

Trillium Health Resources LME/MCO
**2019 Network Adequacy
& Accessibility Analysis**



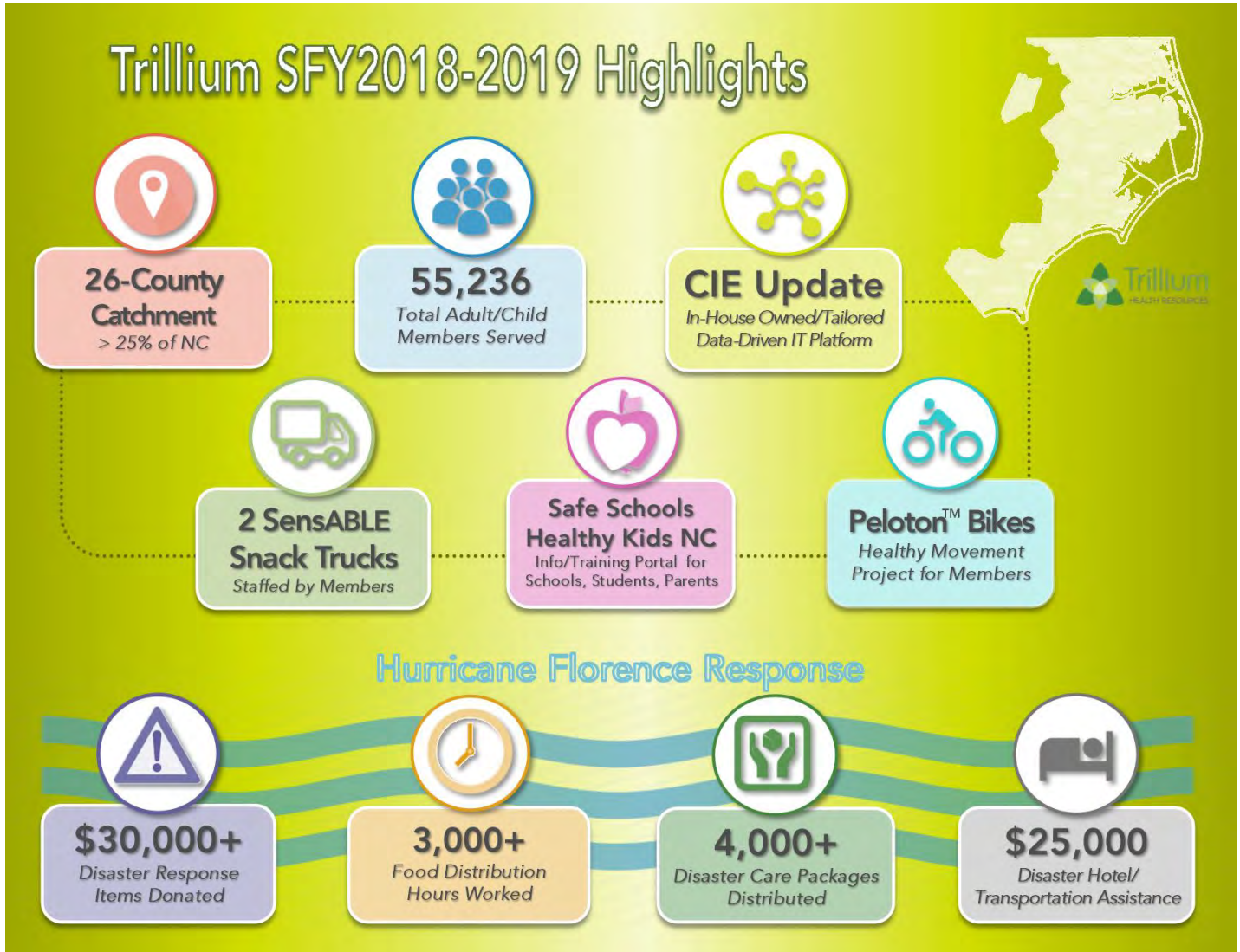
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Section One: Network Availability & Accessibility

Outpatient Services

Categories	Medicaid				Non-Medicaid Funded			
	# of providers accepting new Medicaid Members	# of enrollees with choice of two providers within 30/45 miles/minutes	# of Medicaid enrollees	% (# of enrollees with choice/# of enrollees)	# 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		26511	26511			11014	11014	
Reside in rural counties		9928	9928			4061	4061	
Total (standard = 100%)	734/808 (90.84%)	36439	36439	100.00%	120/124 (96.77%)	15165	15165	100.00%
Adults (age 18+)		20468	20468			14277	14277	
Children (age 17 and younger)		15971	15971			888	888	
Total (standard = 100%)	734/808 (90.84%)	36439	36439	100.00%	120/124 (96.77%)	15165	15165	100.00%

Location-Based Services

Location-based Services	Medicaid			Non-Medicaid Funded			Total # of Members	
	# of providers accepting new Medicaid Members	# and % of enrollees with choice of two providers within 30/45 miles/minutes of their residences		Total # of Medicaid enrollees	# of providers accepting new non-Medicaid funded Members	# and % of Members with at least one provider within 30/45 miles/minutes of their residences		
		#	%			#		%
Psychosocial Rehabilitation	52/56 (92.86%)	19401	94.79%	20468	10/10 (100.00%)	8909	79.02%	11275
Child and Adolescent Day Treatment	58/61 (95.08%)	16775	91.97%	18239	9/9 (100.00%)	593	87.46%	678
SA Comprehensive Outpatient Treatment Program	25/25 (100.00%)	26635	73.09%	36439	10/10 (100.00%)	7620	92.04%	8279
SA Intensive Outpatient Program	69/73 (94.52%)	36123	99.13%	36439	26/27 (96.30%)	8259	99.76%	8279
Opioid Treatment	16/16 (100.00%)	13432	65.62%	20468	5/5 (100.00%)	7086	86.19%	8221
Day Supports					0/0 (0.00%)	0	0.00%	1203

