | Barriers Identified to Continued Gaps & Needs |
|---|---|---|---|---|---|
| 27 | Departmental Priorities: Quality Monitoring and Management | Increasing the overall satisfaction percentage on the Annual DHHS Provider Satisfaction Survey update for SFY2017 | QIP initiated 3/15/16 with the purpose of implementing interventions to increase overall satisfaction score on annual DHHS Provider Satisfaction Survey to 80%. Baseline (2015 data) was 68.5%, 1st measurement (2016 data) was 89.8%, 2nd measurement (2017 data) was 81.9%. Interventions completed include Network staff ensuring provider contact info was correct and sending pre-survey emails, increasing/building rapport between provider and Network staff, Listening Sessions with providers for feedback, increasing awareness within provider network about this project, targeted surveys from Sept 2016 - June 2017 of providers on overall satisfaction, and survey reminder emails/contacts. Project was closed successfully by QIC on 4/17/18 due to meeting goal of 80% and maintaining for 12 months. | Goal met, QIP closed. | None |

| 2017 Identified Gaps & Needs and Recommendations | | | Activities, Projects, Initiatives Developed to Address Gaps & Needs | Progress/Results Achieved | Barriers Identified to Continued Gaps & Needs |
|---|---|---|---|---|---|
| 28 | Department Priorities: Integrated Care | Intra-Agency update on SFY2017 activities. | 1. Initiation of the Incedo project, a care coordination software package designed to include more attention to traditional medical issues to support a more integrated view of the whole person for Care Coordination staff. 2. increased role of nursing staff in care coordination. TCLI has a dedicated nurse to address the specific needs of the TCLI individuals which includes medication review, care plan reviews, consultation with the care coordinators, and the staffing of cases with medical directors regarding BH and PH issues. Adult MH/SU care coordination has a nurse in their department, Medical Affairs has an integrated care nurse that serves as a consultant to the Child MH/SU care coordination, IDD and UM. She also reviews overutilization and staffs cases with Medical Directors and UM staff. Integrated care nurse serves on sentinel events committee and reviews daily incident reports in conjunction with other trillium clinicians. Trillium nurses also utilize external database (CMIS) to assist with medication reviews. | Incedo has been fully implemented, all Care Coordination teams are fully utilizing the system. Allowed Trillium to standardize the Care Coordination workflow and increased access to physical and pharmacy claims data. | Continuing need for internal training. |

| 2017 Identified Gaps & Needs and Recommendations | | | Activities, Projects, Initiatives Developed to Address Gaps & Needs | Progress/Results Achieved | Barriers Identified to Continued Gaps & Needs |
|---|---|---|---|---|---|
| 29 | Departmental Priorities: Integrated Care | Inter-Agency activity update for SFY2017. | 1 – A $400,000 grant to Coastal Horizons to support a primary care clinic integrated into the Coastal Horizons behavioral health agency.<br>2 – Bi-monthly meetings between clinical leadership of Trillium and the two CCNC (Community Care of North Carolina) regions that overlap Trillium's geography, Community Care of the Lower Cape Fear and Community Care Plan of Eastern Carolina (Access East). | 1. Grant funding was used to successfully sustain one of the few integrated outpatient clinics in the region. The clinic routinely provides services to more than 100 people monthly. 2. Bi-monthly Trillium/CCNC meetings provided a forum for discussion of issues of common concern and mutual interest. | None |

## II) Access Plan

1. *Describe the actions that are underway or will be taking place over the next fiscal year to address the identified service gaps in **Section One: Network Availability and Accessibility**.*

- PSR-Medicaid - For any identified member needs, we would utilize the Member-Specific Agreement process with providers who are willing and able to serve those members.
- PSR--Non-Medicaid - We continue to explore less expensive alternatives to brick and mortar services to deliver quality care to this non-entitled population.
- Child and Adolescent Day Treatment-Medicaid - For any identified member needs, we would utilize the Member-Specific Agreement process with providers who are willing and able to serve those members.
- Child and Adolescent Day Treatment-Non-Medicaid - We continue to explore less expensive alternatives to brick and mortar services to deliver quality care to this non-entitled population.
- SACOT-Medicaid - For any identified member needs, we would utilize the Member-Specific Agreement process with providers who are willing and able to serve those members.
- SACOT-Non-Medicaid - We continue to explore less expensive alternatives to brick and mortar services to deliver quality care to this non-entitled population.
- SAIOP-Medicaid - For any identified member needs, we would utilize the Member-Specific Agreement process with providers who are willing and able to serve those members. As so few of our SA members are eligible for Medicaid, we continue to evaluate the availability of non-Medicaid funding necessary to ensure these services remain financially viable.
- SAIOP-Non-Medicaid - We continue to explore less expensive alternatives to brick and mortar services to deliver quality care to this non-entitled population.
- Opioid Treatment-Medicaid - For any identified member needs, we would utilize the Member-Specific Agreement process with providers who are willing and able to serve those members. We are still working with 2 of our current Buprenorphine providers to establish this service.
- Opioid Treatment-Non-Medicaid - We continue to explore less expensive alternatives to brick and mortar services to deliver quality care to this non-entitled population. We are still working with two of our current Buprenorphine providers to establish this service.
- Day Supports-Non-Medicaid - To improve access to whole-person care for Non-Medicaid members, Trillium staff will continue to assist those members with applying for and obtaining Medicaid.
- Facility-Based Respite-Medicaid - The code requested for the data pull was a Non-Medicaid only code (YA213). The Medicaid code for this service is S5150US - Innovations Waiver Facility Respite and Trillium has at least one (1) contracted provider for this service which would meet the standard.
- Partial Hospitalization-Non-Medicaid - To improve access to whole-person care for Non-Medicaid members, Trillium staff will continue to assist those members with applying for and obtaining Medicaid.
- PRTF-Non-Medicaid - To improve access to whole-person care for Non-Medicaid members, Trillium staff will continue to assist those members with applying for and obtaining Medicaid.
- Residential Treatment Level 1-Non-Medicaid - The service code requested for this service is not allowable for this funding source.
- Residential Treatment Level 2-Other Than TFC-Non-Medicaid - The code requested for the data pull, Y2363, is not in Trillium's Non-Medicaid benefit plan.
- Residential Treatment Level 3-Non-Medicaid - The service code requested for this service is not allowable for this funding source.
- Residential Treatment Level 4-Non-Medicaid - The service code requested for this service is not allowable for this funding source.

- Child MH Out-of-Home Respite-Medicaid - The service code requested for this service is not allowable for this funding source.
- Child MH Out-of-Home Respite-Non-Medicaid - The code requested for the data pull, YA125, was end-dated in our software platform on 6/30/2011. Currently, Trillium has code YA213-Community Respite Child in our benefit plan, for which we have at least one provider.
- SA Non-Medical Community Residential Treatment-Medicaid - Trillium continues to work toward the development of the Healing Place Programs, both in Greenville and Wilmington, and will continue to evaluate the need for this service once these programs are operational.
- SA Non-Medical Community Residential Treatment-Non-Medicaid - Trillium continues to work toward the development of the Healing Transitions Programs, both in Greenville and Wilmington, and will continue to evaluate the need for this service once these programs are operational.
- SA Medically Monitored Community Residential Treatment-Medicaid - Trillium continues to work toward the development of the Healing Transitions Programs, both in Greenville and Wilmington, and will continue to evaluate the need for this service once these programs are operational.
- SA Medically Monitored Community Residential Treatment-Non-Medicaid - Trillium continues to work toward the development of the Healing Transitions Programs, both in Greenville and Wilmington, and will continue to evaluate the need for this service once these programs are operational.
- Intermediate Care Facility/IDD-Non-Medicaid - The service code requested for this service is not allowable for this funding source.

2. *Describe the actions that are underway or will be taking place over the next fiscal year to address geographic, cultural or special populations needs identified in **Section Two: Accommodation**.*

Trillium is in the process of launching a new Community Health Opportunities Department to address Social Determinants of Health. These staff people will provide member education in communities and administer voucher programs to help meet member needs related to transportation, food insecurity and housing. Trillium has also implemented the *Child First* evidence-based practice as an In Lieu Of Service to address toxic stress in children from birth to age of six. To enhance access to services, Trillium has established a Preferred Provider Program, which requires participating providers to allow members to access care at rates more quickly than required by the State of North Carolina. Additionally, Trillium is in the process of posting the following RFPs meant to improve access and services to children with special needs and situations:

- Increase access to school-based therapy for youth in Therapeutic Foster Care settings; and
- Enhance access to services by offering an improved provider directory to provide members with online information updated in real time.

Recently, Trillium applied for two grants issued by the NC Department of Public Instruction for funds approved by the NC State Legislature to address School Safety, as well as training and education for school and social service professionals addressing children and youth in the school systems with specialized needs. Trillium received widespread support from 95% of the county school systems and over 90% from the county social service departments for both grant applications.

Another project Trillium has supported over the past couple years has been the Crisis Continuum Project in Onslow and Carteret Counties. In FFY2018, Trillium applied for and received funds through the Federal Bureau of Justice to develop a crisis continuum in the two counties with strong collaboration between Trillium, its providers, the two sheriff departments, all municipal police departments in the two counties, the hospitals in both counties and Emergency Medical Services. Efforts have been successful in drafting a Crisis Plan as well as providing CIT and Mental Health First

Aid Training to all law enforcement and EMS staff. The grant will begin its second year of operation in October 2018.

3. *Describe the actions that are underway or will be taking place over the next fiscal year to improve member and stakeholder experience as identified in* ***Section Three: Acceptability.***

Trillium is very interested in its members and uninsured members and families having a positive and productive relationship with the LME/MCO and its provider network. While the responses to the surveys were insightful, most of the fill-in-the-blank responses were from three large counties; New Hanover, Onslow and Pitt.

A. In New Hanover and Onslow in particular, many of the fill-in-the-blank responses came from teachers and public health officials. Many responses indicated those professionals were not knowledgeable of the scope of Trillium's Network, services or that the LME/MCO was the entity responsible for offering a network of services for behavioral health and IDD for Medicaid and non-Medicaid members and families.

B. As a potential solution, Trillium could develop a community education strategy for the Public Health Departments, Departments of Social Services and schools targeting the professionals in these counties who make up this stakeholder group. It would outline Trillium's mandate to serve its target population as well as access and crisis intervention services.

C. Recently, Trillium applied for two grants issued by the NC Department of Public Instruction for funds approved by the NC State Legislature to address School Safety as well as training and education for school and social service professionals addressing school-age children and youth with specialized needs. Trillium received widespread support from 95% of the county school systems and over 90% support from the county social service departments for both grant applications

## III) In Lieu of and Alternative Services

1. *For Medicaid-Funded "In Lieu of" Services, Child First is the only approved Medicaid "in lieu of" service definition for the LME/MCO. Address the following related to Child First:*

   A. *Geographic area covered by Child First*

   Child First has coverage in all 25 counties today; however, it is important to note that this service definition was not approved during this review period.

   B. *Service capacity Child First*

   The approximate capacity for providing Child First to children aged birth to six and their families would be 432 families at a time. A review of information indicates 21 of 24 counties had an eligible member served. The three counties not indicated as served were Camden, Gates, and Jones Counties.

   C. *Demonstrate how Child First filled the gap it was intended to address, including the number and characteristics of members served and how they accessed the service*

   During 7/1/2016 to 6/30/2017, there were 386 children served by the Child First Program through four network provider agencies. Of the total served, 83 were under the age of three and were managed by Beacon Health and DMA. The remaining children were over the age of 3 at the time of admission to services and were included under managed behavioral health care by Trillium.

   Trillium devised an enhanced rate for service codes 90791TJ, 90832TJ, 90834TJ, 90837TJ, 90839TJ, 90840TJ, 90846TJ, 90847TJ and T1017HETJ based on financial analysis of data from previous contract years. Service codes utilized for birth to 3-year olds are 90791, 90832, 90834, 90837, 90839, 90840, 90846, 90847, and T1016HA.

   The gap filled by this service was to address early childhood trauma.

   D. *Barriers encountered or challenges experienced during implementation of Child First*

   The requests for authorization of Medicaid services for eligible children aged birth to three years were sent to Beacon Health Services. Authorization requests for Case Management were submitted to DMA on the Non-covered State Medicaid Services Form/EPSDT. Beacon has a no prior authorization for the first 16 visits in a fiscal year. However, DMA requires prior authorization for all case management activities for children under 3 years of age. The fee structure is insufficient to cover the actual costs for delivering services. In addition, the reimbursement process proved to be very complicated and required an extensive amount of research and time by the provider agencies and assistance from MCO staff.

2. *For approved non-Medicaid-funded alternative services, using the list of non-Medicaid Alternative service definitions for the LME/MCO below, address the following:*

   A. *TBI Long-Term Residential Rehabilitation*

      1) *Geographic area covered by each approved non-Medicaid-funded alternative service definition*

         Members from all 25 counties are eligible (current members enrolled in this service represent seven counties). The only current provider of this service is in a county outside of our catchment area.

      2) *Service capacity of each non-Medicaid-Funded definition*

         ReNu Life is the only provider we have for this service. ReNu Life is always willing to admit more members, but the service capacity is limited by lack of funding.

      3) *Demonstrate how each Non-Medicaid-Funded definition filled the gap it was intended to address, including the number and characteristics of members served and how they accessed the service*

         This service addresses the long-term cognitive rehabilitation, remediation, and restructuring needed after a TBI. This service offers survivors a service based on understanding of the complete clinical presentation associated with TBI. Nine TBI survivors are currently receiving this service. Several of these members were already living at the current facility but receiving a less appropriate service. Members accessed the service after being assessed and deemed appropriate for admission by the provider.

      4) *Barriers encountered or challenges experienced during implementation*

         Besides the barrier of not having more funds to support more members, it is a challenge/barrier to have only one provider available for this service. It is also a challenge when members sometimes stay at this level of service and do not step down to a less restrictive setting.

   B. *Wellness Education Group*

      1) *Geographic area covered by each approved Non-Medicaid-Funded alternative service definition*

         24 of 25 counties have Wellness Education Groups available.

      2) *Service capacity of each Non-Medicaid-Funded definition*

         There is no service capacity restriction for this service. Six thousand ninety-one (6,091) distinct members were served during the timeframe for this report.

      3) *Demonstrate how each Non-Medicaid-Funded definition filled the gap it was intended to address, including the number and characteristics of members served and how they accessed the service*

         Wellness Education Group addresses self-management and recovery education as an extension or step down from outpatient therapy. It helps members to identify coping skills and natural supports for their recovery.

4) *Barriers encountered or challenges experienced during implementation*

No barriers or challenges were experienced.

C. *Assertive Engagement*

1) *Geographic area covered by each approved Non-Medicaid-Funded alternative service definition*

This is not an in lieu of definition utilized in Trillium's catchment area.

D. *Outpatient DBT (Group)*

1) *Geographic area covered by each approved Non-Medicaid-Funded alternative service definition*

This is not an in lieu of definition utilized in Trillium's catchment area.

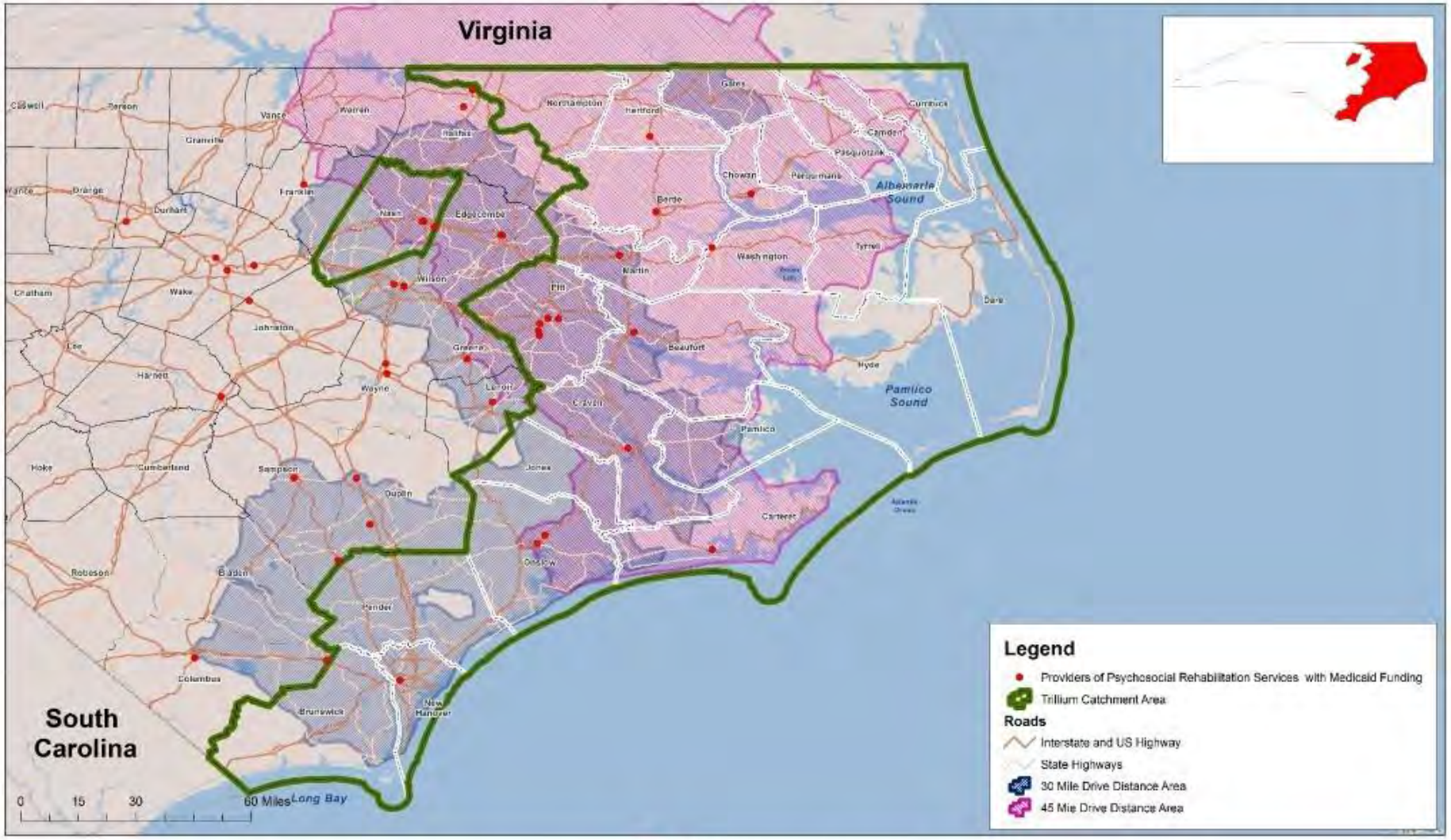
E. *Outpatient DBT (Individual)*

1) *Geographic area covered by each approved Non-Medicaid-Funded alternative service definition*

This is not an in lieu of definition utilized in Trillium's catchment area.

## Appendix A: Geo Maps

**Trillium Health Resources LME/MCO Psychosocial Rehabilitation Medicaid Funded Services SFY17**

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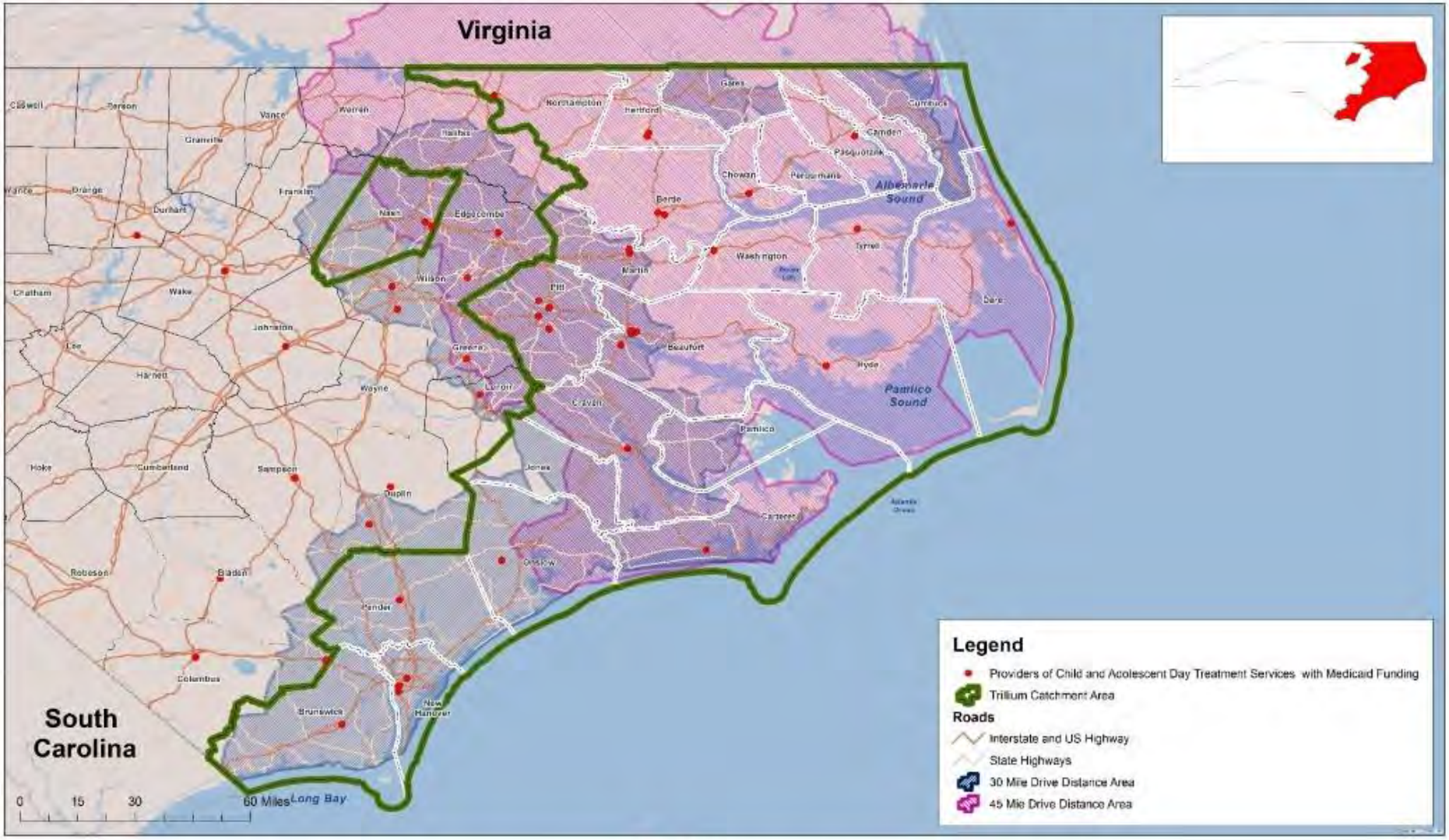
## Trillium Health Resources LME/MCO Child and Adolescent Day Treatment Medicaid Funded Services SFY17

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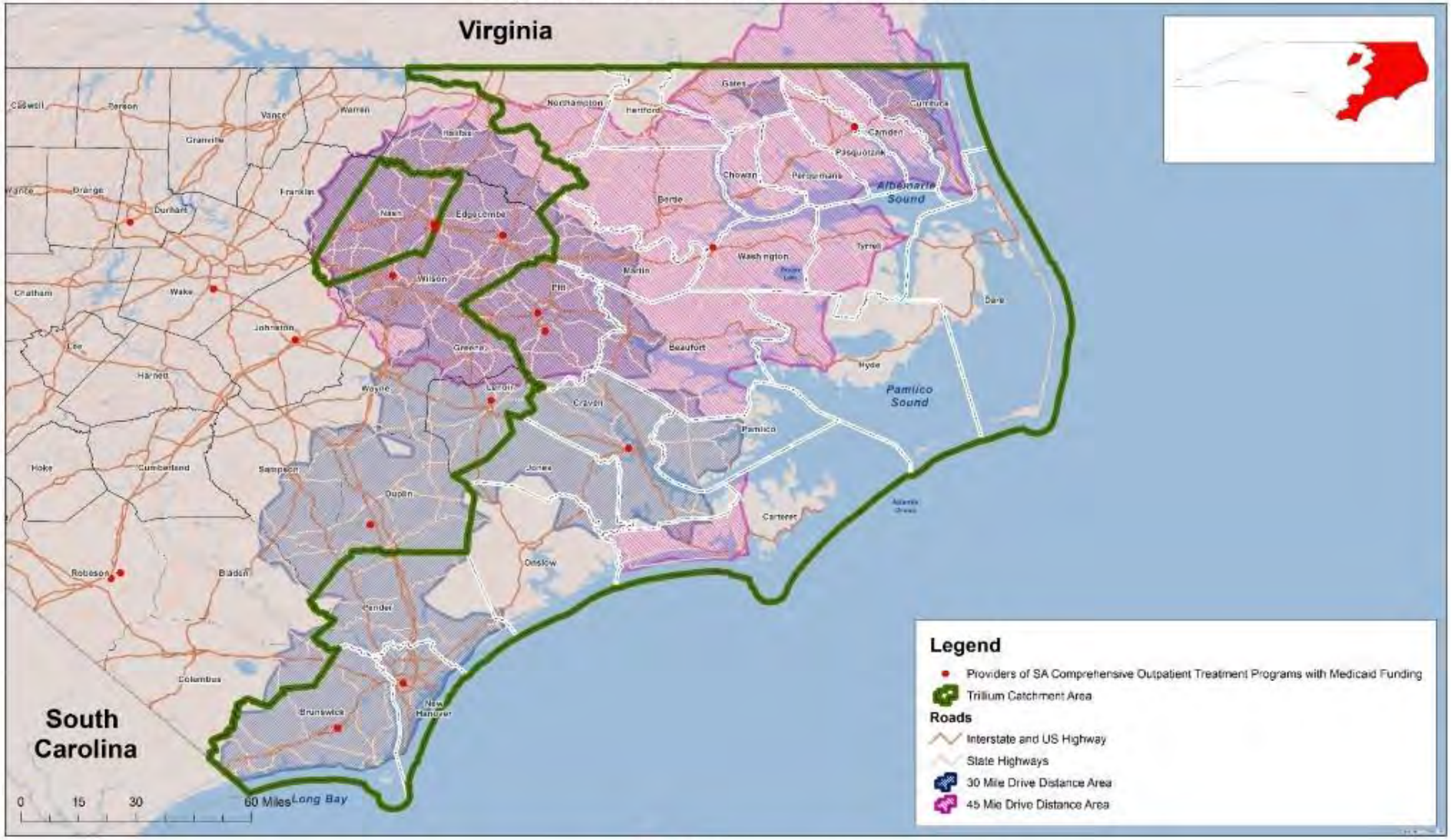
## Trillium Health Resources LME/MCO SA Comprehensive Outpatient Treatment Program Medicaid Funded Services SFY17

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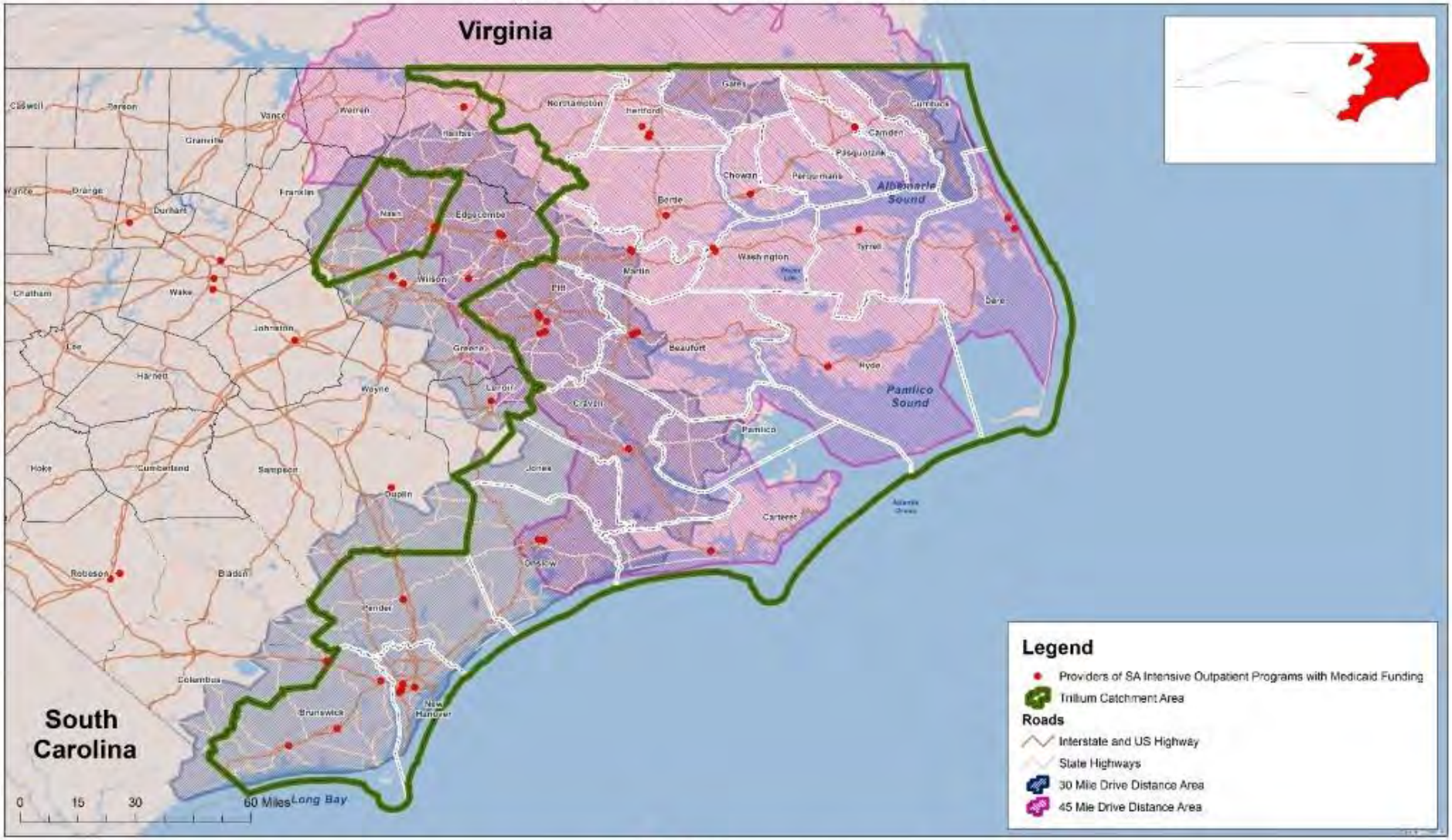
## Trillium Health Resources LME/MCO SA Intensive Outpatient Program Medicaid Funded Services SFY17

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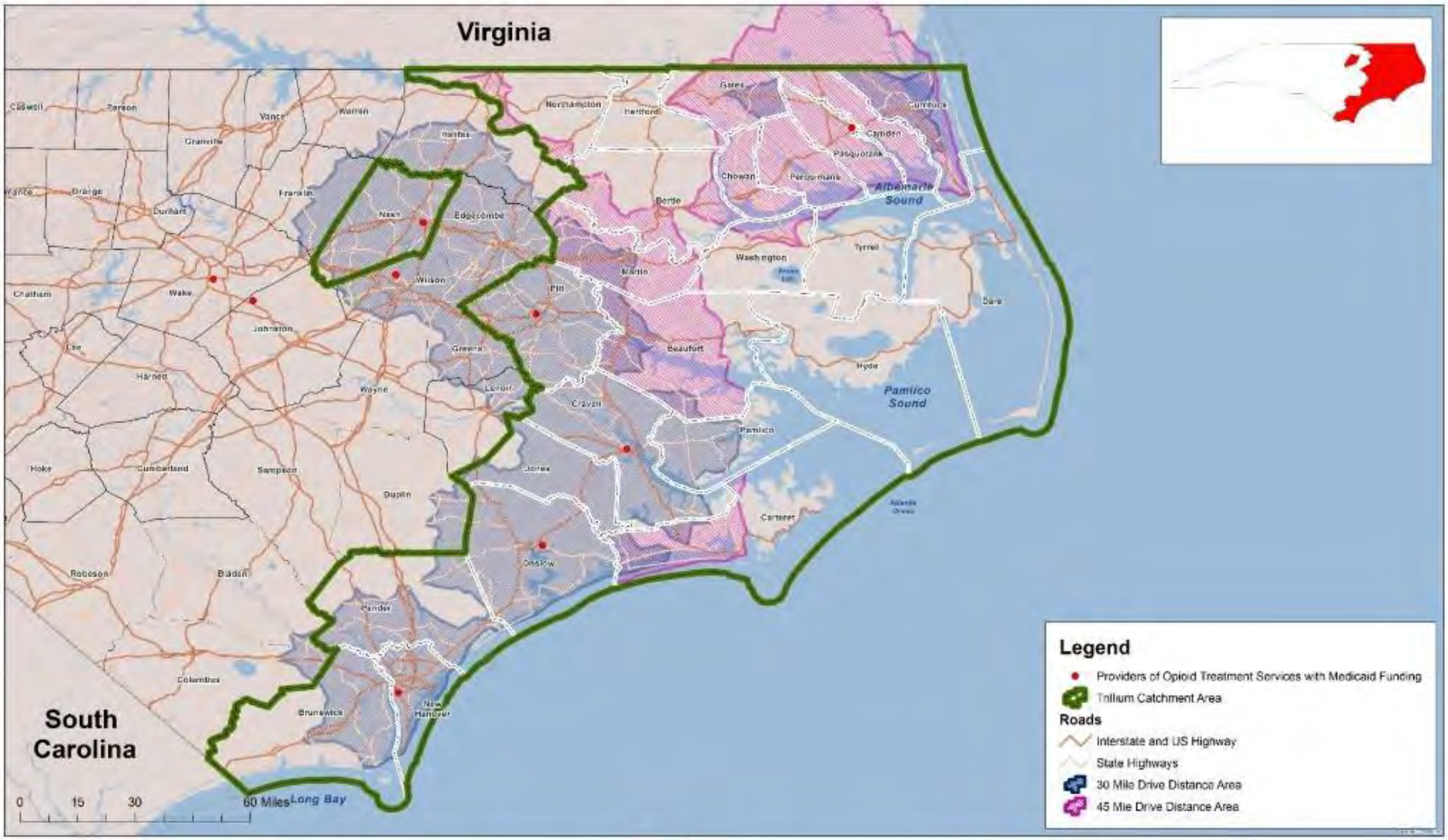
## Trillium Health Resources LME/MCO Opioid Treatment Medicaid Funded Services SFY17

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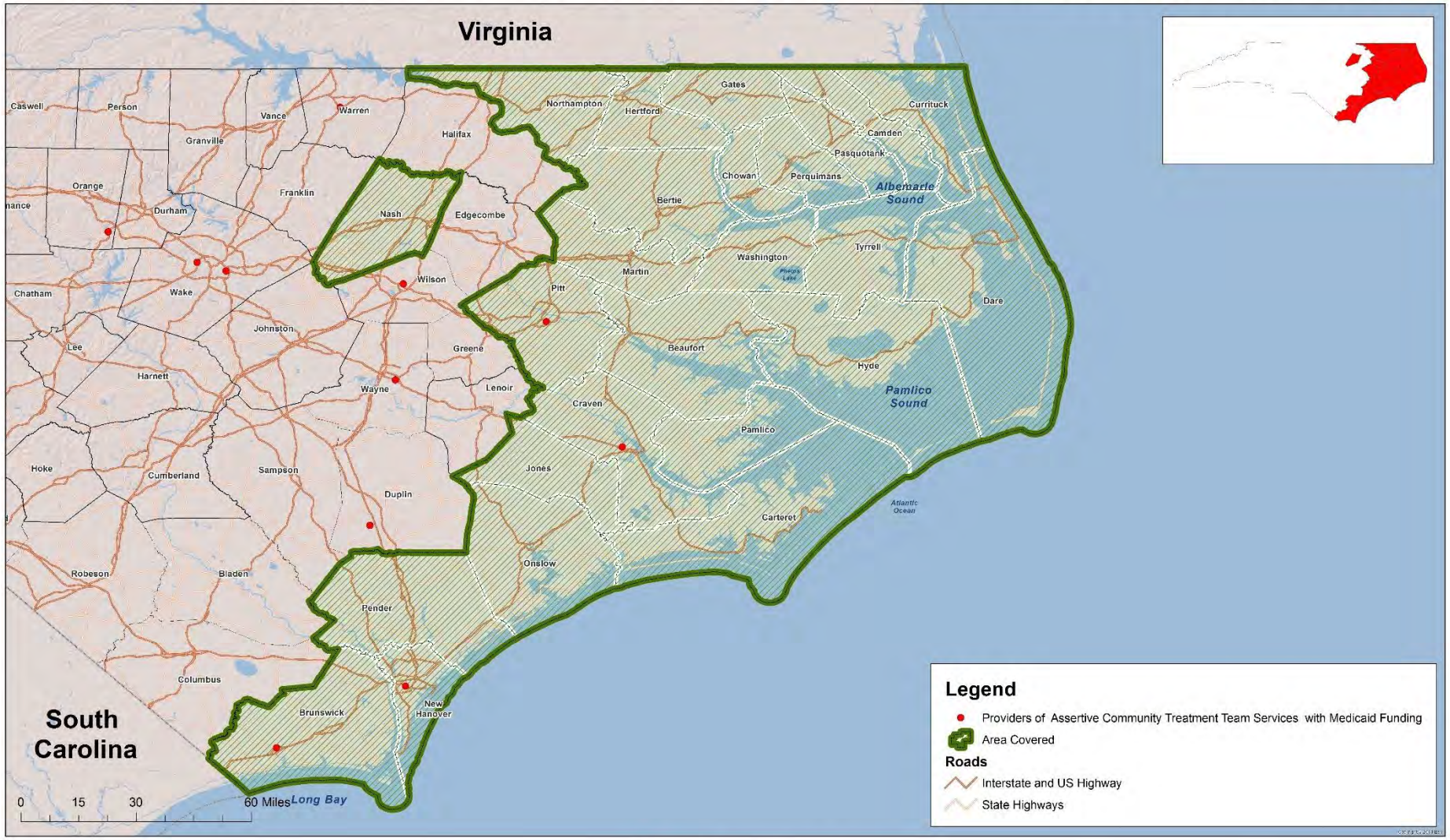
## Trillium Health Resources LME/MCO Assertive Community Treatment Team Medicaid Funded Services SFY17

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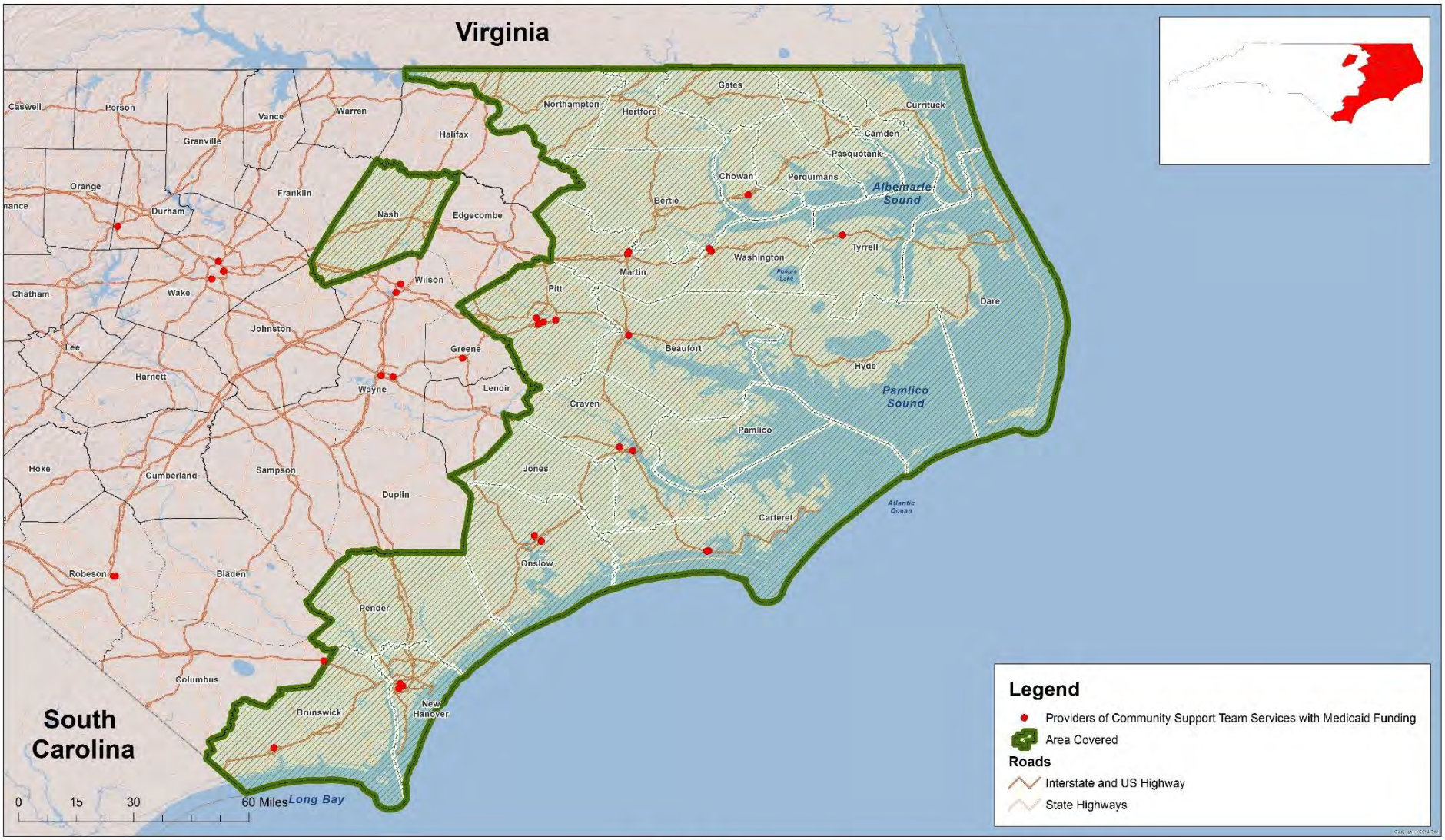
Note: This is a community-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any member in the catchment area and every county in the catchment is covered.

## Trillium Health Resources LME/MCO Community Support Team Medicaid Funded Services SFY17

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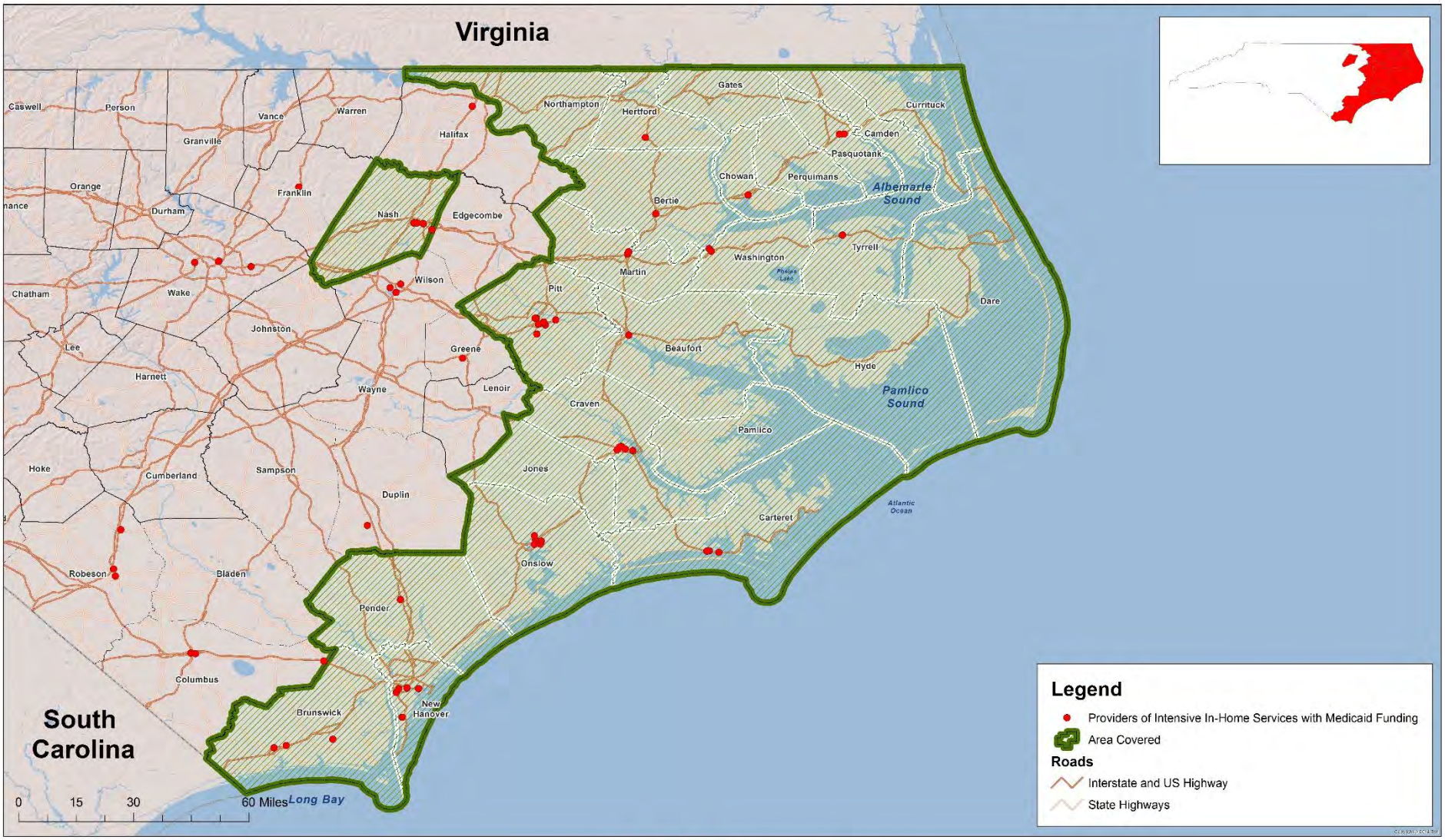
Note: This is a community-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any member in the catchment area and every county in the catchment is covered.

## Trillium Health Resources LME/MCO Intensive In-Home Medicaid Funded Services SFY17

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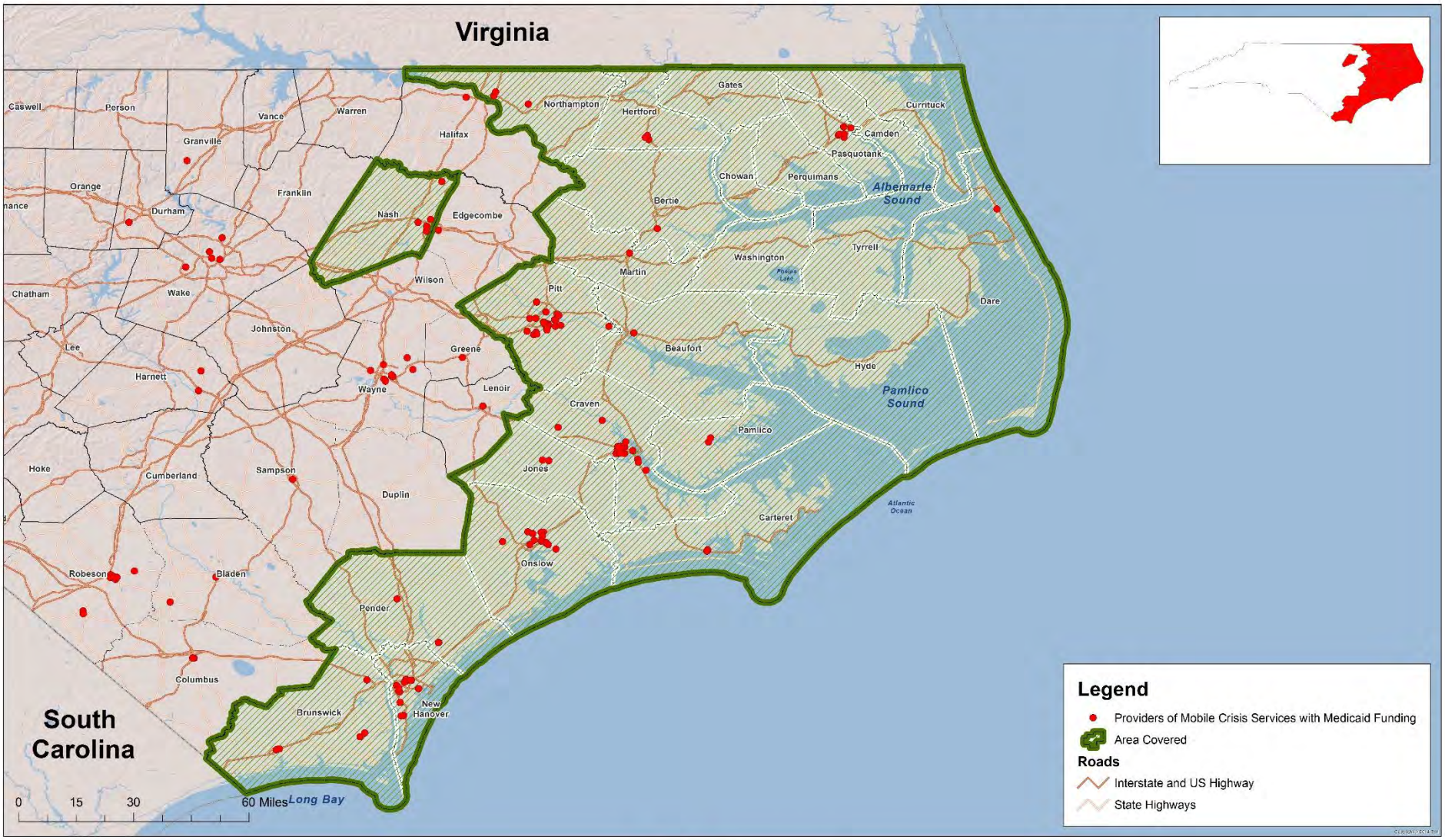
## Trillium Health Resources LME/MCO Mobile Crisis Medicaid Funded Services SFY17

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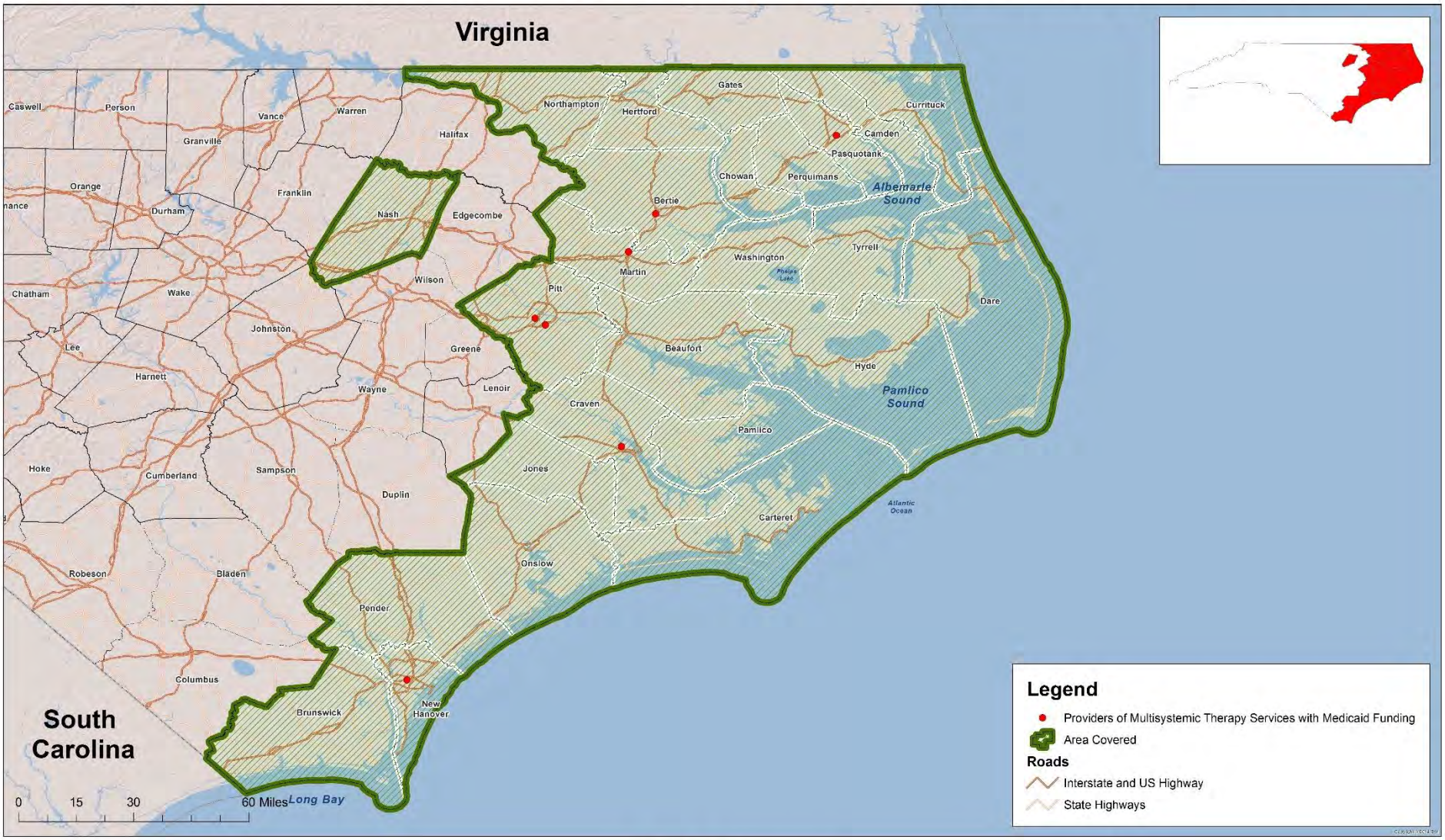
Note: This is a community-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any member in the catchment area and every county in the catchment is covered.

## Trillium Health Resources LME/MCO Multisystemic Therapy Medicaid Funded Services SFY17

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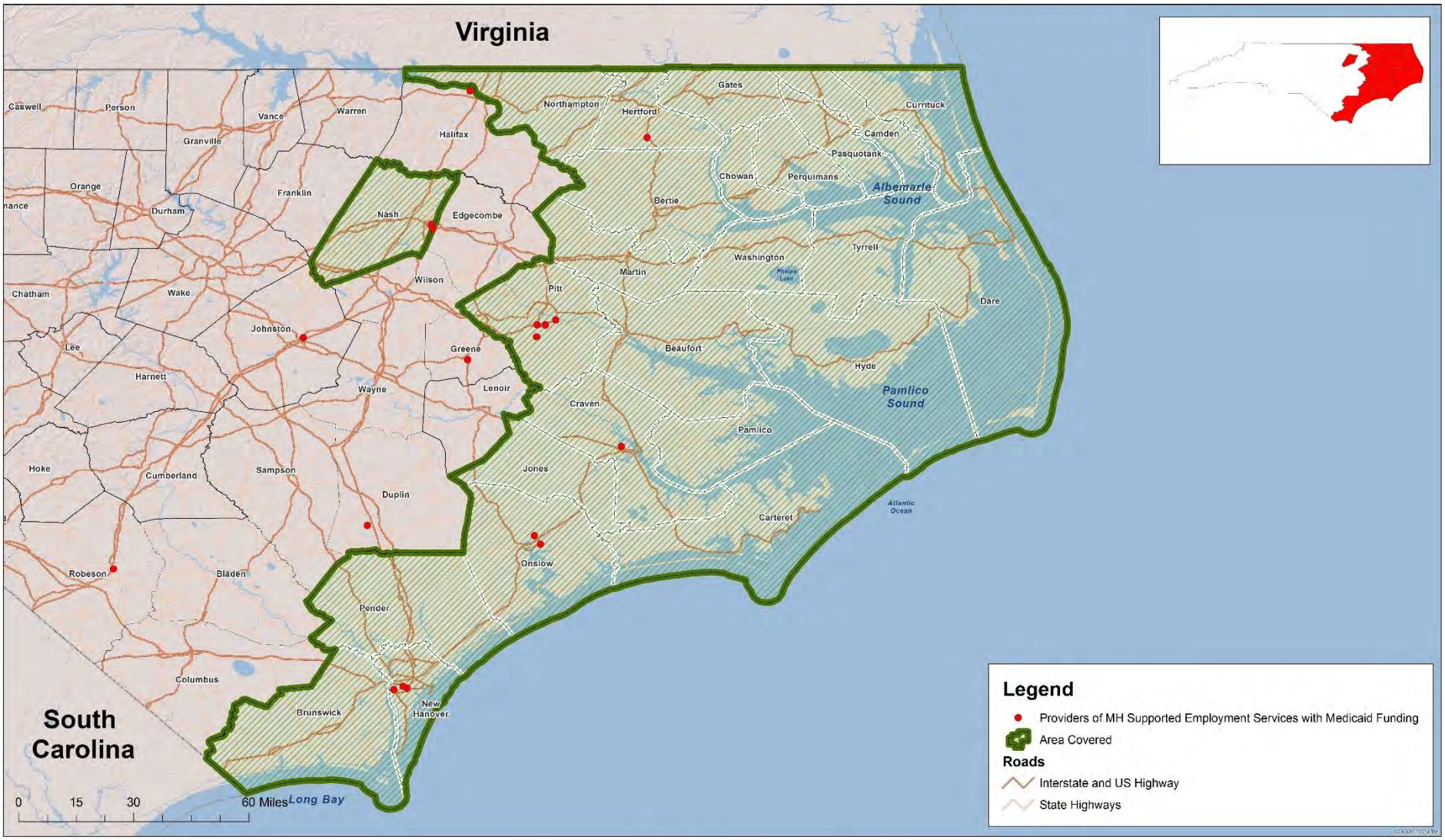
Note: This is a community-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any member in the catchment area and every county in the catchment is covered.

## Trillium Health Resources LME/MCO (b)(3) MH Supported Employment Services - Medicaid Funded Services SFY17

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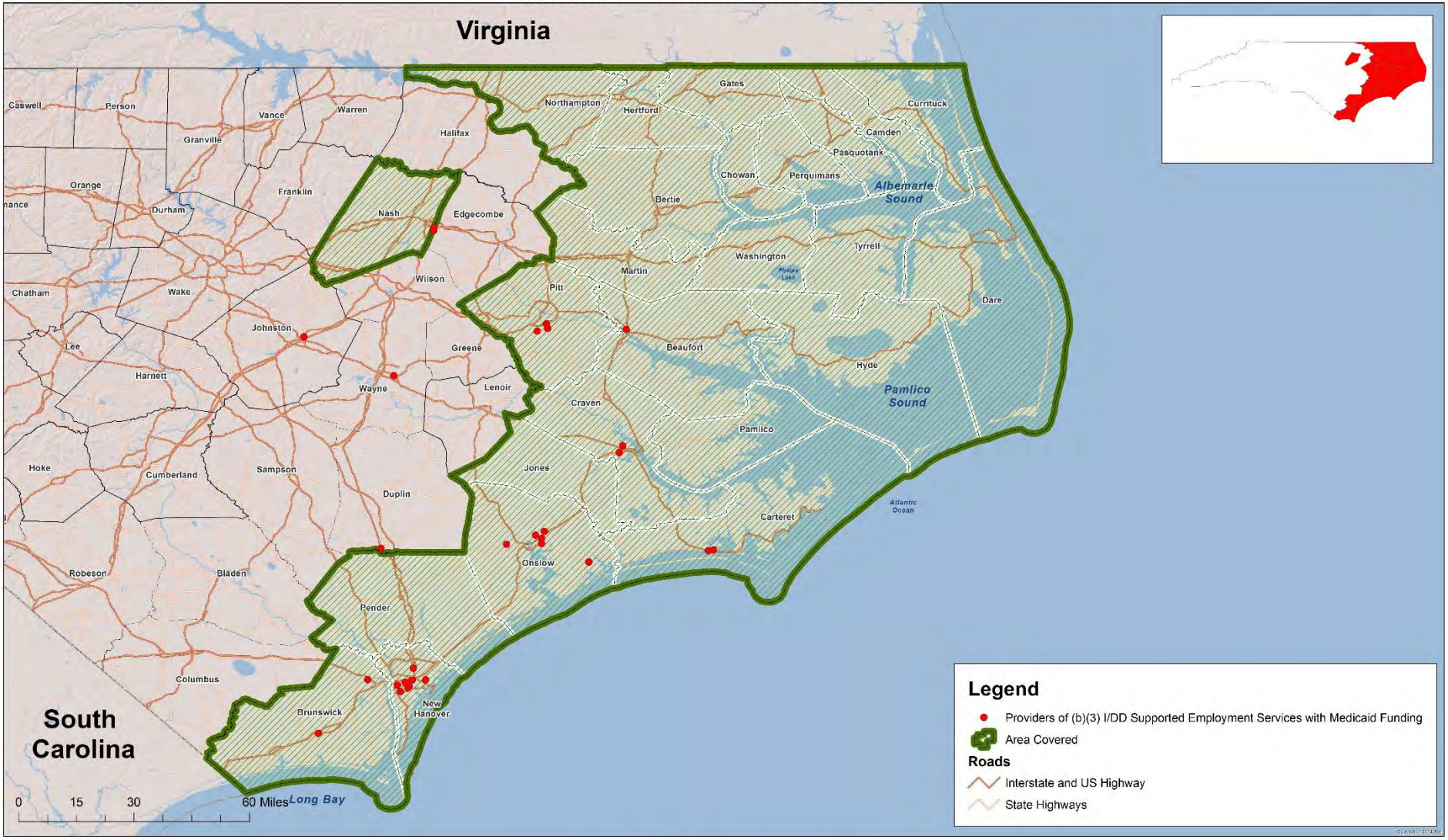
Note: This is a community-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any member in the catchment area and every county in the catchment is covered.

## Trillium Health Resources LME/MCO (b)(3) I/DD Supported Employment Services - Medicaid Funded Services SFY17

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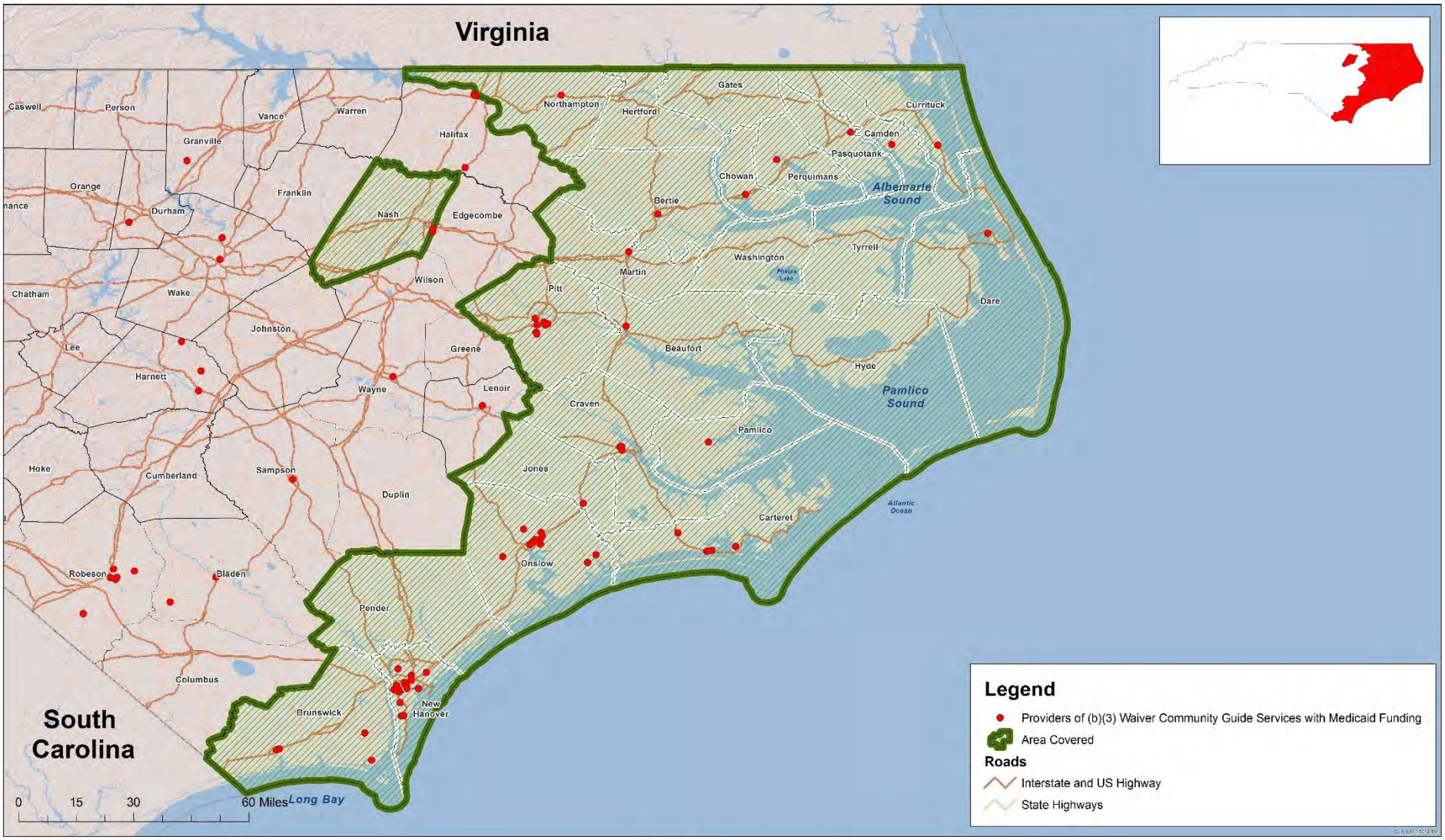
Note: This is a community-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any member in the catchment area and every county in the catchment is covered.

## Trillium Health Resources LME/MCO (b)(3) Waiver Community Guide Medicaid Funded Services SFY17

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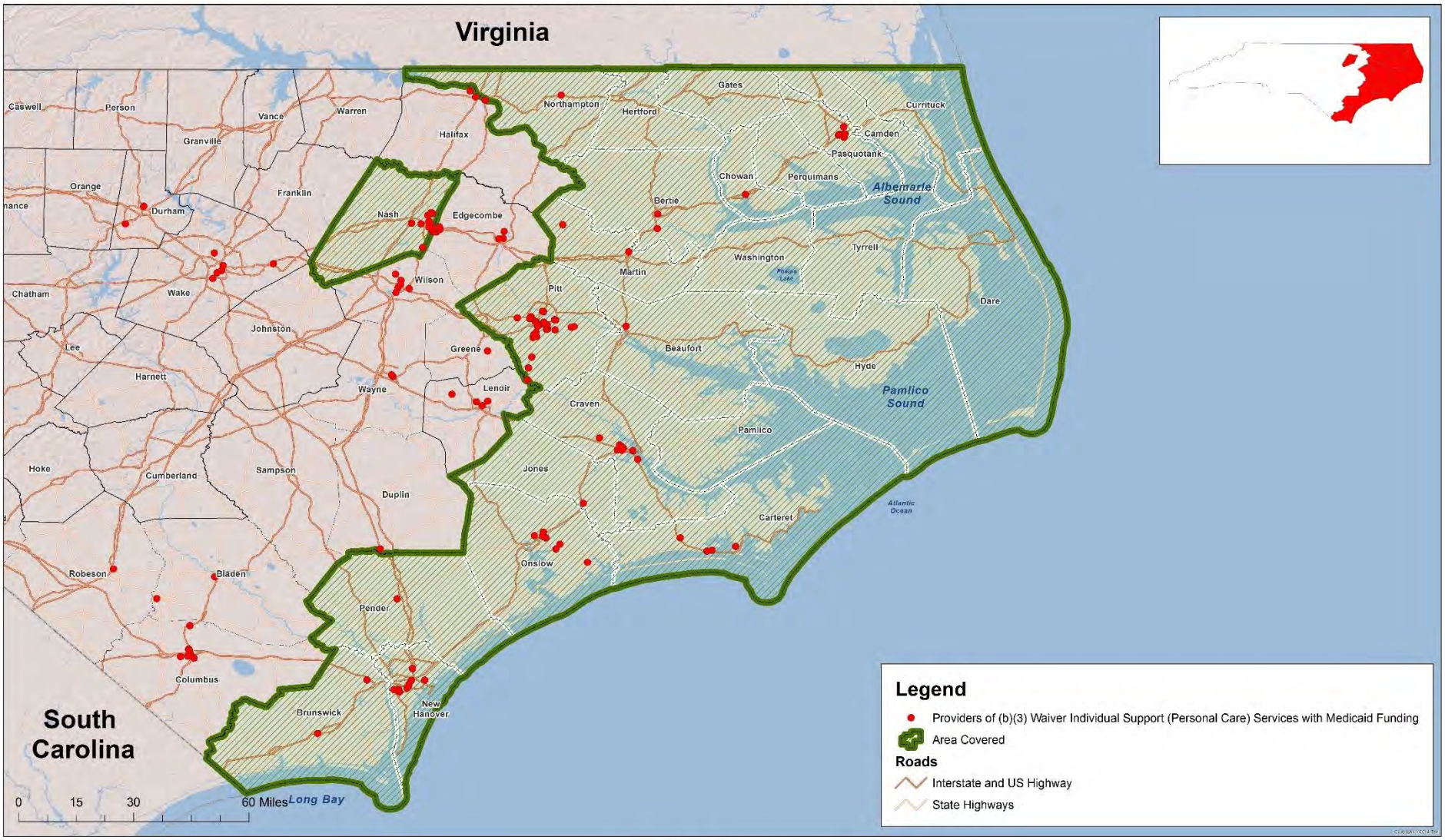
Note: This is a community-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any member in the catchment area and every county in the catchment is covered.

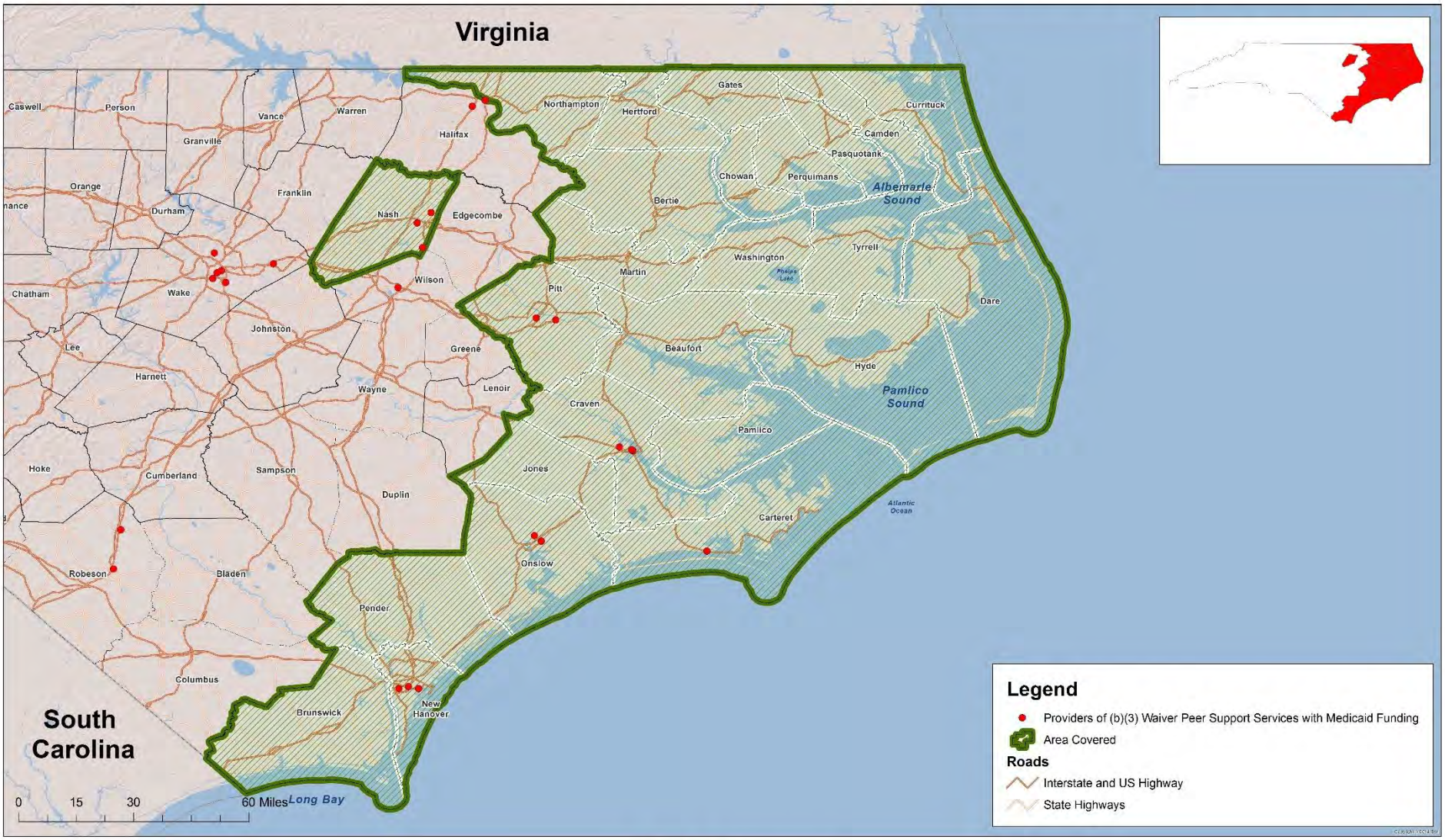
## Trillium Health Resources LME/MCO (b)(3) Waiver Individual Support (Personal Care) Medicaid Funded Services SFY17




JACT ADDICTION Consulting & Training ASSOCIATES

Note: This is a community-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any member in the catchment area and every county in the catchment is covered.

## Trillium Health Resources LME/MCO (b)(3) Waiver Peer Support Medicaid Funded Services SFY17

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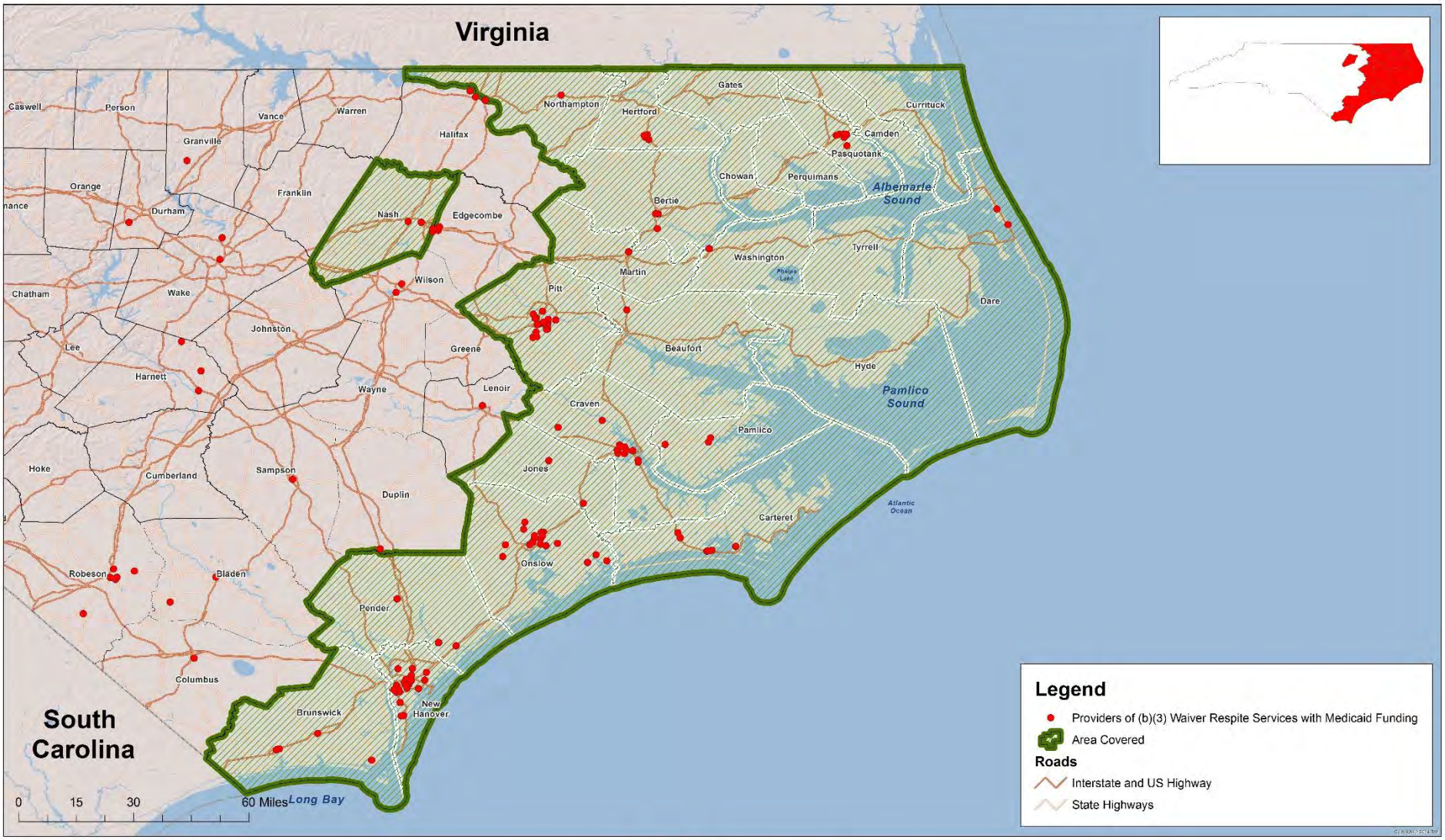
Note: This is a community-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any member in the catchment area and every county in the catchment is covered.

## Trillium Health Resources LME/MCO (b)(3) Waiver Respite Medicaid Funded Services SFY17

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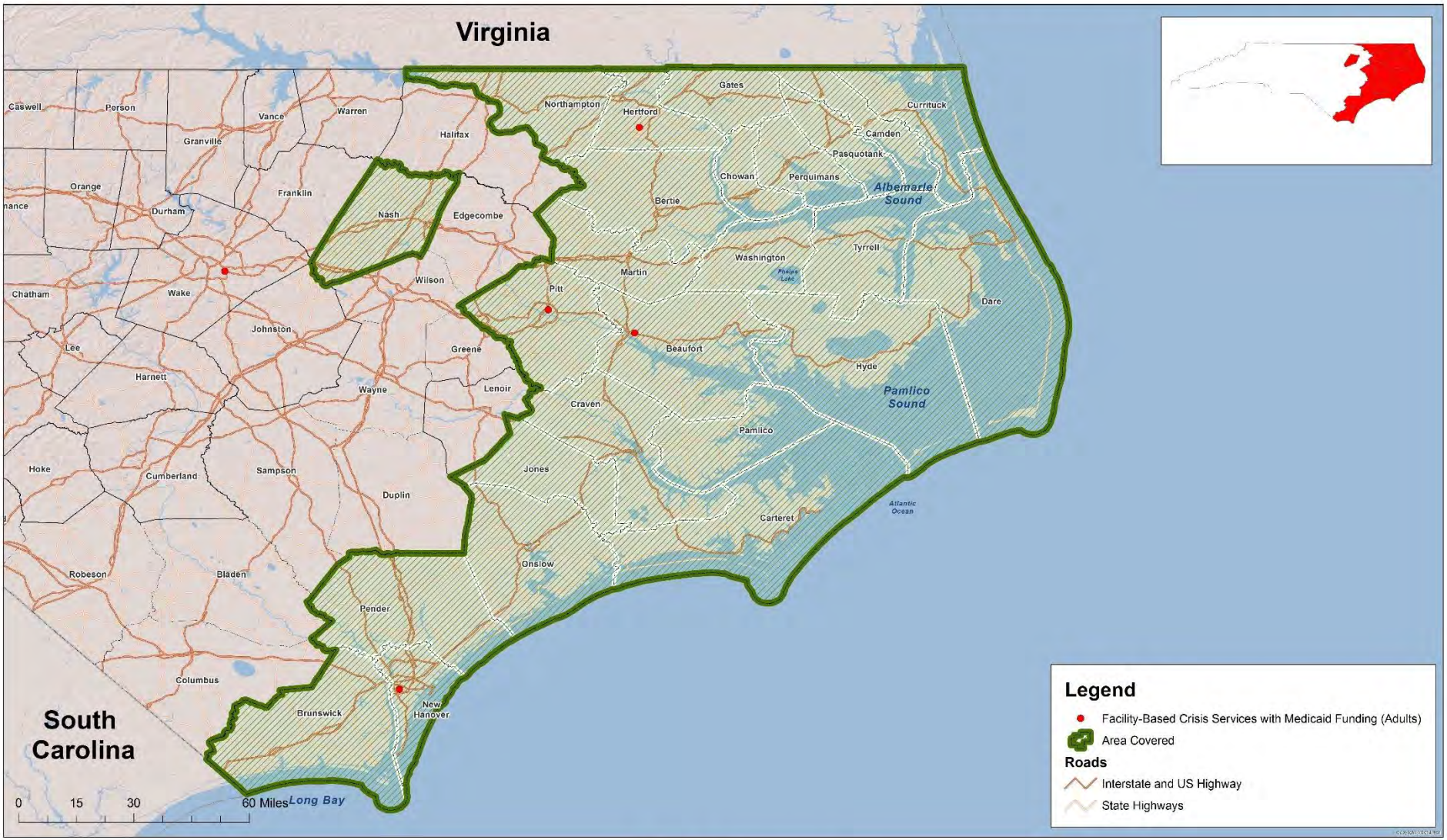
Note: This is a community-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any member in the catchment area and every county in the catchment is covered.

## Trillium Health Resources LME/MCO Facility-Based Crisis - Adults Medicaid Funded Services SFY17

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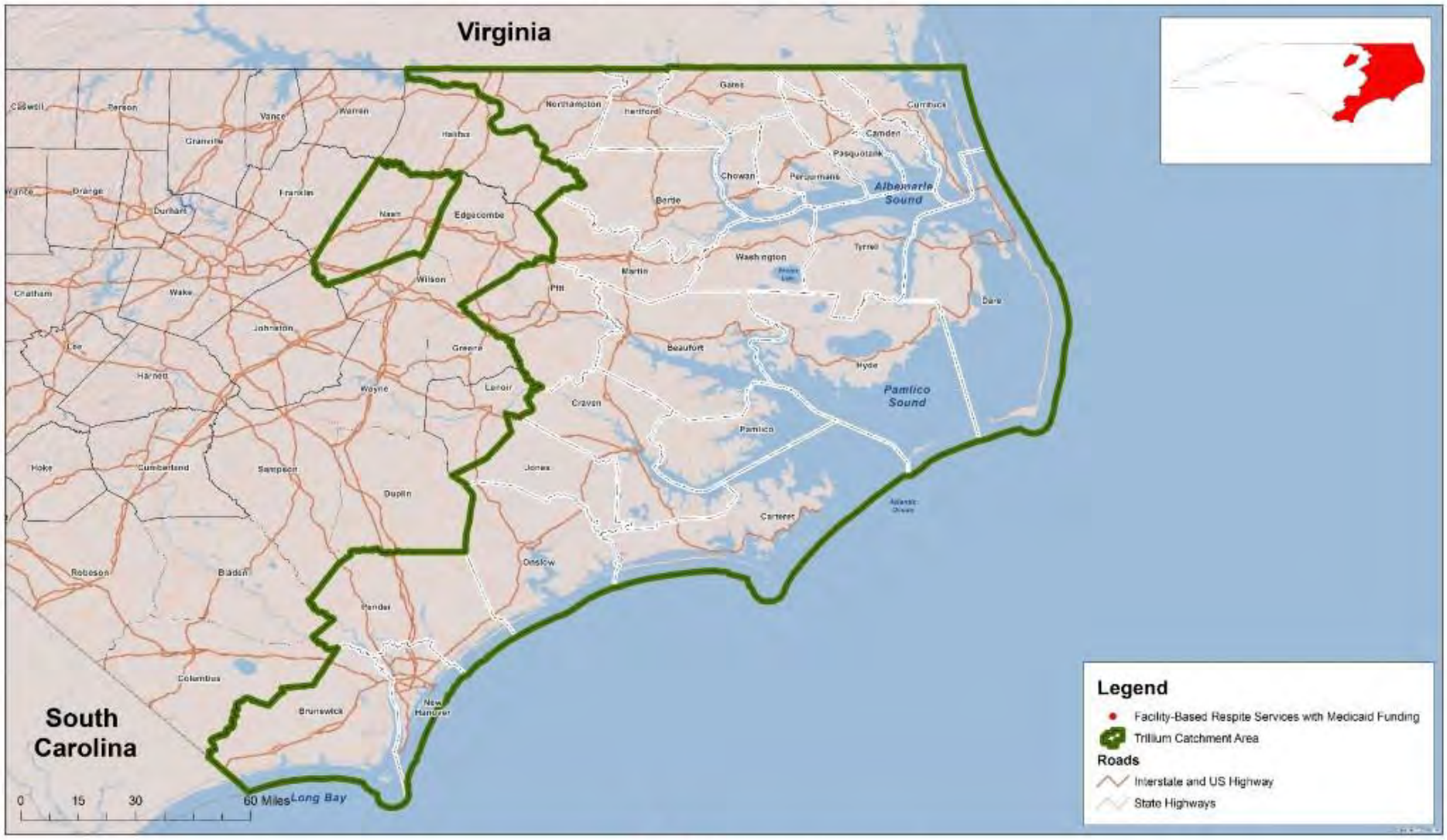
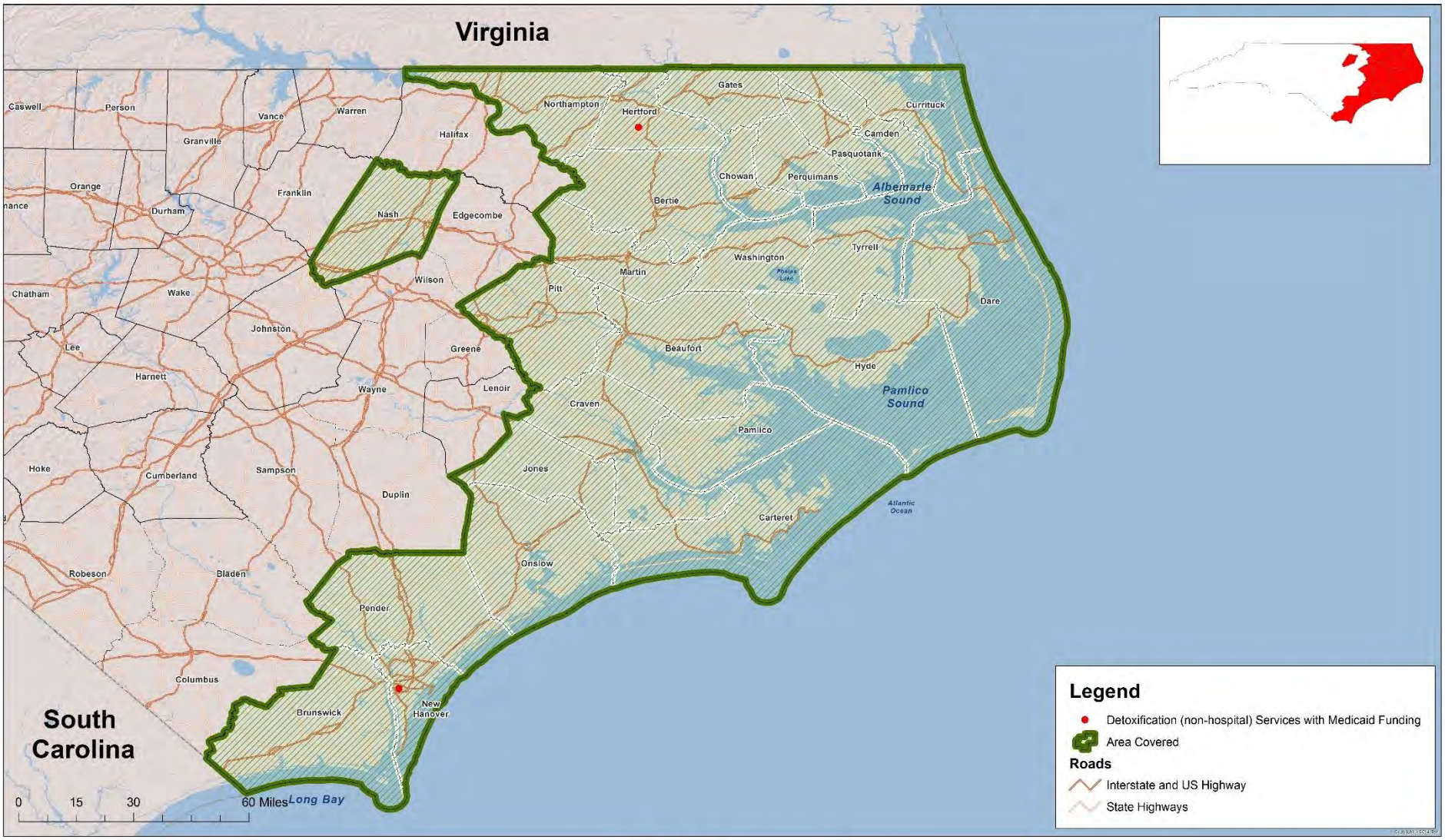
## Trillium Health Resources LME/MCO Facility-Based Respite Medicaid Funded Services SFY17




ACT ADDICTION Consulting & Training ASSOCIATES

Note: There are no contracted providers for this service with this funding source.