Community-Mobile Services

Community/Mobile Service	Medicaid			Total # of Medicaid enrollees	# of providers accepting new non-Medicaid Members	Non-Medicaid-Funded		Total # of Members
	# of providers accepting new Medicaid Members	# and % of enrollees with choice of two provider agencies within the LME/MCO catchment area				# and % of Members with access to at least one provider agency within the LME/MCO catchment area		
		#	%				#	
Assertive Community Treatment Team	29/29 (100.00%)	20468	100.00%	20468	7/7 (100.00%)	11275	100.00%	11275
Community Support Team	47/51 (92.16%)	20468	100.00%	20468	13/13 (100.00%)	14031	100.00%	14031
Intensive In-Home	96/97 (98.97%)	18239	100.00%	18239	23/23 (100.00%)	678	100.00%	678
Mobile Crisis	202/214 (94.39%)	36439	100.00%	36439	11/11 (100.00%)	15165	100.00%	15165
Multisystemic Therapy	10/10 (100.00%)	18239	100.00%	18239	6/6 (100.00%)	678	100.00%	678
(b)(3) MH Supported Employment Services	18/20 (90.00%)	36439	100.00%	36439				
(b)(3) IDD Supported Employment Services	36/36 (100.00%)	36439	100.00%	36439				
(b)(3) Waiver Community Guide	122/130 (93.85%)	36439	100.00%	36439				
(b)(3) Waiver Individual Support (Personal Care)	138/140 (98.57%)	36439	100.00%	36439				
(b)(3) Waiver Peer Support	32/32 (100.00%)	36439	100.00%	36439				
(b)(3) Waiver Respite	191/200 (95.5%)	36439	100.00%	36439				
IDD Supported Employment Services (non-Medicaid-funded)					13/14 (92.86%)	1203	100.00%	1203
Long-term Vocational Supports (non-Medicaid-funded)					20/21 (95.24%)	860	100.00%	860
MH/SA Supported Employment Services (IPS-SE) (non-Medicaid-funded)					14/14 (100.00%)	14031	100.00%	14031
IDD Non-Medicaid-funded Personal Care Services					73/79 (92.41%)	1203	100.00%	1203
IDD Non-Medicaid-funded Respite Community Services					10/10 (100.00%)	1203	100.00%	1203

Community/Mobile Service	Medicaid			Total # of Medicaid enrollees	Non-Medicaid-Funded			
	# of providers accepting new Medicaid Members	# and % of enrollees with choice of two provider agencies within the LME/MCO catchment area			# 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
		#	%			#	%	
IDD Non-Medicaid-funded Respite Hourly Services not in a licensed facility				48/49 (97.96%)	1203	100.00%	1203	
Developmental Therapies (Non-Medicaid)				37/37 (100.00%)	1203	100.00%	1203	

Crisis Services

Crisis Service	Medicaid			Non-Medicaid Funded			Total # of Members	
	# of providers accepting new Medicaid Members	# and % of enrollees with access within the LME/MCO catchment area to at least one provider agency		Total # of Medicaid Enrollees	# of providers accepting new Non-Medicaid Members	# and % of Members with access within the LME/MCO catchment area to at least one provider agency		
		#	%			#		%
Facility-Based Crisis - adults	9/9 (100.00%)	20468	100.00%	20468	8/8 (100.00%)	14277	100.00%	14277
Facility-Based Respite					7/7 (100.00%)	15165	100.00%	15165
Detoxification (non-hospital)	5/5 (100.00%)	36439	100.00%	36439	1/1 (100.00%)	8279	100.00%	8279
FOR INFORMATION PURPOSES ONLY: Facility-Based Crisis - children	0/0 (0.00%)	0	0.00%	18239	0/0 (0.00%)	0	0.00%	888

Inpatient Services

Service	Medicaid			Non-Medicaid-Funded			Total # of Members	
	# of providers accepting new Medicaid Members	# and % of enrollees with access within the LME/MCO catchment area to at least one provider agency		Total # of Medicaid Enrollees	# of providers accepting new Non-Medicaid Members	# and % of Members with access within the LME/MCO catchment area to at least one provider agency		
		#	%			#		%
Inpatient Hospital – Adult	259/283 (91.52%)	20468	100.00%	20468	10/11 (90.91%)	14031	100.00%	14031
Inpatient Hospital – Adolescent/Child	30/33 (90.91%)	18239	100.00%	18239	7/7 (100.00%)	678	100.00%	678

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	11	0
MH Group Homes	33	37
Psychiatric Residential Treatment Facility	19	0
Residential Treatment Level 1	6	0
Residential Treatment Level 2: Therapeutic Foster Care	35	0
Residential Treatment Level 2: other than Therapeutic Foster Care	4	0
Residential Treatment Level 3	32	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
IDD Out-of-home respite (non-Medicaid-funded)		22
IDD Facility-based respite (non-Medicaid-funded)		7
IDD Supported Living (non-Medicaid-funded)		1
(b)(3) IDD Out-of-home respite	14	
(b)(3) IDD Facility-based respite	1	
(b)(3) IDD Residential supports	2	
Intermediate Care Facility/IDD	130	0