## Trillium Health Resources LME/MCO Detoxification (non-hospital) Medicaid Funded Services SFY17

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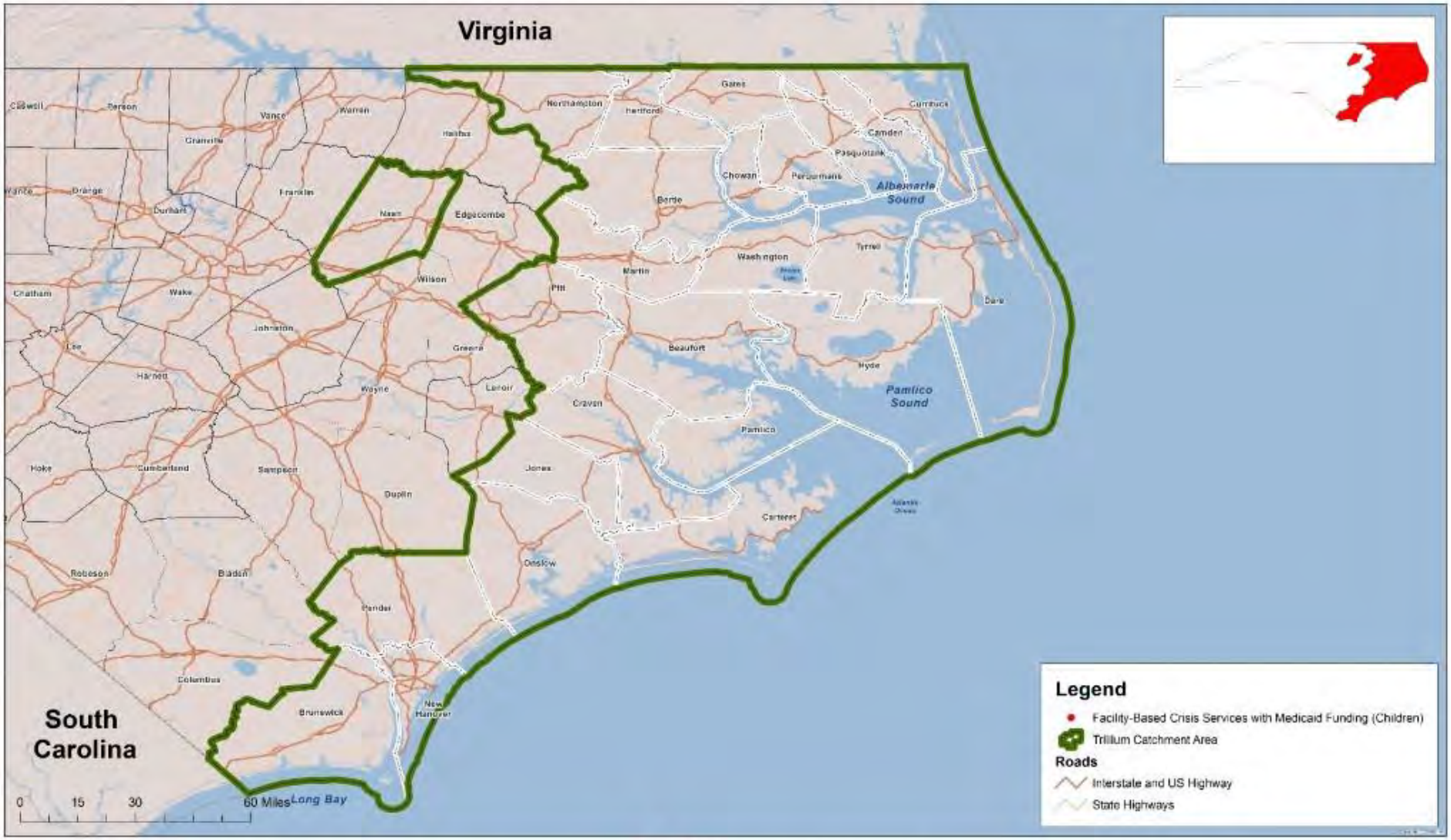
## Trillium Health Resources LME/MCO Facility-Based Crisis - Children Medicaid Funded Services SFY17

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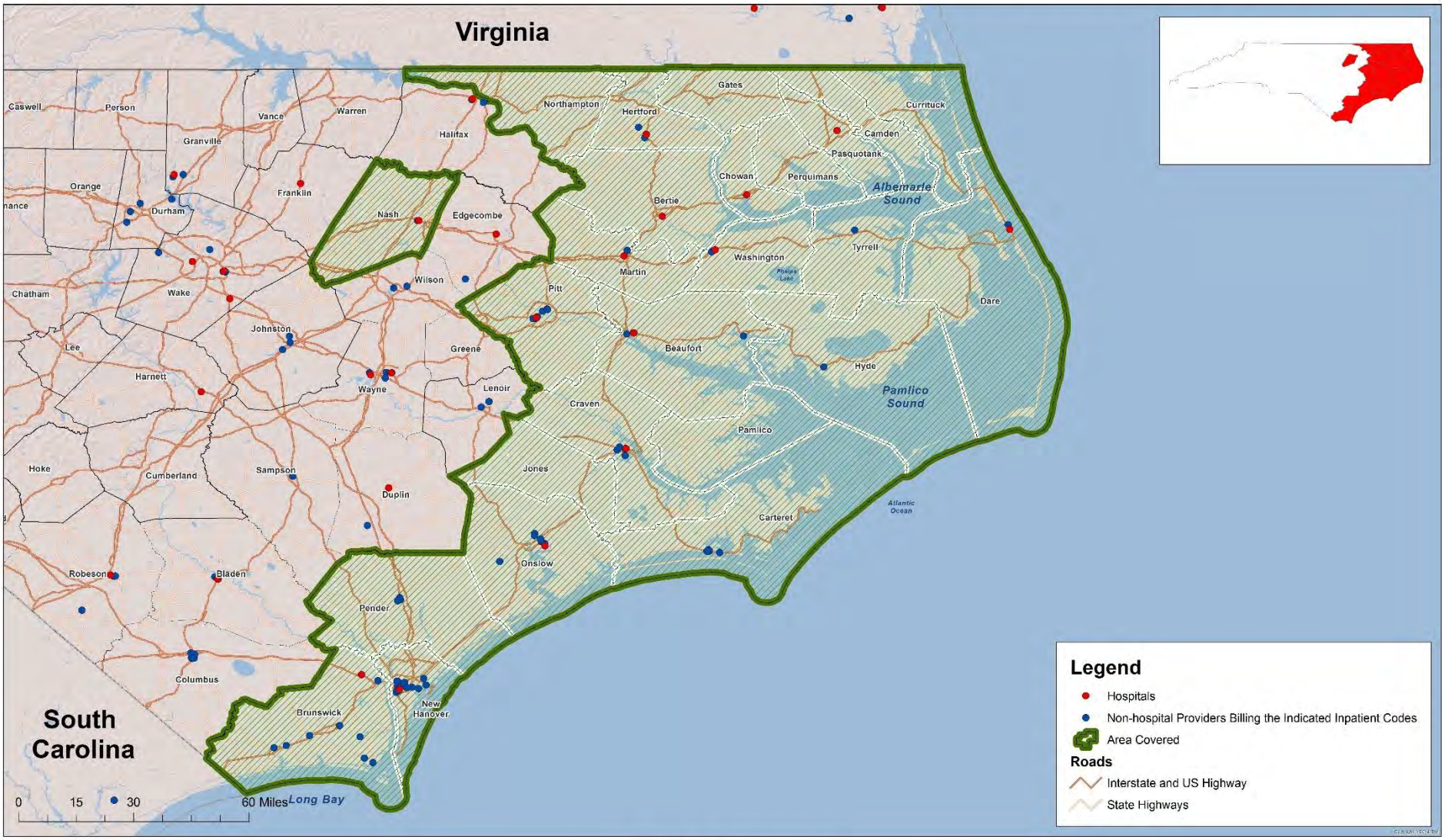
For Informational Purposes Only

## Trillium Health Resources LME/MCO Inpatient Hospital - Adult Medicaid Funded Services SFY17

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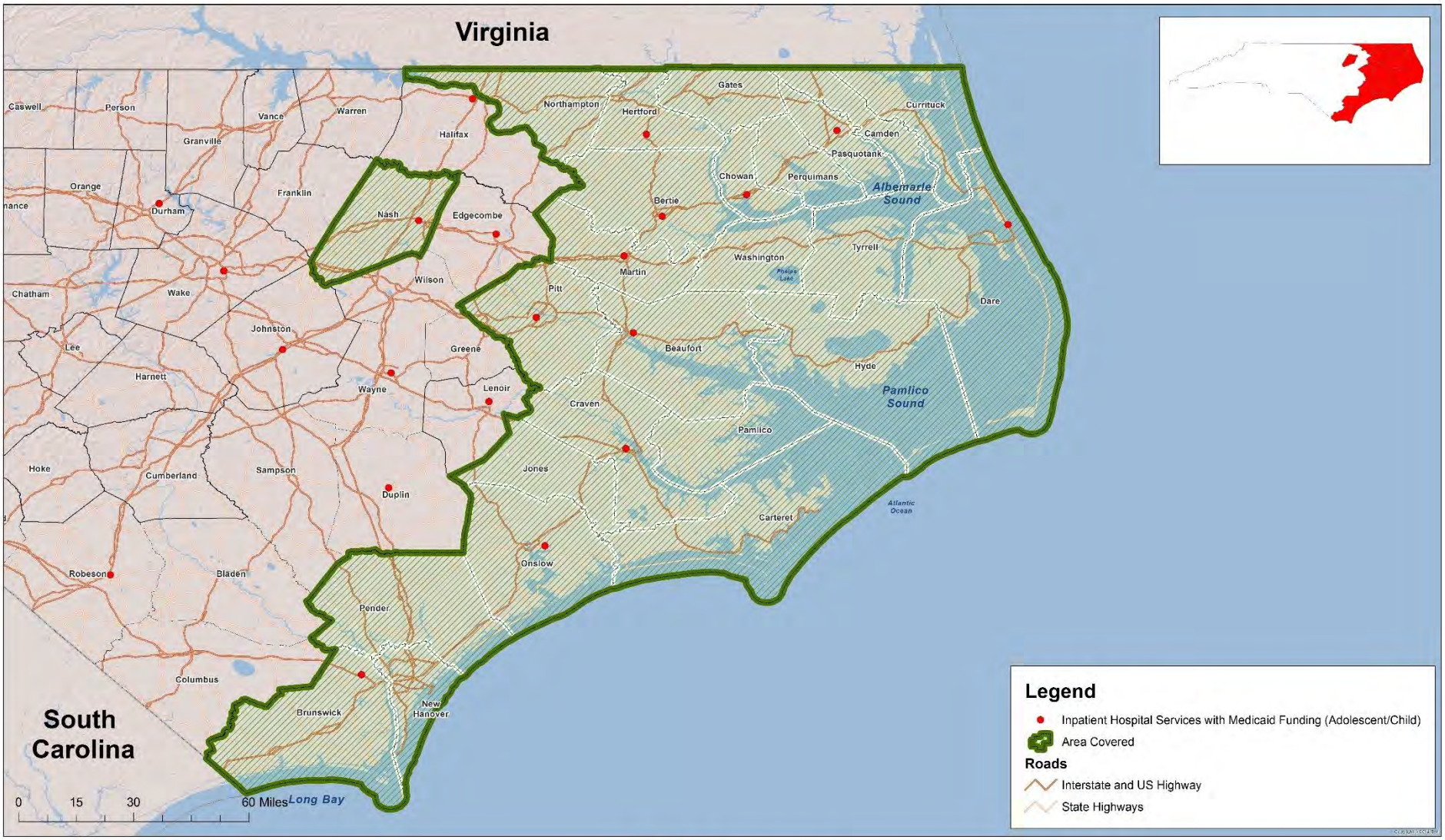
## Trillium Health Resources LME/MCO Inpatient Hospital - Adolescent/Child Medicaid Funded Services SFY17

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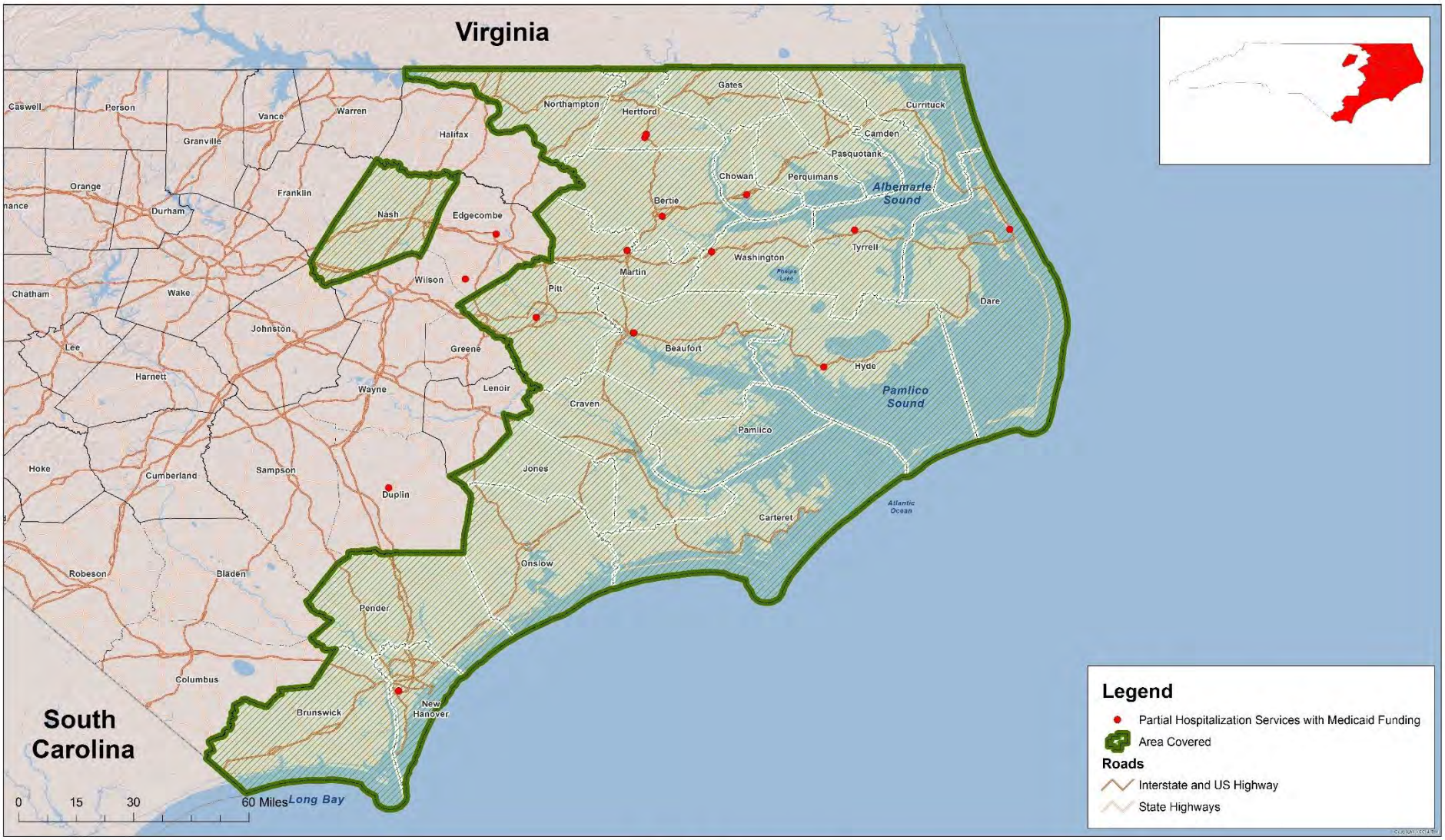
## Trillium Health Resources LME/MCO Partial Hospitalization Medicaid Funded Services SFY17

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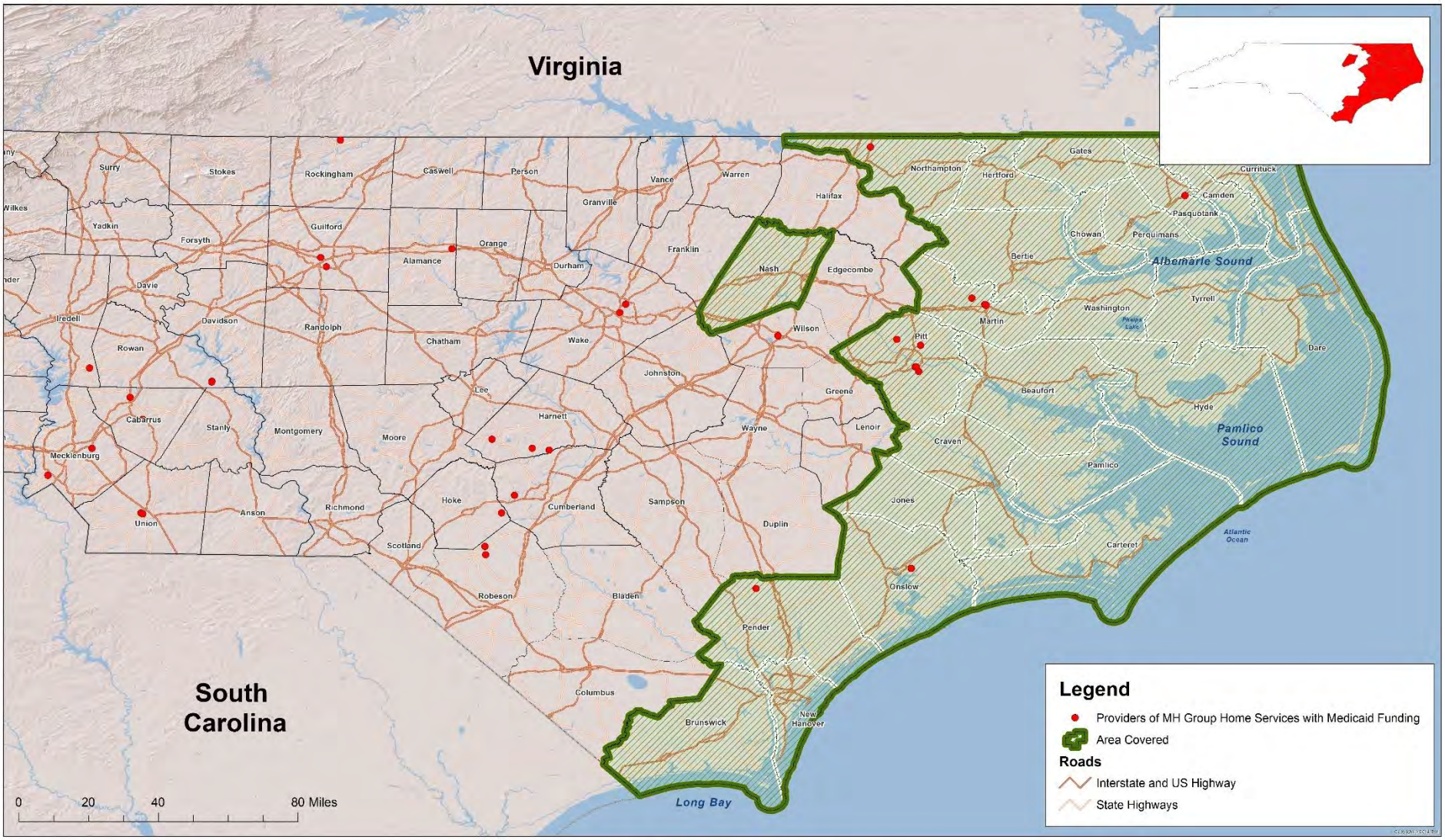
Note: All contracted agencies in NC are represented in the current map view.

## Trillium Health Resources LME/MCO MH Group Homes Medicaid Funded Services SFY17

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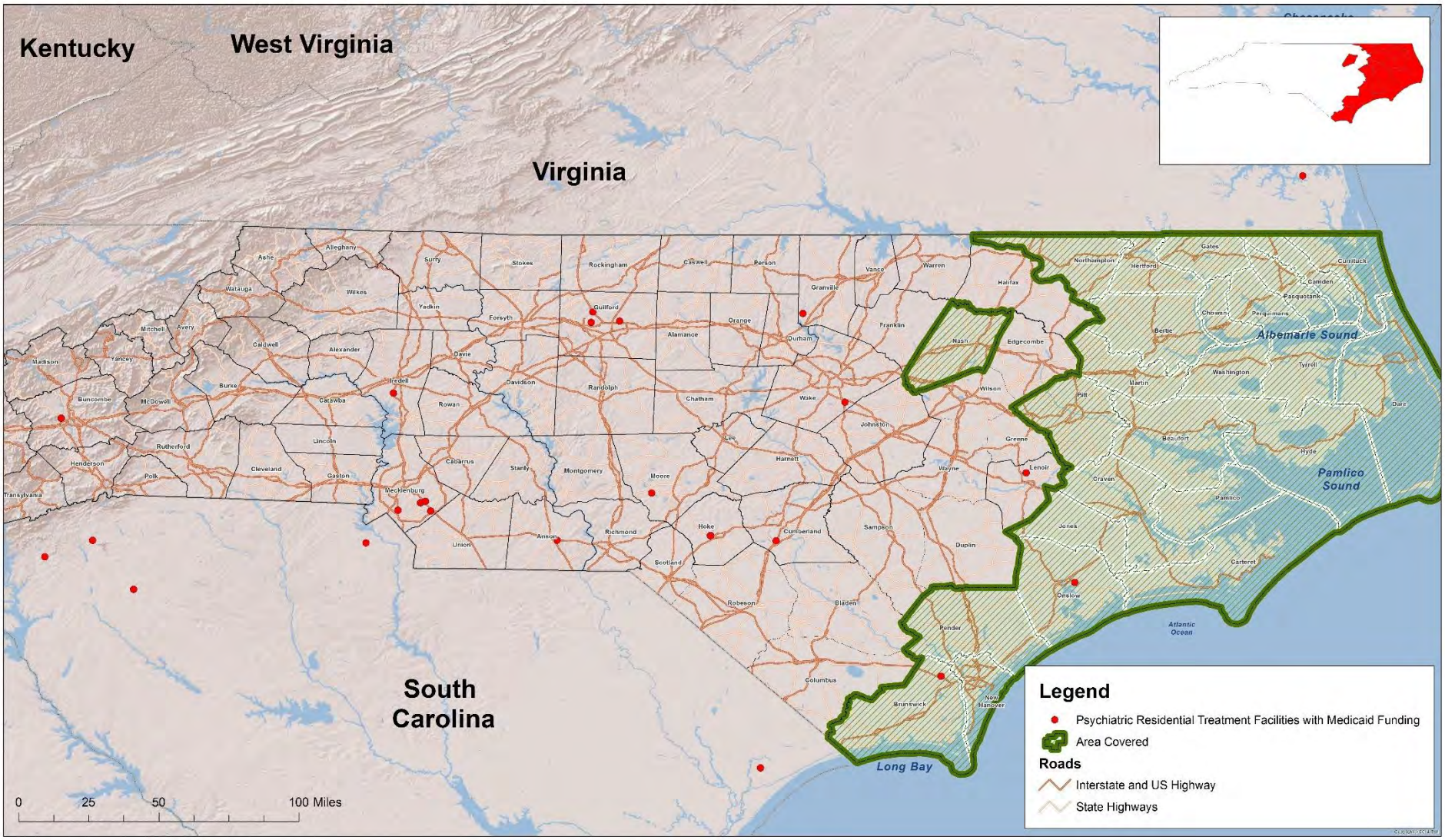
Note: All contracted agencies in NC are represented in the current map view.

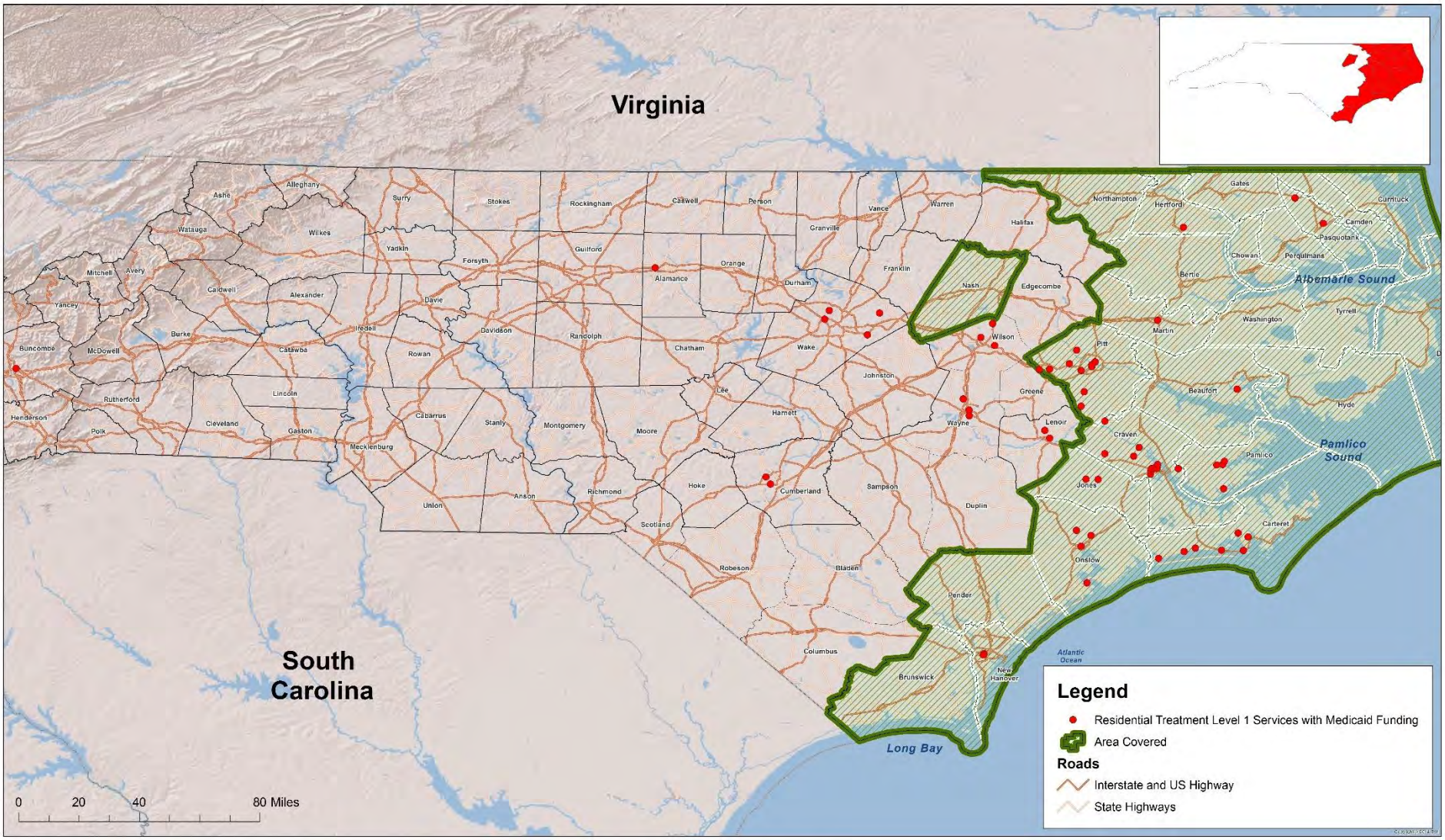
## Trillium Health Resources LME/MCO Psychiatric Residential Treatment Facility Medicaid Funded Services SFY17




ACT ADDICTION Consulting & Training ASSOCIATES

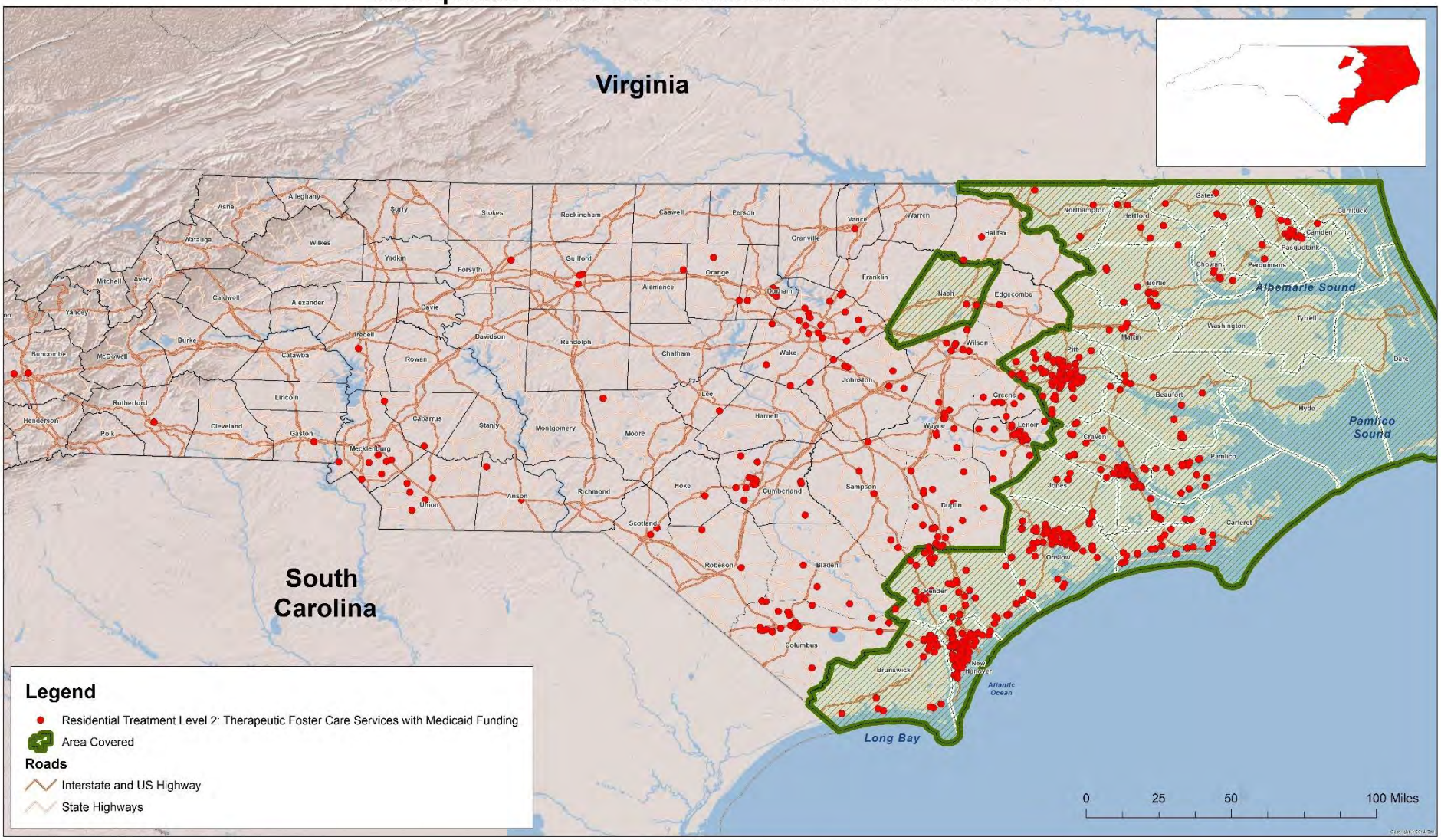
Note: All contracted agencies in NC are represented in the current map view.

## Trillium Health Resources LME/MCO Residential Treatment Level 1 Medicaid Funded Services SFY17




Note: All contracted agencies in NC are represented in the current map view.

## Trillium Health Resources LME/MCO Residential Treatment Level 2: Therapeutic Foster Care Medicaid Funded Services SFY17

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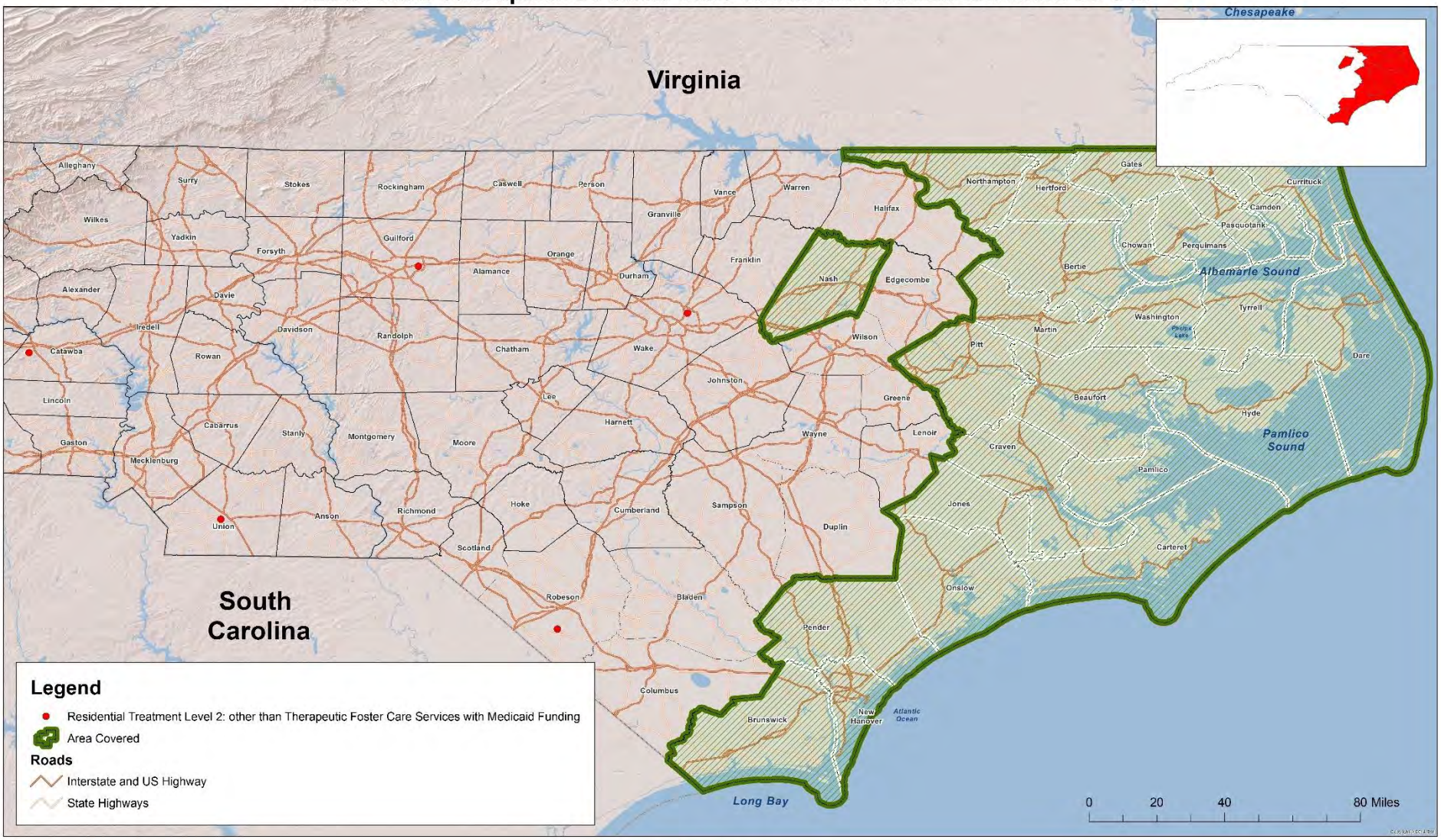
Note: All contracted agencies in NC are represented in the current map view.

## Trillium Health Resources LME/MCO Residential Treatment Level 2: other than Therapeutic Foster Care Medicaid Funded Services SFY17

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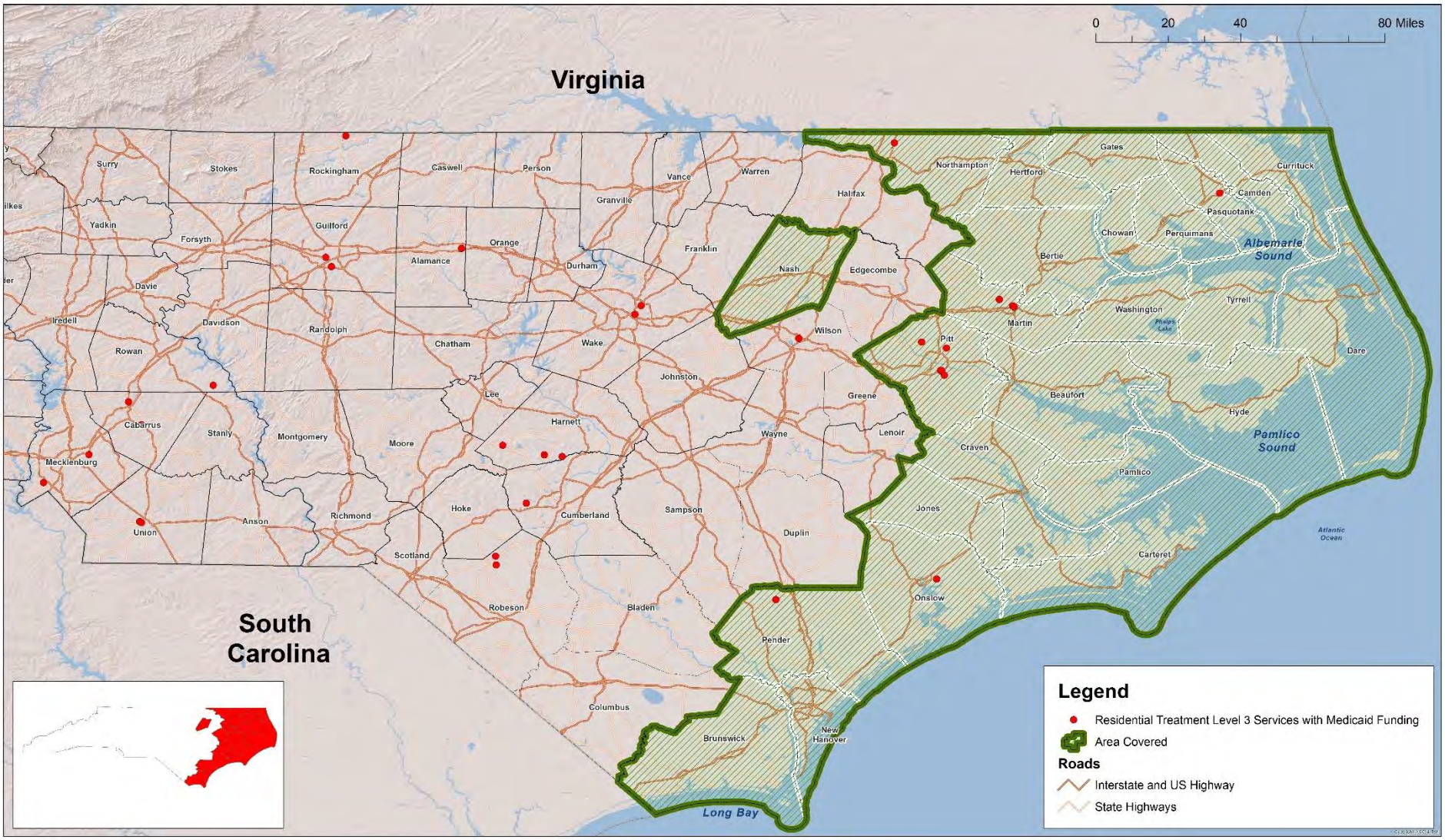
Note: All contracted agencies in NC are represented in the current map view.

## Trillium Health Resources LME/MCO Residential Treatment Level 3 Medicaid Funded Services SFY17

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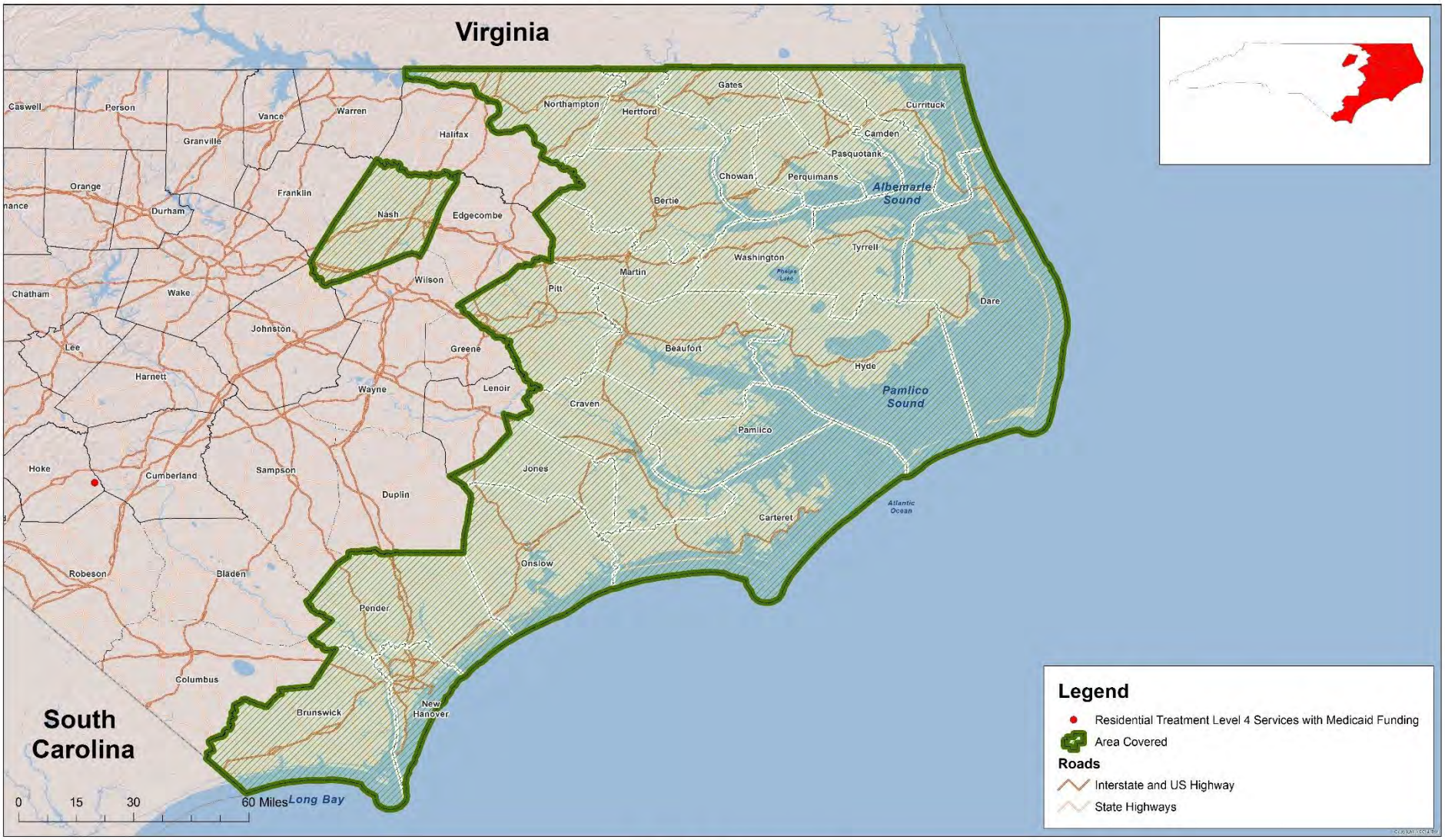
Note: All contracted agencies in NC are represented in the current map view.

## Trillium Health Resources LME/MCO Residential Treatment Level 4 Medicaid Funded Services SFY17

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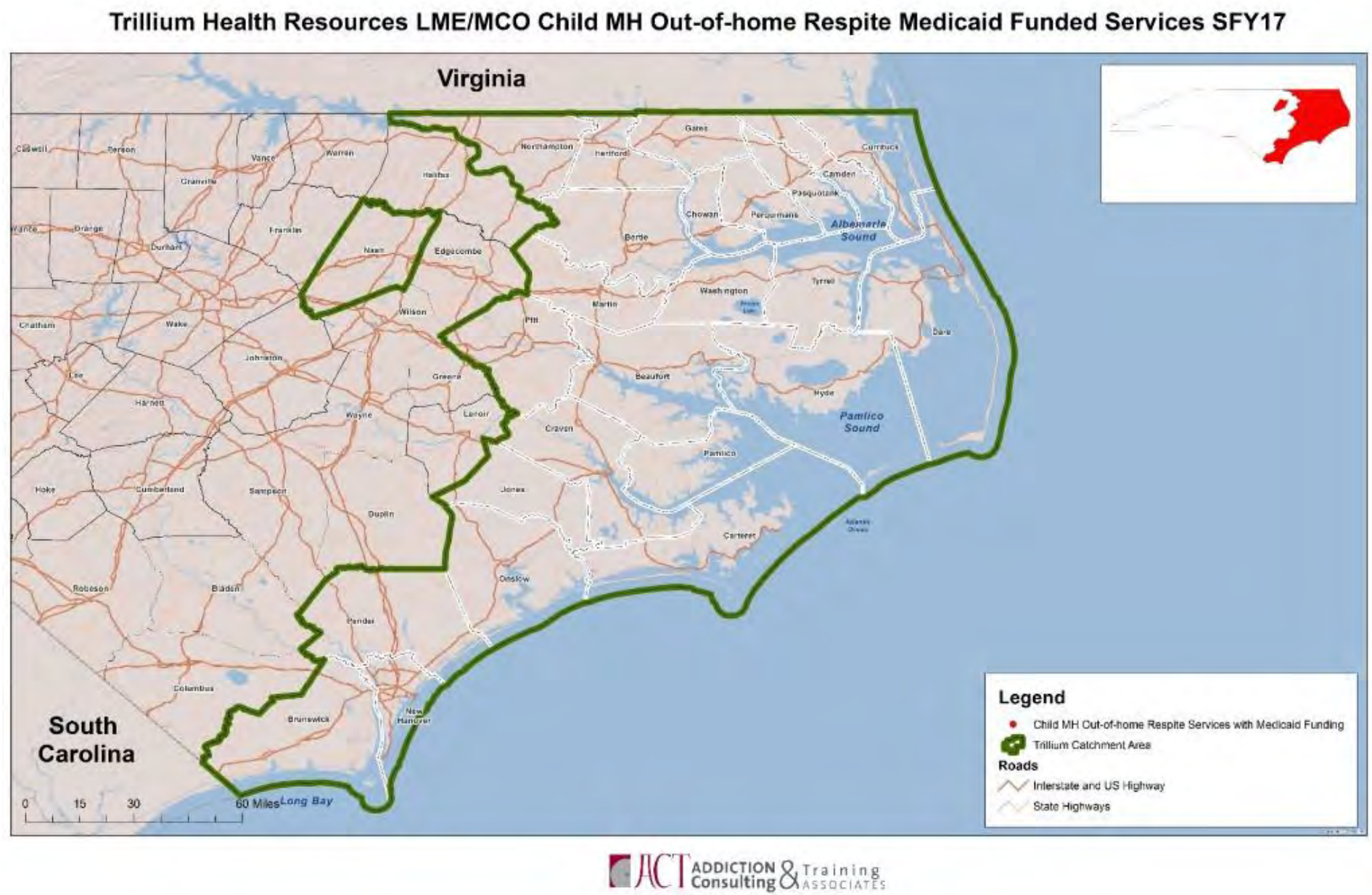
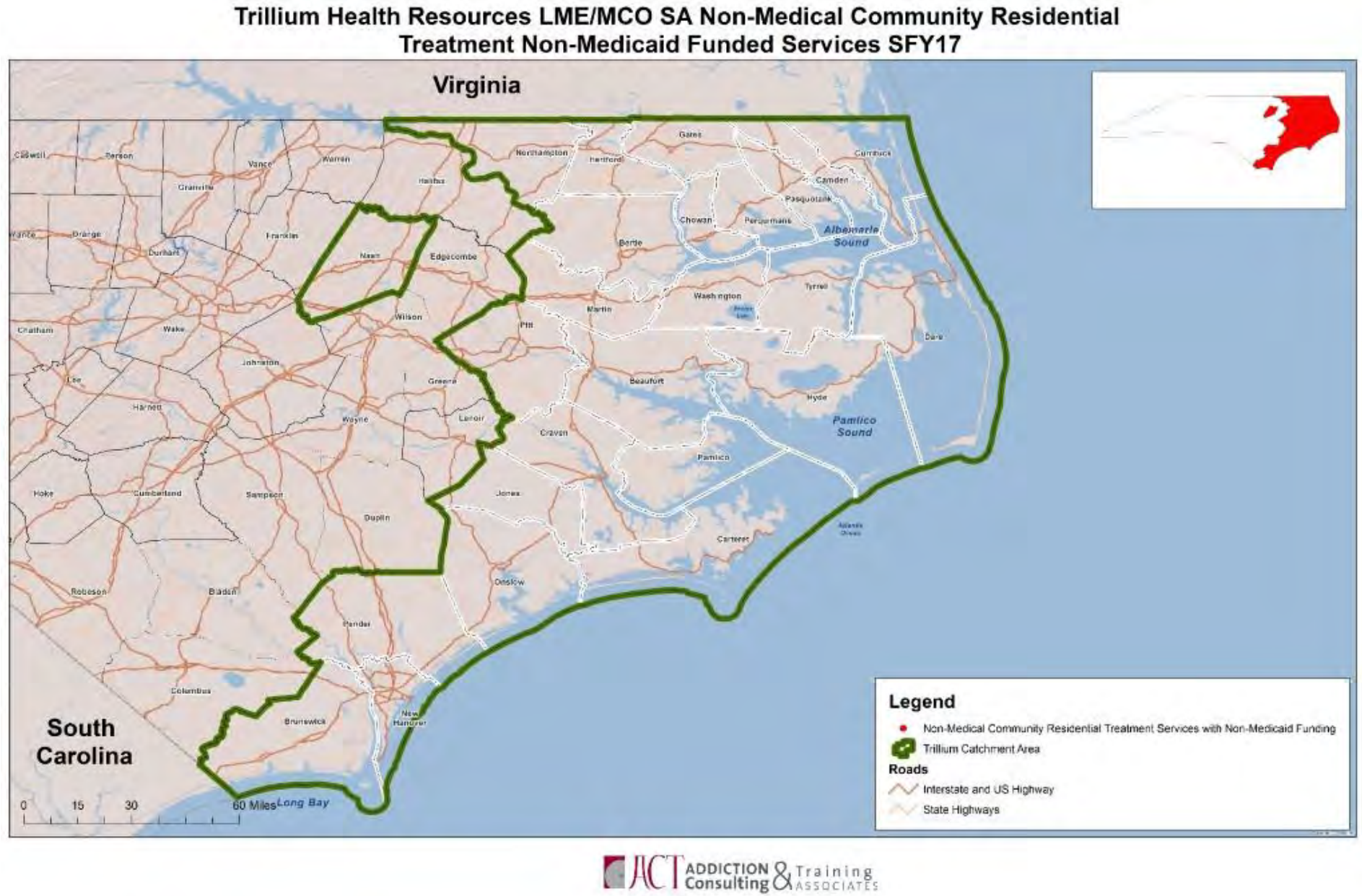
Note: All contracted agencies in NC are represented in the current map view.

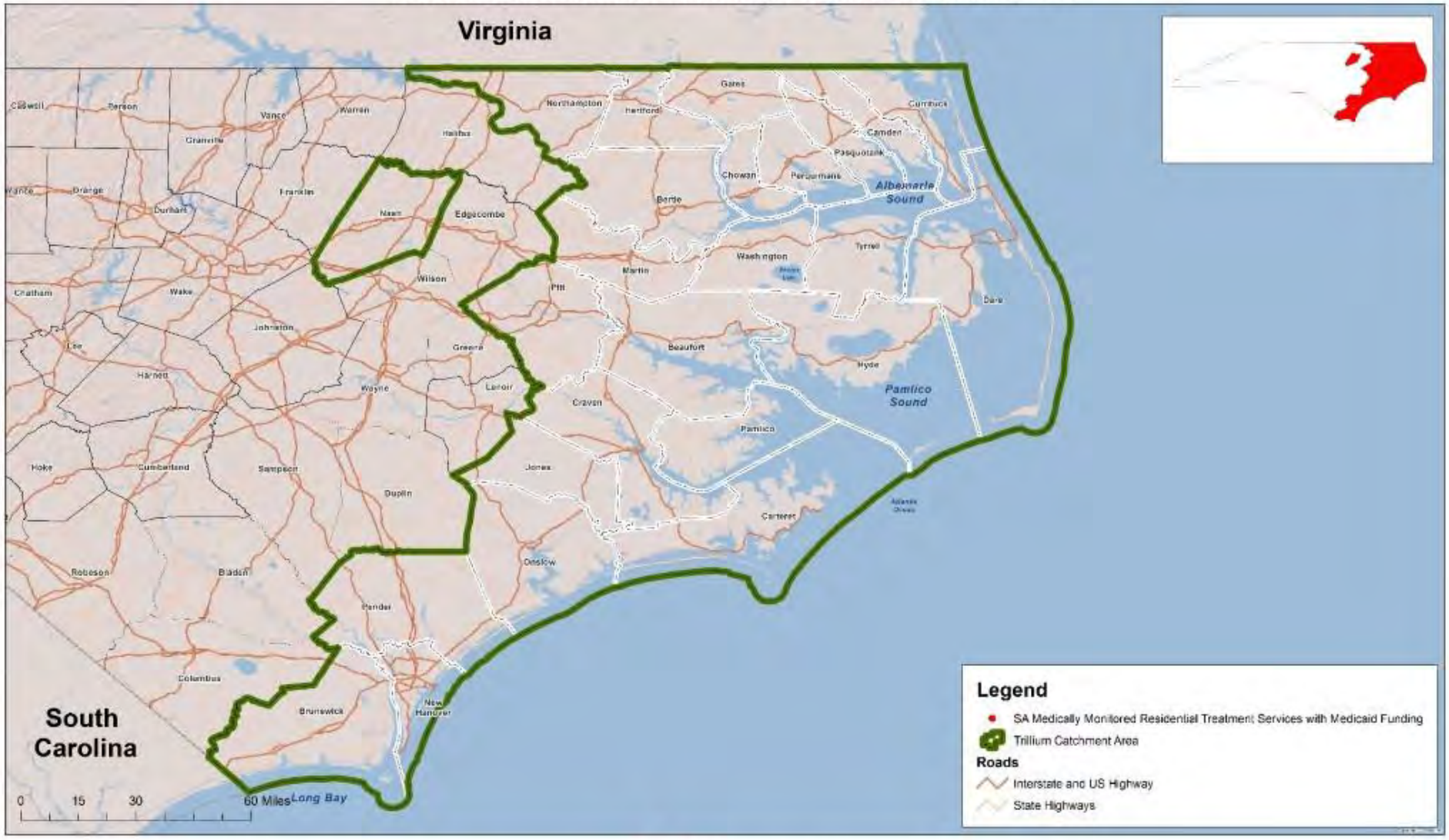



Note: There are no contracted providers for this service with this funding source.