C-Waiver Services

C-Waiver Services-Choice of two providers					
Services	Adult	Child	# and % of enrollees with choice of two provider agencies within the LME/MCO catchment area		Total # of C-Waiver Enrollees
			#	%	
Community Living and Supports	✓	✓	1630	100.00%	1630
Community Navigator	✓	✓	1630	100.00%	1630
Community Navigator Training for Employer of Record	✓	✓	1630	100.00%	1630
Community Networking	✓	✓	1630	100.00%	1630
Crisis Behavioral Consultation	✓	✓	1630	100.00%	1630
In Home Intensive	✓	✓	1630	100.00%	1630
In Home Skill Building	✓	✓	1630	100.00%	1630
Personal Care	✓	✓	1630	100.00%	1630
Crisis Consultation	✓	✓	1630	100.00%	1630
Crisis Intervention & Stabilization Supports	✓	✓	1630	100.00%	1630
Residential Supports 1	✓	✓	1630	100.00%	1630
Residential Supports 2	✓	✓	1630	100.00%	1630
Residential Supports 3	✓	✓	1630	100.00%	1630
Residential Supports 4	✓	✓	1630	100.00%	1630
Respite Care - Community	✓	✓	1630	100.00%	1630
Respite Care Nursing – LPN & RN	✓	✓	1630	100.00%	1630
Supported Employment	16 & older		1456	100.00%	1456
Supported Employment – Long Term Follow-up	16 & older		1456	100.00%	1456
Supported Living	18 & older		1456	100.00%	1456
Day Supports	✓	✓	1630	100.00%	1630
Out of Home Crisis	✓	✓	1630	100.00%	1630
Respite Care - Community Facility	✓	✓	1630	100.00%	1630

C-Waiver Services-Choice of two providers					
Services	Adult	Child	# and % of enrollees with choice of two provider agencies within the LME/MCO catchment area		Total # of C-Waiver Enrollees
			#	%	
Financial Supports	✓	✓	1630	100.00%	1630
Specialized Consultative Services (at least one provider of one of multiple services)	✓	✓	1630	100.00%	1630

Additional Opioid Prescribers

See Appendix D for a comprehensive list of additional Trillium Opioid Prescribers listed by prescriber.

Access to Care

Describe how your LME/MCO assures adequate provider capacity and service access for new persons who go directly to provider agencies.

There is no wrong door to access services in Trillium's provider network. If there are identified gaps in coverage in a certain county or not enough providers offering a particular service, the Network Development team addresses these through the Recruitment and Retention Committee. Trillium conducts Network Adequacy and Accessibility Analysis, an annual study of the area, the people who live here as well as where services are available, and how people use them. Neighborhood Connections maintains community contacts around the region for various resources such as transportation, food assistance, and education opportunities. Each provider within the system of care has a responsibility to assist Members with starting the process for receiving services for meeting Member needs. This approach provides Members with the ability to access to appropriate services regardless of where or how they enter the system.

Trillium has a preferred provider network of five providers geographically spread through the catchment area where Members are offered rapid access to services. Routine appointments must be offered within five business days and each of these providers offers emergent and urgent access to both a therapist and/or prescriber as necessary based on Member needs. The LME/MCO also uses feedback from the Member Satisfaction Survey and Perception of Care Survey, which are tools used to assessing health care experiences.

What mechanisms do you have in place to monitor providers adhering to access to care standards?

Trillium's Network Department monitors compliance of its Provider Network. The Network Auditing Team handles provider auditing and compliance issues, including provider monitoring reviews, post payment reviews, initial/annual site visits, and complaint/grievance investigations. The Network Contract Team provides direct customer services to the Provider Network. Providers have point of contact/s through the Network Contract Management team to address and discuss issues associated with access to care standards, availability, site concerns, etc. Preferred providers have quarterly reporting metric that must be adhered in order to maintain preferred provider status, including access to care periods. These are also measure on various state reporting templates.

Section Two: Accommodation

Demographic Description

In 2018, Trillium’s catchment grew to include twenty-six counties with the addition of Columbus County. The population increased from an estimated 1,395,821 to 1,471,277 with 50.8% identified as female and 49.2% as male. The median age of those living within the Trillium catchment is 42.6 years compared to the North Carolina median age of 38.8. With the addition of Columbus County, over 14% of North Carolina’s residents live in the Trillium catchment area.

Trillium Median Age - 2018

County	Median Age
Beaufort	46.1
Bertie	41.6
Brunswick	51.0
Camden	42.1
Carteret	48.1
Chowan	44.1
Columbus	41.2
Craven	36.3
Currituck	43.1
Dare	45.6
Gates	43.9
Hertford	41.1
Hyde	44.2
Jones	43.1
Martin	45.7
Nash	42.4
New Hanover	38.4
Northampton	44.6
Onslow	26.2
Pamlico	50.0
Pasquotank	36.8
Pender	41.7
Perquimans	48.1
Pitt	32.7
Tyrrell	43.2
Washington	45.8
Trillium Average Median Age	42.6
North Carolina Median Age	38.8

Source: N.C. Office of State Budget and Management. Accessed 2/19/19.

An analysis of the population by race and ethnicity based on 2018 U.S. Census projections for the Trillium catchment area indicates approximately 72.1% (1,061,415) identified as white; 22.9% (336,624) African American; and 7.2% (105,232) as Hispanic/Latino. American Indians, Alaskan Natives and Asian-Pacific Islanders make up almost 2.5 percent.

Race/Ethnicity of All Trillium Members Served Identification - SFY2018

American Indian/Alaskan Native	Asian	Black/African American	Hispanic/Latino	Native Hawaiian or Other Pacific Islander	Other Race	White	Total Adults & Children Served
270	214	18,362	353	23	805	35,209	55,236

Trillium continues to be 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 its 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.

Ethnicity of All Trillium Members Served - SFY2018

Hispanic, Cuban	Hispanic, Mexican American	Hispanic, Puerto Rican	Hispanic, Other	Not Hispanic	Unknown	Total Adults & Children Served
107	731	358	984	52,754	302	55,236

The median income for North Carolina citizens increased from \$44,859 in 2016 to \$52,797 in 2017, according to the U.S. Census. Twenty Trillium counties fall below the North Carolina level, with Bertie County the lowest at \$33,022 and Camden County the highest at \$64,086.

The unemployment rate was stable on a state-wide basis again in 2018 at 4.2%. Six Trillium counties reflected a higher unemployment rate than the previous year, seventeen a lower unemployment rate and three remained the same as the previous year. Only eight of the twenty-six counties were at or below the North Carolina rate of 4.2%.

Nineteen of the catchment’s twenty-six counties had a higher percentage of poverty than the North Carolina benchmark of 14.7%. The poverty rate in the United States for the same time period was 13.4%.

Trillium Persons in Poverty - SFY2018

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	10,260	22.0%	2,967	31.1%
Bertie	4,896	27.2%	1,331	39.2%
Brunswick	15,429	11.9%	4,357	21.5%
Camden	848	8.0%	262	10.7%
Carteret	9,050	13.3%	2,540	20.9%
Chowan	2,434	17.6%	837	29.2%
Columbus	12,220	23.1%	4,070	34.7%
Craven	15,942	16.3%	5,888	26.4%
Currituck	2,785	10.7%	875	15.0%
Dare	3,364	9.4%	1,106	16.3%
Gates	1,802	15.7%	524	22.6%
Hertford	5,225	24.4%	1,665	36.7%
Hyde	1,016	21.9%	273	30.8%
Jones	2,115	22.3%	577	32.6%
Nash	4,645	20.5%	1,400	30.7%
Martin	14,560	15.8%	4,958	23.9%
New Hanover	34,283	15.5%	8,867	21.0%
Northampton	4,647	24.3%	1,407	40.1%
Onslow	23,452	13.5%	8,513	18.3%
Pamlico	2,082	17.4%	578	30.5%
Pasquotank	7,579	20.2%	2,675	30.7%
Pender	7,548	12.6%	2,354	17.5%
Perquimans	2,406	18.0%	701	28.0%
Pitt	37,388	21.7%	11,297	29.6%
Tyrrell	870	24.4%	268	35.0%
Washington	2,947	24.8%	987	40.7%
Trillium Catchment Total	229,793	16.6%	71,277	24.4%
North Carolina Total	1,468,032	14.7%	476,438	21.0%
United States Total	42,583,651	13.4%	13,353,202	18.4%

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program. Released 2/19 for CY2017. Accessed 3/4/19.

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 twenty-six counties of Trillium Health Resources saw an increase in veterans from 147,336 in 2017 to 149,344 in 2018. Onslow County continues to have the highest veteran population of the catchment with 39,994 persons, followed by Craven County with 16,834 and New Hanover County with 15,707. Trillium has an identified point of contact for military affairs and trained staff to provide services for military and their families. These individuals work to connect veterans to housing and homelessness programs, domestic violence support and employment opportunities. Trillium offers *Mental Health First Aid – Veterans*, focusing on the unique experiences and needs of the military, veteran and family populations. Trillium’s website provides an extensive list of regional, statewide and national resources, including the *Give an Hour Program*, *The Lighthouse Project*, and *Veteran’s Crisis Line* among others. Trillium’s Access Point Screening Program is also available online 24-hours a day providing evidence-based, self-conducted screenings for depression, post-traumatic stress disorder, alcohol use disorders and more.

Trillium Veteran Population 4-Year Trend - SFY2018

County	9/30/2015	9/30/2016	9/30/2017	9/30/2018
Beaufort	3,827	3,761	3,695	3,434
Bertie	1,146	1,124	1,102	1,077
Brunswick	13,612	13,759	13,890	13,836
Camden	1,083	1,101	1,119	1,290
Carteret	8,439	8,403	8,366	8,002
Chowan	1,628	1,620	1,611	1,229
Columbus	3,885	3,854	3,819	3,780
Craven	14,748	14,955	15,166	16,834
Currituck	3,163	3,197	3,231	3,244
Dare	3,209	3,170	3,129	3,084
Gates	1,136	1,147	1,157	1,105
Hertford	1,848	1,845	1,842	1,418
Hyde	386	381	377	264
Jones	1,129	1,124	1,120	1,094
Martin	1,631	1,617	1,602	1,632
Nash	8,206	8,166	8,121	6,434
New Hanover	17,638	17,564	17,484	15,707
Northampton	1,500	1,491	1,480	1,435
Onslow	30,329	31,458	32,614	39,994
Pamlico	1,350	1,333	1,316	1,321
Pasquotank	4,775	4,845	4,913	4,516
Pender	6,092	6,119	6,142	5,432
Perquimans	1,545	1,540	1,534	1,496
Pitt	11,138	11,180	11,223	10,694
Tyrrell	401	400	397	246
Washington	913	900	886	749
Trillium Catchment Total	144,757	146,054	147,336	149,344
North Carolina Total	731,241	731,378	730,357	728,178

Source: National Center for Veterans Analysis and Statistics. Accessed 2/19/19.