Note: There are no contracted providers for this service with this funding source.

## Trillium Health Resources LME/MCO SA Medically Monitored Community Residential Treatment Medicaid Funded Services SFY17

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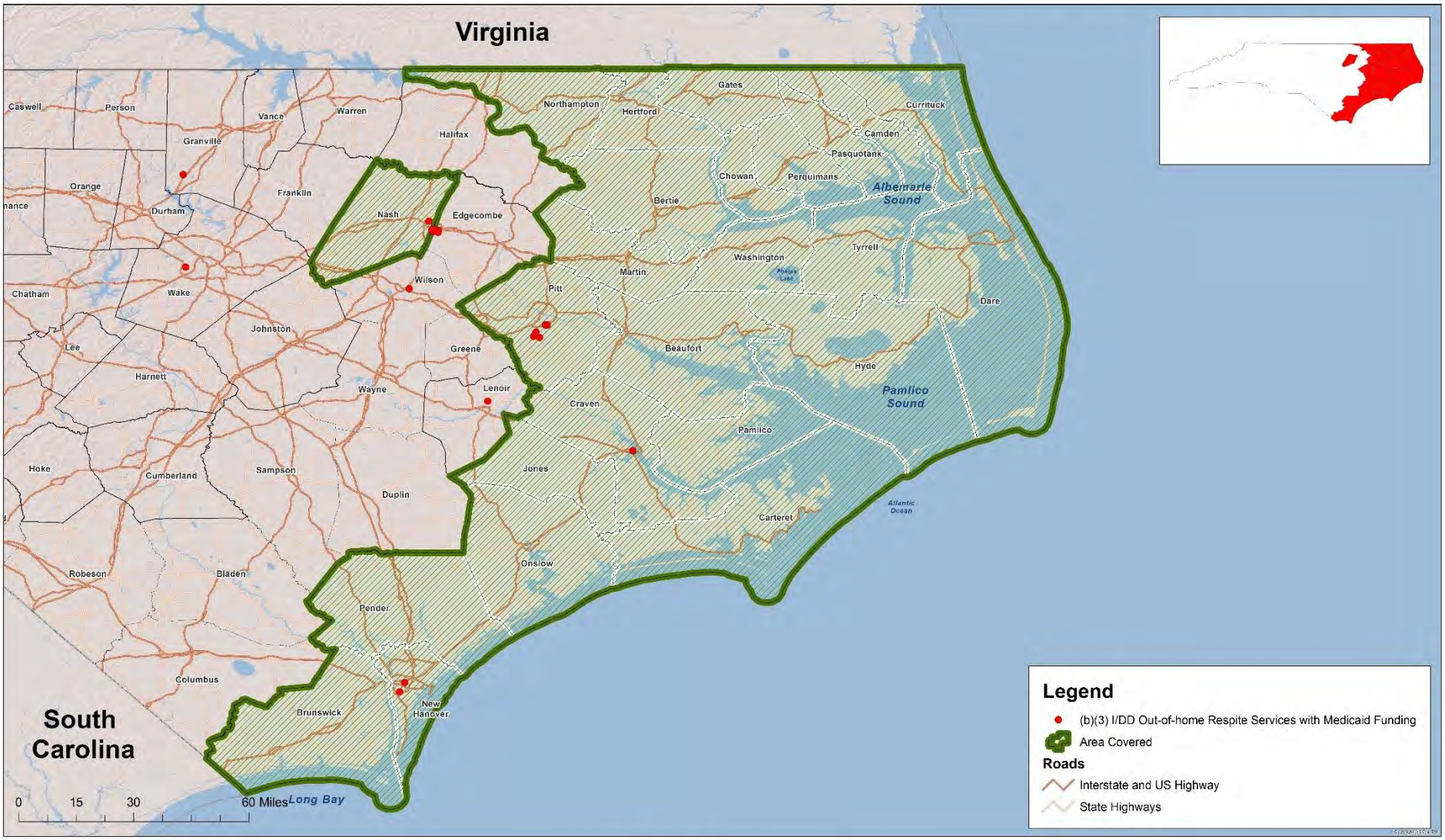
Note: There are no contracted providers for this service with this funding source.

## Trillium Health Resources LME/MCO (b)(3) I/DD Out-of-home Respite Medicaid Funded Services SFY17

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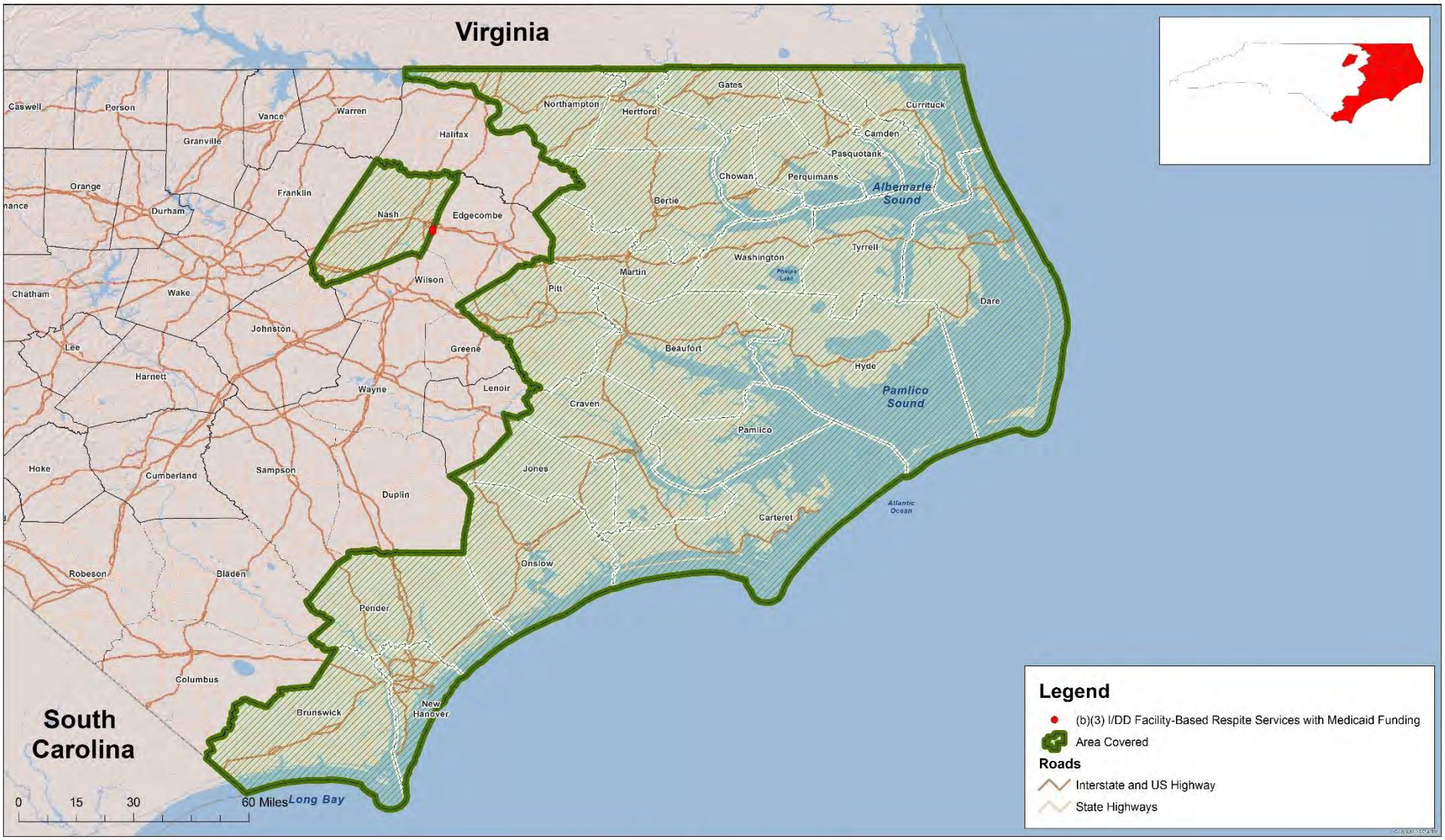
Note: All contracted agencies in NC are represented in the current map view.

## Trillium Health Resources LME/MCO (b)(3) I/DD Facility-Based Respite Medicaid Funded Services SFY17

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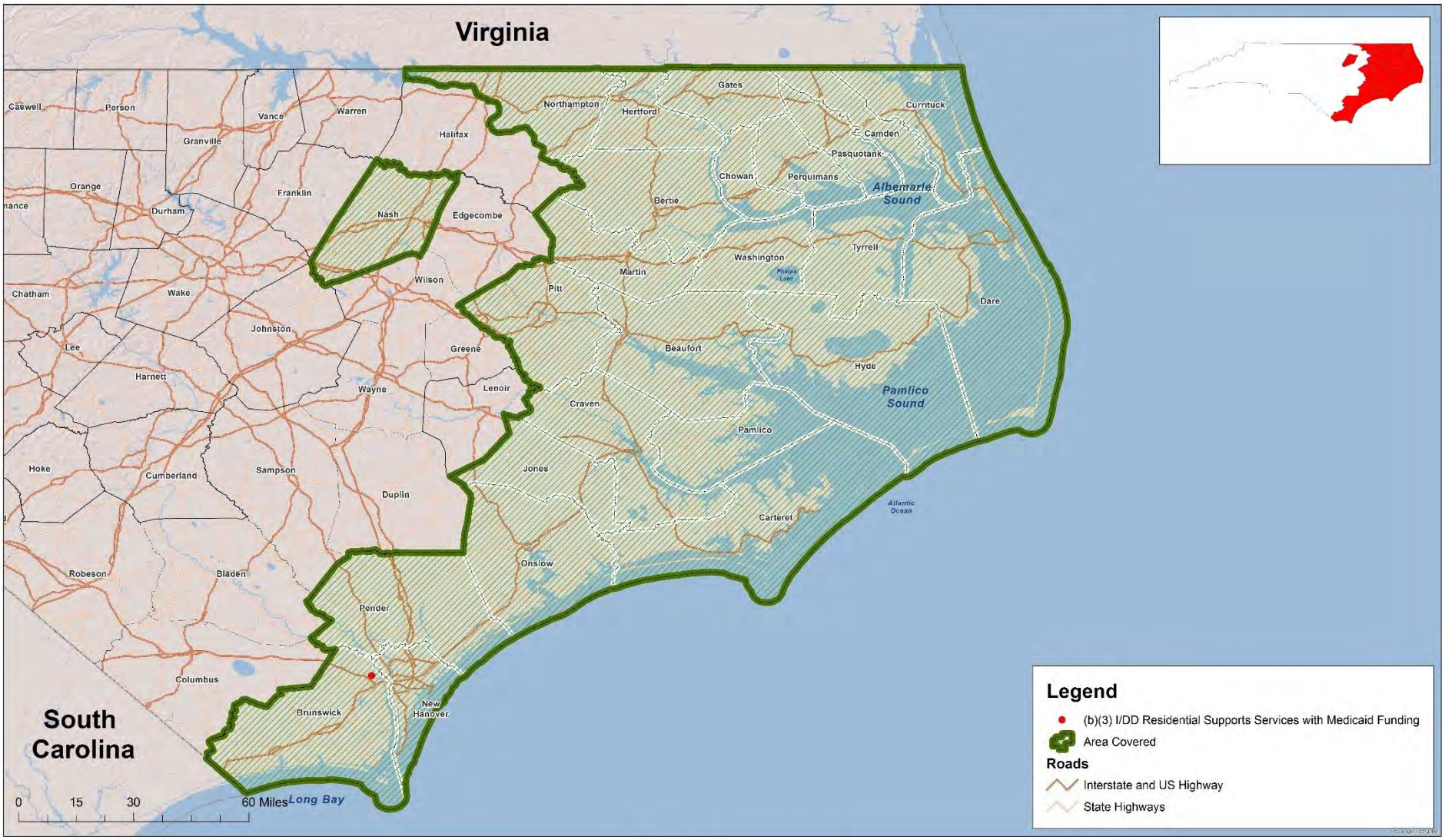
Note: All contracted agencies in NC are represented in the current map view.

## Trillium Health Resources LME/MCO (b)(3) I/DD Residential Supports Medicaid Funded Services SFY17

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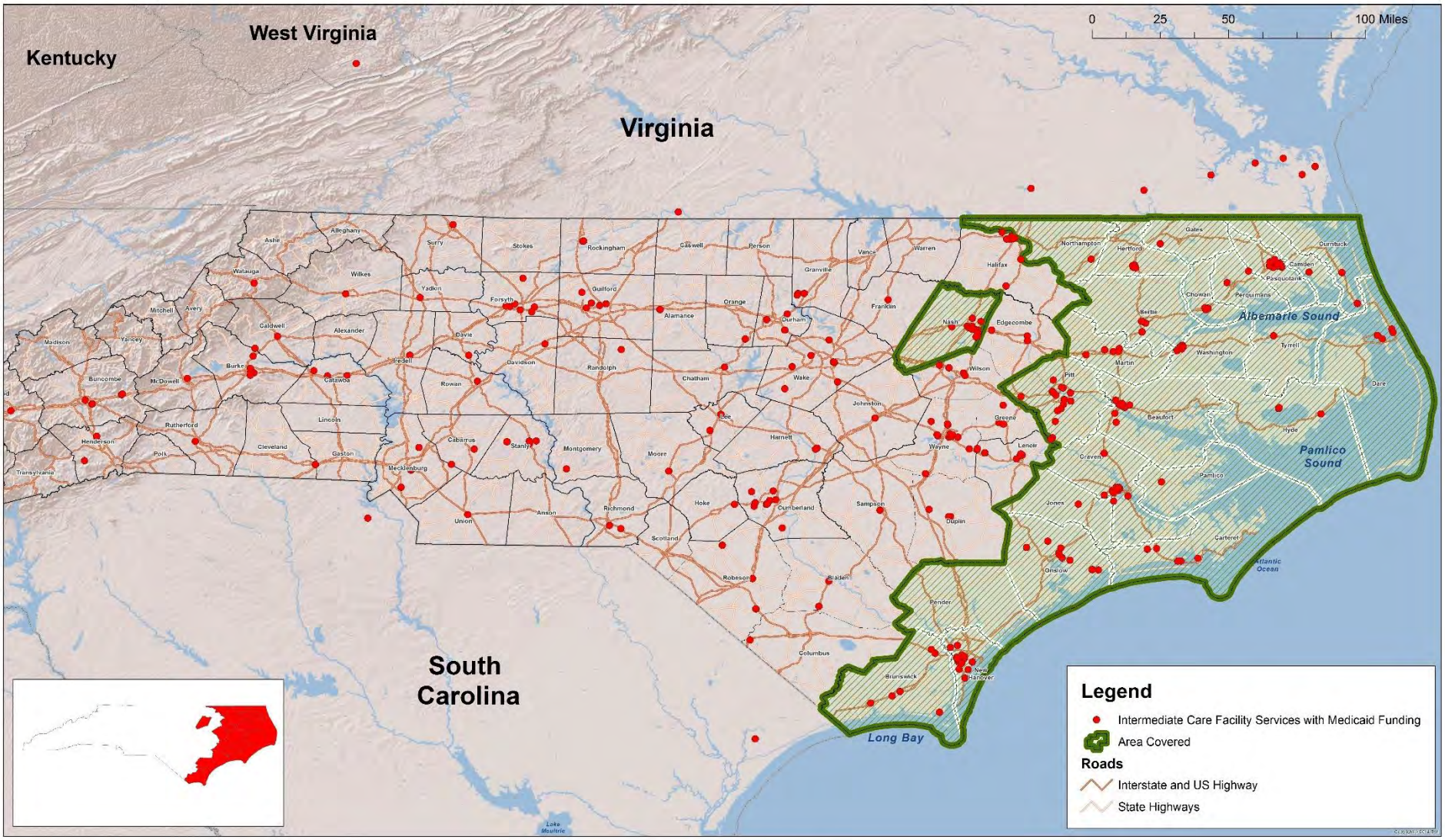
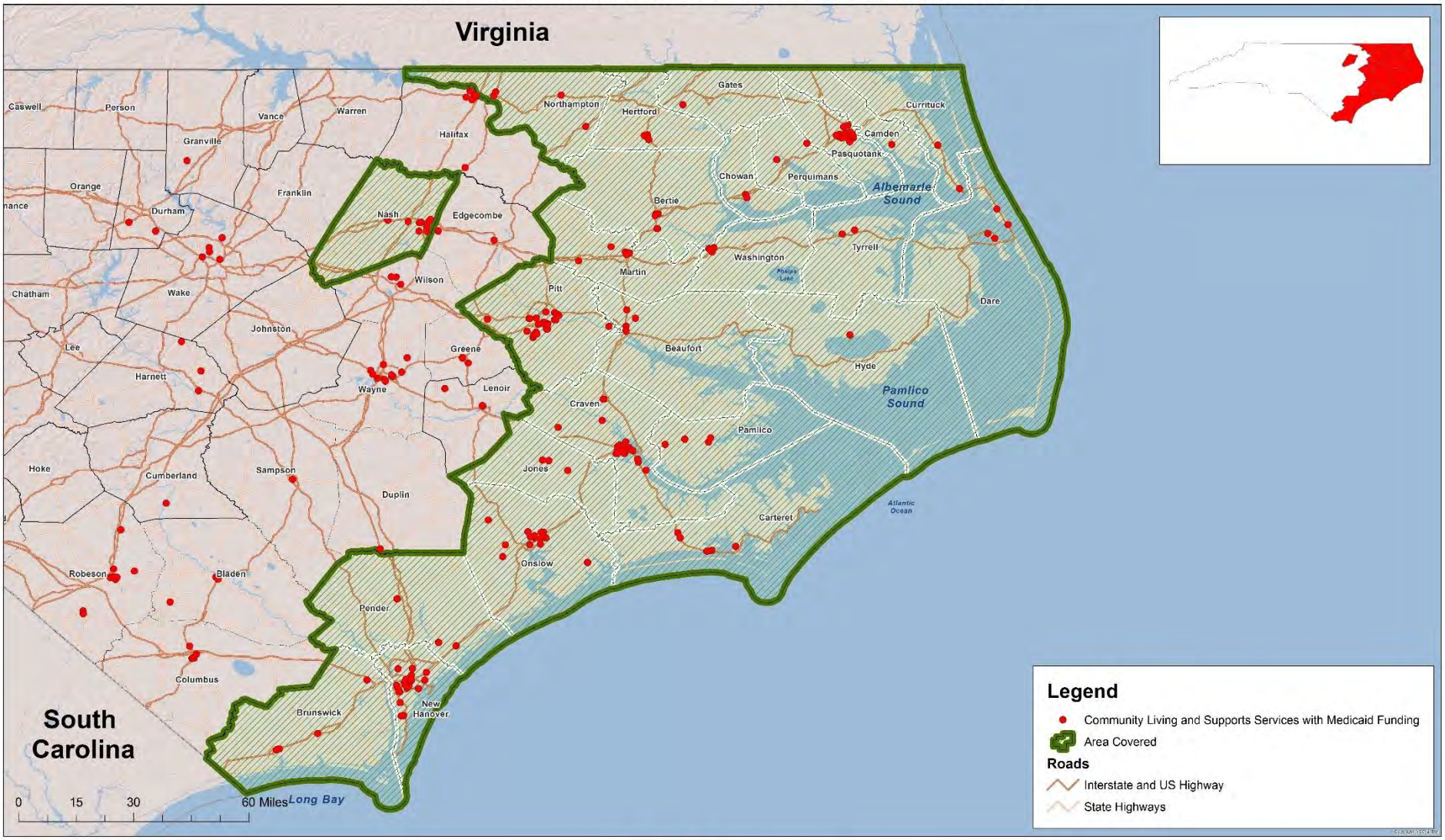
Note: All contracted agencies in NC are represented in the current map view.

## Trillium Health Resources LME/MCO Intermediate Care Facility/I/DD Medicaid Funded Services SFY17




Note: All contracted agencies in NC are represented in the current map view.

## Trillium Health Resources LME/MCO Community Living and Supports Services Medicaid Funded C-Waiver Services SFY17

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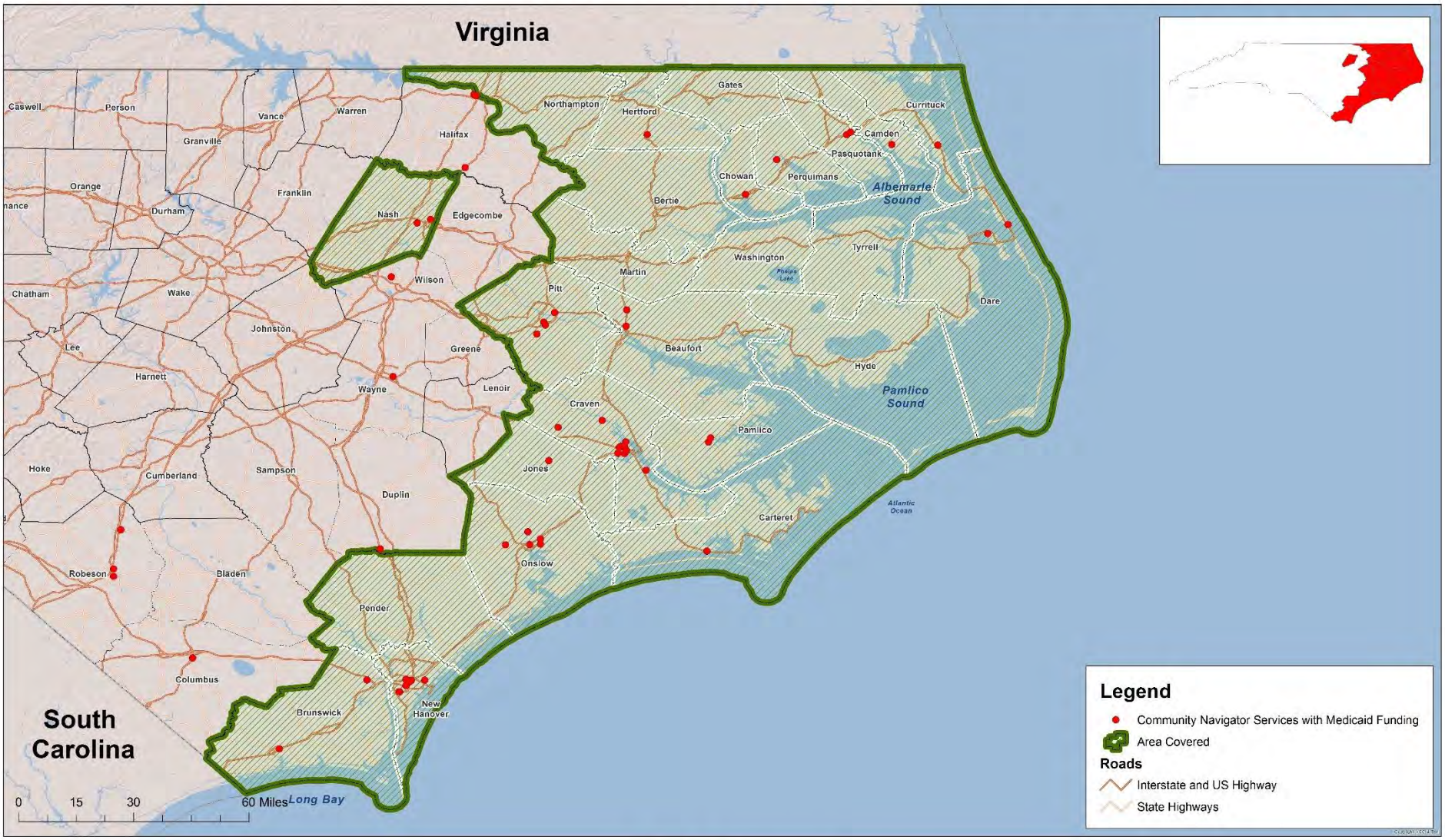
## Trillium Health Resources LME/MCO Community Navigator Medicaid Funded C-Waiver Services SFY17

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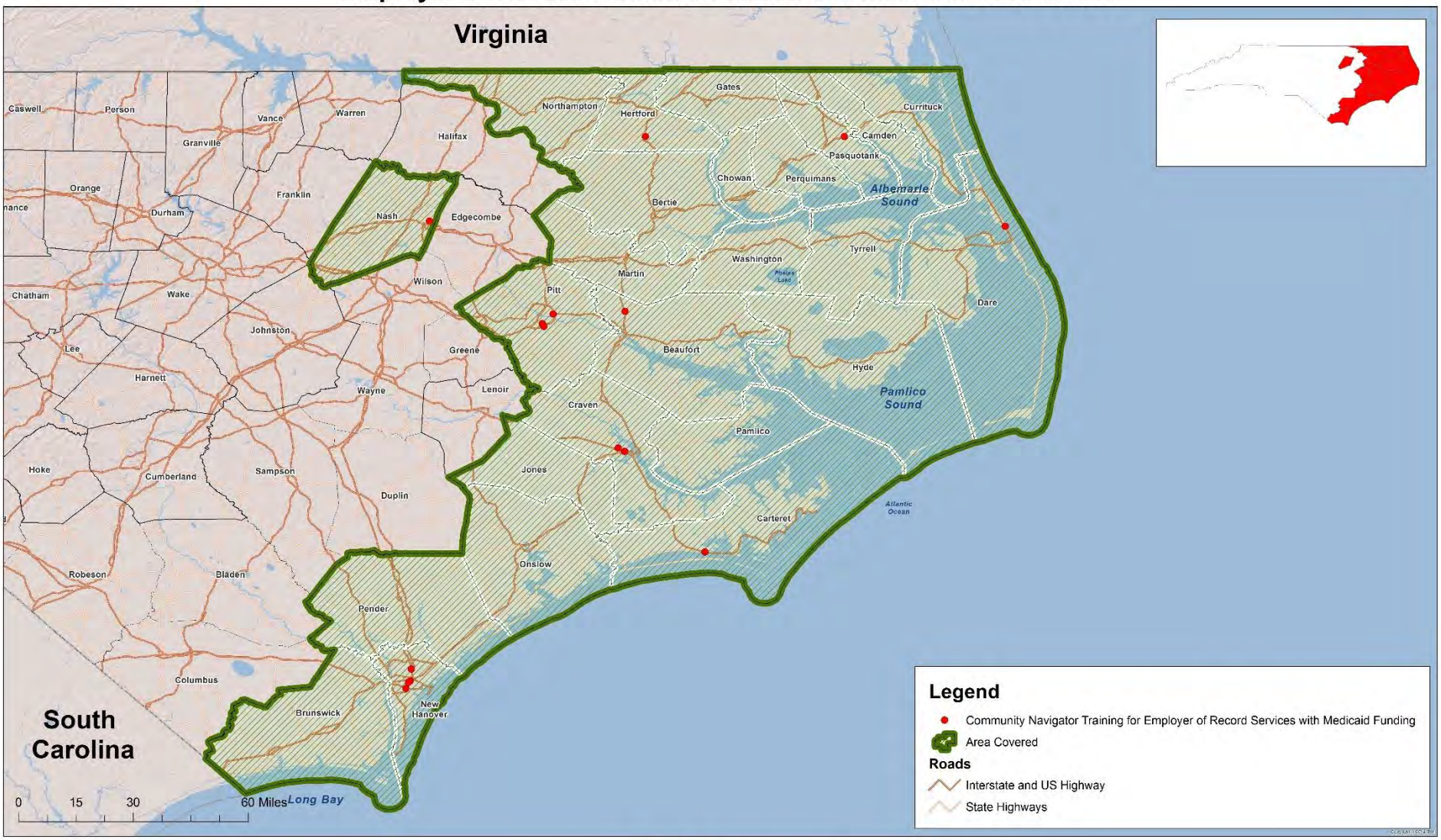
# Trillium Health Resources LME/MCO Community Navigator Training for Employer of Record Medicaid Funded C-Waiver Services SFY17

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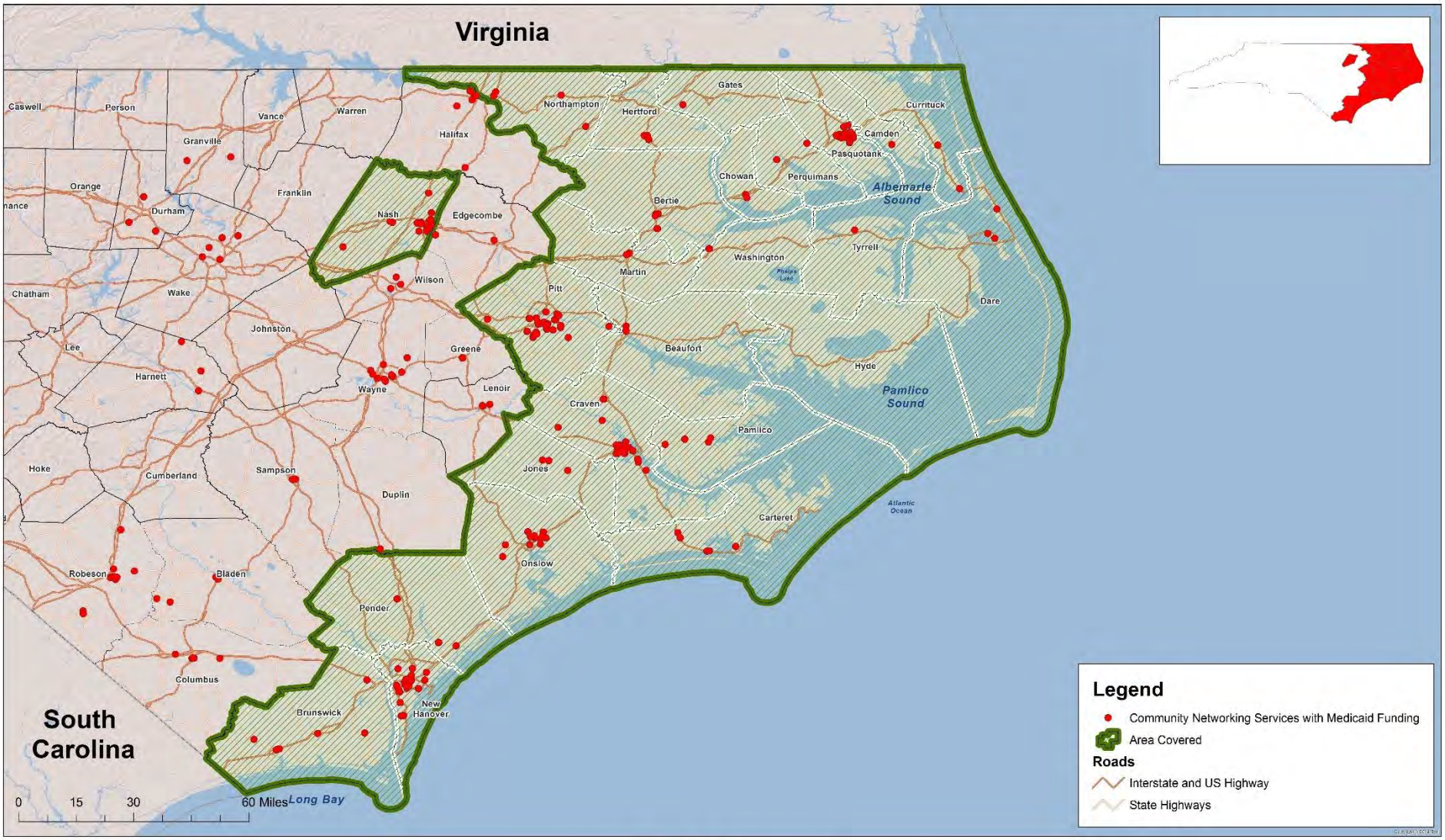
## Trillium Health Resources LME/MCO Community Networking Medicaid Funded C-Waiver Services SFY17

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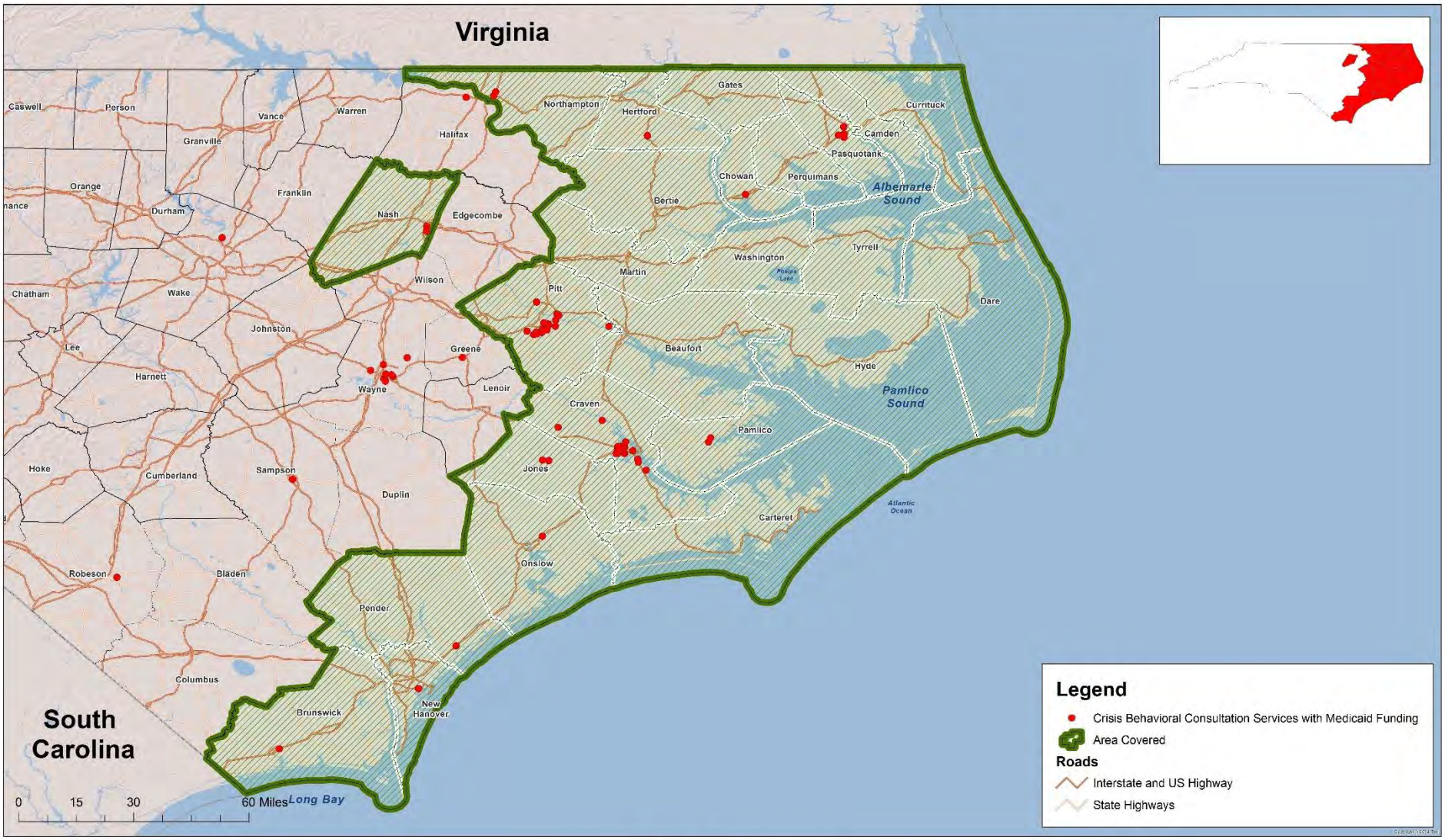
## Trillium Health Resources LME/MCO Crisis Behavioral Consultation Medicaid Funded C-Waiver Services SFY17

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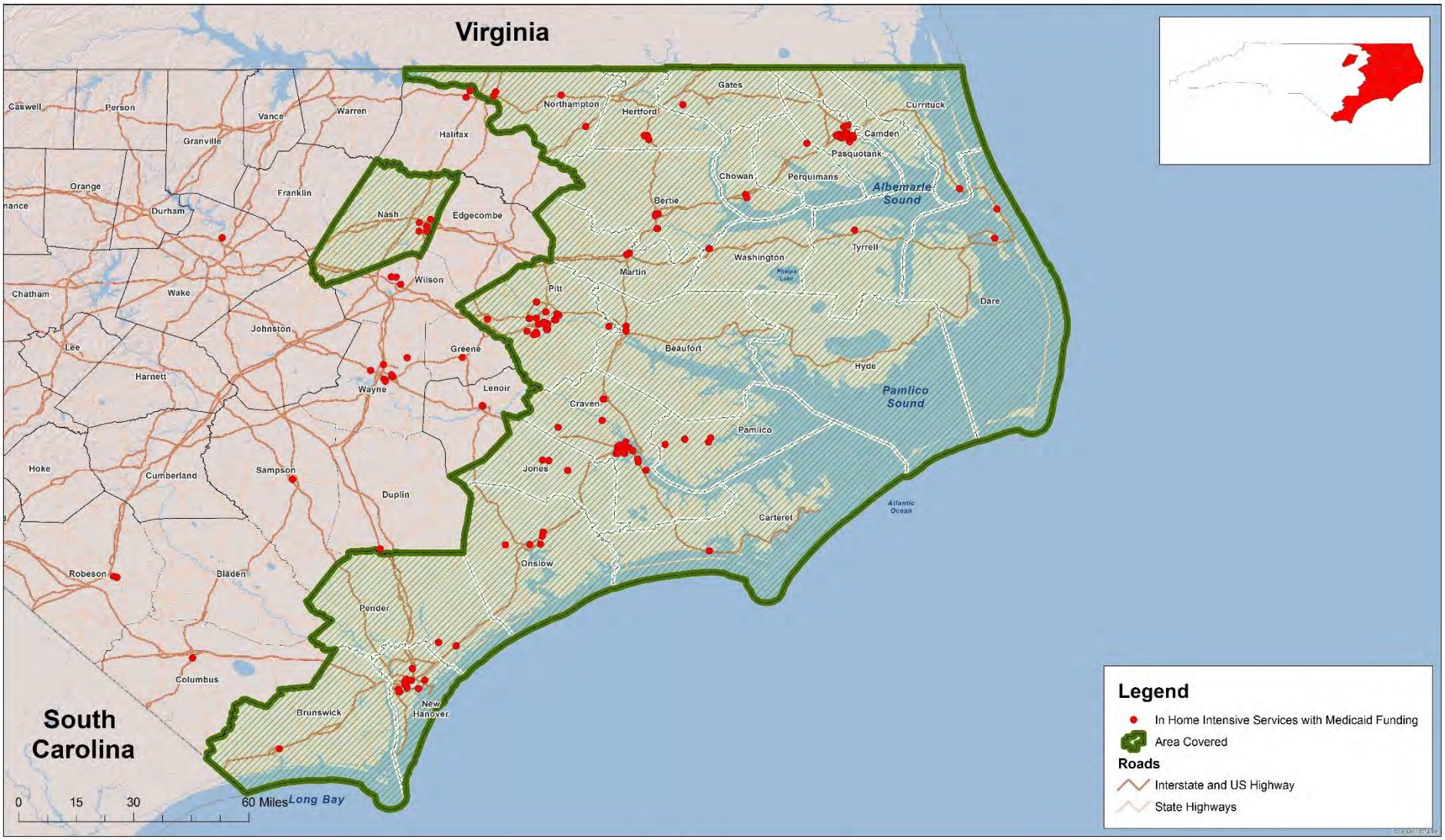
## Trillium Health Resources LME/MCO In Home Intensive Services Medicaid Funded C-Waiver Services SFY17

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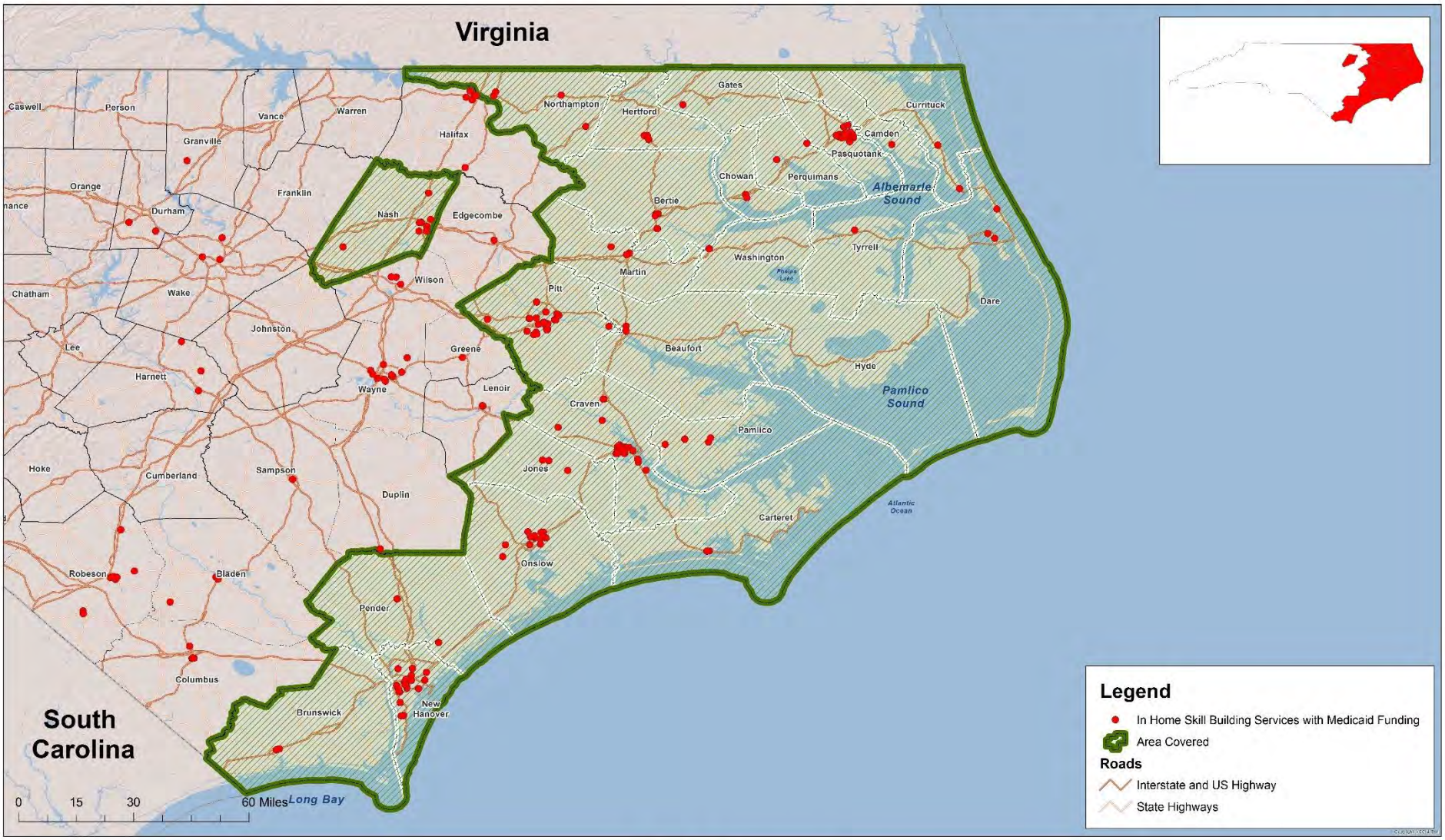
## Trillium Health Resources LME/MCO In Home Skill Building Services Medicaid Funded C-Waiver Services SFY17

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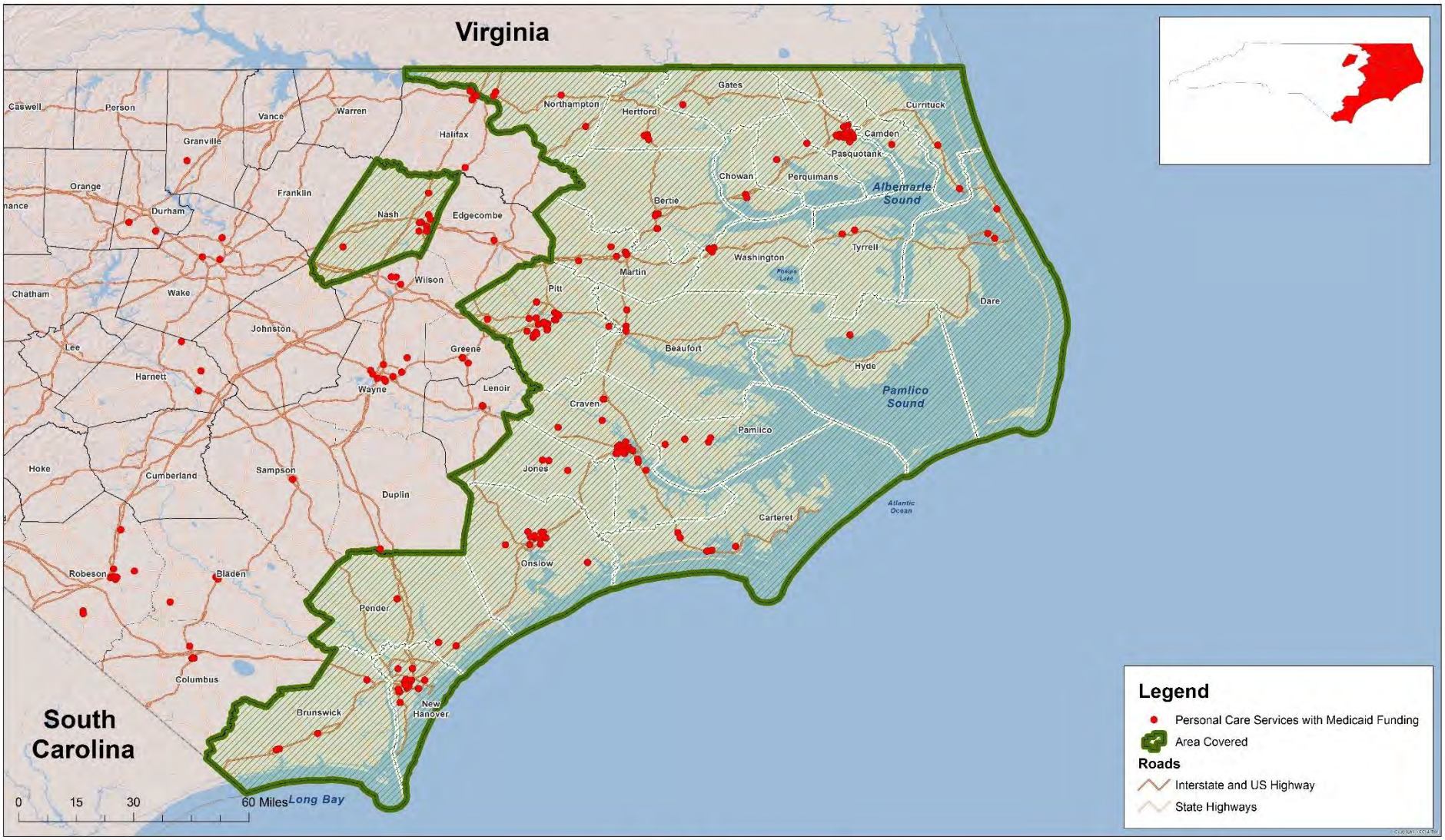
## Trillium Health Resources LME/MCO Personal Care Services Medicaid Funded C-Waiver Services SFY17