Physical Disabilities

According to the N.C. Division of Medical Assistance (NCDMA), in 2018, there were 53,665 adults in the Trillium catchment with one or more physical disabilities enrolled in Medicaid. Specific diagnoses range from multiple sclerosis, cerebral palsy, cardiovascular, respiratory and other system impairments. NCDMA data also reflected 281 adults meeting the criteria for blind or visually impaired. The Deaf and Hard of Hearing National Health Interview Survey estimates 171,270 persons who are deaf or hard of hearing live in the twenty-six-county catchment area. Trillium has developed numerous opportunities to reach out to those with physical and sensory disabilities, including people with visual impairments and people who are deaf or hard of hearing. Community partnerships to build accessible outdoor play and recreation areas increase social awareness, sensory integration, and increased independence. Trillium 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; or provide training for proper use of items and technology.

Pregnant Women with Substance Use Disorders

According to the NC State Center for Health Statistics, there were 19,821 pregnancies in the Trillium catchment in 2017 including 6.5% (1,284) pregnancies in girls 15-19 years of age. Of the pregnancies in girls 15-19 years of age, 20.9% (269) were repeat teen pregnancies. 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 15-44 in the twenty-six counties who used opioids was 128.8 (less than 1%), 1,169.4 (5.9%) used illicit drugs and 1,684.8 (8.5%) drank alcohol. In SFY18, 59 pregnant women from the Trillium Catchment were served in area residential programs.

LGBT Population

The Williams Institute School of Law at UCLA reports that North Carolina is home to over 416,000 LGBT adults and 18,310 same sex couples. The report estimates that of the LGBT population, 58% are white, 22% African American and 11% Latino(a). It also estimates that there are 46,289 LGBT persons living in the Trillium twenty-six counties. It also reports that of same sex couples, 75% are white, 15% African American and 6% Latino(a) and that 18% of these couples are raising children.

Trillium Special Populations - SFY2018

County	Number of Disabled ¹ Adults Enrolled in Medicaid	Number of Blind ¹ Adults Enrolled in Medicaid	Estimated Number of Deaf or Hard of Hearing (Ages 18 and Older) ²	Estimated Number of Pregnant Women, Ages 15-44 Who Use Opioids (Rate 6.5/1,000) ³	Estimated Number of Pregnant Women, Ages 15-44 Who Use Illicit Drugs (Rate 5.9%) ⁴	Estimated Number of Pregnant Women, Ages 15-44 Who Drink Alcohol (Rate 8.5%) ⁵	Estimated Number of LGBTQ (Ages 18 and Older) ⁶
Beaufort	2,482	9	5,607	3.4	31.0	44.7	1,515
Bertie	1,417	11	2,369	1.3	12.0	17.3	640
Brunswick	3,609	25	16,823	7.5	67.7	97.5	4,547
Camden	191	2	1,234	0.7	6.3	9.0	334
Carteret	1,973	6	8,660	4.2	38.4	55.3	2,340
Chowan	705	4	1,667	1.0	8.8	12.7	451
Columbus	3,525	15	6,603	4.5	40.5	58.3	1,785
Craven	3,456	19	11,414	10.2	92.6	133.4	3,085
Currituck	520	3	3,220	1.9	17.3	24.9	870
Dare	622	1	4,478	2.7	24.5	35.4	1,210
Gates	393	2	1,441	0.7	6.4	9.3	389
Hertford	1,465	4	2,864	1.8	16.6	23.9	774
Hyde	208	0	669	0.3	2.3	3.3	181
Jones	512	4	1,203	0.8	7.0	10.0	325
Martin	1,256	16	2,753	1.8	16.4	23.6	744
Nash	4,519	23	11,091	9.0	81.6	117.6	2,998
New Hanover	6,622	31	28,173	18.4	167.1	240.7	7,614
Northampton	1,377	7	2,503	1.6	14.2	20.5	676
Onslow	5,235	25	20,583	29.4	267.1	384.8	5,563
Pamlico	433	2	1,669	0.6	5.5	7.9	451
Pasquotank	1,677	12	4,538	3.7	33.6	48.4	1,226
Pender	1,924	7	7,325	4.8	43.5	62.6	1,980
Perquimans	528	2	1,657	0.9	8.0	11.6	448
Pitt	8,033	46	20,782	16.5	149.4	215.3	5,617
Tyrrell	156	0	519	0.3	2.5	3.6	140
Washington	827	5	1,425	1.0	9.3	13.3	385
Trillium Catchment Total	53,665	281	171,270	128.8	1,169.4	1,684.8	46,289
North Carolina Total	298,046	1,661	1,196,762	933.2	8,470.9	12,203.8	323,449

Sources:

- 1 NCDHHS, NC Medicaid, Division of Health Benefits, Annual Unduplicated Count, Accessed 1/30/19.
- 2 Deaf and Hard of Hearing: National Health Interview Survey 2014-2016. National Center for Health Statistics. Released October 2017 Accessed 3/19/19.
- 3 Note: Change in ages to include 15-44. MMWR Morb Mortal Wkly Rep 2018;67:845-849. N.C. DHHS, State Center for Health Statistics. Accessed 3/19/19.
- 4 Note: Change in ages to include 15-44. N.C. DHHS, State Center for Health Statistics. Forray, 2016. Accessed 3/19/19.
- 5 Note: Change in ages to include 15-44. N.C. DHHS, State Center for Health Statistics. Forray, 2016. Accessed 3/19/19.
- 6 Adult LGBT Population in the United States. (February 2019) The Williams Institute, UCLA School of Law. Accessed 3/19/19.

Traumatic Brain Injuries

In SFY2018, nine Members with a traumatic brain injury (TBI) were partially funded by special TBI allocation funds. Those served ranged from 38 to 65 years of age. The most common causes of TBI were falls, motor vehicle crash, and motorcycle incidents. There were no veteran TBIs noted that received those funds.

Members with a TBI diagnosis are eligible to receive appropriate services in the benefit plan for Members with IDD. If the Member has a co-occurring MH/SU diagnosis, he/she can also receive appropriate MH/SU services that are available. When appropriate, and when funds are available, there is an alternative service definition called TBI Long Term Residential. Trillium has one provider for this service, with nine Members receiving the service.

There are five preferred providers in the Trillium catchment area, who screen for TBI with their initial assessments as part of data collection for the State. Members with TBI are located throughout the catchment area. The Trillium catchment includes numerous rural communities and the geographical distance makes it difficult for providers to identify enough TBI Members to be financially viable. Because of this, there is a lack of providers with TBI experience, and the level of support for Members with TBI varies tremendously. Members are not always identified as TBI and there is a lack of funding for TBI-specific services.

The Trillium website has a link to online training modules for TBI-related topics from the Brain Injury Association of North Carolina. Trillium also posts TBI training opportunities on their social media.

Crime, Prison Population and Juvenile Justice

Crime

Issues of public safety can negatively impact individuals and communities. Ten of the nineteen reporting Trillium counties had a murder rate higher than the NC rate of 6.5 (per 100,000 persons). Six of the twenty-one reporting counties reflected rape rates higher than the NC rate of 20.6 (per 100,000 persons).

Trillium Crime Rates of Service Area - SFY2017
(Rate per 100,000)

County	Murder	Rape	Robbery	Assault
Beaufort	2.1	10.6	51.1	253.2
Bertie	10.8	37.9	43.3	59.5
Brunswick	2.4	20.1	20.1	109.9
Camden	*	*	*	19.5
Carteret	1.4	20.0	21.5	173.0
Chowan	27.9	0.0	14.0	412.2
Columbus	16.3	16.3	65.1	267.6
Craven	4.2	13.6	73.2	189.3
Currituck	*	11.5	11.5	134.6
Dare	5.5	16.6	11.0	185.0
Gates	*	*	*	*
Hertford	17.0	8.5	55.4	187.4
Hyde	*	*	*	*
Jones	*	*	*	*
Martin	21.3	25.5	51.0	319.0
Nash	17.2	17.2	79.7	229.4
New Hanover	10.3	30.5	108.9	285.4
Northampton	22.6	5.6	39.5	152.3
Onslow	4.0	31.0	55.8	213.9
Pamlico	*	8.1	24.2	40.3
Pasquotank	2.5	40.1	77.6	398.0
Pender	3.4	23.7	23.7	120.0
Perquimans	7.7	15.3	45.9	130.2
Pitt	2.9	20.6	111.8	349.7
Tyrrell	*	*	48.3	217.3
Washington	8.1	16.1	40.3	355.0
Trillium Catchment Average Rate	9.9	18.5	48.8	208.8
North Carolina Rate	6.5	20.6	95.8	260.8

* Crime Rate not reported

Source: N.C. Department of Justice, Accessed 3/28/19.

Prison Population

There are eleven correctional facilities located in the Trillium catchment counties. As of December 31, 2018, there were 5,147 people incarcerated according to the NC Department of Public Safety. 91.7% were males and 8.3% were female. These numbers reflect the inmates' county of residence.

Trillium was awarded a two-year, Department of Justice (DOJ) grant to work with law enforcement agencies in Onslow and Carteret Counties. The funds provide Mental Health First Aid and CIT Training, in addition to

initiating the use of the evidence-based Brief Mental Health Screener tool (BMHS) for police officers to identify those individuals better served by connecting to crisis and treatment services. Over 281 officers have been trained to date.

In addition, Onslow County has been awarded a 3-year DOJ grant to pilot the above-mentioned BMHS tool in an electronic version for all officers and the implementation of a case management program in the Onslow County Jail.

Trillium Prison Population - December 31, 2018

County	Prison Population	Female	Male
Beaufort	288	22	266
Bertie	86	5	81
Brunswick	342	28	314
Camden	11	2	9
Carteret	237	43	194
Chowan	57	9	48
Columbus	251	20	231
Craven	398	37	361
Currituck	43	3	40
Dare	89	8	81
Gates	17	0	17
Hertford	86	2	84
Hyde	17	0	17
Jones	31	2	29
Martin	123	10	113
Nash	392	25	367
New Hanover	954	92	862
Northampton	66	4	62
Onslow	536	51	485
Pamlico	56	5	51
Pasquotank	117	5	112
Pender	181	13	168
Perquimans	28	2	26
Pitt	682	37	645
Tyrrell	8	0	8
Washington	51	2	49
Trillium Catchment Total	5,147	427 (8.30%)	4,720 (91.70%)
North Carolina Total	35,752	2,871 (8.03%)	32,881 (91.97%)

Sources: North Carolina Department of Public Safety, Office of Research and Planning. A.S.Q. Custom Offender Report. Accessed 3/28/19.