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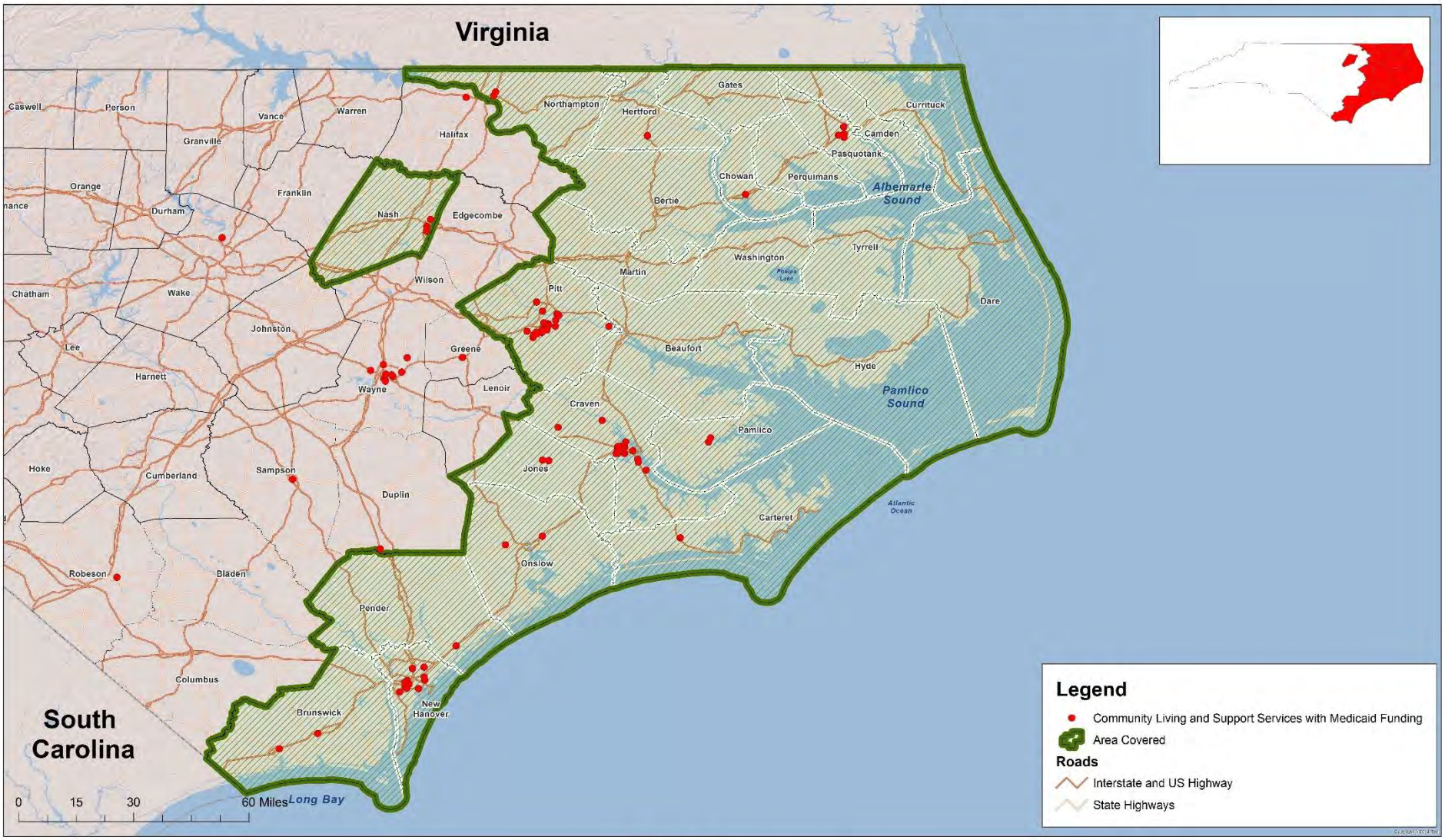
## Trillium Health Resources LME/MCO Crisis Consultation Services Medicaid Funded C-Waiver Services SFY17

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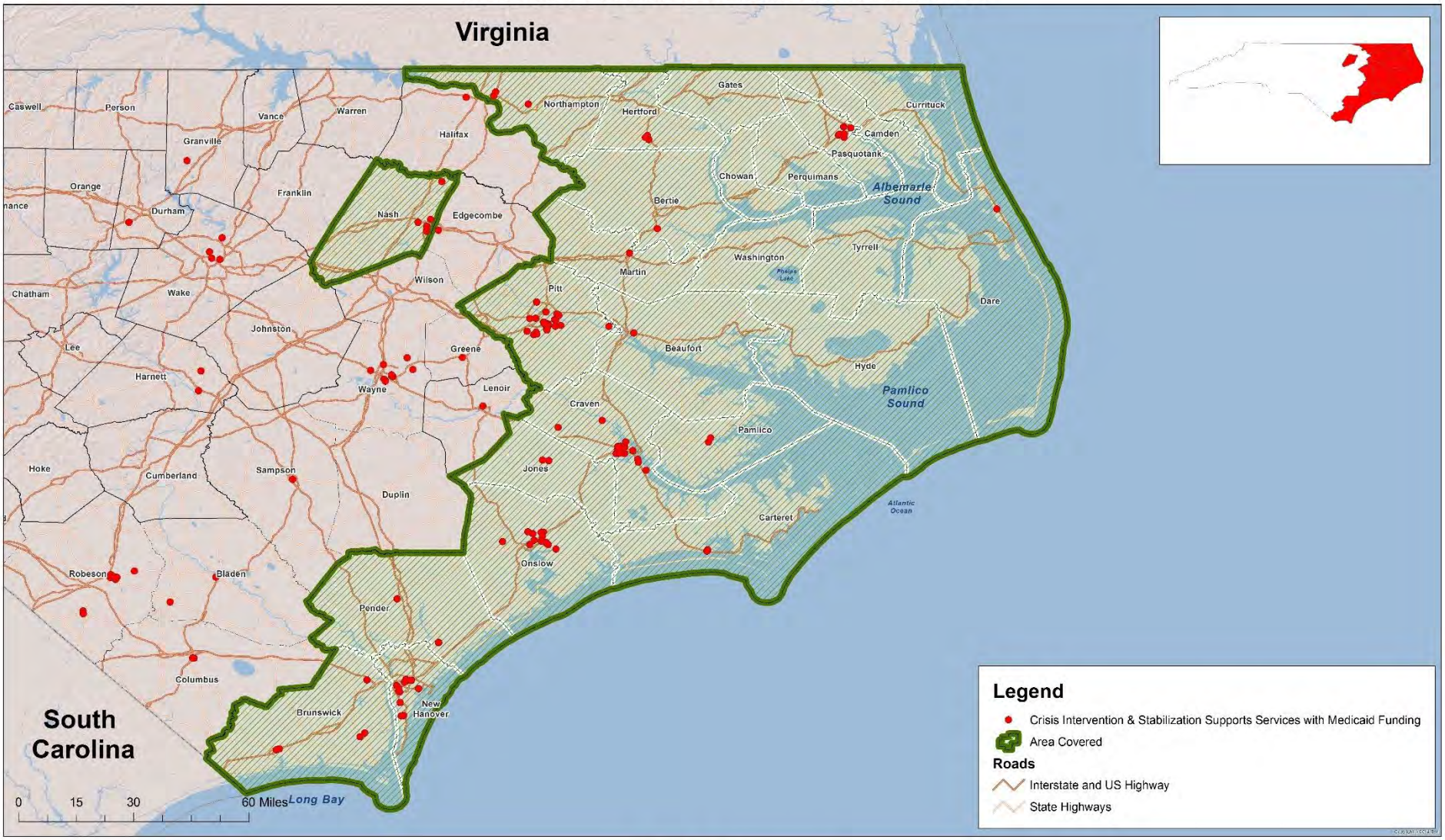
## Trillium Health Resources LME/MCO Crisis Intervention & Stabilization Supports Medicaid Funded C-Waiver Services SFY17

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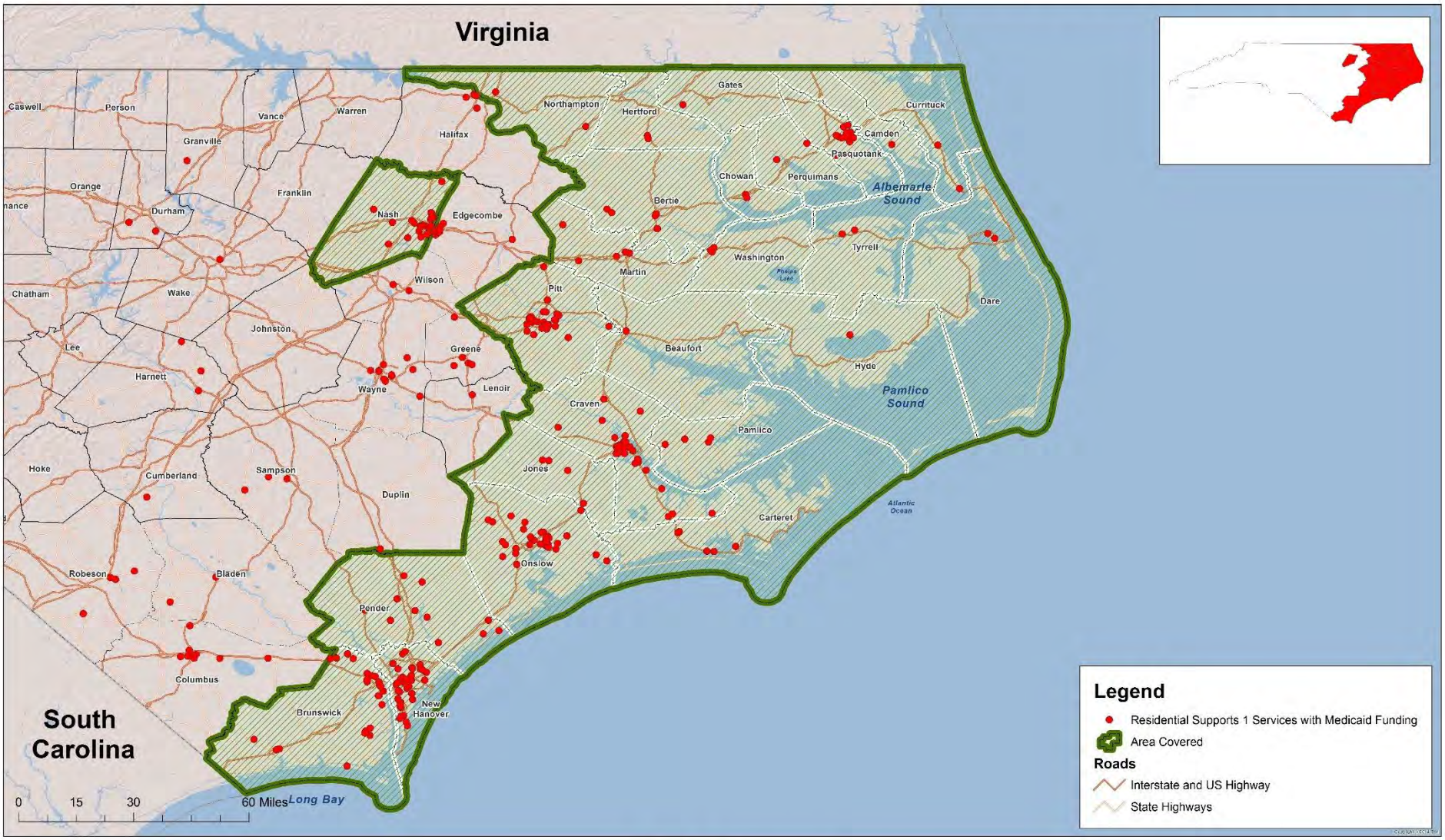
## Trillium Health Resources LME/MCO Residential Supports 1 Medicaid Funded C-Waiver Services SFY17

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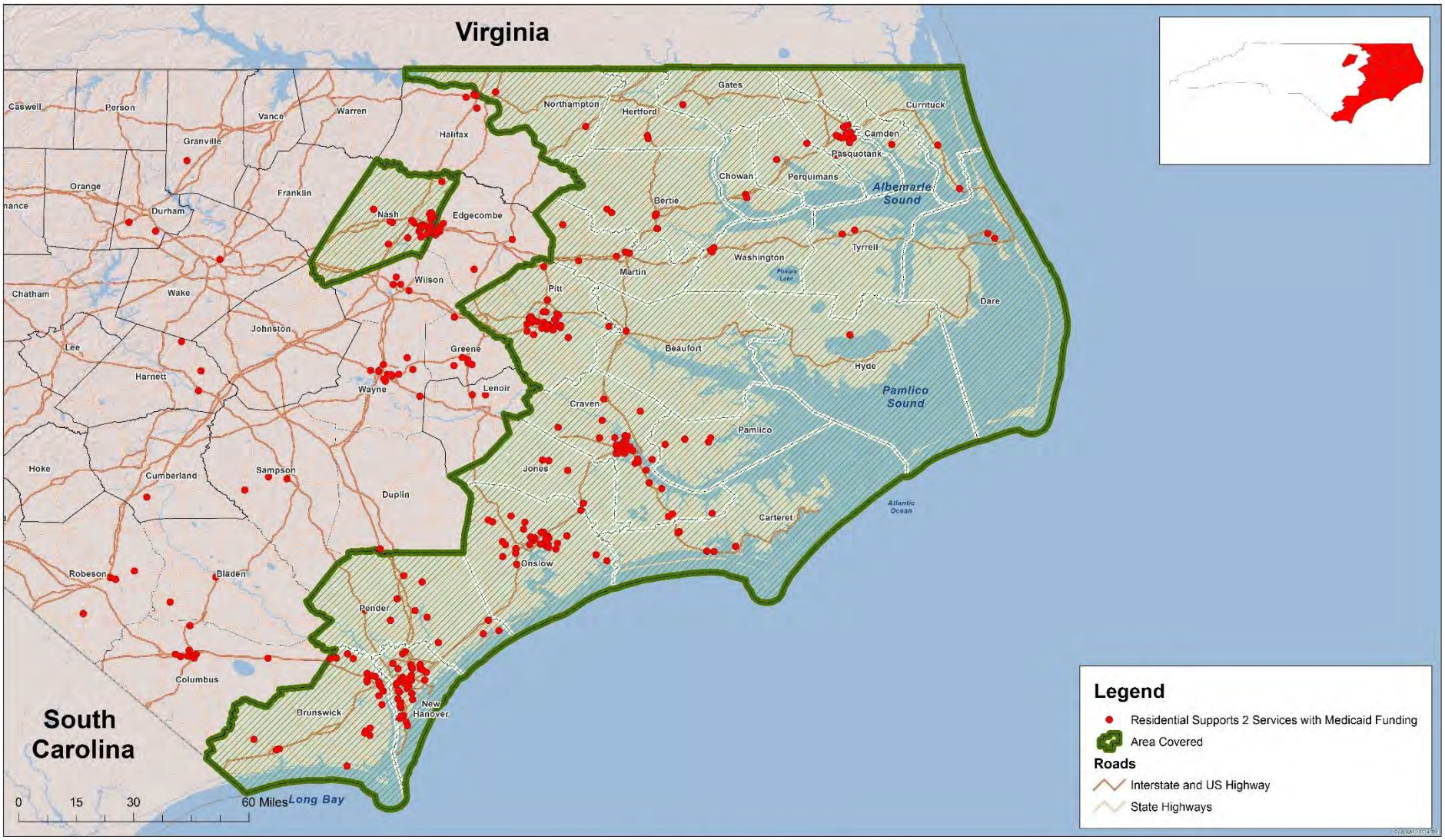
## Trillium Health Resources LME/MCO Residential Supports 2 Medicaid Funded C-Waiver Services SFY17

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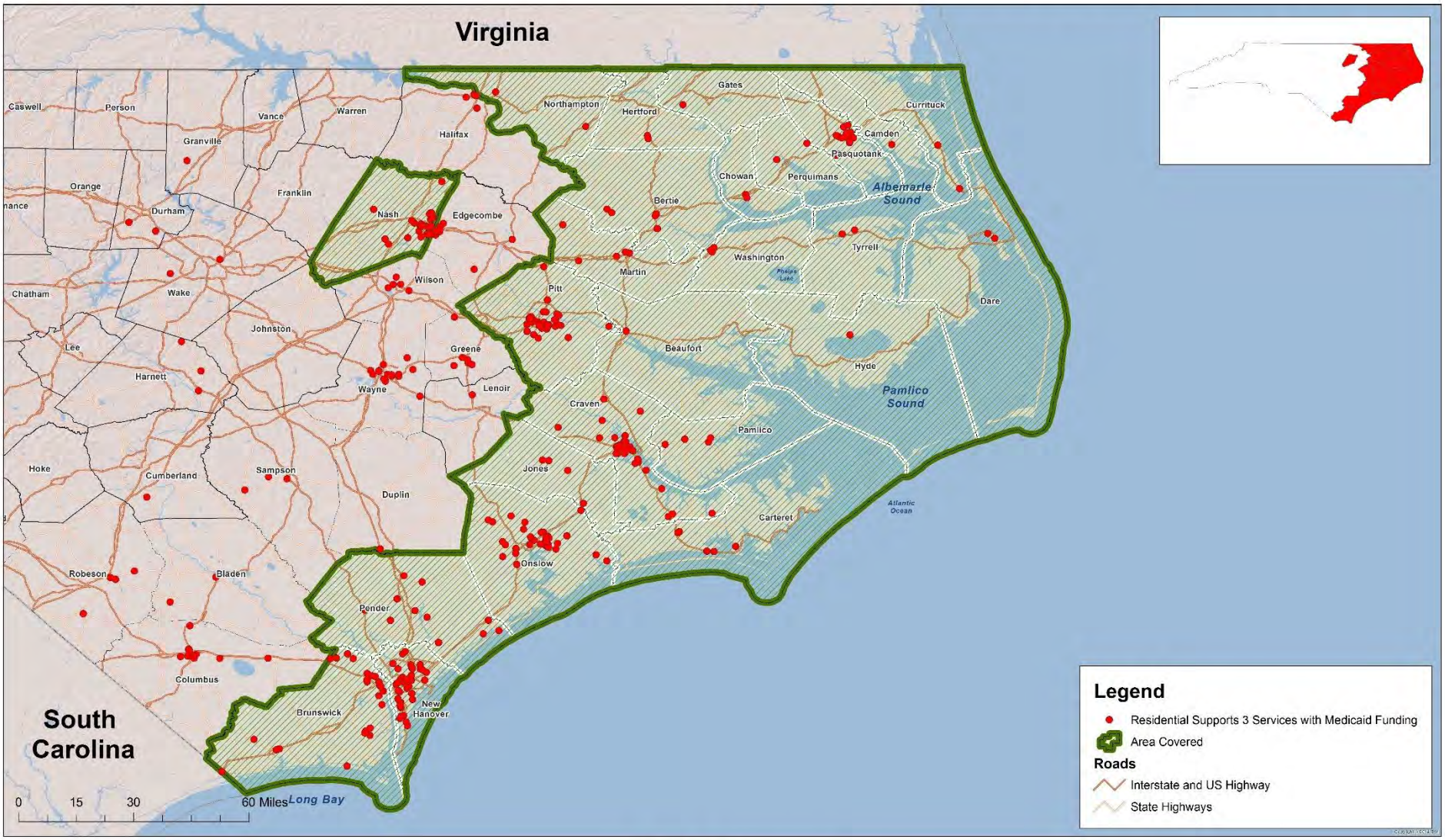
## Trillium Health Resources LME/MCO Residential Supports 3 Medicaid Funded C-Waiver Services SFY17

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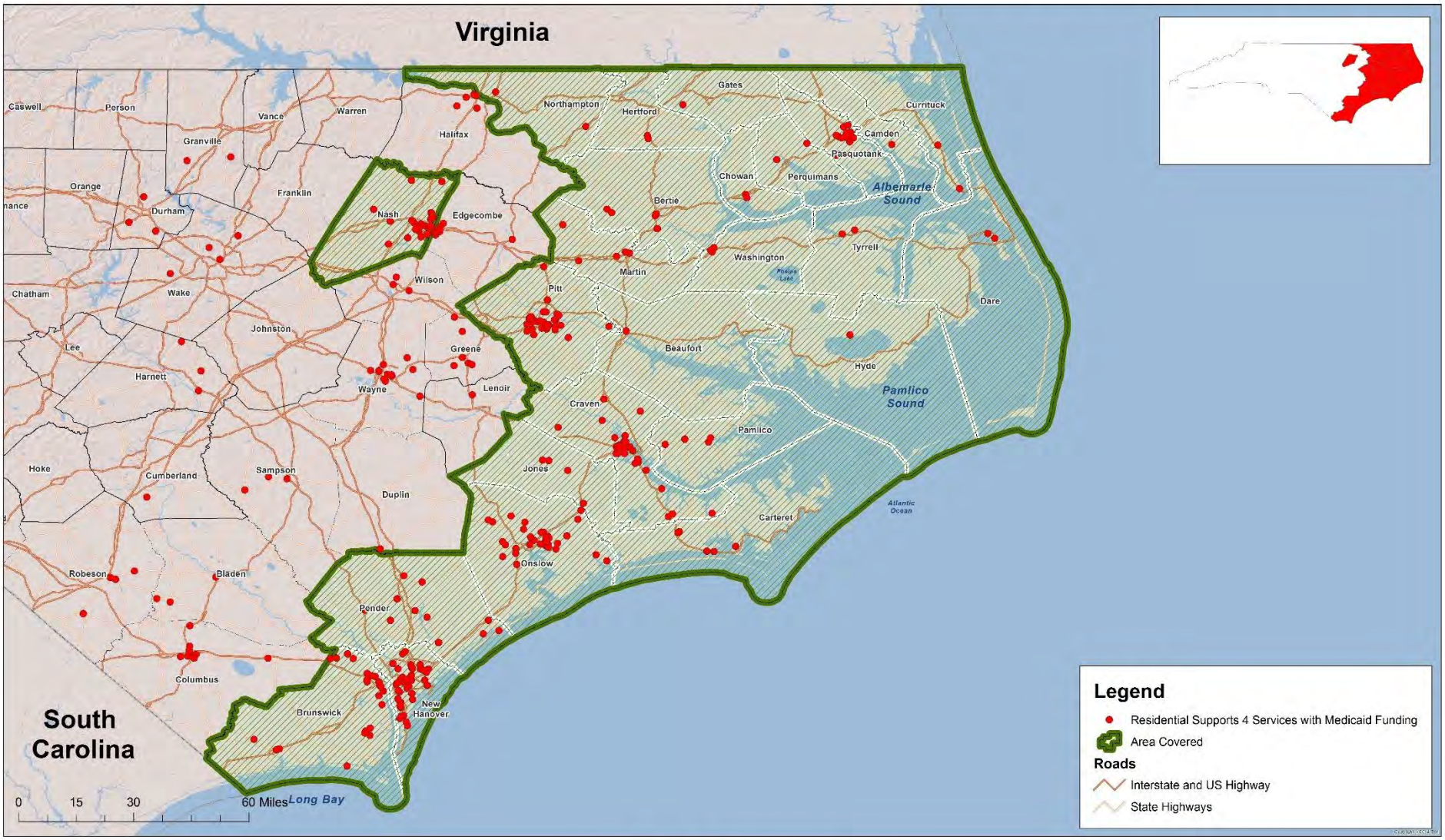
## Trillium Health Resources LME/MCO Residential Supports 4 Medicaid Funded C-Waiver Services SFY17

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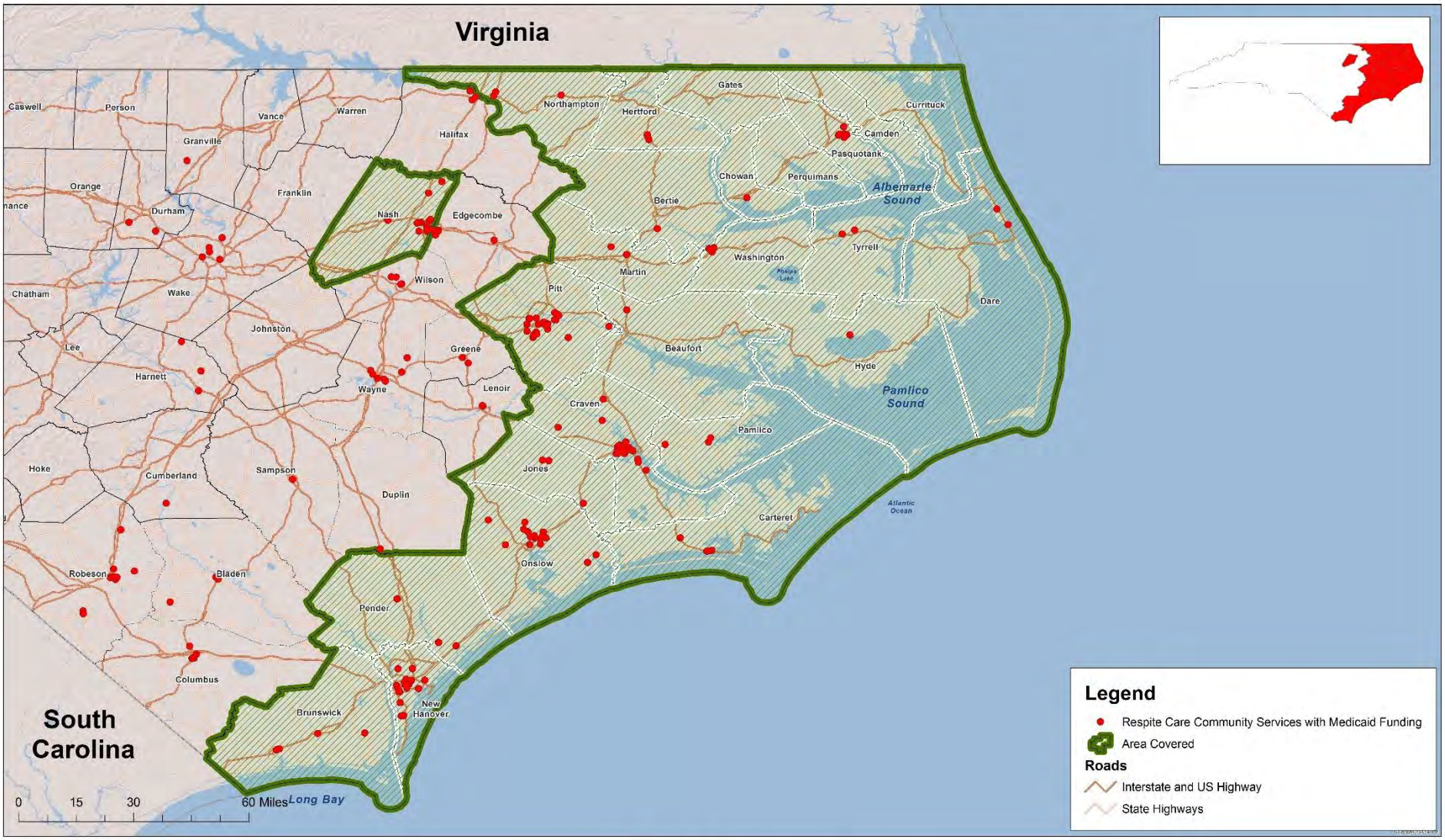
## Trillium Health Resources LME/MCO Respite Care - Community Medicaid Funded C-Waiver Services SFY17

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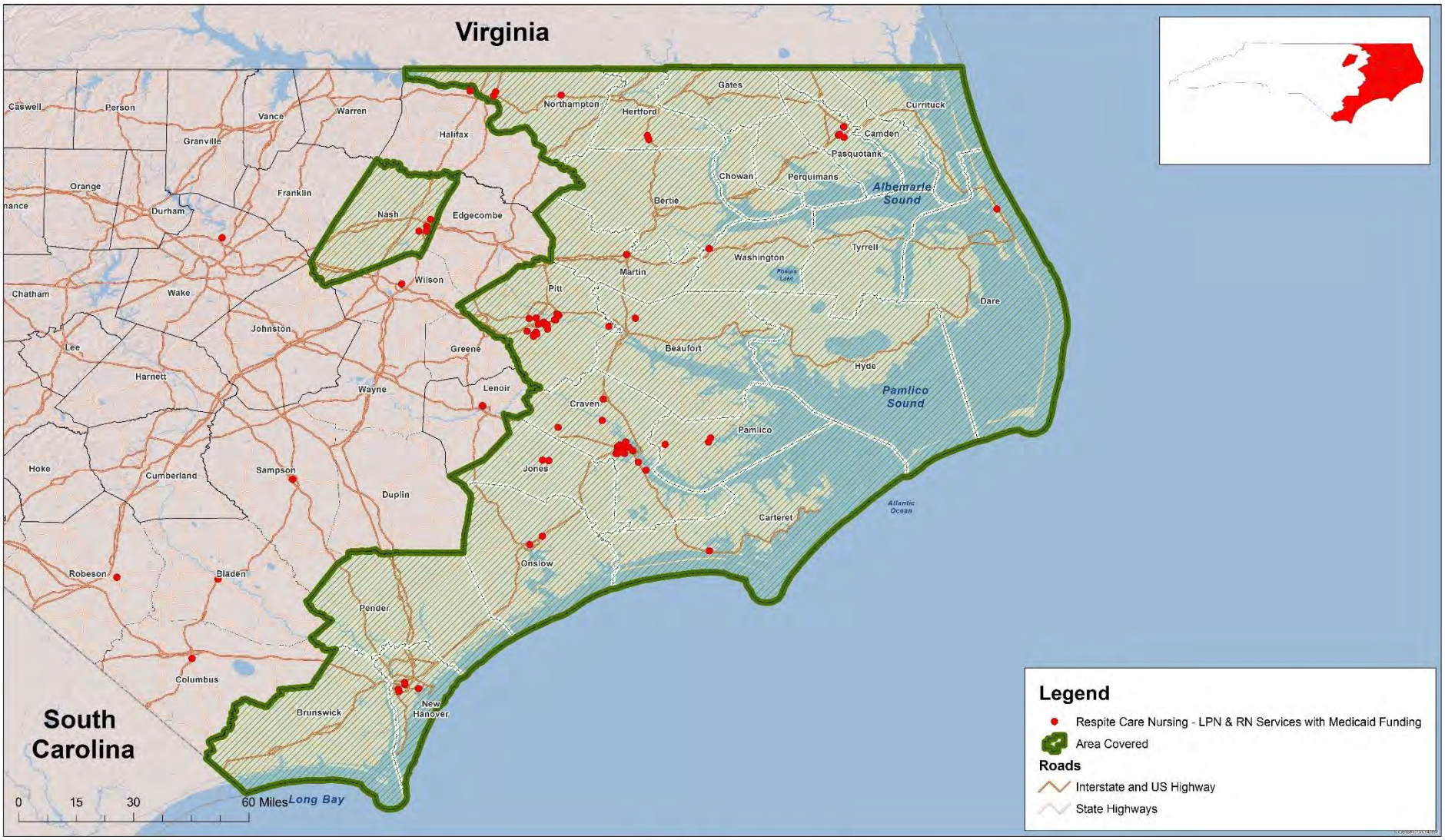
## Trillium Health Resources LME/MCO Respite Care Nursing - LPN & RN Medicaid Funded C-Waiver Services SFY17

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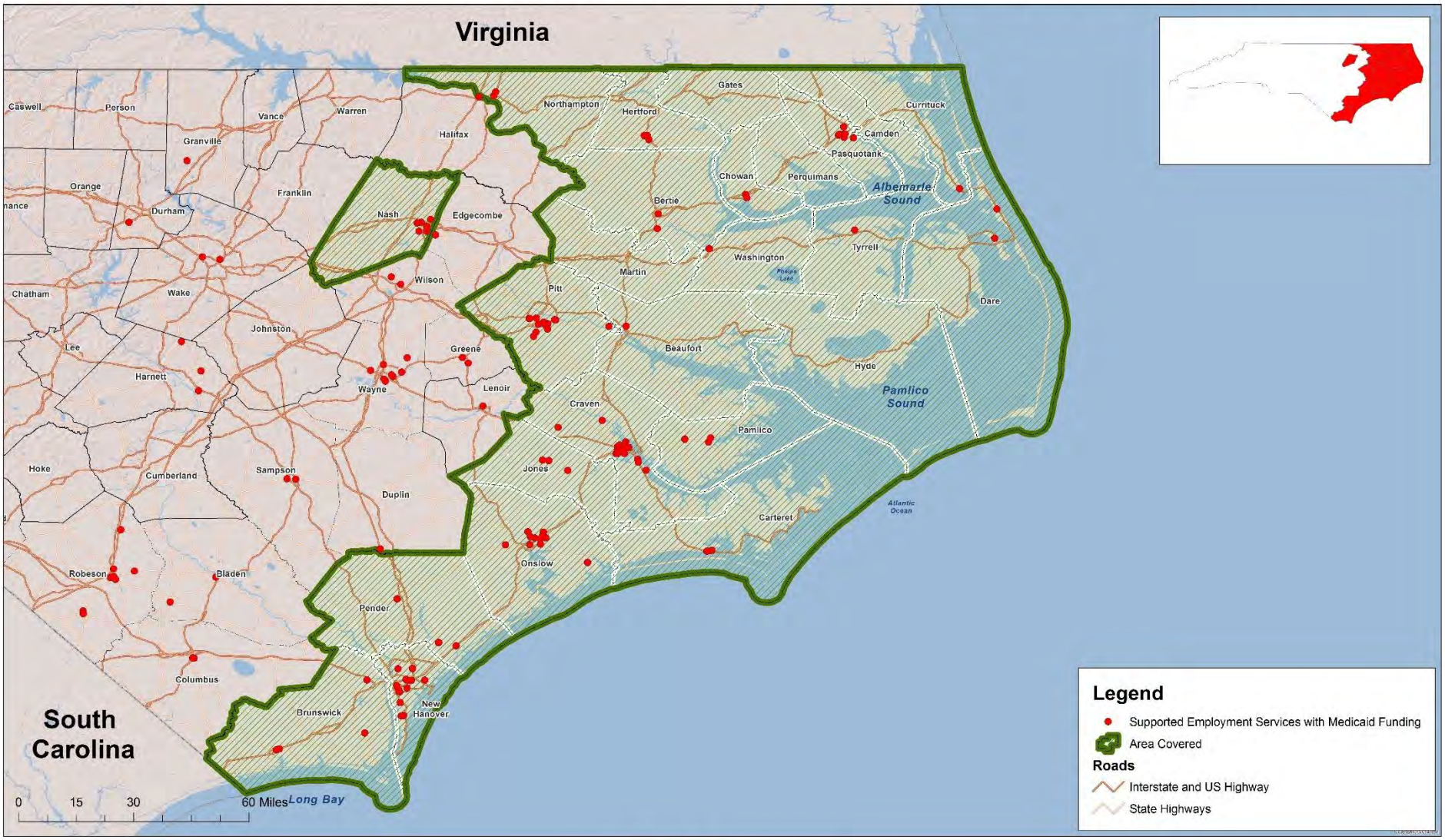
## Trillium Health Resources LME/MCO Supported Employment Medicaid Funded C-Waiver Services SFY17

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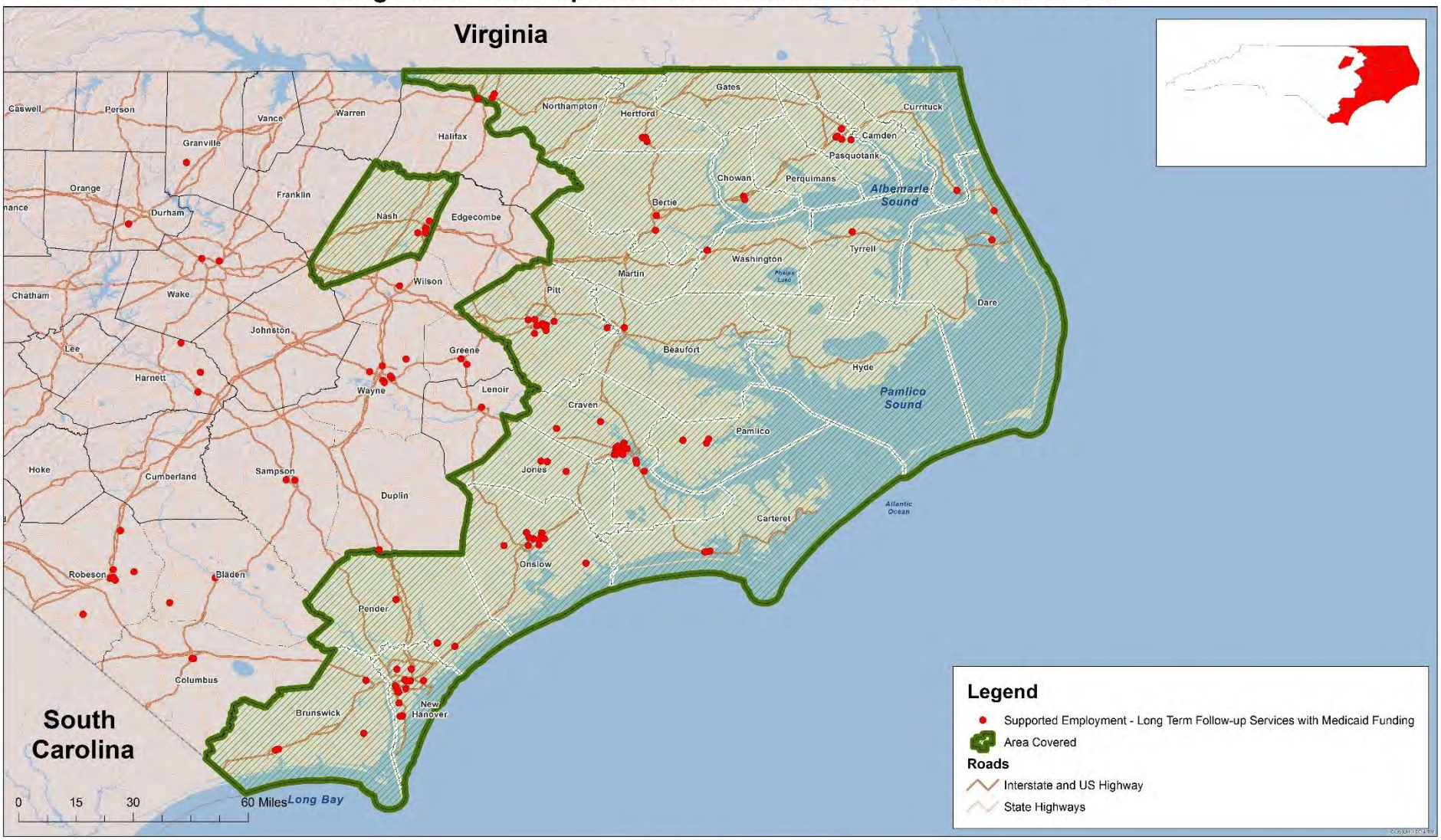
## Trillium Health Resources LME/MCO Supported Employment - Long Term Follow-up Medicaid Funded C-Waiver Services SFY17

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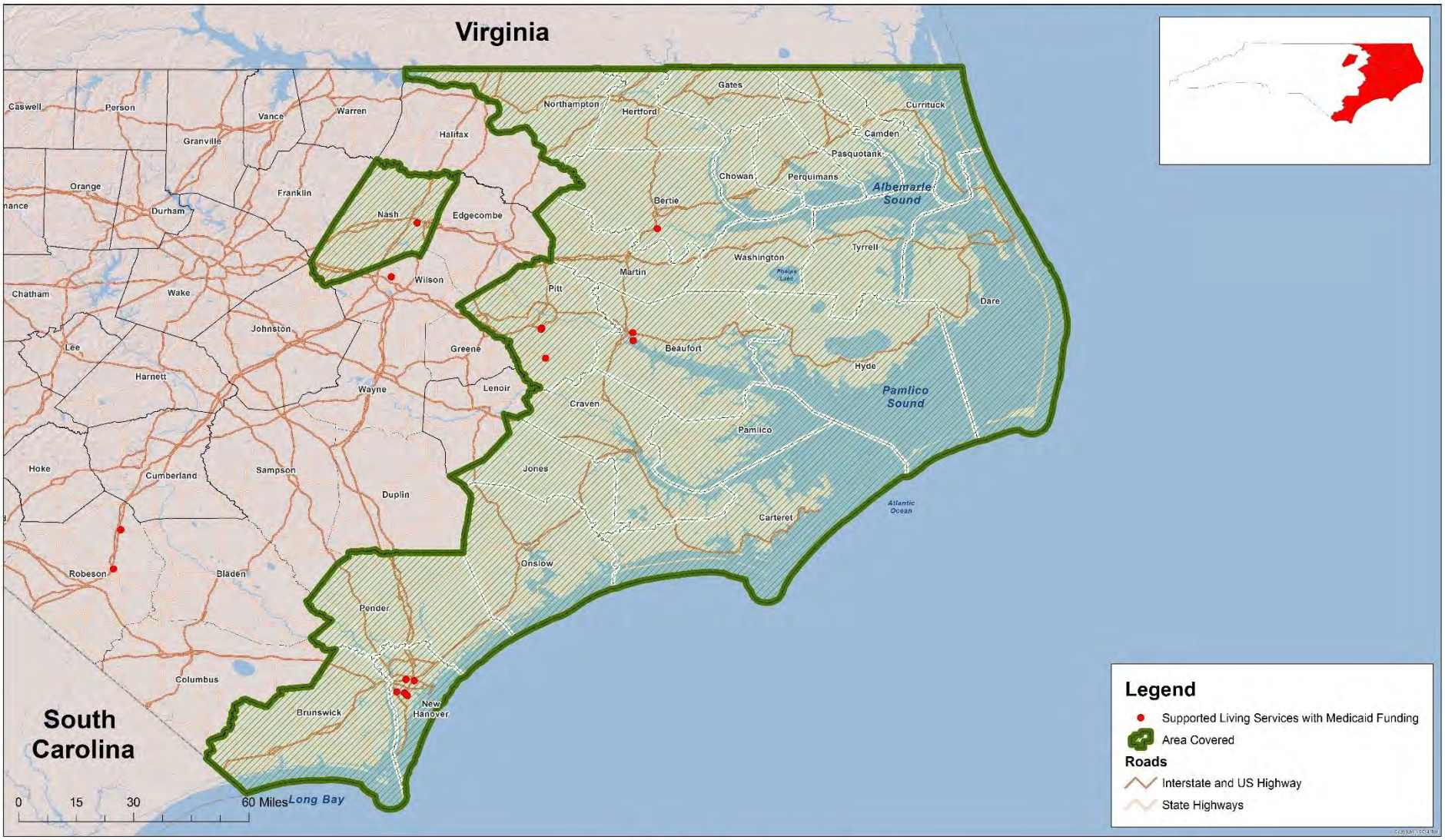
## Trillium Health Resources LME/MCO Supported Living Medicaid Funded C-Waiver Services SFY17

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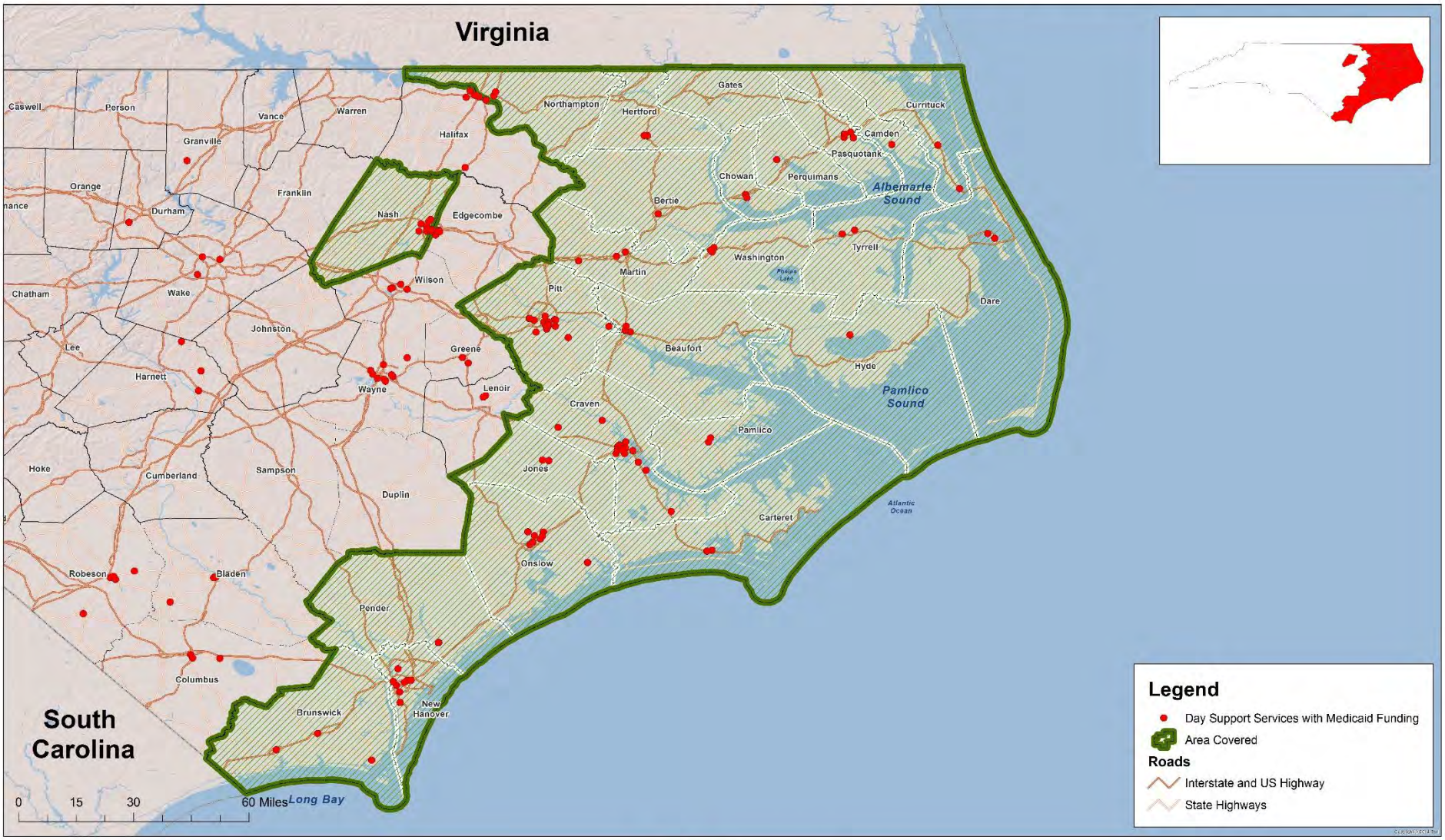
## Trillium Health Resources LME/MCO Day Supports Medicaid Funded C-Waiver Services SFY17