Juvenile Justice

Juvenile Facility Operations operates two types of secure commitment centers for youth in North Carolina: juvenile detention centers and youth development centers. In Trillium’s twenty-six counties, there were 293 distinct juveniles detained with 403 detention admissions in 2018. There were 27 youth committed to a youth development center for a period of at least six months in 2018. In addition, there were 4,090 youth served in programs supported by the Juvenile Crime Prevention Councils (JCPC) and 284 served in

community based and residential programs, while 98 individuals received therapeutic/skill building programs in group homes.

Trillium Juvenile Justice - SFY2018 - Table 1 of 3

County	POPULATION AGE GROUPS			COMPLAINTS RECEIVED						
	Juvenile Population Ages 6-15	Juvenile Population Ages 6-17	Juvenile Population Ages 10-17	Violent Class -E	Serious Class F-I, A1	Minor Class 1-3	Infraction	Status (Undisciplined)	Total Delinquent Complaints	Total Complaints
Beaufort	5,787	7,023	4,834	1	30	123	0	6	154	160
Bertie	2,313	2,766	1,831	1	16	26	0	0	43	43
Brunswick	12,747	15,296	10,228	8	92	187	1	16	288	304
Camden	1,316	1,594	1,131	1	3	7	0	3	11	14
Carteret	7,035	8,613	5,949	3	18	58	2	6	81	87
Chowan	1,727	2,090	1,404	0	5	50	0	7	55	62
Columbus	7,074	8,623	5,927	3	22	81	0	1	106	107
Craven	14,277	16,884	10,488	5	100	230	2	27	337	364
Currituck	3,250	3,998	2,854	0	5	51	0	9	56	65
Dare	3,926	4,720	3,208	0	41	88	5	21	134	155
Gates	1,361	1,653	1,139	0	3	13	0	4	16	20
Hertford	2,863	3,425	2,331	0	26	23	0	0	49	49
Hyde	583	682	445	0	0	2	0	0	2	2
Jones	1,194	1,468	978	0	9	34	0	0	43	43
Martin	2,831	3,463	2,379	7	24	103	0	8	134	142
Nash	11,649	14,359	10,035	6	146	142	0	6	294	300
New Hanover	23,981	28,757	19,143	17	66	265	2	11	350	361
Northampton	2,378	2,840	1,921	2	17	36	1	0	56	56
Onslow	27,342	31,511	17,580	14	99	589	0	157	702	859
Pamlico	1,259	1,529	1,039	0	3	16	0	2	19	21
Pasquotank	5,204	6,192	4,005	2	58	88	0	13	148	161
Pender	7,099	8,622	5,887	9	43	176	0	2	228	230
Perquimans	1,518	1,825	1,230	3	12	29	0	1	44	45
Pitt	21,865	26,052	16,871	13	244	396	0	11	653	664
Tyrrell	438	523	341	0	4	12	0	2	16	18
Washington	1,623	1,921	1,258	5	4	15	0	2	24	26
Trillium Catchment	172,640	206,429	134,436	100	1,090	2,840	13	315	4,043	4,358
North Carolina	1,314,230	1,582,313	1,064,658	890	7,588	17,166	93	2,428	25,737	28,165

Source: North Carolina Department of Public Safety. 2017 Juvenile Justice County Databook. Last updated 4/24/18. Accessed 3/25/19.

Trillium Juvenile Justice - SFY2018 - Table 2 of 3

County	RATES		SUPERIOR COURT TRANSFERS	DETENTION		
	Undisciplined Rate per 1,000 Age 6- 17	Delinquent Rate per 1,000 Age 6-15	Number of Juveniles Transferred to Superior Court	Distinct Juveniles Detained*, **	Detention Admissions***	Detention Admission Rate
Beaufort	0.85	26.61	0	13	17	2.42
Bertie	0	18.59	0	2	2	0.72
Brunswick	1.05	22.59	0	15	20	1.31
Camden	1.88	8.36	0	0	0	0
Carteret	0.7	11.51	0	11	11	1.28
Chowan	3.35	31.85	0	1	1	0.48
Columbus	0.12	14.98	0	9	17	1.97
Craven	1.6	23.6	0	18	24	1.42
Currituck	2.25	17.23	0	2	2	0.5
Dare	4.45	34.13	0	2	2	0.42
Gates	2.42	11.76	0	0	0	0
Hertford	0	17.11	0	3	3	0.88
Hyde	0	3.43	0	0	0	0
Jones	0	36.01	0	2	4	2.72
Martin	2.31	47.33	0	15	15	4.33
Nash	0.42	25.24	0	27	34	2.37
New Hanover	0.38	14.59	0	28	39	1.36
Northampton	0	23.55	1	4	4	1.41
Onslow	4.98	25.67	0	56	90	2.86
Pamlico	1.31	15.09	0	1	1	0.65
Pasquotank	2.1	28.44	0	8	11	1.78
Pender	0.23	32.12	0	14	24	2.78
Perquimans	0.55	28.99	0	3	3	1.64
Pitt	0.42	29.87	0	56	73	2.8
Tyrrell	3.82	36.53	0	0	0	0
Washington	1.04	14.79	0	3	6	3.12
Trillium Catchment	1.53	23.42	1	293	403	1.95
North Carolina	1.53	19.58	16	1,805	2,672	1.69

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).