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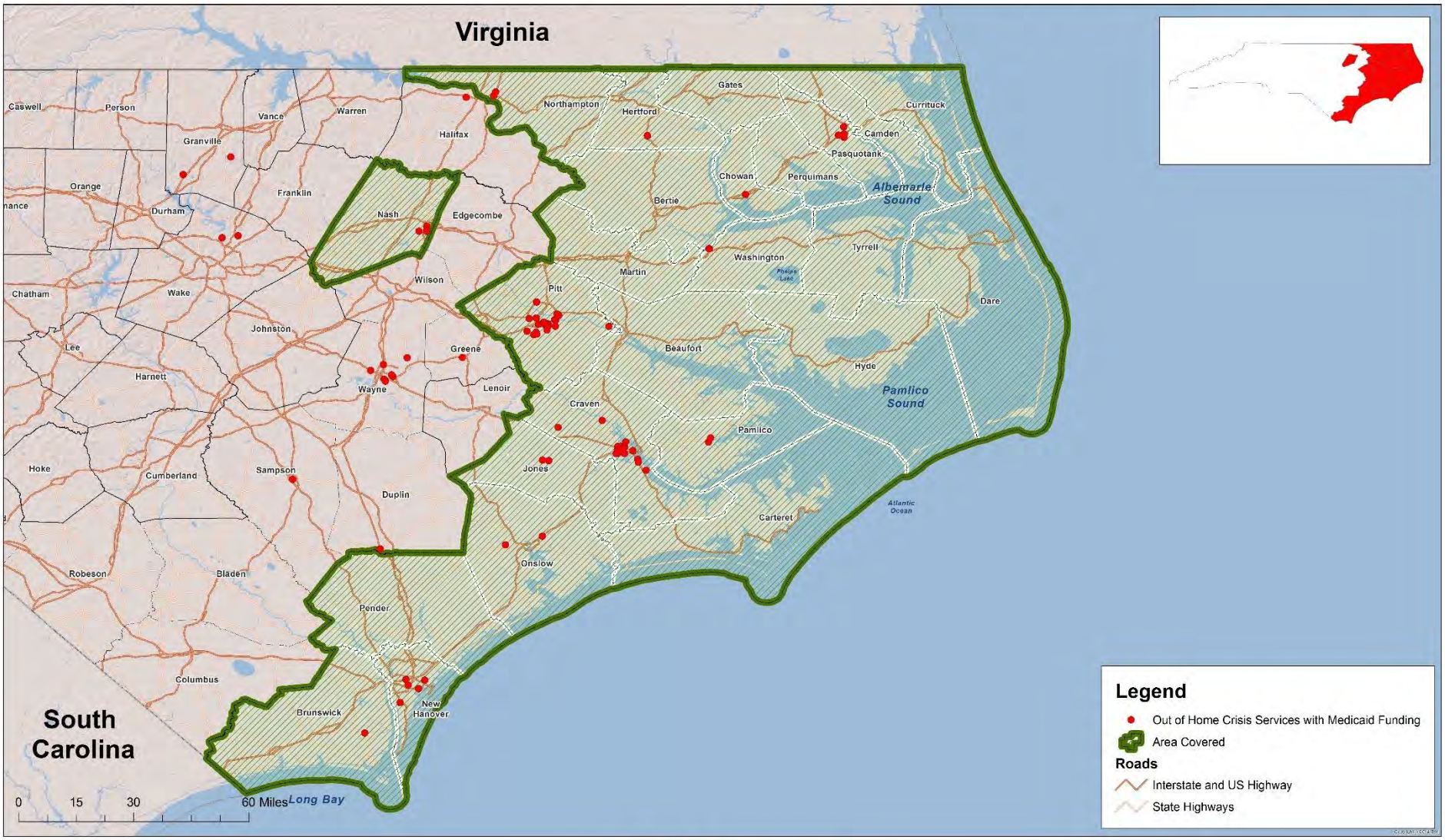
## Trillium Health Resources LME/MCO Out of Home Crisis Medicaid Funded C-Waiver Services SFY17

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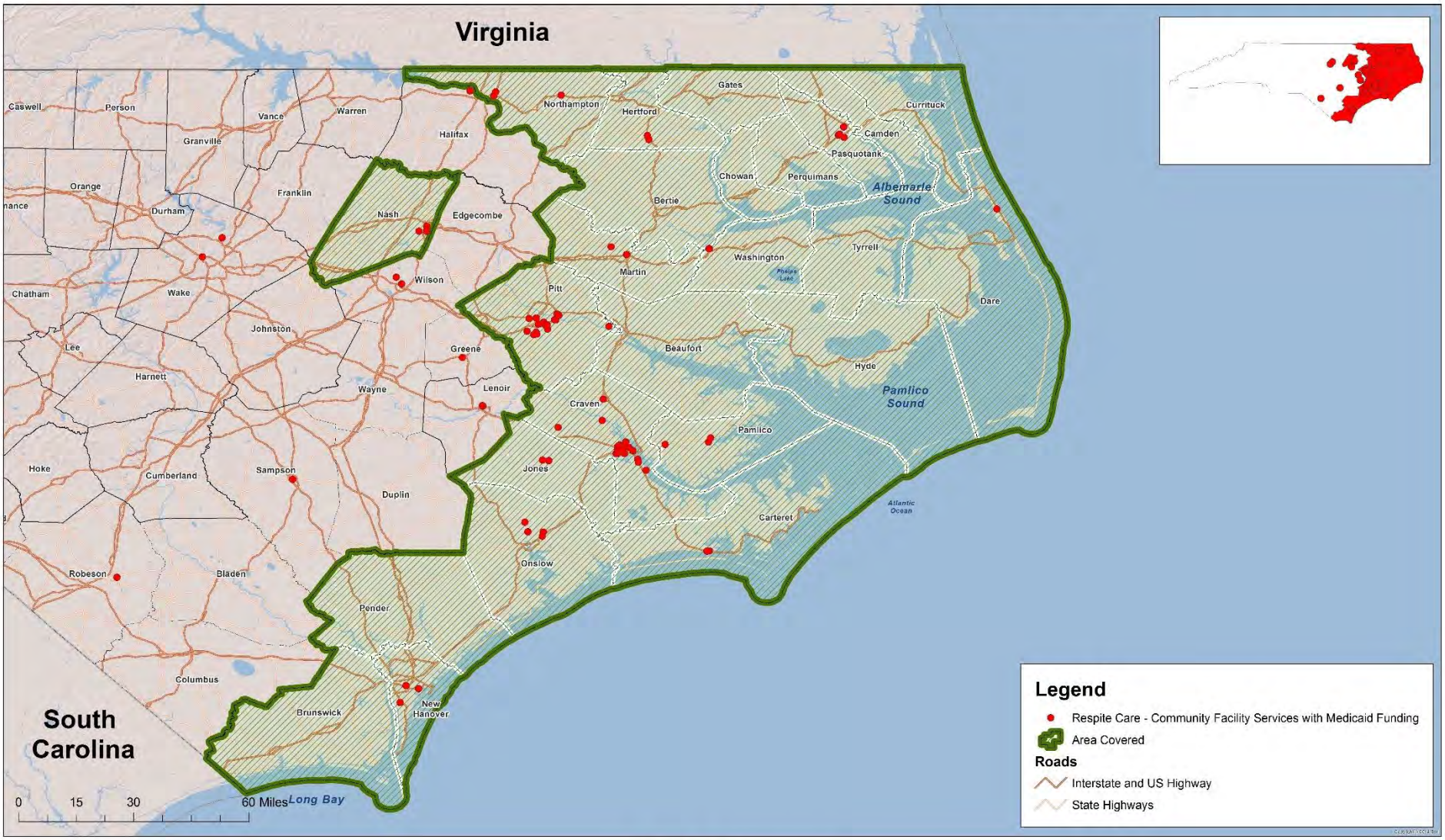
## Trillium Health Resources LME/MCO Respite Care - Community Facility Medicaid Funded C-Waiver Services SFY17

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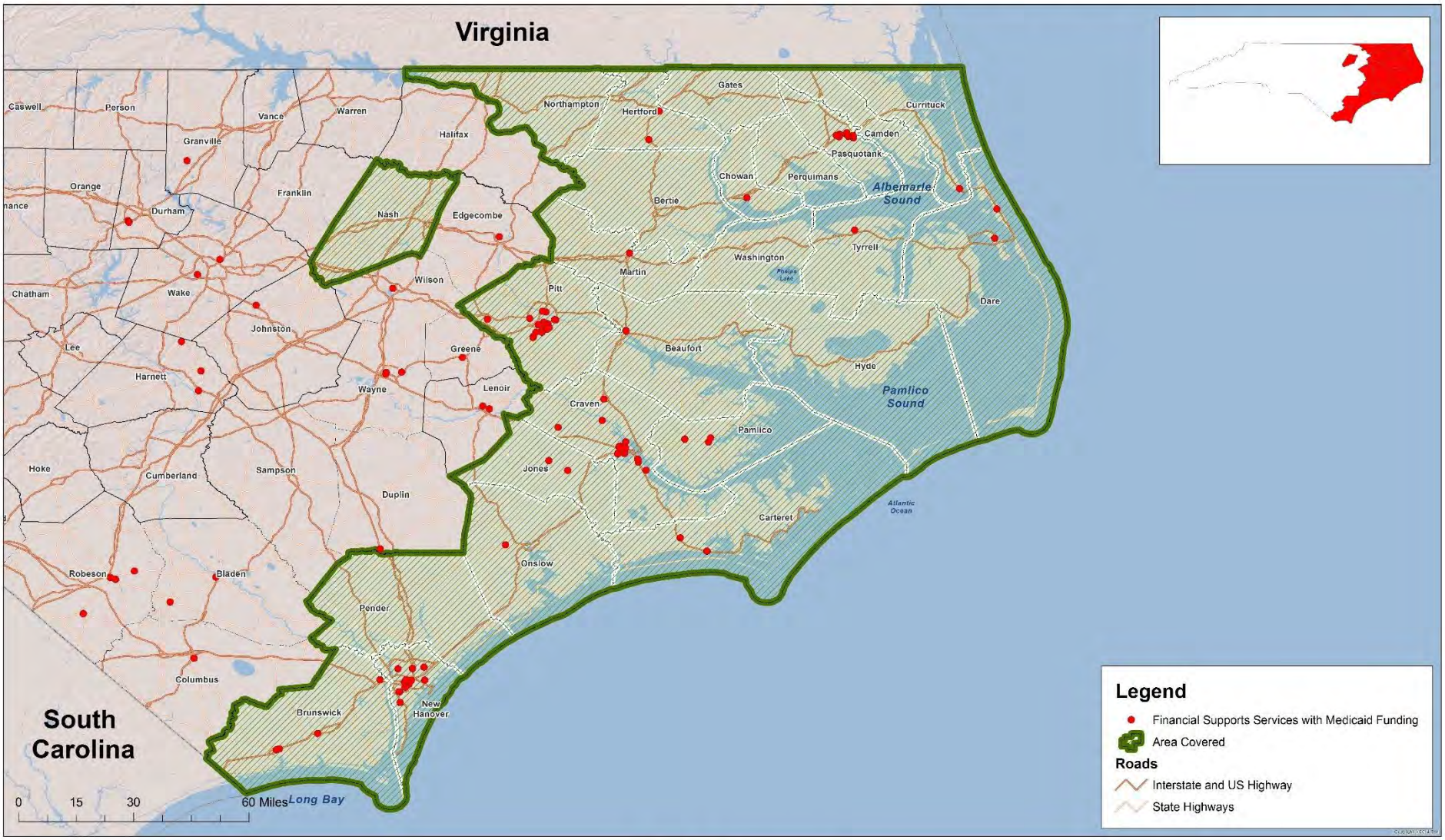
## Trillium Health Resources LME/MCO Financial Supports Medicaid Funded C-Waiver Services SFY17

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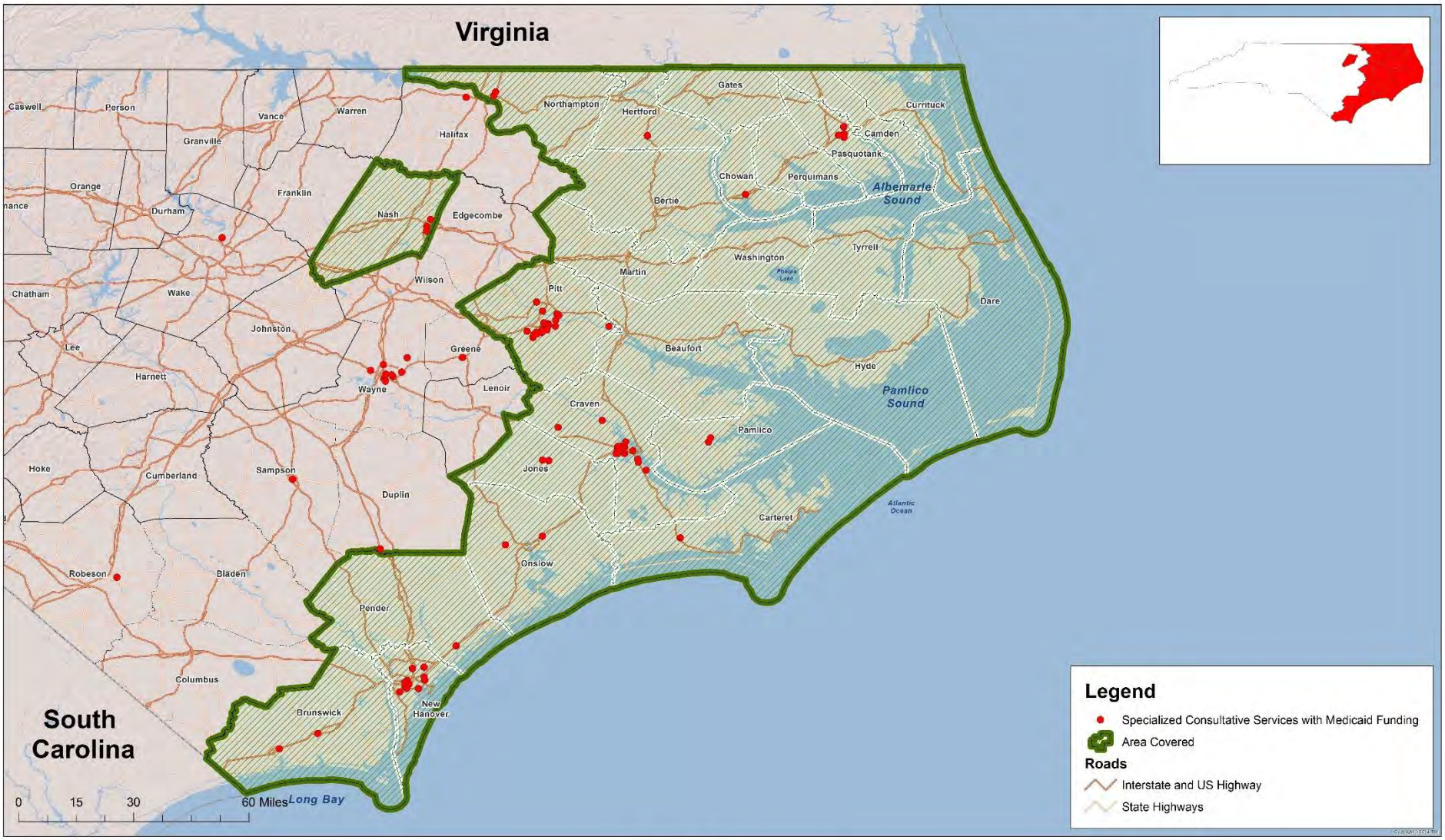
## Trillium Health Resources LME/MCO Specialized Consultative Services Medicaid Funded C-Waiver Services SFY17

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# Appendix B: Member & Stakeholder Input on SFY2017 Gaps & Needs

## Trillium Health Resources Team Target List

Targeted 13 counties with low participation. List includes the programs targeted and who the teams contacted.

**Team 1**
Ahoskie ESUCP EMPOWER – staff and parents
Ahoskie PORT CLINIC – waiting room patients all day
Ahoskie Port Facility-Based Crisis – members in detox and staff
Bertie County ADVP – Solid Foundations – members and staff
Elizabeth City ESUCP EMPOWER – staff and parents
Elizabeth City Monarch Day Program – members and staff
Elizabeth City Port Clinic – waiting room all day

**Team 2**
Martin Enterprises – members and staff
Wellness City Greenville – members and staff
Port Facility-Based Crisis – members and staff
Port Residential – members and staff
Pitt County Group Homes – members and staff
BCDC – members and staff
ASNC – Winterville – members, parents and staff

**Team 3**
Health Drive Day Program – Monarch members and staff
Wellness City New Bern – RI members and staff
New Bern EMPOWER – ESUCP members, parents and staff
Port Clinic – members and staff all day in the waiting room
ASNC – NEWPORT Tanglewood – members, parents and staff
Station Club – Morehead City – members and staff

**Team 4**
Port Clinic Jacksonville – members and staff
Coastal horizons Clinic – Wilmington members and staff
RHA Clinic and the Harbor – members and staff
Wellness City Wilmington – RI – participants
Coastal Enterprises Day Program – members and staff
PAMH – PSR- members and staff
PAMH Clinic – members and staff
Wilmington ASNC – members and staff
Wilmington EMPOWER – members and staff
Bitty and Beau's - staff

## Barriers and Challenges

The following chart shows a comparison between all the surveys and listening sessions.

| Barriers/ Challenges | Trillium LME/MCO Member and Family Survey (n=1,585)[1] | Trillium LME/MCO Stakeholder Survey (n=1,283 )[2] | Trillium Health Services Adult/Child ECHO Survey (n=195) | Trillium Health Resources Provider Satisfaction Survey (n=500) | Trillium LME/MCO Listening Sessions[3] |
|---|---|---|---|---|---|
| **Transportation** | (Q12) 13 or 4.81% (n=270)<br>(Q13) 51 or 6.86% (n=743)<br>(Q21) 13 or 7.34% (n=177)<br>(Q28) 297 or 26.38% (n=1,126) | (Q10) 27 or 8.21% (n=329) | N/A | N/A | N/A |
| **Wait too long for appointments/services** | (Q28) 195 or 17.32% (n=1,126) | N/A | N/A | N/A | ✓ |
| **On a waiting list for services** | (Q17) 105 or 7.40% (n=1,419)<br>(Q19) 52 or 3.69% (n=1,408)<br>(Q28) 12 or 9.68% (n=124)<br>(Q36) 11 or 4.74% (n=232) | N/A | N/A | N/A | N/A |
| **Cost of medications** | (Q28) 150 or 13.32% (n=1,126) | N/A | N/A | N/A | N/A |
| **Inconvenient hours** | (Q28) 147 or 13.06% (n=1,126) | N/A | N/A | N/A | N/A |
| **Lack of insurance** | (Q28) 135 or 11.99% (n=1,126) | N/A | N/A | N/A | N/A |
| **Don't want friends/ family members to know about my condition** | (Q28) 78 or 6.93% (n=1,126) | N/A | N/A | N/A | N/A |
| **Access to local services** | (Q28) 19 or 15.32% (n=124) | (Q10) 106 or 32.22% (n=329)<br>(Q10) 53 or 16.11% (n=329) | N/A | N/A | N/A |
| **Financial assistance** | (Q13) 86 or 11.57% (n=743)<br>(Q28) 8 or 6.45% (n=124) | N/A | N/A | N/A | N/A |

1-The percentage is calculated by taking the number of respondents who reported a certain barrier and dividing it by the total number of respondents (n) who reported barriers as to why they were not getting the services they needed at the time of the survey. Respondents could identify more than one barrier.

2-The percentage is calculated by taking the number of respondents who reported a certain barrier and dividing it by the total number of respondents who reported barriers that kept people from getting the services they needed. Respondents could identify more than one barrier.

3-Check marks are used here to identify that these barriers/challenges were addressed and identified in the listening sessions.

## Service Needs and Gaps

The following chart represents needs and gaps identified in each of the surveys and the listening sessions.

| Needs and Gaps | Trillium LME/MCO Member and Family Survey (n=1,585)[1] | Trillium LME/MCO Stakeholder Survey (n= 1,283)[2] | Trillium Health Services Adult/Child ECHO Survey (n=195)[3] | Trillium Health Resources Provider Satisfaction Survey (n=500)[4] | Trillium LME/MCO Listening Sessions[5] |
|---|---|---|---|---|---|
| **Access to services including being aware of available services** | (Q13) 37 or 4.98% (n=743)<br>(Q13) 13 or 1.75% (n=743)<br>(Q13) 15 or 2.02% (n=743) | (Q8) 13 or 7.22% (n=1,224)<br>(Q10) 12 or 3.65% (n=329)<br>(Q15) 15 or 4.31% (n=1,175) | (AQ39) 8 or 42.115 (n=19)<br>(CQ40) 13 or 36.11% (n=36)<br>(CQ42) 6 or 50.00% (n=12) | (Q5) 85 or 18.64% (n=456) | ✓ |
| **Afterschool services** | (Q12) 8 or 2.96% (n=270) | N/A | N/A | N/A | N/A |
| **ASD services and supports** | (Q12) 21 or 7.70% (n=270)<br>(Q13) 26 or 3.50% (n=743)<br>(Q27) 10 or 9.09% (n=110)<br>(Q36) 21 or 9.05% (n=232) | N/A | N/A | N/A | N/A |
| **Behavior management including services and supports** | (Q12) 8 or 2.96% (n=270)<br>(Q13) 14 or 1.88% (n=743) | (Q12) 12 or 6.03% (n=199)<br>(Q15) 17 or 4.89% (n=1,175) | N/A | N/A | N/A |
| **Case management** | (Q13) 15 or 2.02% (n=743) | N/A | N/A | N/A | ✓ |
| **Community supports and services** | (Q12) 16 or 5.93% (n=270) | (Q10) 19 or 5.78% (n=329)<br>(Q15) 25 or 7.18% (n=1,175) | N/A | N/A | N/A |
| **Day programs and services** | (Q12) 9 or 3.33% (n=270)<br>(Q13) 17 or 2.29% (n=743)<br>(Q21) 138 or 12.815 (n=1,077) | (Q8) 11 or 6.11% (n=1,224)<br>(Q10) 21 or 6.38% (n=329)<br>(Q12) 12 or 6.03% (n=199) | N/A | N/A | N/A |
| **Detoxification** | (Q27) 26 or 2.43% (n=1,071) | N/A | N/A | N/A | N/A |
| **Education/Information** | (Q12) 7 or 2.59% (n=270)<br>(Q22) 59 or 13.53% (n=436)<br>(Q22) 54 or 12.39% (n=436)<br>(Q22) 51 or 11.70% (n=436)<br>(Q22) 44 or 10.09% (n=436)<br>(Q22) 40 or 9.17% (n=436)<br>(Q29) 380 or 22.95% (n=1,656)<br>(Q29) 174 or 10.51% (n=1,656)<br>(Q29) 173 or 10.45% (n=1,656)<br>(Q29) 127 or 7.67% (n=1,656)<br>(Q29) 123 or 7.43% (n=1,656)<br>(Q29) 109 or 6.58% (n=1,656)<br>(Q29) 106 or 6.40% (n=1,656) | N/A | N/A | N/A | N/A |
| **Facility-Based crisis** | (Q27) 52 or 4.86% (n=1,071) | N/A | N/A | N/A | N/A |
| **Financial assistance** | (Q12) 26 or 9.63% (n=270)<br>(Q13) 86 or 11.57% (n=743) | N/A | N/A | N/A | N/A |
| **Food/nutritional services** | (Q12) 5 or 1.85% (n=270)<br>(Q13) 11 or 1.48% (n=743) | N/A | N/A | N/A | N/A |
| **Health services** | (Q13) 22 or 2.96% (n=743)<br>(Q21) 9 or 2.08% (n=177) | N/A | N/A | N/A | N/A |

| Needs and Gaps | Trillium LME/MCO Member and Family Survey (n=1,585)[1] | Trillium LME/MCO Stakeholder Survey (n= 1,283)[2] | Trillium Health Services Adult/Child ECHO Survey (n=195)[3] | Trillium Health Resources Provider Satisfaction Survey (n=500)[4] | Trillium LME/MCO Listening Sessions[5] |
|---|---|---|---|---|---|
| **Home-Based services and support including IIH** | N/A | (Q12) 13 or 6.53% (n=199) | N/A | N/A | N/A |
| **Housing services and supports (includes transitional housing)** | (Q12) 9 or 3.33% (n=270)<br>(Q13) 68 or 9.15% (n=743)<br>(Q21) 12 or 6.78% (n=177) | (Q10) 12 or 3.65% (n=329) | N/A | N/A | ✓ |
| **I/DD services and supports including Innovations Waivers** | (Q12) 11 or 4.07% (n=270)<br>(Q13) 10 or 1.35% (n=743)<br>(Q36) 11 or 4.74% (n=232) | (Q10) 12 or 3.65% (n=329)<br>(Q11) 14 or 10.29% (n=136)<br>(Q12) 25 or 12.56% (n=199)<br>(Q15) 16 or 4.60% (n=1,175) | N/A | N/A | ✓ |
| **Independent living skills training** | (Q12) 27 or 10.00% (n=270)<br>(Q13) 36 or 4.85% (n=743)<br>(Q13) 29 or 3.90% (n=743)<br>(Q21) 12 or 6.78% (n=177) | N/A | N/A | N/A | N/A |
| **Intermediate care facilities** | (Q21) 28 or 2.60% (n=1,077) | N/A | N/A | N/A | N/A |
| **Long term care services** | (Q12) 5 or 1.85% (n=270) | N/A | N/A | N/A | N/A |
| **Medications/ medication management** | (Q12) 9 or 3.33% (n=270)<br>(Q13) 32 or 4.31% (n=743)<br>(Q21) 7 or 3.95% (n=177) | (Q10) 18 or 5.47% (n=329) | N/A | N/A | ✓ |
| **Mental health services and supports (adults and children)** | (Q12) 24 or 8.89% (n=270)<br>(Q13) 73 or 9.83% (n=743)<br>(Q21) 17 or 9.60% (n=177)<br>(Q27) 157 or 14.66% (n=1,071)<br>(Q27) 83 or 7.75% (n=1,071)<br>(Q27) 58 or 5.42% (n=1,071)<br>(Q27) 11 or 10.00% (n=110)<br>(Q36) 18 or 7.76% (n=232) | (Q8) 27 or 15.00% (n=1,224)<br>(Q10) 69 or 20.97% (n=329)<br>(Q11) 18 or13.24% (n=136)<br>(Q12) 28 or 14.07% (n=199)<br>(Q15) 63 or 18.10% (n=1,175) | N/A | N/A | ✓ |
| **Mentoring services** | (Q12) 7 or 2.59% (n=270) | N/A | N/A | N/A | N/A |
| **MH or SU inpatient/Longer term treatment (children, adolescents, adults)** | (Q27) 49 or 4.58% (n=1,071)<br>(Q27) 40 or 3.73% (n=1,071) | N/A | N/A | N/A | N/A |
| **More resources for TBI** | N/A | N/A | N/A | N/A | ✓ |
| **Need for consistency/ collaboration** | (Q13) 10 or 1.35% (n=743)<br>(Q21) 9 or 5.08% (n=177)<br>(Q20) 591 or 54.87% (n=1,077) | (Q8) 28 or 15.56% (n=1,224) | N/A | (Q9) 74 or 18.45% (n=401)<br>(Q15) 76 or 18.72% (n=406) | N/A |

| Needs and Gaps | Trillium LME/MCO Member and Family Survey (n=1,585)[1] | Trillium LME/MCO Stakeholder Survey (n= 1,283)[2] | Trillium Health Services Adult/Child ECHO Survey (n=195)[3] | Trillium Health Resources Provider Satisfaction Survey (n=500)[4] | Trillium LME/MCO Listening Sessions[5] |
|---|---|---|---|---|---|
| **Need more services, providers and resources for adults/adolescents and children including therapy/counseling** | (Q12) 94 or 34.815 (n=270)<br>(Q12) 27 or 10.00% (n=270)<br>(Q13) 88 or 11.84% (n=743)<br>(Q21) 31 or 17.51% (n=177)<br>(Q27) 73 or 6.82% (n=1,071) | (Q8) 33 or 18.33% (n=1,227)<br>(Q8) 26 or 14.44% (n=1,224)<br>(Q10) 106 or 32.33% (n=329)<br>(Q10) 53 or 16.11% (n=329)<br>(Q10) 18 or 5.47% (n=329)<br>(Q12) 84 or 42.21% (n=199)<br>(Q12) 24 or 12.06% (n=199)<br>(Q12) 21 or 10.55% (n=199)<br>(Q12) 11 or 5.53% (n=199)<br>(Q15) 149 or 42.82% (n=1,175)<br>(Q15) 54 or 15.52% (n=1,175)<br>(Q15) 31 or 8.91% (n=1,175) | N/A | N/A | ✓ |
| **Occupational therapy** | (Q12) 6 or 2.22% (n=270) | N/A | N/A | N/A | N/A |
| **Personal care assistance** | (Q12) 11 or 4.07% (n=270)<br>(Q13) 23 or 3.10% (n=743)<br>(Q21) 7 or 3.95% (n=177) | N/A | N/A | N/A | N/A |
| **Pre-release programs** | N/A | N/A | N/A | N/A | ✓ |
| **Psychological/ psychiatric services including assessment and therapy** | (Q27) 151 or 14.10% (n=1,071) | (Q12) 12 or 6.03%(n=199) | N/A | N/A | N/A |
| **Recovery housing (including for SUD)** | (Q27) 42 or 3.92% (n=1,071) | N/A | N/A | N/A | ✓ |
| **Recreational activities** | (Q12) 14 or 5.19% (n=270)<br>(Q13) 30 or 4.04% (n=743)<br>(Q21) 10 or 5.65% (n=177) | N/A | N/A | N/A | N/A |
| **Referrals** | N/A | N/A | N/A | (Q6) 81 or 18.84% (n=430) | N/A |
| **Residential services and placement including all levels of group homes (adult/adolescent/ child)** | (Q12) 7 or 2.59% (n=270)<br>(Q21) 117 or 10.86% (n=1,077) (Q21) 51 or 4.74% (n=1,077) | (Q10) 26 or 7.90% (n=329)<br>(Q12) 13 or 6.53% (n=199)<br>25 or 7.18% (n=1,175) | N/A | N/A | ✓ |
| **Respite services** | (Q12) 25 or 9.26% (n=270)<br>(Q21) 147 or 13.65% (n=1,077)<br>(Q21) 11 or 6.21% (n=177)<br>(Q27) 91 or 8.50% (n=1,071)<br>(Q27) 10 or 9.09% (n=110) | N/A | N/A | N/A | N/A |
| **Response** | N/A | N/A | (AQ47) 4 or 17.39% (n=23)<br>(CQ50) 8 or 22.22% (n=36) | (Q7) 98 or 20.94% (n=468)<br>(Q8) 64 or 17.58% (n=364) | N/A |

| Needs and Gaps | Trillium LME/MCO Member and Family Survey (n=1,585)[1] | Trillium LME/MCO Stakeholder Survey (n= 1,283)[2] | Trillium Health Services Adult/Child ECHO Survey (n=195)[3] | Trillium Health Resources Provider Satisfaction Survey (n=500)[4] | Trillium LME/MCO Listening Sessions[5] |
|---|---|---|---|---|---|
| **Satisfaction** | N/A | N/A | (AQ52) 3 or 16.67% (n=18)<br>(AQ55) 6 or 27.27% (n=22)<br>(CQ55) 4 or 14.81% (n=27)<br>(CQ58) 7 or 20.00% (n=35) | (Q17) 79 or 17.87% (n=442)<br>(Q26) 95 or 28.44% (n=334)<br>(Q28) 84 or 18.06% (n=465) | N/A |
| **School-Based services and supports** | (Q12) 6 or 2.22% (n=270)<br>(Q13) 11 or 1.48% (n=743) | (Q10) 47 or 14.29% (n=329)<br>(Q12) 36 or 18.09% (n=199)<br>(Q15) 64 or 18.39% (n=1,175) | N/A | N/A | ✓ |
| **Services for blind or visually impaired** | N/A | (Q12) 12 or 6.03% (n=199) | N/A | N/A | N/A |
| **Services for deaf and hard of hearing** | N/A | (Q12) 20 or 10.05% (n=199) | N/A | N/A | N/A |
| **Social interaction** | (Q13) 56 or 7.54% (n=743)<br>(Q13) 34 or 4.58% (n=743) | N/A | N/A | N/A | N/A |
| **Spanish-speaking services and resources** | N/A | (Q8) 16 or 8.89% (n=1,224)<br>(Q10) 15 or 4.56% (n=329) | N/A | N/A | N/A |
| **Speech therapy** | (Q12) 11 or 4.07% (n=270)<br>(Q13) 12 or 1.62% (n=743) | N/A | N/A | N/A | N/A |
| **SUD services and supports** | (Q12) 9 or 3.33% (n=270)<br>(Q13) 20 or 2.69% (n=743)<br>(Q21) 8 or 4.52% (n=177)<br>(Q27) 83 or 7.75% (n=1,071)<br>(Q27) 58 or 5.42% (n=1,071) | (Q10) 21 or 6.38% (n=329) | N/A | N/A | N/A |
| **Too few support service hours** | (Q21) 169 or 15.69% (n=1,077) | N/A | N/A | N/A | N/A |
| **Transportation** | (Q12) 13 or 4.81% (n=270)<br>(Q13) 51 or 6.86% (n=743)<br>(Q21) 13 or 7.34% (n=177) | (Q10) 27 or 8.21% (n=329) | N/A | N/A | N/A |
| **Trainings** | N/A | N/A | N/A | (Q10) 46 or 14.47% (n=318)<br>(Q12) 37 or 11.82% (n=313)<br>(Q21) 52 or 14.29% (n=364)<br>(Q22.8) 198 or 39.60% (n=500) | N/A |
| **Vocational/ employment services and supports** | (Q12) 22 or 8.15% (n=270)<br>(Q13) 63 or 8.48% (n=743)<br>(Q21) 145 or 13.46% (n=1,077)<br>(Q21) 105 or 9.75% (n=1,077)<br>(Q27) 139 or 12.98% (n=1,071) | N/A | N/A | N/A | ✓ |

1-The percentage is the number of respondents who indicated each disability group where services were needed, divided by the total number of respondents who indicated they were not getting the services they needed at the time of this survey. Respondents were able to choose all that applied to them.

2-The percentage is calculated by dividing the total number of individual answers by the total number of respondents who identified a specific gap or need.

3-The percentage is calculated by dividing the number of respondents who answered that there was a need by the total number of respondents who answered the question.

4-These questions and answers were in a Likert Scale form. Percentages were calculated by taking the top 2 answers where respondents identified the item as a need and dividing it by the total number of people who answered the question.

5-Check marks are used here to identify needs and gaps were addressed and identified in the listening sessions.

## Social Determinants

The following chart represents the social determinants that were identified by members and families in each of the surveys and listening sessions.

| Social Determinants | Trillium LME/MCO Member and Family Survey (n=1,585)[1] | Trillium LME/MCO Stakeholder Survey (n=1,283)[2] | Trillium Health Services Adult/Child ECHO Survey (n=195) | Trillium Health Resources Provider Satisfaction Survey (n=500) | Trillium LME/MCO Listening Sessions[3] |
|---|---|---|---|---|---|
| **Homeless** | (Q10) 164 or 4.86% (n=3,373) | N/A | N/A | N/A | N/A |
| **Unstable housing** | N/A | N/A | N/A | N/A | N/A |
| **Transportation barriers** | (Q12) 13 or 4.81% (n=270)<br>(Q13) 51 or 6.86% (n=743)<br>(Q21) 13 or 7.34% (n=177)<br>(Q28) 297 or 26.38% (n=124) | (Q10) 27 or 8.21% (n=329) | N/A | N/A | N/A |
| **Food insecurity** | (Q12) 5 or 1.85% (n=270)<br>(Q13) 11 or 1.48% (n=743) | N/A | N/A | N/A | N/A |

1-The percentage is calculated by taking the number of respondents who reported a certain category described them divided by the total number of respondents who reported falling into one of the categories listed at the time of the survey. Respondents could identify more than one category.

2-The percentage is calculated by taking the number of respondents who reported a certain social determinant by the total number of respondents of the survey question. Respondents could identify more than one social determinant.

3-Check marks are used here to identify that these social determinants were addressed and identified in the listening sessions.

## Special Populations

The following chart shows which survey/listening sessions identified each of the following populations.

| Special Populations | Trillium LME/MCO Member and Family Survey (n=1,585)[1] | Trillium LME/MCO Stakeholder Survey (n=1,283)[2] | Trillium Health Services Adult/ Child ECHO Survey (n=195) | Trillium Health Resources Provider Satisfaction Survey (n=500) | Trillium LME/MCO Listening Sessions[3] |
|---|---|---|---|---|---|
| **Mental health issues** | (Q10) 692 or 20.52% (n=3,373) | N/A | N/A | N/A | N/A |
| **I/DD** | (Q10) 542 or 16.07% (n=3,373) | N/A | N/A | N/A | N/A |
| **Autism/Autism Spectrum Disorder/ Asperger's Syndrome** | (Q10) 324 or 9.61% (n=3,373) | N/A | N/A | N/A | N/A |
| **Substance use issue** | (Q10) 301 or 8.92% (n=3,373) | N/A | N/A | N/A | N/A |
| **Physical or sensory disabilities** | (Q10) 233 or 6.91% (n=3,373) | N/A | N/A | N/A | N/A |
| **Experienced domestic violence** | (Q10) 205 or 6.08% (n=3,373) | N/A | N/A | N/A | N/A |
| **Experienced homelessness** | (Q10) 164 or 4.86% (n=3,373) | N/A | N/A | N/A | N/A |
| **Jail or prison experience** | (Q10) 150 or 4.45% (n=3,373) | N/A | N/A | N/A | N/A |
| **Military families** | (10) 121 or 3.59% (n=3,373) | N/A | N/A | N/A | N/A |
| **Foster parent/child** | (Q10) 80 or 2.37% (n=3,373) | N/A | N/A | N/A | N/A |
| **Adoptive parent/child** | (Q10) 71 or 2.10% (n=3,373) | N/A | N/A | N/A | N/A |
| **Experienced natural disaster** | (10) 70 or 2.08% (n=3,373) | N/A | N/A | N/A | N/A |
| **Blind/visually impaired** | (Q10) 66 or 1.96% (n=3,373) | N/A | N/A | N/A | N/A |
| **Juvenile justice experience** | (Q10) 55 or 1.63% (n=3,373) | N/A | N/A | N/A | N/A |
| **LGBT community** | (Q10) 52 or 1.54% (n=3,373) | (Q9) 10 or 3.21% (n=312) | N/A | N/A | N/A |

| Special Populations | Trillium LME/MCO Member and Family Survey (n=1,585)[1] | Trillium LME/MCO Stakeholder Survey (n=1,283)[2] | Trillium Health Services Adult/ Child ECHO Survey (n=195) | Trillium Health Resources Provider Satisfaction Survey (n=500) | Trillium LME/MCO Listening Sessions[3] |
|---|---|---|---|---|---|
| **Deaf or hard of hearing** | (Q10) 47 or 1.39% (n=3,373) | N/A | N/A | N/A | N/A |
| **Traumatic brain injuries** | (Q10) 44 or 1.30% (n=3,373) | N/A | N/A | N/A | ✓ |
| **Served in the military** | (Q10) 35 or 1.04% (n=3,373) | N/A | N/A | N/A | N/A |
| **Sexually aggressive** | (Q10) 28 or 0.83% (n=3,373) | N/A | N/A | N/A | N/A |
| **Pregnant woman** | (Q10) 26 or 0.77% (n=3,373) | N/A | N/A | N/A | ✓ |
| **Experienced natural disaster** | (Q10) 21 or 0.62% (n=3,373) | N/A | N/A | N/A | N/A |

1-The percentage is calculated by taking the number of respondents who reported a certain category described them divided by the total number of respondents who reported falling into one of the categories listed at the time of the survey. Respondents could identify more than one category.

2-The percentage is calculated by taking the number of respondents who reported a certain special population in their community needed additional MH/IDD/SUD services by the total number of respondents of the survey question. Respondents could identify more than one category.

3-Check marks are used here to identify that these special populations were addressed and identified in the listening sessions.

## Survey Instruments

### *Member & Family Survey*

Transforming Lives

Trillium HEALTH RESOURCES

**Trillium Consumer and Family Gaps and Needs Survey 2018**

1. **Please identify your primary diagnosis:**
   - ○ Intellectual-Developmental Disability (IDD)
   - ○ Mental Health (MH)
   - ○ Substance Use Disorder (SUD)
   - ○ Dual Diagnosed (MH & SUD)
   - ○ If other, please specify

2. **Which of the following services do you receive? Please select all that apply.**
   - ☐ Child/Adolescent Mental Health
   - ☐ Child/Adolescent Developmental Disabilities
   - ☐ Child/Adolescent Substance Abuse
   - ☐ Adult Mental Health
   - ☐ Adult Developmental Disabilities
   - ☐ Adult Substance Abuse
   - ☐ If other, please specify

3. **How old are you?**

4. **What is your gender?**
   - ○ Male
   - ○ Female
   - ○ Other

5. **What is your marital status?**
   - ○ Single
   - ○ Married/Civil Union
   - ○ Living with Partner
   - ○ Separated/Divorced
   - ○ Widowed

6. **What is your ethnicity?**
   - ❍ Hispanic or Latino/Latina
   - ❍ Not Hispanic or Latino/Latina

7. **What is your race? Please select all that apply.**
   - ❑ Native American
   - ❑ Asian
   - ❑ Hawaiian/Pacific Islander
   - ❑ Black or African American
   - ❑ White/Caucasian
   - ❑ If other, please specify

     _____

     _____

8. **What is the primary language you speak at home?**
   - ❍ English
   - ❍ Spanish
   - ❍ Other/multiple languages (please specify)

     _____

     _____

9. **Are you able to receive services in the language you are most comfortable communicating in?**
   - ❍ Yes
   - ❍ No

10. **Which of the following categories describes a population you could represent? Select 'N/A' if none of the categories apply. Please check all that apply.**
    - ❑ Pregnant women
    - ❑ Foster parent/child
    - ❑ Adoptive parent/child
    - ❑ Lesbian, gay, bisexual, and transgender (LGBT) community
    - ❑ Served in the military (i.e., Air Force, Army, Coast Guard, Marine, Navy, National Guard, Reserve)
    - ❑ Military family member (i.e., child, sibling, parent)
    - ❑ Traumatic brain injuries
    - ❑ Physical or sensory disabilities
    - ❑ Intellectual or developmental disabilities
    - ❑ Autism/Autism Spectrum Disorder/Asperger's Syndrome
    - ❑ Deaf or hard of hearing
    - ❑ Blind/visually impaired
    - ❑ Mental health issue
    - ❑ Substance use issue
    - ❑ Sexually aggressive
    - ❑ Jail or prison experience
    - ❑ Juvenile justice system experience
    - ❑ Experienced homelessness
    - ❑ Experienced domestic violence
    - ❑ Experienced natural disaster
    - ❑ Experienced mass shooting
    - ❑ N/A
    - ❑ If other, please specify

      _____

      _____

11. **In what county do you receive services? Please check all that apply.**
    - ❑ Beaufort
    - ❑ Bertie
    - ❑ Brunswick
    - ❑ Camden
    - ❑ Carteret
    - ❑ Chowan
    - ❑ Craven
    - ❑ Currituck
    - ❑ Dare
    - ❑ Gates
    - ❑ Hertford
    - ❑ Hyde
    - ❑ Jones
    - ❑ Martin
    - ❑ New Hanover
    - ❑ Northampton

- ❑ Onslow
- ❑ Pamlico
- ❑ Pasquotank
- ❑ Pender
- ❑ Perquimans
- ❑ Pitt
- ❑ Tyrrell
- ❑ Washington
- ❑ If other, please specify

_____

_____

12. **Are you getting the services you need?**
    - ❍ Yes
    - ❍ No

    If not, what services do you need that you're not getting?

    _____

    _____

13. **What is your greatest unmet need?**

    _____

    _____

    _____

    _____

14. **How did you find out about Mental Health, Intellectual-Developmental Disability, or Substance Use Disorder services?**
    - ❑ Doctor/Therapist
    - ❑ School
    - ❑ Friends/Family
    - ❑ If other, please specify

    _____

    _____

15. **Have you had to go outside the county you live in for Mental Health, Intellectual-Developmental Disability, or Substance Use Disorder services in the past year?**
    - ❍ Yes
    - ❍ No
    - ❍ N/A

16. **If you had a Mental Health, Intellectual-Developmental Disability, or Substance Use Disorder crisis in the past year, did you receive the help you needed?**
    - ❍ Yes
    - ❍ No
    - ❍ N/A

Page 3 - Answer this page if you receive I/DD services.

17. **Are you on the waiting list for Innovation Waiver services?**
    - ❍ Yes
    - ❍ No
    - ❍ Don't know

18. **If yes, are you receiving any support service hours?**
    - ❍ Yes
    - ❍ No
    - ❍ Don't know

19. **Are you on the waiting list for housing such as group homes or intermediate care facilities?**
    - ❍ Yes
    - ❍ No
    - ❍ Don't know

20. **How many times in the past year has your support staff changed?**
    - ❍ 0
    - ❍ 1-2
    - ❍ 3-4
    - ❍ 5 or more
    - ❍ N/A

21. **What service needs do you have that are not being met? Check as many as apply.**
    - ❑ Supported employment services
    - ❑ Residential services
    - ❑ Group homes
    - ❑ Intermediate care facilities
    - ❑ Day programs
    - ❑ Adult developmental vocational programs
    - ❑ Too few support service hours
    - ❑ Respite
    - ❑ If other, please list

    _____

    _____

22. **What information or education would help you or your family?**

    _____

    _____

    _____

    _____

Page 4 - Answer this page if you receive MH or SUD services.

23. **Do you understand what a peer support specialist is and how they might help you?**
**(Peer Support Specialists are people living in recovery with mental illness and/or substance use disorder and who provide support to others who can benefit from their lived experiences. The North Carolina Certified Peer Support Specialist Program provides acknowledgement that the peer has met a set of requirements necessary to provide support to individuals with mental health or substance use disorder.)**

- ❍ Yes
- ❍ No

Additional Comments

_____

_____

24. **Have you received any service that involved a peer support specialist?**

- ❍ Yes
- ❍ No
- ❍ Don't Know

25. **If yes, did the peer support specialist meet your needs?**

- ❍ Yes
- ❍ No
- ❍ N/A

26. **If no, do you think services offered by a peer support specialist would be helpful to you?**

- ❍ Yes
- ❍ No
- ❍ Don't Know

27. **What service needs do you have that are not being met? Check as many as apply.**

- ❑ Facility-based Crisis
- ❑ Crisis Respite
- ❑ Detoxification
- ❑ Mental Health or Substance Use Intensive Outpatient (IOP) Treatment for Children and Adolescents
- ❑ Mental Health or Substance Use Intensive Outpatient (IOP) Treatment for Adults
- ❑ Mental Health or Substance Use Inpatient/Longer Term Treatment for Children and Adolescents
- ❑ Mental Health or Substance Use Inpatient/Longer Term Treatment for Adults
- ❑ Recovery Housing (half-way houses for transition after treatment) for SUD
- ❑ Addiction Counseling
- ❑ Psychological Counseling (Talk Therapy)
- ❑ Mental Health Support Groups
- ❑ Supported Employment Services
- ❑ If other, please list

_____

_____

28. **What challenges keep you from accessing the mental health or substance use disability services you need?**

- ❑ Transportation

- ❑ Inconvenient hours
- ❑ Wait too long for appointments
- ❑ Lack of insurance
- ❑ Cost of medications
- ❑ Don't want friends/family members to know about my condition
- ❑ If other, please list

_____

_____

29. **What information or education would help you or your family?**
    - ❑ Substance Use Parenting Program
    - ❑ Child/Youth Substance Use Disorder Education
    - ❑ Adult Substance Use Disorder Education
    - ❑ Recovery and Support Education/Relapse Prevention
    - ❑ Wellness Recovery Action Planning (WRAP-overall wellness in recovery from SUD/MH)
    - ❑ Medication Management
    - ❑ Suicide Prevention
    - ❑ Mental Health Parenting Program
    - ❑ Youth Mental Health Education (Mental Health First Aid)
    - ❑ Adult Mental Health Education (Mental Health First Aid)
    - ❑ How to Advocate for Myself
    - ❑ If other, please list

    _____

    _____

Page 5 - Answer this page if you receive SUD services.

30. **Are you aware of the availability of Narcan/Naloxone kits to save lives from opiate (Heroin, Oxycodone, etc.) overdoses?**
    - ❍ Yes
    - ❍ No

    Additional Comments

    _____

    _____

31. **Are you using 12-step groups in your area to help with your SUD issues?**
    - ❍ Yes
    - ❍ No
    - ❍ N/A

32. **If yes, has the 12-step approach been helpful?**
    - ❍ Yes
    - ❍ No
    - ❍ Don't Know

    Additional Comments

    _____

    _____

33. **Did you understand the survey questions?**
    - ❍ Yes
    - ❍ No

34. **Does this survey ask questions that are important to you?**
    - ❍ Yes
    - ❍ No
    - ❍ Some of them
    - ❍ Don't know

35. **Would you be interested in the results of this survey?**
    - ❍ Yes
    - ❍ No
    - ❍ Don't Know

    Additional Comments

    _____

    _____

36. **Please provide any additional comments here.**

    _____

    _____

    _____

    _____

## *Stakeholder Survey*


**Trillium Stakeholder Gaps and Needs Survey 2018**

1. **What is your relationship to Trillium LME/MCO?**
   - ☐ Stakeholder (such as treatment providers, staff of hospitals, social services, law enforcement, schools, and other healthcare providers, etc.)
   - ☐ Board Member
   - ☐ Staff Member
   - ☐ JJSAHMP Partnership Member
   - ☐ If other, please specify

   _____ _____

   _____ _____

2. **If you selected "Staff Member" above, please identify in which Trillium Health Resources LME/MCO Department you work:**
   - ☐ Executive Management
   - ☐ Network
   - ☐ Utilization Management
   - ☐ Care Coordination
   - ☐ Finance and Human Resources
   - ☐ If other, please specify

   _____ _____

   _____ _____

3. **If you selected "Stakeholder" above, please identify your role in the community:**
   - ☐ Trillium Health Resources LME/MCO Contracted Service Provider
   - ☐ Division of Social Services
   - ☐ Division of Social Services, Child Protective Services
   - ☐ School System
   - ☐ Public Health
   - ☐ Department of Justice
   - ☐ Division of Juvenile Justice
   - ☐ Probation/Parole
   - ☐ Department of Veterans Affairs
   - ☐ Police Department
   - ☐ Sheriffs Department
   - ☐ Service Provider
   - ☐ Primary Care Provider
   - ☐ Specialty Care Practice
   - ☐ Hospital

- ❑ Federally Qualified Health Center (FQHC)
- ❑ Community Care Clinic
- ❑ Guardian Ad Litem
- ❑ Community Member
- ❑ If other, please specify

_____

_____

4. **Please identify the county(ies) in which your organization has offices:**
   - ❑ Beaufort
   - ❑ Bertie
   - ❑ Brunswick
   - ❑ Camden
   - ❑ Carteret
   - ❑ Chowan
   - ❑ Craven
   - ❑ Currituck
   - ❑ Dare
   - ❑ Gates
   - ❑ Hertford
   - ❑ Hyde
   - ❑ Jones
   - ❑ Martin
   - ❑ New Hanover
   - ❑ Northampton
   - ❑ Onslow
   - ❑ Pamlico
   - ❑ Pasquotank
   - ❑ Pender
   - ❑ Perquimans
   - ❑ Pitt
   - ❑ Tyrrell
   - ❑ Washington
   - ❑ If other, please specify

   _____

   _____

5. **Please identify the county in which you live:**
   - ❑ Beaufort
   - ❑ Bertie
   - ❑ Brunswick
   - ❑ Camden
   - ❑ Carteret
   - ❑ Chowan
   - ❑ Craven
   - ❑ Currituck
   - ❑ Dare
   - ❑ Gates

- ❑ Hertford
- ❑ Hyde
- ❑ Jones
- ❑ Martin
- ❑ New Hanover
- ❑ Northampton
- ❑ Onslow
- ❑ Pamlico
- ❑ Pasquotank
- ❑ Pender
- ❑ Perquimans
- ❑ Pitt
- ❑ Tyrrell
- ❑ Washington
- ❑ If other, please specify

_____

_____

6. **If you are a provider or stakeholder, please check all disability groups that your organization/agency serves within the Trillium Health Resources service area. MH=Mental Health, I/DD=Intellectual/Developmental Disabilities, SUD=Substance Use Disorder.**
   - ❑ MH Adult
   - ❑ MH Child
   - ❑ I/DD Adult
   - ❑ I/DD Child
   - ❑ SUD Adult
   - ❑ SUD Child

7. **If you are a provider or a stakeholder, please identify the number of years you have had a working relationship with Trillium Health Resources LME/MCO?**

   _____

8. **Do you feel the services offered in the Trillium Health Resources LME/MCO region are addressing your consumer's cultural and ethnic needs?**
   - ❍ Yes
   - ❍ No
   - ❍ Not Sure

   Additional Comments

   _____

   _____

9. **If no, in your opinion what cultural or demographic groups are experiencing gaps?**

   _____

   _____

   _____

   _____

10. **What are those gaps?**

_____

_____

_____

_____

11. **Do you feel the services offered in the Trillium Health Resources LME/MCO region are addressing the service needs of individuals with co-occurring physical, visual/hearing disabilities or other disabilities?**

- ❍ Yes
- ❍ No
- ❍ Not Sure

Additional Comments

_____

_____

12. **If no, what are those gaps?**

_____

_____

_____

_____

13. **In the county(ies) you serve, what gaps in services exist?**

_____

_____

_____

_____

14. **Do you observe stigma or prejudice against the members you serve?**

- ❍ Yes
- ❍ No

15. **Additional feedback that you would like to give Trillium LME/MCO.**

_____

_____

_____

_____

## Appendix C: Supplementary Data

### Demographics

**Trillium Population 2017**

| County | Total Population |
|---|---|
| Beaufort | 47,547 |
| Bertie | 19,881 |
| Brunswick | 131,726 |
| Camden | 10,359 |
| Carteret | 70,190 |
| Chowan | 14,292 |
| Craven | 103,735 |
| Currituck | 26,604 |
| Dare | 36,792 |
| Gates | 11,960 |
| Hertford | 23,947 |
| Hyde | 5,644 |
| Jones | 10,356 |
| Martin | 23,510 |
| Nash | 94,365 |
| New Hanover | 227,261 |
| Northampton | 20,709 |
| Onslow | 195,621 |
| Pamlico | 13,268 |
| Pasquotank | 40,598 |
| Pender | 60,999 |
| Perquimans | 13,546 |
| Pitt | 176,424 |
| Tyrrell | 4,138 |
| Washington | 12,349 |
| **Trillium Catchment Total** | **1,395,821** |
| **North Carolina Total** | **10,272,692** |

Source: N.C. Office of State Budget and Management.

## Trillium Hispanic Origin Population July 1, 2017

| County | Hispanic | | Non-Hispanic | |
|---|---|---|---|---|
| | Total | % | Total | % |
| Beaufort | 4,301 | 9.0% | 43,246 | 91.0% |
| Bertie | 303 | 1.5% | 19,578 | 98.5% |
| Brunswick | 7,630 | 5.8% | 124,096 | 94.2% |
| Camden | 288 | 2.8% | 10,071 | 97.2% |
| Carteret | 3,182 | 4.5% | 67,008 | 95.5% |
| Chowan | 619 | 4.3% | 13,673 | 95.7% |
| Craven | 7,906 | 7.6% | 95,829 | 92.4% |
| Currituck | 1,161 | 4.4% | 25,443 | 95.6% |
| Dare | 3,468 | 9.4% | 33,324 | 90.6% |
| Gates | 241 | 2.0% | 11,719 | 98.0% |
| Hertford | 855 | 3.6% | 23,092 | 96.4% |
| Hyde | 584 | 10.3% | 5,060 | 89.7% |
| Jones | 455 | 4.4% | 9,901 | 95.6% |
| Martin | 972 | 4.1% | 22,538 | 95.9% |
| Nash | 5,862 | 6.2% | 88,503 | 93.8% |
| New Hanover | 15,221 | 6.7% | 212,040 | 93.3% |
| Northampton | 402 | 1.9% | 20,307 | 98.1% |
| Onslow | 24,611 | 12.6% | 171,010 | 87.4% |
| Pamlico | 570 | 4.3% | 12,698 | 95.7% |
| Pasquotank | 2,135 | 5.3% | 38,463 | 94.7% |
| Pender | 4,557 | 7.5% | 56,442 | 92.5% |
| Perquimans | 432 | 3.2% | 13,114 | 96.8% |
| Pitt | 11,678 | 6.6% | 164,746 | 93.4% |
| Tyrrell | 225 | 5.4% | 3,913 | 94.6% |
| Washington | 601 | 4.9% | 11,748 | 95.1% |
| **Trillium Catchment** | **98,259** | **7.0%** | **1,297,562** | **93.0%** |
| **North Carolina** | **1,070,446** | **10.4%** | **9,202,246** | **89.6%** |

Source: North Carolina OSBM, Standard Population Estimates, Vintage 2017 (Current vintage of the OSBM population estimates and the 2017-2037 population projections) Accessed 4/4/18.

# Trillium Population by Age - July 1, 2017

| County | Population Ages 0-2 | Population Ages 3-17 | Population Ages 18+ | Population Ages 12-17 | Population Ages 18-25 | Population Ages 26+ | Population Ages 12+ | Population Ages 18-64 | Population Ages 65+ | Total Population |
|---|---|---|---|---|---|---|---|---|---|---|
| Beaufort | 1,369 | 8,377 | 37,801 | 3,659 | 4,042 | 33,759 | 41,460 | 26,544 | 11,257 | 47,547 |
| Bertie | 542 | 3,271 | 16,068 | 1,346 | 1,864 | 14,204 | 17,414 | 12,183 | 3,885 | 19,881 |
| Brunswick | 3,174 | 19,049 | 109,503 | 7,960 | 8,624 | 100,879 | 117,463 | 71,310 | 38,193 | 131,726 |
| Camden | 290 | 1,858 | 8,211 | 860 | 978 | 7,233 | 9,071 | 6,556 | 1,655 | 10,359 |
| Carteret | 1,765 | 10,452 | 57,973 | 4,462 | 6,061 | 51,912 | 62,435 | 41,153 | 16,820 | 70,190 |
| Chowan | 419 | 2,509 | 11,364 | 1,037 | 1,262 | 10,102 | 12,401 | 7,994 | 3,370 | 14,292 |
| Craven | 4,369 | 21,998 | 77,368 | 7,783 | 13,565 | 63,803 | 85,151 | 59,787 | 17,581 | 103,735 |
| Currituck | 810 | 4,680 | 21,114 | 2,164 | 2,376 | 18,738 | 23,278 | 16,929 | 4,185 | 26,604 |
| Dare | 1,043 | 5,879 | 29,870 | 2,463 | 2,625 | 27,245 | 32,333 | 22,325 | 7,545 | 36,792 |
| Gates | 339 | 1,993 | 9,628 | 877 | 1,329 | 8,299 | 10,505 | 7,390 | 2,238 | 11,960 |
| Hertford | 680 | 4,059 | 19,208 | 1,701 | 2,630 | 16,578 | 20,909 | 14,848 | 4,360 | 23,947 |
| Hyde | 131 | 834 | 4,679 | 334 | 516 | 4,163 | 5,013 | 3,606 | 1,073 | 5,644 |
| Jones | 283 | 1,748 | 8,325 | 707 | 856 | 7,469 | 9,032 | 6,220 | 2,105 | 10,356 |
| Martin | 757 | 4,073 | 18,680 | 1,744 | 1,992 | 16,688 | 20,424 | 13,582 | 5,098 | 23,510 |
| Nash | 3,086 | 17,184 | 74,095 | 7,562 | 9,081 | 65,014 | 81,657 | 57,074 | 17,021 | 94,365 |
| New Hanover | 6,887 | 35,926 | 184,448 | 14,552 | 31,263 | 153,185 | 199,000 | 146,267 | 38,181 | 227,261 |
| Northampton | 565 | 3,312 | 16,832 | 1,414 | 1,704 | 15,128 | 18,246 | 12,088 | 4,744 | 20,709 |
| Onslow | 12,046 | 45,278 | 138,297 | 12,510 | 40,380 | 97,917 | 150,807 | 120,328 | 17,969 | 195,621 |
| Pamlico | 285 | 1,776 | 11,207 | 782 | 942 | 10,265 | 11,989 | 7,505 | 3,702 | 13,268 |
| Pasquotank | 1,493 | 7,766 | 31,339 | 3,000 | 5,663 | 25,676 | 34,339 | 25,149 | 6,190 | 40,598 |
| Pender | 1,923 | 10,755 | 48,321 | 4,634 | 6,139 | 42,182 | 52,955 | 37,517 | 10,804 | 60,999 |
| Perquimans | 363 | 2,184 | 10,999 | 889 | 1,143 | 9,856 | 11,888 | 7,434 | 3,565 | 13,546 |
| Pitt | 6,270 | 32,516 | 137,638 | 12,547 | 35,074 | 102,564 | 150,185 | 115,544 | 22,094 | 176,424 |
| Tyrrell | 130 | 637 | 3,371 | 241 | 325 | 3,046 | 3,612 | 2,558 | 813 | 4,138 |
| Washington | 379 | 2,286 | 9,684 | 929 | 976 | 8,708 | 10,613 | 6,848 | 2,836 | 12,349 |
| **Trillium Catchment Total** | **49,398** | **250,400** | **1,096,023** | **96,157** | **181,410** | **914,613** | **1,192,180** | **848,739** | **247,284** | **1,395,821** |
| **North Carolina Total** | **364,093** | **1,949,310** | **7,959,289** | **806,261** | **1,148,861** | **6,810,428** | **8,765,550** | **6,342,918** | **1,616,371** | **10,272,692** |

Source: N.C. Office of State Budget and Management 2017 Projected Population.

## Trillium Population by Sex

| County | Male | | Female | |
|---|---|---|---|---|
| Beaufort | 23,028 | 48.4% | 24,519 | 51.6% |
| Bertie | 9,827 | 49.4% | 10,054 | 50.6% |
| Brunswick | 65,597 | 49.8% | 66,129 | 50.2% |
| Camden | 5,159 | 49.8% | 5,200 | 50.2% |
| Carteret | 34,775 | 49.5% | 35,415 | 50.5% |
| Chowan | 6,850 | 47.9% | 7,442 | 52.1% |
| Craven | 50,633 | 48.8% | 53,102 | 51.2% |
| Currituck | 13,222 | 49.7% | 13,382 | 50.3% |
| Dare | 18,275 | 49.7% | 18,517 | 50.3% |
| Gates | 5,837 | 48.8% | 6,123 | 51.2% |
| Hertford | 12,111 | 50.6% | 11,836 | 49.4% |
| Hyde | 3,135 | 55.5% | 2,509 | 44.5% |
| Jones | 5,006 | 48.3% | 5,350 | 51.7% |
| Martin | 11,018 | 46.9% | 12,492 | 53.1% |
| Nash | 45,611 | 48.3% | 48,754 | 51.7% |
| New Hanover | 110,088 | 48.4% | 117,173 | 51.6% |
| Northampton | 10,017 | 48.4% | 10,692 | 51.6% |
| Onslow | 101,753 | 52.0% | 93,868 | 48.0% |
| Pamlico | 6,850 | 51.6% | 6,418 | 48.4% |
| Pasquotank | 19,937 | 49.1% | 20,661 | 50.9% |
| Pender | 30,465 | 49.9% | 30,534 | 50.1% |
| Perquimans | 6,507 | 48.0% | 7,039 | 52.0% |
| Pitt | 82,469 | 46.7% | 93,955 | 53.3% |
| Tyrrell | 2,289 | 55.3% | 1,849 | 44.7% |
| Washington | 5,779 | 46.8% | 6,570 | 53.2% |
| **Trillium Catchment Total** | **686,238** | **49.2%** | **709,583** | **50.8%** |
| **North Carolina Total** | **4,991,474** | **48.6%** | **5,281,218** | **51.4%** |

Source: N.C. Office of State Budget and Management. Accessed 4/5/18.

## Trillium Medicaid Enrolled - June 30, 2017

| County | Infants-Children | Adults | Total Enrolled |
|---|---|---|---|
| Beaufort | 2,135 | 9,443 | 11,578 |
| Bertie | 786 | 4,886 | 5,672 |
| Brunswick | 4,204 | 17,242 | 21,446 |
| Camden | 212 | 905 | 1,117 |
| Carteret | 2,155 | 9,326 | 11,481 |
| Chowan | 593 | 2,830 | 3,423 |
| Craven | 3,662 | 15,091 | 18,753 |
| Currituck | 604 | 2,097 | 2,701 |
| Dare | 1,155 | 3,499 | 4,654 |
| Gates | 322 | 1,690 | 2,012 |
| Hertford | 1,091 | 5,760 | 6,851 |
| Hyde | 164 | 1,017 | 1,181 |
| Jones | 395 | 1,881 | 2,276 |
| Martin | 981 | 5,144 | 6,125 |
| Nash | 4,155 | 19,636 | 23,791 |
| New Hanover | 6,528 | 27,272 | 33,800 |
| Northampton | 759 | 5,423 | 6,182 |
| Onslow | 6,586 | 26,018 | 32,604 |
| Pamlico | 340 | 2,025 | 2,365 |
| Pasquotank | 1,871 | 7,321 | 9,192 |
| Pender | 2,363 | 9,755 | 12,118 |
| Perquimans | 474 | 2,240 | 2,714 |
| Pitt | 7,244 | 30,159 | 37,403 |
| Tyrrell | 192 | 702 | 894 |
| Washington | 616 | 3,164 | 3,780 |
| **Trillium Catchment Total** | **49,587** | **214,526** | **264,113** |
| **North Carolina Total** | **409,750** | **1,585,946** | **1,995,696** |

The number of people who have received a Medicaid or Health Choice identification card for the upcoming month and are authorized to receive Medicaid or Health Choice services for the upcoming month. *Source: N.C. Division of Medical Assistance. June 30, 2017. Accessed 4/18/18.*

## Trillium Percent of Medicaid Enrolled - June 30, 2017

| County | Total Medicaid Enrolled | Total Population | % Medicaid Enrolled |
|---|---|---|---|
| Beaufort | 11,578 | 47,547 | 24.4% |
| Bertie | 5,672 | 19,881 | 28.5% |
| Brunswick | 21,446 | 131,726 | 16.3% |
| Camden | 1,117 | 10,359 | 10.8% |
| Carteret | 11,481 | 70,190 | 16.4% |
| Chowan | 3,423 | 14,292 | 24.0% |
| Craven | 18,753 | 103,735 | 18.1% |
| Currituck | 2,701 | 26,604 | 10.2% |
| Dare | 4,654 | 36,792 | 12.6% |
| Gates | 2,012 | 11,960 | 16.8% |
| Hertford | 6,851 | 23,947 | 28.6% |
| Hyde | 1,181 | 5,644 | 20.9% |
| Jones | 2,276 | 10,356 | 22.0% |
| Martin | 6,125 | 23,510 | 26.1% |
| Nash | 23,791 | 94,365 | 25.2% |
| New Hanover | 33,800 | 227,261 | 14.9% |
| Northampton | 6,182 | 20,709 | 29.9% |
| Onslow | 32,604 | 195,621 | 16.7% |
| Pamlico | 2,365 | 13,268 | 17.8% |
| Pasquotank | 9,192 | 40,598 | 22.6% |
| Pender | 12,118 | 60,999 | 19.9% |
| Perquimans | 2,714 | 13,546 | 20.0% |
| Pitt | 37,403 | 176,424 | 21.2% |
| Tyrrell | 894 | 4,138 | 21.6% |
| Washington | 3,780 | 12,349 | 30.6% |
| **Trillium Catchment Total** | **264,113** | **1,395,821** | **18.9%** |
| **North Carolina Total** | **1,995,696** | **10,272,692** | **19.4%** |

Source: N.C. DMA Medicaid Enrollment Reports- June 30, 2017. Accessed 4/18/18.

## Trillium Economic Tier Designation
## 2-Year Comparison

| County | 2016 Tier | 2017 Tier |
|---|---|---|
| Beaufort | 1 | 1 |
| Bertie | 1 | 1 |
| Brunswick | 3 | 3 |
| Camden | 1 | 1 |
| Carteret | 3 | 3 |
| Chowan | 1 | 1 |
| Craven | 2 | 2 |
| Currituck | 2 | 2 |
| Dare | 2 | 2 |
| Gates | 1 | 1 |
| Hertford | 1 | 1 |
| Hyde | 1 | 1 |
| Jones | 1 | 1 |
| Martin | 1 | 1 |
| Nash | 1 | 2 |
| New Hanover | 3 | 3 |
| Northampton | 1 | 1 |
| Onslow | 2 | 2 |
| Pamlico | 2 | 2 |
| Pasquotank | 1 | 1 |
| Pender | 3 | 3 |
| Perquimans | 1 | 2 |
| Pitt | 2 | 2 |
| Tyrrell | 1 | 1 |
| Washington | 1 | 1 |

Source: N.C. Department of Commerce. Accessed 4/16/18.

Note: The North Carolina Department of Commerce annually ranks the state's 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3.

## Trillium Non-Elderly* Adult Uninsured

| County | Number of Non-Elderly Uninsured | Population of Non-Elderly | Percentage of Non-Elderly Uninsured |
|---|---|---|---|
| Beaufort | 4,734 | 36,366 | 13.0% |
| Bertie | 1,797 | 14,070 | 12.8% |
| Brunswick | 13,022 | 89,120 | 14.6% |
| Camden | 909 | 8,834 | 10.3% |
| Carteret | 6,452 | 52,269 | 12.3% |
| Chowan | 1,311 | 10,844 | 12.1% |
| Craven | 9,529 | 80,029 | 11.9% |
| Currituck | 2,552 | 21,733 | 11.7% |
| Dare | 3,685 | 28,612 | 12.9% |
| Gates | 1,055 | 9,301 | 11.3% |
| Hertford | 1,998 | 17,107 | 11.7% |
| Hyde | 541 | 3,785 | 14.3% |
| Jones | 1,034 | 7,472 | 13.8% |
| Martin | 2,070 | 17,838 | 11.6% |
| Nash | 8,957 | 75,743 | 11.8% |
| New Hanover | 19,802 | 181,064 | 10.9% |
| Northampton | 1,739 | 14,436 | 12.0% |
| Onslow | 14,932 | 155,235 | 9.6% |
| Pamlico | 1,144 | 8,556 | 13.4% |
| Pasquotank | 3,743 | 31,173 | 12.0% |
| Pender | 6,380 | 47,669 | 13.4% |
| Perquimans | 1,221 | 9,841 | 12.4% |
| Pitt | 18,356 | 149,481 | 12.3% |
| Tyrrell | 472 | 2,714 | 17.4% |
| Washington | 1,180 | 9,262 | 12.7% |
| **Trillium Catchment Total** | **128,615** | **1,082,554** | **11.9%** |
| **North Carolina Total** | **1,023,107** | **8,355,457** | **12.2%** |

Source: U.S. Census Bureau, 2016 Small Area Health Insurance Estimates. Released 7/17. Current as of 4/18/18.

## Trillium Median Household Income

| County | Median Household Income |
|---|---|
| Beaufort | $41,431 |
| Bertie | $33,809 |
| Brunswick | $51,457 |
| Camden | $65,415 |
| Carteret | $51,557 |
| Chowan | $41,151 |
| Craven | $49,524 |
| Currituck | $57,570 |
| Dare | $56,371 |
| Gates | $45,755 |
| Hertford | $35,424 |
| Hyde | $37,881 |
| Jones | $38,873 |
| Martin | $35,561 |
| Nash | $47,403 |
| New Hanover | $51,373 |
| Northampton | $35,711 |
| Onslow | $47,163 |
| Pamlico | $43,927 |
| Pasquotank | $43,687 |
| Pender | $50,437 |
| Perquimans | $45,052 |
| Pitt | $45,918 |
| Tyrrell | $33,666 |
| Washington | $35,367 |
| **Trillium Catchment Average** | **$44,859** |
| **North Carolina Average** | **$50,595** |

Source: US Census. Small Area Income and Poverty Estimates (SAIPE). Released 11/17 for CY2016. Accessed 4/19/18.

## Trillium Unemployment Percentage 2-Year Comparison

| County | Number of Unemployed June 30, 2016 | Unemployment Percentage June 30, 2016 | Number of Unemployed June 30, 2017 | Unemployment Percentage June 30, 2017 |
|---|---|---|---|---|
| Beaufort | 1,167 | 5.8% | 950 | 4.7% |
| Bertie | 569 | 6.6% | 472 | 5.7% |
| Brunswick | 2,996 | 5.8% | 2,546 | 4.8% |
| Camden | 263 | 5.6% | 195 | 4.3% |
| Carteret | 1,589 | 4.9% | 1,293 | 3.9% |
| Chowan | 377 | 6.6% | 284 | 5.2% |
| Craven | 2,232 | 5.3% | 1,857 | 4.4% |
| Currituck | 615 | 4.8% | 520 | 4.0% |
| Dare | 1,074 | 4.6% | 899 | 4.0% |
| Gates | 279 | 5.3% | 217 | 4.2% |
| Hertford | 617 | 6.7% | 499 | 5.5% |
| Hyde | 164 | 7.0% | 136 | 6.2% |
| Jones | 237 | 5.1% | 186 | 4.1% |
| Martin | 664 | 7.1% | 523 | 5.5% |
| Nash | 2,926 | 6.8% | 2,572 | 6.0% |
| New Hanover | 5,496 | 4.8% | 4,620 | 3.9% |
| Northampton | 575 | 7.3% | 445 | 5.8% |
| Onslow | 3,599 | 5.5% | 2,928 | 4.6% |
| Pamlico | 289 | 5.3% | 242 | 4.4% |
| Pasquotank | 1,133 | 6.4% | 889 | 5.2% |
| Pender | 1,403 | 5.3% | 1,181 | 4.4% |
| Perquimans | 332 | 6.4% | 269 | 5.4% |
| Pitt | 5,199 | 5.9% | 4,282 | 4.9% |
| Tyrrell | 116 | 6.6% | 92 | 5.7% |
| Washington | 363 | 7.2% | 287 | 6.0% |
| **Trillium Catchment Total / Percentage** | **34,274** | **5.6%** | **28,384** | **4.6%** |
| **North Carolina Total / Percentage** | **250,385** | **5.2%** | **208,449** | **4.2%** |

Source: N.C. Department of Commerce, Labor & Economic Analysis Division. Accessed 4/20/18.

## Trillium Probation/Parole Population
### December 31, 2017

| County | Probation | Parole |
|---|---|---|
| Beaufort | 853 | 99 |
| Bertie | 221 | 37 |
| Brunswick | 1,074 | 194 |
| Camden | 61 | 8 |
| Carteret | 692 | 95 |
| Chowan | 178 | 33 |
| Craven | 1,028 | 132 |
| Currituck | 256 | 12 |
| Dare | 444 | 52 |
| Gates | 117 | 4 |
| Hertford | 268 | 22 |
| Hyde | 31 | 2 |
| Jones | 107 | 14 |
| Martin | 280 | 49 |
| Nash | 1,006 | 216 |
| New Hanover | 2,390 | 405 |
| Northampton | 237 | 23 |
| Onslow | 1,366 | 207 |
| Pamlico | 172 | 25 |
| Pasquotank | 451 | 40 |
| Pender | 572 | 95 |
| Perquimans | 139 | 15 |
| Pitt | 1,845 | 326 |
| Tyrrell | 40 | 4 |
| Washington | 164 | 16 |
| **Trillium Catchment Total** | **13,992** | **2,125** |
| **North Carolina Total** | **85,992** | **14,715** |

Sources: North Carolina Department of Public Safety, Office of Research and Planning. A.S.Q. Custom Offender Report. Accessed 5/15/18.

## Health Indicators

### Trillium Health Outcome Rankings
**Among 100 NC Counties**
**(With 1 Being the Best)**

| County | 2017 Health Outcomes |
|---|---|
| Beaufort | 78 |
| Bertie | 86 |
| Brunswick | 44 |
| Camden | 4 |
| Carteret | 23 |
| Chowan | 57 |
| Craven | 35 |
| Currituck | 10 |
| Dare | 6 |
| Gates | 27 |
| Hertford | 93 |
| Hyde | 7 |
| Jones | 68 |
| Martin | 85 |
| Nash | 66 |
| New Hanover | 11 |
| Northampton | 94 |
| Onslow | 26 |
| Pamlico | 70 |
| Pasquotank | 45 |
| Pender | 20 |
| Perquimans | 47 |
| Pitt | 59 |
| Tyrrell | 74 |
| Washington | 58 |

Health outcomes in the Robert Wood Johnson County Health Rankings represent measures of how long people live and how healthy people feel. Length of life is measured by premature death (years of potential life lost before age 75); quality of life is measured by self-reported health status (% of people reporting poor or fair health and the number of physically and mentally unhealthy days within the last 30 days) and the % of low birth weight newborns.
Source: 2017 County Health Rankings. Accessed 4/23/18.

## NC County Health Outcome Rankings

**In Ranked Order**

| County | 2017 Health Outcomes |
|---|---|
| Wake | 1 |
| Orange | 2 |
| Union | 3 |
| Camden | 4 |
| Watauga | 5 |
| Dare | 6 |
| Hyde | 7 |
| Mecklenburg | 8 |
| Chatham | 9 |
| Currituck | 10 |
| New Hanover | 11 |
| Davie | 12 |
| Henderson | 13 |
| Cabarrus | 14 |
| Durham | 15 |
| Polk | 16 |
| Transylvania | 17 |
| Lincoln | 18 |
| Moore | 19 |
| Pender | 20 |
| Johnston | 21 |
| Avery | 22 |
| Carteret | 23 |
| Iredell | 24 |
| Buncombe | 25 |
| Onslow | 26 |
| Gates | 27 |
| Jackson | 28 |
| Guilford | 29 |
| Alexander | 30 |
| Stokes | 31 |
| Clay | 32 |
| Alleghany | 33 |
| Granville | 34 |
| Craven | 35 |
| Forsyth | 36 |
| Madison | 37 |
| Macon | 38 |
| Randolph | 39 |
| Stanly | 40 |
| Catawba | 41 |
| Mitchell | 42 |
| Yancey | 43 |
| Brunswick | 44 |
| Pasquotank | 45 |
| Franklin | 46 |
| Perquimans | 47 |
| Haywood | 48 |
| Harnett | 49 |
| Surry | 50 |
| Alamance | 51 |
| Duplin | 52 |
| Ashe | 53 |
| Caswell | 54 |
| Lee | 55 |
| Burke | 56 |
| Chowan | 57 |
| Washington | 58 |
| Pitt | 59 |
| Hoke | 60 |
| Davidson | 61 |
| McDowell | 62 |
| Greene | 63 |
| Person | 64 |
| Yadkin | 65 |
| Nash | 66 |
| Caldwell | 67 |
| Jones | 68 |
| Wayne | 69 |
| Pamlico | 70 |
| Gaston | 71 |
| Wilson | 72 |
| Rowan | 73 |
| Tyrrell | 74 |
| Rockingham | 75 |
| Montgomery | 76 |
| Rutherford | 77 |
| Beaufort | 78 |
| Cumberland | 79 |
| Sampson | 80 |
| Wilkes | 81 |
| Cleveland | 82 |
| Cherokee | 83 |
| Warren | 84 |
| Martin | 85 |
| Bertie | 86 |
| Richmond | 87 |
| Lenoir | 88 |
| Anson | 89 |
| Graham | 90 |
| Bladen | 91 |
| Swain | 92 |
| Hertford | 93 |
| Northampton | 94 |
| Vance | 95 |
| Halifax | 96 |
| Columbus | 97 |
| Edgecombe | 98 |
| Scotland | 99 |
| Robeson | 100 |

NOTE: Trillium Counties highlighted
Source: 2017 County Health Rankings.
Accessed 4/23/18.

# Trillium Adult Smoking
## >18 Years of Age
## 3-Year Comparison

| Percent of Adults Who Report Smoking Greater Than 100 Cigarettes and Currently Smoking | | | |
|---|---|---|---|
| **County** | **% Smokers 2015** | **% Smokers 2016** | **% Smokers 2017** |
| Beaufort | 28% | 18% | **18%** |
| Bertie | 19% | 23% | **21%** |
| Brunswick | 21% | 17% | **16%** |
| Camden | 17% | 16% | **16%** |
| Carteret | 21% | 17% | **16%** |
| Chowan | 30% | 20% | **19%** |
| Craven | 22% | 18% | **18%** |
| Currituck | 26% | 18% | **17%** |
| Dare | 31% | 17% | **16%** |
| Gates | * | 19% | **18%** |
| Hertford | 27% | 22% | **22%** |
| Hyde | * | 19% | **18%** |
| Jones | 44% | 19% | **19%** |
| Martin | 12% | 22% | **20%** |
| Nash | 22% | 19% | **20%** |
| New Hanover | 18% | 16% | **17%** |
| Northampton | 22% | 21% | **22%** |
| Onslow | 25% | 20% | **21%** |
| Pamlico | * | 17% | **16%** |
| Pasquotank | 35% | 19% | **19%** |
| Pender | 28% | 19% | **17%** |
| Perquimans | 21% | 19% | **18%** |
| Pitt | 19% | 21% | **22%** |
| Tyrrell | * | 21% | **20%** |
| Washington | * | 21% | **20%** |
| **Trillium Percentage** | **24%** | **19%** | **19%** |
| **North Carolina Percentage** | **20%** | **19%** | **19%** |

** Percentage Not Available*

*Source: CDC Behavioral Risk Factor Surveillance System (BRFSS). Robert Wood Johnson, Annual County Health Rankings. Accessed 4/23/18.*

# Trillium HIV Cases by County of Residence

Number of Adults and Adolescents Diagnosed with HIV* and Residing in North Carolina by Most Recently Known County** of Residence as of 12/31/2016

| County | Cases |
|---|---|
| Beaufort | 122 |
| Bertie | 90 |
| Brunswick | 204 |
| Camden | 8 |
| Carteret | 70 |
| Chowan | 28 |
| Craven | 240 |
| Currituck | 19 |
| Dare | 38 |
| Gates | 12 |
| Hertford | 105 |
| Hyde | 12 |
| Jones | 26 |
| Martin | 92 |
| Nash | 337 |
| New Hanover | 684 |
| Northampton | 79 |
| Onslow | 352 |
| Pamlico | 26 |
| Pasquotank | 84 |
| Pender | 102 |
| Perquimans | 23 |
| Pitt | 687 |
| Tyrrell | 10 |
| Washington | 48 |
| **Trillium Catchment Total** | **3,498** |
| **North Carolina Total** | **34,187** |

*HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS). ** Based on most recently known address from enhanced HIV/AIDS Reporting System (eHARS).

Source: 2016 Final N.C. HIV/STD/Hepatitis Surveillance Report, Division of Public Health, NC DHHS. Accessed 4/23/18.

# HIV Rates

| Trillium Newly Diagnosed HIV* Annual Rates Among Adults and Adolescents by County of Diagnosis<br>Rates per 100,000 Population | | |
|---|---|---|
| **County** | **Number of Cases** | **Rate 2016** |
| Beaufort | 3 | 7.4 |
| Bertie | 5 | 28.8 |
| Brunswick | 9 | 8.0 |
| Camden | 1 | 11.4 |
| Carteret | 3 | 5.0 |
| Chowan | 2 | 16.2 |
| Craven | 9 | 10.4 |
| Currituck | 1 | 4.6 |
| Dare | 2 | 6.4 |
| Gates | 1 | 10.2 |
| Hertford | 1 | 4.8 |
| Hyde | 1 | 20.5 |
| Jones | 0 | 0.0 |
| Martin | 3 | 15.1 |
| Nash | 16 | 20.2 |
| New Hanover | 26 | 13.5 |
| Northampton | 4 | 23.0 |
| Onslow | 23 | 15.4 |
| Pamlico | 0 | 0.0 |
| Pasquotank | 5 | 15.0 |
| Pender | 9 | 18.0 |
| Perquimans | 0 | 0.0 |
| Pitt | 32 | 21.5 |
| Tyrrell | 2 | 55.9 |
| Washington | 2 | 19.3 |
| **Trillium Catchment Total/Rate** | **160** | **14.7** |
| **North Carolina Total/Rate** | **1,399** | **17.8** |

*HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

Source: 2016 N.C. HIV/STD/Hepatitis Surveillance Report, Division of Public Health, NC DHHS. Accessed 4/23/18.

# Trillium AIDS Cases
## by County of Residence

Number of Adults and Adolescents Diagnosed with AIDS (Stage 3)* and Residing in North Carolina by Most Recently Known County** of Residence as of 12/31/2016

| County | Cases |
|---|---|
| Beaufort | 67 |
| Bertie | 53 |
| Brunswick | 98 |
| Camden | 5 |
| Carteret | 36 |
| Chowan | 15 |
| Craven | 123 |
| Currituck | 7 |
| Dare | 21 |
| Gates | 3 |
| Hertford | 62 |
| Hyde | 5 |
| Jones | 18 |
| Martin | 49 |
| Nash | 182 |
| New Hanover | 299 |
| Northampton | 47 |
| Onslow | 152 |
| Pamlico | 10 |
| Pasquotank | 42 |
| Pender | 53 |
| Perquimans | 14 |
| Pitt | 330 |
| Tyrrell | 5 |
| Washington | 31 |
| **Trillium Catchment Total** | **1,727** |
| **North Carolina Total** | **15,628** |

*Classification of AIDS (Stage 3) is defined by CD4+ T-lymphocyte cell count of less than 200 or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14, if cell county test was not available, and happens during the year the defining test is received.
** Based on most recently known address from enhanced HIV/AIDS Reporting System (eHARS).
Source: 2016 N.C. HIV/STD/Hepatitis Surveillance Report, Division of Public Health, NC DHHS. Accessed 4/23/18.

# AIDS Rates

**Trillium Newly Diagnosed AIDS (Stage 3)***
**Annual Rates Among Adults and Adolescents**
**by County of Diagnosis**
**Rates per 100,000 Population**

| County | Number of Cases | Rate 2016 |
|---|---|---|
| Beaufort | 3 | 7.4 |
| Bertie | 3 | 17.3 |
| Brunswick | 5 | 4.5 |
| Camden | 1 | 11.4 |
| Carteret | 0 | 0.0 |
| Chowan | 1 | 8.1 |
| Craven | 4 | 4.6 |
| Currituck | 0 | 0.0 |
| Dare | 0 | 0.0 |
| Gates | 0 | 0.0 |
| Hertford | 1 | 4.8 |
| Hyde | 0 | 0.0 |
| Jones | 0 | 0.0 |
| Martin | 2 | 10.1 |
| Nash | 10 | 12.6 |
| New Hanover | 7 | 3.6 |
| Northampton | 3 | 17.3 |
| Onslow | 6 | 4.0 |
| Pamlico | 0 | 0.0 |
| Pasquotank | 1 | 3.0 |
| Pender | 1 | 2.0 |
| Perquimans | 2 | 17.4 |
| Pitt | 15 | 10.1 |
| Tyrrell | 1 | 27.9 |
| Washington | 0 | 0.0 |
| **Trillium Catchment Total/Rate** | **66** | **6.1** |
| **North Carolina Total/Rate** | **598** | **7.6** |

*Classification of AIDS (Stage 3) is defined by CD4+ T-lymphocyte cell count of less than 200 or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14, if cell county test was not available, and happens during the year the defining test is received. For the newly diagnosed AIDS cases, there is a possibility that the individual was diagnosed with HIV in a previous year or another state. Therefore, adding new AIDS diagnoses and new HIV diagnoses will not equal the total number of new HIV diagnoses in N.C.

*Source: 2016 N.C. HIV/STD/Hepatitis Surveillance Report, Division of Public Health, NC DHHS. Accessed 4/23/18.*

# Acute Hepatitis B Rates

**Trillium Newly Diagnosed Acute Hepatitis B**
**Annual Rates by County of Diagnosis**
**Rates per 100,000 Population**

| County | Number of Cases | Rate 2016 |
|---|---|---|
| Beaufort | 0 | 0.0 |
| Bertie | 0 | 0.0 |
| Brunswick | 4 | 3.2 |
| Camden | 0 | 0.0 |
| Carteret | 0 | 0.0 |
| Chowan | 0 | 0.0 |
| Craven | 1 | 1.0 |
| Currituck | 1 | 3.9 |
| Dare | 0 | 0.0 |
| Gates | 0 | 0.0 |
| Hertford | 0 | 0.0 |
| Hyde | 0 | 0.0 |
| Jones | 0 | 0.0 |
| Martin | 1 | 4.3 |
| Nash | 0 | 0.0 |
| New Hanover | 1 | 0.4 |
| Northampton | 0 | 0.0 |
| Onslow | 0 | 0.0 |
| Pamlico | 0 | 0.0 |
| Pasquotank | 0 | 0.0 |
| Pender | 1 | 1.7 |
| Perquimans | 0 | 0.0 |
| Pitt | 0 | 0.0 |
| Tyrrell | 0 | 0.0 |
| Washington | 0 | 0.0 |
| **Trillium Catchment Total/Rate** | **9** | **0.7** |
| **North Carolina Total/Rate** | **151** | **1.5** |

Source: 2016 N.C. HIV/STD/Hepatitis Surveillance Report, Division of Public Health, NC DHHS. Accessed 4/23/18.

# Acute Hepatitis C Rates

| Trillium Newly Diagnosed Acute Hepatitis C<br>Annual Rates by County of Diagnosis<br>Rates per 100,000 Population | | |
|---|---|---|
| **County** | **Number of Cases** | **Rate 2016** |
| Beaufort | 0 | 0.0 |
| Bertie | 0 | 0.0 |
| Brunswick | 13 | 10.2 |
| Camden | 0 | 0.0 |
| Carteret | 0 | 0.0 |
| Chowan | 0 | 0.0 |
| Craven | 3 | 2.9 |
| Currituck | 1 | 3.9 |
| Dare | 0 | 0.0 |
| Gates | 0 | 0.0 |
| Hertford | 0 | 0.0 |
| Hyde | 0 | 0.0 |
| Jones | 0 | 0.0 |
| Martin | 1 | 4.3 |
| Nash | 1 | 1.1 |
| New Hanover | 10 | 4.5 |
| Northampton | 0 | 0.0 |
| Onslow | 4 | 2.1 |
| Pamlico | 0 | 0.0 |
| Pasquotank | 3 | 7.5 |
| Pender | 0 | 0.0 |
| Perquimans | 0 | 0.0 |
| Pitt | 1 | 0.6 |
| Tyrrell | 0 | 0.0 |
| Washington | 0 | 0.0 |
| **Trillium Catchment Total/Rate** | **37** | **2.7** |
| **North Carolina Total/Rate** | **185** | **1.8** |

Source: 2016 N.C. HIV/STD/Hepatitis Surveillance Report, Division of Public Health, NC DHHS. Accessed 4/23/18.

# Chlamydia Rates

**Newly Diagnosed Chlamydia**
**Annual Rates by County of Diagnosis**
**Rates per 100,000 Population**

| County | Number of Cases | Rate 2016 |
|---|---|---|
| Beaufort | 254 | 534.4 |
| Bertie | 130 | 654.8 |
| Brunswick | 349 | 274.9 |
| Camden | 23 | 220.8 |
| Carteret | 194 | 281.6 |
| Chowan | 87 | 604.9 |
| Craven | 727 | 702.8 |
| Currituck | 67 | 259.6 |
| Dare | 69 | 191.9 |
| Gates | 42 | 365.9 |
| Hertford | 166 | 687.8 |
| Hyde | 16 | 290.0 |
| Jones | 40 | 406.3 |
| Martin | 131 | 565.3 |
| Nash | 644 | 685.1 |
| New Hanover | 1,170 | 523.5 |
| Northampton | 114 | 570.0 |
| Onslow | 1,738 | 928.7 |
| Pamlico | 21 | 163.8 |
| Pasquotank | 278 | 697.4 |
| Pender | 198 | 335.1 |
| Perquimans | 53 | 397.5 |
| Pitt | 1,904 | 1074.4 |
| Tyrrell | 196 | 386.4 |
| Washington | 84 | 688.8 |
| **Trillium Catchment Total/Rate** | **8,695** | **628.6** |
| **North Carolina Total/Rate** | **58,078** | **571.9** |

Source: 2016 N.C. HIV/STD/Hepatitis Surveillance Report, Division of Public Health, NC DHHS. Accessed 4/24/18.

# Early Syphilis Rates

| Trillium Newly Diagnosed Early Syphilis<br>Annual Rates by County of Diagnosis<br>Rates per 100,000 Population | | |
|---|---|---|
| **County** | **Number of Cases** | **Rate 2016** |
| Beaufort | 6 | 12.6 |
| Bertie | 2 | 10.1 |
| Brunswick | 7 | 5.5 |
| Camden | 0 | 0.0 |
| Carteret | 2 | 2.9 |
| Chowan | 0 | 0.0 |
| Craven | 10 | 9.7 |
| Currituck | 0 | 0.0 |
| Dare | 2 | 5.6 |
| Gates | 0 | 0.0 |
| Hertford | 2 | 8.3 |
| Hyde | 1 | 18.1 |
| Jones | 2 | 20.3 |
| Martin | 3 | 12.9 |
| Nash | 33 | 35.1 |
| New Hanover | 13 | 5.8 |
| Northampton | 8 | 40.0 |
| Onslow | 18 | 9.6 |
| Pamlico | 1 | 7.8 |
| Pasquotank | 3 | 7.5 |
| Pender | 4 | 6.8 |
| Perquimans | 0 | 0.0 |
| Pitt | 46 | 26.0 |
| Tyrrell | 0 | 0.0 |
| Washington | 2 | 16.4 |
| **Trillium Catchment Total/Rate** | **165** | **11.9** |
| **North Carolina Total/Rate** | **1,894** | **18.6** |

Source: 2016 N.C. HIV/STD/Hepatitis Surveillance Report, Division of Public Health, NC DHHS. Accessed 4/24/18.

## Gonorrhea Rates

| Trillium Newly Diagnosed Gonorrhea Annual Rates by County of Diagnosis<br>Rates per 100,000 Population | | |
|---|---|---|
| **County** | **Number of Cases** | **Rate 2016** |
| Beaufort | 62 | 130.5 |
| Bertie | 38 | 191.4 |
| Brunswick | 136 | 107.1 |
| Camden | 4 | 38.4 |
| Carteret | 44 | 63.9 |
| Chowan | 27 | 187.7 |
| Craven | 230 | 222.3 |
| Currituck | 10 | 38.7 |
| Dare | 9 | 25.0 |
| Gates | 19 | 165.5 |
| Hertford | 39 | 161.6 |
| Hyde | 2 | 36.3 |
| Jones | 19 | 193.0 |
| Martin | 33 | 142.4 |
| Nash | 223 | 237.2 |
| New Hanover | 476 | 213.0 |
| Northampton | 38 | 190.0 |
| Onslow | 307 | 164.1 |
| Pamlico | 10 | 78.0 |
| Pasquotank | 60 | 150.5 |
| Pender | 72 | 121.8 |
| Perquimans | 16 | 120.0 |
| Pitt | 664 | 374.7 |
| Tyrrell | 0 | 0.0 |
| Washington | 16 | 131.2 |
| **Trillium Catchment Total/Rate** | **2,554** | **186.0** |
| **North Carolina Total/Rate** | **19,724** | **194.2** |

Source: 2016 N.C. HIV/STD/Hepatitis Surveillance Report, Division of Public Health, NC DHHS. Accessed 4/24/18.

## Trillium Infant Mortality Rates

| County | Number of Deaths | Death Rate per 1,000 Persons |
|---|---|---|
| Beaufort | 3 | 7.0 |
| Bertie | 3 | 15.8 |
| Brunswick | 9 | 9.2 |
| Camden | 0 | 0.0 |
| Carteret | 4 | 7.3 |
| Chowan | 0 | 0.0 |
| Craven | 10 | 6.9 |
| Currituck | 0 | 0.0 |
| Dare | 0 | 0.0 |
| Gates | 1 | 9.0 |
| Hertford | 3 | 13.5 |
| Hyde | 0 | 0.0 |
| Jones | 0 | 0.0 |
| Martin | 2 | 8.4 |
| Nash | 10 | 9.8 |
| New Hanover | 15 | 6.7 |
| Northampton | 3 | 15.0 |
| Onslow | 27 | 6.8 |
| Pamlico | 0 | 0.0 |
| Pasquotank | 3 | 6.3 |
| Pender | 6 | 9.2 |
| Perquimans | 0 | 0.0 |
| Pitt | 26 | 12.9 |
| Tyrrell | 0 | 0.0 |
| Washington | 3 | 23.8 |
| **Trillium Catchment Total/Rate** | **128** | **8.0** |
| **North Carolina Total/Rate** | **873** | **7.2** |

*Source: 2016 N.C. Department of Health & Human Services State Center for Health Statistics, Accessed 4/24/18.*

## Trillium Repeat Teen Pregnancy
### Ages 15-19

| County | Number of Repeat Pregnancies | Percent of Repeat Pregnancies |
|---|---|---|
| Beaufort | 9 | 20.9% |
| Bertie | 5 | 22.7% |
| Brunswick | 17 | 17.0% |
| Camden | 0 | 0.0% |
| Carteret | 8 | 27.6% |
| Chowan | 2 | 11.8% |
| Craven | 23 | 23.7% |
| Currituck | 4 | 22.2% |
| Dare | 2 | 10.0% |
| Gates | 5 | 38.5% |
| Hertford | 4 | 19.0% |
| Hyde | 1 | 25.0% |
| Jones | 0 | 0.0% |
| Martin | 4 | 15.4% |
| Nash | 28 | 26.7% |
| New Hanover | 22 | 18.3% |
| Northampton | 3 | 12.0% |
| Onslow | 42 | 15.8% |
| Pamlico | 2 | 25.0% |
| Pasquotank | 8 | 24.2% |
| Pender | 8 | 15.4% |
| Perquimans | 1 | 10.0% |
| Pitt | 37 | 21.9% |
| Tyrrell | 1 | 25.0% |
| Washington | 0 | 0.0% |
| **Trillium Catchment Total/Percentage** | **236** | **19.2%** |
| **North Carolina Total/Percentage** | **2,044** | **22.1%** |

Source: 2016 N.C. DHHS - State Center for Health Statistics. Accessed 4/24/18.

## Trillium Child Death Rates
### Ages 0-17

| County | Number of Deaths | Death Rate per 100,000 Persons |
|---|---|---|
| Beaufort | 4 | 40.4 |
| Bertie | 3 | 85.6 |
| Brunswick | 14 | 67.3 |
| Camden | 1 | 41.2 |
| Carteret | 6 | 48.0 |
| Chowan | 1 | 34.0 |
| Craven | 13 | 57.1 |
| Currituck | 3 | 52.0 |
| Dare | 3 | 43.5 |
| Gates | 1 | 41.6 |
| Hertford | 4 | 84.7 |
| Hyde | 0 | 0.0 |
| Jones | 0 | 0.0 |
| Martin | 1 | 25.2 |
| Nash | 14 | 66.4 |
| New Hanover | 26 | 61.3 |
| Northampton | 9 | 244.9 |
| Onslow | 39 | 82.7 |
| Pamlico | 0 | 0.0 |
| Pasquotank | 5 | 56.6 |
| Pender | 13 | 98.9 |
| Perquimans | 1 | 39.1 |
| Pitt | 35 | 90.2 |
| Tyrrell | 0 | 0.0 |
| Washington | 3 | 119.8 |
| **Trillium Catchment Total/Rate** | **199** | **66.7** |
| **North Carolina Total/Rate** | **1,360** | **58.9** |

Source: 2016 N.C. DHHS - State Center for Health Statistics. Accessed 4/25/18.

## Trillium Child Deaths and Causes

| County | Total Deaths | CAUSE OF DEATH | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | BIRTH DEFECTS | PERINATAL COND | SIDS | ILLNESSES | MOTOR VEHICLE | DROWNING | BICYCLE | POISONING | SUFFOCATION/CHOKING/STRANGULATION | OTHER INJURIES | HOMICIDE | SUICIDE | ALL OTHER CAUSES |
| Beaufort | 4 | 2 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Bertie | 3 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Brunswick | 14 | 2 | 6 | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 1 |
| Camden | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Carteret | 6 | 0 | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 |
| Chowan | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Craven | 13 | 2 | 5 | 0 | 3 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Currituck | 3 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| Dare | 3 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Gates | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hertford | 4 | 0 | 3 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hyde | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jones | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Martin | 5 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 |
| Nash | 14 | 3 | 5 | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 |
| New Hanover | 26 | 4 | 7 | 1 | 4 | 2 | 0 | 0 | 0 | 0 | 3 | 1 | 1 | 3 |
| Northampton | 9 | 1 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 2 | 0 | 1 | 1 |
| Onslow | 39 | 7 | 9 | 1 | 8 | 0 | 0 | 1 | 1 | 2 | 1 | 2 | 2 | 5 |
| Pamlico | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pasquotank | 5 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Pender | 13 | 2 | 2 | 0 | 3 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 2 |
| Perquimans | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pitt | 35 | 6 | 17 | 0 | 4 | 0 | 0 | 0 | 0 | 2 | 1 | 3 | 0 | 2 |
| Tyrrell | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Washington | 3 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Trillium Catchment Total** | **203** | **32** | **64** | **2** | **33** | **14** | **2** | **3** | **2** | **7** | **9** | **7** | **7** | **21** |
| **North Carolina Total** | **1,360** | **204** | **452** | **13** | **270** | **102** | **25** | **4** | **9** | **33** | **28** | **51** | **44** | **125** |

Source: 2016 N.C. DHHS - State Center for Health Statistics. Accessed 4/25/18.

## Trillium Mortality - Suicide

| County | Number of Deaths | Death Rate per 100,000 Persons |
|---|---|---|
| Beaufort | 7 | 14.7 |
| Bertie | 2 | 10.1 |
| Brunswick | 12 | 9.5 |
| Camden | 4 | 38.4 |
| Carteret | 17 | 24.7 |
| Chowan | 1 | 7.0 |
| Craven | 11 | 10.6 |
| Currituck | 3 | 11.6 |
| Dare | 7 | 19.5 |
| Gates | 1 | 8.7 |
| Hertford | 6 | 24.9 |
| Hyde | 0 | 0.0 |
| Jones | 0 | 0.0 |
| Martin | 4 | 17.3 |
| Nash | 12 | 12.8 |
| New Hanover | 31 | 13.9 |
| Northampton | 1 | 5.0 |
| Onslow | 38 | 20.3 |
| Pamlico | 5 | 39.0 |
| Pasquotank | 6 | 15.1 |
| Pender | 16 | 27.1 |
| Perquimans | 1 | 7.5 |
| Pitt | 13 | 7.3 |
| Tyrrell | 0 | 0.0 |
| Washington | 0 | 0.0 |
| **Trillium Catchment Total/Rate** | **198** | **14.3** |
| **North Carolina Total/Rate** | **1,373** | **13.5** |

*Source: Vital Statistics, 2016—Volume 2, October 2017 North Carolina Department of Health and Human Services Division of Public Health, State Center for Health Statistics Accessed 4/25/18.*

## Trillium Unintentional Poisoning Death
### 3-Year Comparison

| County | 2014 | 2015 | 2016 |
|---|---|---|---|
| Beaufort | 7 | 5 | 9 |
| Bertie | 0 | 1 | 5 |
| Brunswick | 22 | 25 | 39 |
| Camden | 0 | 3 | 1 |
| Carteret | 15 | 16 | 21 |
| Chowan | 0 | 3 | 2 |
| Craven | 12 | 21 | 35 |
| Currituck | 1 | 3 | 8 |
| Dare | 8 | 4 | 4 |
| Gates | 1 | 1 | 4 |
| Hertford | 2 | 1 | 2 |
| Hyde | 0 | 0 | 2 |
| Jones | 0 | 3 | 5 |
| Martin | 4 | 5 | 1 |
| Nash | 10 | 10 | 22 |
| New Hanover | 39 | 49 | 68 |
| Northampton | 1 | 2 | 2 |
| Onslow | 15 | 16 | 38 |
| Pamlico | 5 | 4 | 2 |
| Pasquotank | 3 | 2 | 7 |
| Pender | 3 | 17 | 17 |
| Perquimans | 1 | 2 | 2 |
| Pitt | 22 | 14 | 26 |
| Tyrrell | 0 | 0 | 2 |
| Washington | 2 | **1** | 3 |
| **Trillium Catchment Total** | **173** | **208** | **327** |
| **North Carolina Total** | **1,178** | **1,370** | **1822** |

Source: N.C. DHHS, Injury Epidemiology and Surveillance Unit, Injury and Violence Prevention Branch, Chronic Disease and Injury Section, Division of Public Health. Accessed 4/25/18.

## Trillium Catchment <u>All Intents</u> Overdose Death Comparison* - Table A

| County (County is based on county of residence of the decedent) | Medication & Drug Poisoning Deaths 1 (Any mention of a medication and/or drug poisoning as primary cause of death - includes prescription, over-the-counter, and illicit drugs) | | | Opiate Poisoning Deaths 2 (Any mention of opiates, including synthetic) | | | Commonly Prescribed Opioid Medication Deaths 3 (Any mention of other opioids, methadone, *excluding* synthetic opioids in the multiple cause of death fields on the death certificate) | | | Heroin Poisoning Deaths 4 (Any mention of heroin in the multiple cause of death fields on the death certificate) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **2014** | **2015** | **2016** | **2014** | **2015** | **2016** | **2014** | **2015** | **2016** | **2014** | **2015** | **2016** |
| Beaufort | 7 | 8 | **11** | 3 | 5 | **10** | 2 | 3 | **8** | 1 | 1 | **1** |
| Bertie | 0 | 2 | **5** | 0 | 1 | **4** | 0 | 1 | **1** | 0 | 1 | **0** |
| Brunswick | 22 | 29 | **41** | 18 | 24 | **34** | 14 | 13 | **13** | 5 | 10 | **10** |
| Camden | 0 | 4 | **1** | 0 | 3 | **0** | 0 | 1 | **0** | 0 | 1 | **0** |
| Carteret | 19 | 18 | **20** | 13 | 15 | **20** | 10 | 11 | **13** | 1 | 4 | **4** |
| Chowan | 0 | 3 | **2** | 0 | 3 | **2** | 0 | 1 | **2** | 0 | 1 | **0** |
| Craven | 18 | 28 | **37** | 10 | 22 | **30** | 8 | 12 | **18** | 2 | 5 | **9** |
| Currituck | 3 | 5 | **7** | 2 | 4 | **5** | 1 | 1 | **2** | 1 | 2 | **1** |
| Dare | 10 | 5 | **5** | 9 | 3 | **5** | 5 | 0 | **1** | 3 | 0 | **1** |
| Gates | 1 | 1 | **4** | 0 | 1 | **4** | 0 | 0 | **0** | 0 | 1 | **0** |
| Hertford | 1 | 1 | **3** | 0 | 0 | **2** | 0 | 0 | **2** | 0 | 0 | **1** |
| Hyde | 0 | 0 | **2** | 0 | 0 | **0** | 0 | 0 | **0** | 0 | 0 | **0** |
| Jones | 1 | 3 | **5** | 0 | 3 | **3** | 0 | 2 | **3** | 0 | 0 | **0** |
| Martin | 2 | 3 | **1** | 1 | 1 | **1** | 1 | 1 | **0** | 0 | 0 | **1** |
| Nash | 10 | 14 | **25** | 9 | 11 | **22** | 5 | 7 | **5** | 0 | 4 | **11** |
| New Hanover | 41 | 52 | **71** | 24 | 45 | **64** | 7 | 16 | **15** | 11 | 23 | **38** |
| Northampton | 2 | 2 | **2** | 2 | 1 | **2** | 2 | 0 | **2** | 0 | 1 | **0** |
| Onslow | 20 | 20 | **43** | 14 | 15 | **35** | 10 | 12 | **18** | 1 | 3 | **6** |
| Pamlico | 4 | 4 | **2** | 3 | 4 | **2** | 2 | 1 | **2** | 0 | 1 | **1** |
| Pasquotank | 3 | 3 | **7** | 3 | 2 | **7** | 1 | 1 | **1** | 1 | 1 | **2** |
| Pender | 5 | 17 | **19** | 2 | 14 | **15** | 0 | 6 | **8** | 1 | 7 | **6** |
| Perquimans | 2 | 2 | **2** | 2 | 1 | **2** | 0 | 0 | **0** | 1 | 0 | **2** |
| Pitt | 30 | 17 | **27** | 19 | 12 | **28** | 14 | 6 | **17** | 3 | 4 | **8** |
| Tyrrell | 1 | 0 | **2** | 1 | 0 | **2** | 0 | 0 | **0** | 0 | 0 | **1** |
| Washington | 1 | 1 | **2** | 0 | 1 | **0** | 0 | 0 | **0** | 0 | 0 | **0** |
| **Trillium Catchment Total** | **203** | **242** | **346** | **135** | **191** | **299** | **82** | **95** | **131** | **31** | **70** | **103** |
| **North Carolina Total** | **1,306** | **1,498** | **1,965** | **913** | **1,110** | **1,518** | **554** | **636** | **722** | **253** | **369** | **552** |

1 - Codes used: First listed cause of death (cod1) X40-X44, Y10-Y14, X85, X60-X64.

2 - Codes used: Any mention (cod1-cod21) of T40.0 (Opium), T40.1 (Heroin), T40.2 (Other Opioids), T40.3 (Methadone) and/or T40.4 (Other synthetic opioid). Note: Counts by any mention of drug type are not mutually exclusive; if a death involved multiple drugs it could be listed in additional tables.

3 - Codes used: Any mention (cod1-cod21) of T40.2 (Other Opioids), and/or T40.3 (Methadone). Note: Counts by any mention of drug type are not mutually exclusive; if a death involved multiple drugs it could be listed in additional tables. Previous versions of this table used the definition for "prescription opioid" which included any mention of T40.2 (Other Opioids), T40.3 (Methadone), and/or T40.4 (Other synthetic opioid). Previous versions of this table used the definition for "prescription opioid" which included any mention of T40.2 (Other Opioids), T40.3 (Methadone), and/or T40.4 (Other synthetic opioid). Due to the increase in illicitly manufactured fentanyl and its analogues, which are coded as other synthetic opioids, T40.4 is not included in the revised definition for commonly prescribed opioid medications displayed in this table.

4 - Codes used: Any mention (cod1-cod21) of T40.1 (Heroin). Note: Counts by any mention of drug type are not mutually exclusive; if a death involved multiple drugs it could be listed in additional tables.

## Trillium Catchment <u>All Intents</u> Overdose Death Comparison* - Table B

| County (County is based on county of residence of the decedent) | Methadone Poisoning Deaths [5] (Any mention of methadone in the multiple cause of death fields on the death certificate) | | | Other Synthetic Opioid Poisoning Deaths [6] (Any mention of synthetic opioids in the multiple cause of death fields on the death certificate) | | | Cocaine Poisoning Deaths [7] (Any mention of cocaine in the multiple cause of death fields on the death certificate) | | | Benzodiazepine Poisoning Deaths [8] (Any mention of benzodiazepines in the multiple cause of death fields on the death certificate) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2014 | 2015 | 2016 | 2014 | 2015 | 2016 | 2014 | 2015 | 2016 | 2014 | 2015 | 2016 |
| Beaufort | 1 | 0 | **1** | 0 | 3 | **2** | 2 | 3 | **2** | 1 | 2 | **2** |
| Bertie | 0 | 0 | **0** | 0 | 1 | **2** | 0 | 0 | **3** | 0 | 0 | **0** |
| Brunswick | 2 | 4 | **3** | 2 | 8 | **22** | 3 | 2 | **9** | 4 | 5 | **12** |
| Camden | 0 | 0 | **0** | 0 | 2 | **0** | 0 | 0 | **1** | 0 | 0 | **0** |
| Carteret | 6 | 1 | **3** | 5 | 3 | **9** | 0 | 3 | **1** | 9 | 7 | **8** |
| Chowan | 0 | 1 | **0** | 0 | 2 | **0** | 1 | 0 | **1** | 0 | 1 | **0** |
| Craven | 3 | 2 | **2** | 1 | 7 | **17** | 4 | 10 | **11** | 3 | 6 | **10** |
| Currituck | 0 | 0 | **0** | 0 | 2 | **3** | 0 | 1 | **2** | 0 | 1 | **4** |
| Dare | 0 | 0 | **0** | 1 | 3 | **3** | 1 | 0 | **1** | 1 | 0 | **0** |
| Gates | 0 | 0 | **0** | 0 | 1 | **4** | 1 | 1 | **0** | 0 | 0 | **1** |
| Hertford | 0 | 0 | **0** | 0 | 0 | **1** | 1 | 1 | **1** | 0 | 0 | **1** |
| Hyde | 0 | 0 | **0** | 0 | 0 | **0** | 0 | 0 | **2** | 0 | 0 | **1** |
| Jones | 0 | 0 | **1** | 0 | 1 | **1** | 0 | 0 | **1** | 0 | 2 | **2** |
| Martin | 0 | 1 | **0** | 0 | 0 | **1** | 1 | 2 | **0** | 0 | 0 | **0** |
| Nash | 2 | 3 | **1** | 4 | 3 | **11** | 0 | 5 | **7** | 4 | 4 | **4** |
| New Hanover | 1 | 4 | **2** | 7 | 18 | **27** | 2 | 13 | **12** | 5 | 8 | **16** |
| Northampton | 0 | 0 | **0** | 0 | 0 | **0** | 0 | 1 | **1** | 0 | 0 | **0** |
| Onslow | 2 | 2 | **5** | 4 | 3 | **20** | 3 | 6 | **5** | 5 | 6 | **9** |
| Pamlico | 1 | 0 | **1** | 2 | 2 | **1** | 0 | 3 | **0** | 0 | 1 | **1** |
| Pasquotank | 0 | 0 | **0** | 1 | 1 | **7** | 0 | 1 | **4** | 0 | 1 | **0** |
| Pender | 0 | 3 | **3** | 1 | 4 | **8** | 0 | 1 | **0** | 0 | 1 | **3** |
| Perquimans | 0 | 0 | **0** | 1 | 1 | **2** | 0 | 0 | **0** | 1 | 0 | **0** |
| Pitt | 2 | 2 | **2** | 3 | 4 | **7** | 7 | 4 | **5** | 7 | 2 | **9** |
| Tyrrell | 0 | 0 | **0** | 1 | 0 | **2** | 0 | 0 | **1** | 0 | 0 | **0** |
| Washington | 0 | 0 | **0** | 0 | 1 | **0** | 1 | 0 | **2** | 0 | 0 | **0** |
| **Trillium Catchment Total** | **20** | **23** | **24** | **33** | **70** | **150** | **27** | **57** | **72** | **40** | **47** | **83** |
| **North Carolina Total** | **127** | **110** | **124** | **207** | **288** | **612** | **228** | **318** | **529** | **275** | **398** | **538** |

5 - Codes used: Any mention (cod1-cod21) Note: Counts by any mention of drug type are not mutually exclusive; if a death involved multiple drugs it could be listed in additional tables.

6- Codes used: Any mention (cod1-cod21) of T40.4 (Other Synthetic Opioids). Note: Counts by any mention of drug type are not mutually exclusive; if a death involved multiple drugs it could be listed in additional tables.

7 - Codes used: Any mention (cod1-cod21) of T40.5 (Cocaine). Note: Counts by any mention of drug type are not mutually exclusive; if a death involved multiple drugs it could be listed in additional tables.

8 - Codes used: Any mention (cod1-cod21) of T42.4 (Benzodiazepine). Note: Counts by any mention of drug type are not mutually exclusive; if a death involved multiple drugs it could be listed in additional tables.

* Counts by any mention of drug type are not mutually exclusive; if a death involved multiple drugs it could be listed in additional tables.

Source: N.C. DHHS, Injury Epidemiology and Surveillance Unit, Injury and Violence Prevention Branch, Chronic Disease and Injury Section, Division of Public Health. Accessed 4/25/18.

## Trillium Rate of Retail Opioid Prescriptions

**Dispensed per 100 persons**

| County | 2014 | 2015 | 2016 |
|---|---|---|---|
| Beaufort | 141.3 | 143.4 | 141.0 |
| Bertie | 65.0 | 64.8 | 51.6 |
| Brunswick | 123.7 | 116.8 | 110.7 |
| Camden | * | * | * |
| Carteret | 119.1 | 114.1 | 101.2 |
| Chowan | 113.1 | 108.6 | 111.5 |
| Craven | 129.0 | 128.6 | 110.8 |
| Currituck | 21.3 | 19.8 | 19.0 |
| Dare | 132.3 | 118.3 | 107.6 |
| Gates | 3.0 | 3.0 | 2.3 |
| Hertford | 139.6 | 132.9 | 136.4 |
| Hyde | 52.7 | 68.5 | 64.1 |
| Jones | 5.3 | 5.4 | 24.2 |
| Martin | 93.5 | 82.3 | 102.1 |
| Nash | 114.9 | 107.8 | 92.3 |
| New Hanover | 119.1 | 114.4 | 102.7 |
| Northampton | 1.6 | 1.4 | 15.6 |
| Onslow | 86.1 | 80.4 | 76.9 |
| Pamlico | 74.0 | 79.8 | 86.9 |
| Pasquotank | 141.5 | 136.6 | 130.8 |
| Pender | 46.1 | 46.3 | 50.6 |
| Perquimans | 40.2 | 37.8 | 36.1 |
| Pitt | 94.0 | 89.4 | 82.9 |
| Tyrrell | 74.3 | 94.8 | 88.8 |
| Washington | 103.2 | 98.7 | 87.1 |
| **Trillium Catchment Rate** | **81.1** | **79.5** | **77.6** |
| **North Carolina Rate** | **93.7** | **88.4** | **82.5** |

* Data Suppressed using state convention.

Data is from the CDC US Prescribing Rate Maps and is subject to change. Prescribing data source: QuintilesIMS Transactional Data Warehouse (TDW) 2006–2016. QuintilesIMS TDW is based on a sample of approximately 59,000 retail (non-hospital) pharmacies, which dispense nearly 88% of all retail prescriptions in the U.S. For this database, a prescription is an initial or refill prescription dispensed at a retail pharmacy in the sample, and paid for by commercial insurance, Medicaid, Medicare, or cash or its equivalent. Does not include mail order pharmacy data.

*Source: N.C. DHHS, Injury Epidemiology and Surveillance Unit, Injury and Violence Prevention Branch, Chronic Disease and Injury Section, Division of Public Health. Accessed 4/25/18.*

# Appendix D: Request for Exception from Provider Access and Choice Standards

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## Appendix E

**LME/MCO Request for Exception(s) from**
**Provider Access and Choice Standards**

LME/MCO Trillium Health Resources Date submitted 9/21/2018

LME/MCO Contact Person Grant Whitley Title Data Manager

Phone 1-866-998-2597 Email grant.whitley@trilliumnc.org

***Instructions*:** *Complete this form to request an exception for services that do not meet access and choice standards. Submit the form and any accompanying materials by email to the LME/MCO's DMA Contract Manager and DMH/DD/SAS LME/MCO Liaison.*

*Put a check mark in the box to indicate the funding source(s) for services in this request.*

| Services and Access and Choice Standards for Medicaid (DMA) and State-Funded (DMH/DD/SAS) Services | Medicaid | State-Funded |
|---|---|---|
| **Outpatient Services.** Medicaid & State-funded standard: 100% have a choice of two providers within 30/45 miles of their residences. | | |
| **Location-Based Services.** Medicaid standard: 100% have a choice of two providers for each service within 30/45 miles of residence. State-funded standard: 100% have access to one provider for each service within 30/45 miles of residence. | | |
| Psychosocial Rehabilitation | X | X |
| Child and Adolescent Day Treatment | X | X |
| SA Comprehensive Outpatient Treatment Program | X | X |
| SA Intensive Outpatient Program | X | X |
| Opioid Treatment | X | X |
| Day Supports | | X |
| **Community/Mobile Services** Medicaid standard: 100% have a choice of two providers for each service within catchment area. State-funded standard: 100% have access to one provider for each service within the catchment area. | | |
| Assertive Community Treatment Team | | |
| Community Support Team | | |
| Intensive In-Home | | |
| Mobile Crisis | | |
| Multi-Systemic Therapy | | |
| (b)(3) MH Supported Employment Services | | |
| (b)(3) I/DD Supported Employment Services | | |
| (b)(3) Wavier Community Guide | | |
| (b)(3) Waiver Individual Support (Personal Care) | | |
| (b)(3) Waiver Peer Support | | |
| (b)(3) Wavier Respite | | |
| I/DD Supported Employment Services (non-Medicaid-funded) | | |
| Long-term Vocational Supports (non-Medicaid-funded) | | |
| I/DD Non-Medicaid-funded Personal Care Services | | |
| I/DD Non-Medicaid-funded Respite Hourly Services not in a licensed facility | | |
| Developmental Therapies (Non-Medicaid) | | |
| MH/SA Supported Employment Services (IPS-SE) (State-funded) | | |

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| Services and Access and Choice Standards for Medicaid (DMA) and State-Funded (DMH/DD/SAS) Services | Medicaid | State-Funded |
|---|---|---|
| Developmental Services (State-funded) | | |
| **Crisis Services** – Medicaid and State-funded standards: 100% have access to at least one provider for each crisis service within the catchment area. | | |
| Facility-Based Crisis - Adults | | |
| Facility-Based Respite | X | |
| Detoxification (non-hospital) | | |
| **Inpatient Services** – Medicaid and State-funded standards: 100% have access to at least one provider for each service within the catchment area | | |
| Inpatient Hospital- Adult | | |
| Inpatient Hospital-Adolescent/ Child | | |
| **Specialized Services** Medicaid and State-funded standards: 100% have access to at least one provider for each service. | | |
| Partial Hospitalization | | X |
| MH Group Homes | | |
| Psychiatric Residential Treatment Facility | | X |
| Residential Treatment Level 1 | | X |
| Residential Treatment Level 2: Therapeutic Foster Care | | |
| Residential Treatment Level 2: other than Therapeutic Foster Care | | X |
| Residential Treatment Level 3 | | X |
| Residential Treatment Level 4 | | X |
| Child MH Out-of-home respite | X | X |
| SA Non-Medical Community Residential Treatment | X | X |
| SA Medically Monitored Community Residential Treatment | X | X |
| SA Halfway Houses | | |
| I/DD Out-of-home respite (non-Medicaid-funded) | | |
| I/DD Facility-based respite (non-Medicaid-funded) | | |
| I/DD Supported Living (non-Medicaid-funded) | | |
| (b)(3) I/DD Out-of-home respite | | |
| (b)(3) I/DD Facility-based respite | | |
| (b)(3) I/DD Residential supports | | |
| Intermediate Care Facility/IDD | | X |
| **C-Waiver Services** – Medicaid choice of two providers | | |
| Community Living and Supports | | |
| Community Navigator | | |
| Community Navigator Training for Employer of Record | | |
| Community Networking | | |
| Crisis Behavioral Consultation | | |
| In Home Intensive | | |
| In Home Skill Building | | |
| Personal Care | | |
| Crisis Consultation | | |

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| Services and Access and Choice Standards for Medicaid (DMA) and State-Funded (DMH/DD/SAS) Services | Medicaid | State-Funded |
|---|---|---|
| Crisis Intervention & Stabilization Supports | | |
| Residential Supports 1 | | |
| Residential Supports 2 | | |
| Residential Supports 3 | | |
| Residential Supports 4 | | |
| Respite Care - Community | | |
| Respite Care Nursing – LPN & RN | | |
| Supported Employment | | |
| Supported Employment – Long Term Follow-up | | |
| Supported Living | | |
| **C-Waiver Services** – Medicaid access to at least one provider | | |
| Day Supports | | |
| Out of Home Crisis | | |
| Respite Care - Community Facility | | |
| Financial Supports | | |
| Specialized Consultative Services (at least one provider of one of multiple services) | | |

**Complete the following items for each service in the request:**

1. *As of the date of this request, the number of providers of the service under contract to LME/MCO for this service.*

| *Service* | *Number of Providers* | *Number of Sites* |
|---|---|---|
| PSR-Medicaid | 43 | 61 |
| PSR-Non-Medicaid | 8 | 10 |
| Child and Adolescent Day Treatment-Medicaid | 33 | 62 |
| Child and Adolescent Day Treatment-Non-Medicaid | 4 | 9 |
| SACOT-Medicaid | 12 | 21 |
| SACOT-Non-Medicaid | 4 | 9 |
| SAIOP-Medicaid | 32 | 74 |
| SAIOP-Non-Medicaid | 8 | 25 |
| Opioid Treatment-Medicaid | 9 | 12 |
| Opioid Treatment-Non-Medicaid | 2 | 12 |
| Day Supports-Non-Medicaid | 11 | 21 |
| Facility Based Respite-Medicaid | 0 | 0 |
| Partial Hospitalization-Non-Medicaid | 0 | 0 |

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| *Service* | *Number of Providers* | *Number of Sites* |
|---|---|---|
| PRTF-Non-Medicaid | 0 | 0 |
| Residential Treatment Level 1-Non-Medicaid | 0 | 0 |
| Residential Treatment Level 2: Other than TFC-Non-Medicaid | 0 | 0 |
| Residential Treatment Level 3-Non-Medicaid | 0 | 0 |
| Residential Treatment Level 4-Non-Medicaid | 0 | 0 |
| Child MH Out of Home Respite-Non-Medicaid | 0 | 0 |
| Child MH Out of Home Respite-Medicaid | 0 | 0 |
| SA Non-Medical Community Residential Treatment--Medicaid | 0 | 0 |
| SA Non-Medical Community Residential Treatment-Non-Medicaid: | 0 | 0 |
| SA Medically Monitored Community Residential Treatment-Medicaid: | 0 | 0 |
| SA Medically Monitored Community Residential Treatment-Non-Medicaid | 0 | 0 |
| Intermediate Care Facility/IDD—Non-Medicaid | 0 | 0 |

2. *As of the date of this request, the number of individuals receiving the service.*

| *Service* | *Number of individuals receiving the service* |
|---|---|
| PSR-Medicaid | 510 |
| PSR-Non-Medicaid | 28 |
| Child and Adolescent Day Treatment-Medicaid | 316 |
| Child and Adolescent Day Treatment- Non-Medicaid | 24 |
| SACOT-Medicaid | 311 |
| SACOT-Non-Medicaid | 139 |
| SAIOP-Medicaid | 1,072 |
| SAIOP-Non-Medicaid | 146 |

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| *Service* | *Number of individuals receiving the service* |
|---|---|
| Opioid Treatment-Medicaid | 339 |
| Opioid Treatment-Non-Medicaid | 508 |
| Day Supports-Non-Medicaid | 0 |
| Facility Based Respite-Medicaid | 0 |
| Partial Hospitalization-Non-Medicaid | 0 |
| PRTF-Non-Medicaid | 0 |
| Residential Treatment Level 1-Non-Medicaid | 0 |
| Residential Treatment Level 2: Other than TFC-Non-Medicaid | 0 |
| Residential Treatment Level 3-Non-Medicaid | 0 |
| Residential Treatment Level 4-Non-Medicaid | 0 |
| Child MH Out of Home Respite-Non-Medicaid | 0 |
| Child MH Out of Home Respite-Medicaid | 0 |
| SA Non-Medical Community Residential Treatment--Medicaid | 0 |
| SA Non-Medical Community Residential Treatment-Non-Medicaid: | 0 |
| SA Medically Monitored Community Residential Treatment-Medicaid: | 0 |
| SA Medically Monitored Community Residential Treatment-Non-Medicaid | 0 |
| Intermediate Care Facility/IDD—Non-Medicaid | 0 |

3. *As of the date of this request, the number of individuals in need of the service.*

Currently, Trillium is not able to determine the number of people in need of these services. When there is a gap in service or access, Trillium makes every attempt to match its consumers with services that are clinically appropriate for their condition and located within a reasonable distance to the consumer's location.

4. *Reason(s) why the access and choice standard(s) cannot be met.*

- PSR—Medicaid: The current data for this report indicates that Trillium did not meet the 100% standard for Medicaid services by a minimal gap.
- PSR--Non-Medicaid: We do not have sufficient non-Medicaid funding to make the service financially viable.
- Child and Adolescent Day Treatment—Medicaid: The current data for this report indicates that Trillium did not meet the 100% standard for Medicaid services by a minimal gap.
- Child and Adolescent Day Treatment--Non-Medicaid: We do not have sufficient non-Medicaid funding to make the service financially viable.

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- SACOT—Medicaid: As so few of our SA consumers are eligible for Medicaid, we continue to evaluate the availability of non-Medicaid funding necessary to ensure these services remain financially viable.
- SACOT--Non-Medicaid: We do not have sufficient non-Medicaid funding to make the service financially viable.
- SAIOP—Medicaid: The current data for this report indicates that Trillium did not meet the 100% standard for Medicaid services by a minimal gap.
- SAIOP--Non-Medicaid: We do not have sufficient non-Medicaid funding to make the service financially viable.
- Opioid Treatment—Medicaid: As so few of our SA consumers are eligible for Medicaid, we continue to evaluate the availability of non-Medicaid funding necessary to ensure these services remain financially viable.
- Opioid Treatment--Non-Medicaid: We do not have sufficient non-Medicaid funding to make the service financially viable.
- Day Supports--Non-Medicaid: The current data for this report indicates that Trillium did not meet the 100% standard for Non-Medicaid-Funded services by a minimal gap.
- Facility Based Respite—Medicaid: The code requested for the data pull was a Non-Medicaid only code (YA213). The Medicaid code for this service is S5150US - Innovations Waiver Facility Respite and Trillium has at least one contracted provider for this service.
- Partial Hospitalization--Non-Medicaid: We had a contracted provider for this service through SFY2016. Currently, this service is closed to Non-Medicaid Funded consumers.
- PRTF--Non-Medicaid: This service is covered in the Medicaid benefit package and consumers become Medicaid eligible upon entering this service.
- Residential Treatment Level 1-Non-Medicaid: The service code requested for this service is not allowable for this funding source.
- Residential Treatment Level 2: Other than TFC--Non-Medicaid: The code requested for the data pull, H2020, is not in Trillium's Non-Medicaid benefit plan.
- Residential Treatment Level 3-Non-Medicaid: The service code requested for this service is not allowable for this funding source.
- Residential Treatment Level 4-Non-Medicaid: The service code requested for this service is not allowable for this funding source.
- Child MH Out-of-Home Respite--Medicaid: The service code requested for this service is not allowable for this funding source.
- Child MH Out-of-Home Respite--Non-Medicaid: The code requested for the data pull, YA125, was end-dated in our software platform on 6/30/2011. Currently, Trillium has code YA213, Community Respite Child, in our benefit plan and we have at least one provider for this service.
- SA Non-Medical Community Residential Treatment—Medicaid: This is currently an approved exception request.
- SA Non-Medical Community Residential Treatment--Non-Medicaid: This is currently an approved exception request.
- SA Medically Monitored Community Residential Treatment—Medicaid: This is currently an approved exception request.
- SA Medically Monitored Community Residential Treatment--Non-Medicaid: This is currently an approved exception request.
- Intermediate Care Facility/IDD—Non-Medicaid: The service code requested for this service is not allowable for this funding source.

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5. *Is this a new request or have you previously requested an exception for this service? If applicable, give the date of the previous request.*

- PSR—Medicaid: Previous exception request, requested 6/1/17.
- PSR--Non-Medicaid: Previous exception request, requested 6/1/17.
- Child and Adolescent Day Treatment--Medicaid: Previous exception request, requested 6/1/17.
- Child and Adolescent Day Treatment--Non-Medicaid: Previous exception request, requested 6/1/17.
- SACOT--Medicaid: Previous exception request, requested 6/1/17.
- SACOT--Non-Medicaid: Previous exception request, requested 6/1/17.
- SAIOP--Medicaid: Previous exception request, requested 6/1/17.
- SAIOP--Non-Medicaid: Previous exception request, requested 6/1/17.
- Opioid Treatment--Medicaid: Previous exception request, requested 6/1/17.
- Opioid Treatment--Non-Medicaid: Previous exception request, requested 6/1/17.
- Day Supports--Non-Medicaid: Previous exception request, requested 6/1/17.
- Facility Based Respite—Medicaid: Previous exception request, requested 6/1/17.
- Partial Hospitalization--Non-Medicaid: Previous exception request, requested 6/1/17.
- PRTF--Non-Medicaid: Previous exception request, requested 6/1/17.
- Residential Treatment Level 1—Non-Medicaid: New request
- Residential Treatment Level 2: Other than TFC--Non-Medicaid: Previous exception request, requested 6/1/17.
- Residential Treatment Level 3—Non-Medicaid: New request
- Residential Treatment Level 4—Non-Medicaid: New request
- Child MH Out-of-Home Respite--Medicaid: New request
- Child MH Out-of-Home Respite--Non-Medicaid: Previous exception request, requested 6/1/17.
- SA Non-Medical Community Residential Treatment--Medicaid: Previous exception request, requested 6/1/17.
- SA Non-Medical Community Residential Treatment--Non-Medicaid: Previous exception request, requested 6/1/17.
- SA Medically Monitored Community Residential Treatment—Medicaid: Previous exception request, requested 6/1/17.
- SA Medically Monitored Community Residential Treatment--Non-Medicaid: Previous exception request, requested 6/1/17.
- Intermediate Care Facility/IDD—Non-Medicaid: New request

6. *For a service that does not meet its access standard, describe plans for how the LME/MCO will meet an individual's need for access to the service.*

- PSR—Medicaid: For any identified consumer needs, we would utilize the Consumer Specific Agreement process with providers who are willing and able to serve those consumers.
- PSR--Non-Medicaid: We continue to explore less expensive alternatives to brick and mortar services to deliver quality care to this non-entitled population.
- Child and Adolescent Day Treatment—Medicaid: For any identified consumer needs, we would utilize the Consumer Specific Agreement process with providers who are willing and able to serve those consumers.

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- Child and Adolescent Day Treatment--Non-Medicaid: We continue to explore less expensive alternatives to brick and mortar services to deliver quality care to this non-entitled population.
- SACOT—Medicaid: For any identified consumer needs, we would utilize the Consumer Specific Agreement process with providers who are willing and able to serve those consumers.
- SACOT--Non-Medicaid: We continue to explore less expensive alternatives to brick and mortar services to deliver quality care to this non-entitled population.
- SAIOP—Medicaid: For any identified consumer needs, we would utilize the Consumer Specific Agreement process with providers who are willing and able to serve those consumers. As so few of our SA consumers are eligible for Medicaid, we continue to evaluate the availability of non-Medicaid funding necessary to ensure these services remain financially viable.
- SAIOP--Non-Medicaid: We continue to explore less expensive alternatives to brick and mortar services to deliver quality care to this non-entitled population.
- Opioid Treatment—Medicaid: for any identified consumer needs, we would utilize the Consumer Specific Agreement process with providers who are willing and able to serve those consumers. We are still working with two of our current Buprenorphine providers to establish this service.
- Opioid Treatment--Non-Medicaid: We continue to explore less expensive alternatives to brick and mortar services to deliver quality care to this non-entitled population. We are still working with two of our current Buprenorphine providers to establish this service.
- Day Supports--Non-Medicaid: For Non-Medicaid consumers, in an effort to improve access to whole-person care, Trillium staff will continue to work with those consumers to assist with applying for and obtaining Medicaid.
- Facility Based Respite—Medicaid: The code requested for the data pull was a Non-Medicaid only code (YA213). The Medicaid code for this service is S5150US - Innovations Waiver Facility Respite and Trillium has at least one contracted provider for this service which would meet the standard.
- Partial Hospitalization--Non-Medicaid: In an effort to improve access to whole-person care, Trillium staff will continue to work with those consumers to assist with applying for and obtaining Medicaid.
- PRTF--Non-Medicaid: In an effort to improve access to whole-person care, Trillium staff will continue to work with those consumers to assist with applying for and obtaining Medicaid.
- Residential Treatment Level 1—Non-Medicaid: The service code requested for this service is not allowable for this funding source.
- Residential Treatment Level 2: Other than TFC--Non-Medicaid: The code requested for the data pull, Y2363, is not in Trillium's Non-Medicaid benefit plan.
- Residential Treatment Level 3—Non-Medicaid: The service code requested for this service is not allowable for this funding source.
- Residential Treatment Level 4—Non-Medicaid: The service code requested for this service is not allowable for this funding source.
- Child MH Out-of-Home Respite--Medicaid: The service code requested for this service is not allowable for this funding source.
- Child MH Out-of-Home Respite--Non-Medicaid: The code requested for the data pull, YA125, was end-dated in our software platform on 6/30/2011. Currently, Trillium has code YA213, Community Respite Child, in our benefit plan and we have at least one provider for this service.
- SA Non-Medical Community Residential Treatment—Medicaid: Trillium continues to work towards the development of the Healing Transitions Programs, both in Greenville and

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Wilmington, and will continue to evaluate the need for this service once these programs are operational.

- SA Non-Medical Community Residential Treatment--Non-Medicaid: Trillium continues to work toward the development of the Healing Transitions Programs, both in Greenville and Wilmington, and will continue to evaluate the need for this service once these programs are operational.
- SA Medically Monitored Community Residential Treatment—Medicaid: Trillium continues to work toward the development of the Healing Transitions Programs, both in Greenville and Wilmington, and will continue to evaluate the need for this service once these programs are operational.
- SA Medically Monitored Community Residential Treatment--Non-Medicaid: Trillium continues to work toward the development of the Healing Transitions Programs, both in Greenville and Wilmington, and will continue to evaluate the need for this service once these programs are operational.
- Intermediate Care Facility/IDD—Non-Medicaid: The service code requested for this service is not allowable for this funding source.

7. *For a service that does not meet its provider choice standard, describe plans for how the LME/MCO will offer choice of providers to an individual who needs the service.*

- PSR—Medicaid: For any identified consumer needs, we would utilize the Consumer Specific Agreement process with providers who are willing and able to serve those consumers.
- PSR--Non-Medicaid: We continue to explore less expensive alternatives to brick and mortar services to deliver quality care to this non-entitled population.
- Child and Adolescent Day Treatment—Medicaid: For any identified consumer needs, we would utilize the Consumer Specific Agreement process with providers who are willing and able to serve those consumers.
- Child and Adolescent Day Treatment--Non-Medicaid: We continue to explore less expensive alternatives to brick and mortar services to deliver quality care to this non-entitled population.
- SACOT—Medicaid: For any identified consumer needs, we would utilize the Consumer Specific Agreement process with providers who are willing and able to serve those consumers.
- SACOT--Non-Medicaid: We continue to explore less expensive alternatives to brick and mortar services to deliver quality care to this non-entitled population.
- SAIOP—Medicaid: For any identified consumer needs, we would utilize the Consumer Specific Agreement process with providers who are willing and able to serve those consumers. As so few of our SA consumers are eligible for Medicaid, we continue to evaluate the availability of non-Medicaid funding necessary to ensure these services remain financially viable.
- SAIOP--Non-Medicaid: We continue to explore less expensive alternatives to brick and mortar services to deliver quality care to this non-entitled population.
- Opioid Treatment—Medicaid: For any identified consumer needs, we would utilize the Consumer Specific Agreement process with providers who are willing and able to serve those consumers. We are still working with two of our current Buprenorphine providers to establish this service.
- Opioid Treatment--Non-Medicaid: We continue to explore less expensive alternatives to brick and mortar services to deliver quality care to this non-entitled population. We are still working with two of our current Buprenorphine providers to establish this service.

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- Day Supports--Non-Medicaid: In an effort to improve access to whole-person care, Trillium staff will continue to work with those consumers to assist with applying for and obtaining Medicaid.
- Facility Based Respite—Medicaid: The code requested for the data pull was a Non-Medicaid only code (YA213). The Medicaid code for this service is S5150US - Innovations Waiver Facility Respite and Trillium has at least one contracted provider for this service which would meet the standard.
- Partial Hospitalization--Non-Medicaid: In an effort to improve access to whole-person care, Trillium staff will continue to work with those consumers to assist with applying for and obtaining Medicaid.
- PRTF--Non-Medicaid: In an effort to improve access to whole-person care, Trillium staff will continue to work with those consumers to assist with applying for and obtaining Medicaid.
- Residential Treatment Level 1—Non-Medicaid: The service code requested for this service is not allowable for this funding source.
- Residential Treatment Level 2—Other than TFC--Non-Medicaid: The code requested for the data pull, Y2363, is not in Trillium's Non-Medicaid benefit plan.
- Residential Treatment Level 3—Non-Medicaid: The service code requested for this service is not allowable for this funding source.
- Residential Treatment Level 4—Non-Medicaid: The service code requested for this service is not allowable for this funding source.
- Child MH Out-of-Home Respite--Medicaid: The service code requested for this service is not allowable for this funding source.
- Child MH Out-of-Home Respite--Non-Medicaid: The code requested for the data pull, YA125, was end dated in our software platform on 6/30/2011. Currently, Trillium has code YA213, Community Respite Child, in our benefit plan and we have at least one provider for this service.
- SA Non-Medical Community Residential Treatment—Medicaid: Trillium continues to work towards the development of the Healing Transitions Programs, both in Greenville and Wilmington, and will continue to evaluate the need for this service once these programs are operational.
- SA Non-Medical Community Residential Treatment--Non-Medicaid: Trillium continues to work towards the development of the Healing Transitions Programs, both in Greenville and Wilmington, and will continue to evaluate the need for this service once these programs are operational.
- SA Medically Monitored Community Residential Treatment—Medicaid: Trillium continues to work towards the development of the Healing Transitions Programs, both in Greenville and Wilmington, and will continue to evaluate the need for this service once these programs are operational.
- SA Medically Monitored Community Residential Treatment--Non-Medicaid: Trillium continues to work towards the development of the Healing Transitions Programs, both in Greenville and Wilmington, and will continue to evaluate the need for this service once these programs are operational.
- Intermediate Care Facility/IDD—Non-Medicaid: The service code requested for this service is not allowable for this funding source.

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8. *What is the expected ending date of this exception? (Exceptions may not exceed one year.)*

- PSR--Medicaid: The expected end date is the deadline for the next gaps and needs report.
- PSR--Non-Medicaid: The expected end date is the deadline for the next gaps and needs report.
- Child and Adolescent Day Treatment--Medicaid: The expected end date is the deadline for the next gaps and needs report.
- Child and Adolescent Day Treatment--Non-Medicaid: The expected end date is the deadline for the next gaps and needs report.
- SACOT--Medicaid: The expected end date is the deadline for the next gaps and needs report.
- SACOT--Non-Medicaid: The expected end date is the deadline for the next gaps and needs report.
- SAIOP--Medicaid: The expected end date is the deadline for the next gaps and needs report.
- SAIOP--Non-Medicaid: The expected end date is the deadline for the next gaps and needs report.
- Opioid Treatment--Medicaid: The expected end date is the deadline for the next gaps and needs report.
- Opioid Treatment--Non-Medicaid: The expected end date is the deadline for the next gaps and needs report.
- Day Supports--Non-Medicaid: The expected end date is the deadline for the next gaps and needs report.
- Facility Based Respite—Medicaid: The expected end date is the deadline for the next gaps and needs report.
- Partial Hospitalization--Non-Medicaid: The expected end date is the deadline for the next gaps and needs report.
- PRTF--Non-Medicaid: The expected end date is the deadline for the next gaps and needs report.
- Residential Treatment Level 1—Non-Medicaid: The expected end date is the deadline for the next gaps and needs report.
- Residential Treatment Level 2: Other than TFC--Non-Medicaid: The expected end date is the deadline for the next gaps and needs report.
- Residential Treatment Level 3—Non-Medicaid: The expected end date is the deadline for the next gaps and needs report.
- Residential Treatment Level 4—Non-Medicaid: The expected end date is the deadline for the next gaps and needs report.
- Child MH Out-of-Home Respite--Medicaid: The expected end date is the deadline for the next gaps and needs report.
- Child MH Out-of-Home Respite--Non-Medicaid: The expected end date is the deadline for the next gaps and needs report.
- SA Non-Medical Community Residential Treatment--Medicaid: The expected end date is the deadline for the next gaps and needs report.
- SA Non-Medical Community Residential Treatment--Non-Medicaid: The expected end date is the deadline for the next gaps and needs report.
- SA Medically Monitored Community Residential Treatment—Medicaid: The expected end date is the deadline for the next gaps and needs report.
- SA Medically Monitored Community Residential Treatment--Non-Medicaid: The expected end date is the deadline for the next gaps and needs report.
- Intermediate Care Facility/IDD—Non-Medicaid: The expected end date is the deadline for the next gaps and needs report.

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