Trillium Juvenile Justice - SFY2018 - Table 3 of 3

County	YDC COMMITMENTS		COMMUNITY PROGRAMS				
	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	2	0.41	178	0	0	3	13
Bertie	0	0	32	0	0	4	2
Brunswick	1	0.1	281	0	0	12	17
Camden	0	0	46	0	0	0	0
Carteret	0	0	276	0	0	2	2
Chowan	0	0	120	0	1	6	2
Columbus	0	0	198	0	0	3	6
Craven	1	0.1	230	0	0	5	4
Currituck	0	0	72	0	1	4	1
Dare	0	0	117	0	2	3	0
Gates	0	0	85	0	0	0	0
Hertford	0	0	28	0	0	10	2
Hyde	0	0	37	0	0	0	0
Jones	0	0	15	0	0	2	1
Martin	1	0.42	345	0	0	7	8
Nash	2	0.2	238	0	0	9	16
New Hanover	0	0	394	9	46	3	38
Northampton	0	0	34	0	0	4	2
Onslow	1	0.06	314	17	0	14	23
Pamlico	0	0	173	0	0	0	0
Pasquotank	0	0	116	0	3	7	1
Pender	1	0.17	138	0	1	1	10
Perquimans	0	0	34	0	0	0	1
Pitt	17	1.01	386	0	44	14	17
Tyrrell	0	0	138	0	0	0	0
Washington	1	0.79	65	0	0	2	3
Trillium Catchment	27	0.20	4,090	26	98	115	169
North Carolina	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 3/25/19.

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.

DATA SOURCES:

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>

Obstacles & Barriers

Describe obstacles and barriers to serving specific geographic populations

Geographic

While Trillium's 26 counties represent over 14% of the State's population, their total 12,923.11 square miles also represent almost 27% of the square mile size of North Carolina.

The population ranges from 8.9 persons per square mile in Hyde County to 1,219.6 persons per square mile in New Hanover County. Nine of the 26 counties in the catchment have fewer than 50 persons per square mile.

Reflecting the geographical diversity of Trillium's population in eastern North Carolina, Dare County has a total area of 1,563 square miles, of which 383 square miles is land and 1,179 square miles (75%) is water. Along with the uniqueness of the geography comes the challenges of recruiting and delivering behavioral health services. While everyone should have access to needed services, these smaller populations in less populated areas can present the largest obstacles.

Trillium's catchment stretches from Virginia to South Carolina and only four of these counties do not contain direct coastal frontage or sound and waterway access. The threat of natural disasters such as hurricanes and flooding is a part of living in the coastal plain of North Carolina but hurricane exposure can have a profound impact on all residents' mental and emotional health leading to increased symptoms of stress, anxiety, depression and post-traumatic stress disorder lingering years after the storm. Those displaced following a hurricane are particularly vulnerable to adverse mental health outcomes, especially if evacuated to temporary shelters. Having previous mental health, IDD and/or substance use issues only compounds the needs an individual may have. Trillium realized after Hurricane Matthew in 2016 they needed to strengthen and rethink their LME/MCO Disaster preparation and response plan. After a year's planning, Trillium made operational improvements, like switching call center locations to provide adequate back-up and 24-hour call center line capability during electrical outages; organized its staff to work collaboratively with each of the counties' social service departments to provide coverage for all shelters in the event of a disaster; and worked with county emergency management services to increase access to local services.

Early on September 14, 2018, Hurricane Florence made landfall just south of Wrightsville Beach in New Hanover County with winds of 90 mph. It was a powerful and long-lived hurricane, which caused catastrophic damage. Nearly three feet of rain coupled with a large storm surge caused widespread flooding along an extensive stretch of the North Carolina coast, from New Bern to Wilmington. Moving slowly inland, the storm resulted in \$24 billion in damages and at least 42 deaths in the State.

Twelve of Trillium's 26 counties were declared federal disaster areas and thousands of people were displaced, including agency staff. Trillium received over 900 calls on their Access/Crisis lines. In addition to responding to state and county emergency operations, staff:

- 96 staff members from throughout the agency participated in FEMA-funded immediate recovery efforts.
- Trillium currently managing 62 counselors in impacted areas working under the Hope4NC crisis counseling program.
- Created grant program to help special education teachers restore classrooms.

-
- Implemented the NC Back@Home program to help people whose homes were lost or sustained maximum hurricane damage.
 - Contacted all Members for well-checks and to establish unmet needs for over 4,200 individuals;
 - Contacted all providers to determine capacity;
 - Performed targeted check-ins with Medication Assistance Therapy programs and medically fragile Members;
 - Set up disaster assistance for Members to access resources such as food, housing, clothing, medication, supplies, and equipment.
 - Collected over \$30,000 in donated food, clothing, snacks, hygiene and comfort items.
 - Provided over 4,000 care packages to shelters and Members.
 - Provided over 1,500 comfort kits for children impacted by the disaster.
 - In partnership with Integrated Family Services, Trillium responded to shelters in every community with MH/IDD staff.
 - Worked over 3,000 hours at food distribution centers in all impacted counties.
 - Worked in partnership with DSS in every impacted county during food stamp distribution to debrief people while they waited in line after the storm.
 - Developed a Donation Page and Amazon Wish List to help Members via social media.

Some Trillium catchment residents hadn't yet recovered from the 2016 Hurricane Matthew before Hurricane Florence turned interstate highways into rivers, isolated the port city of Wilmington, and flooded tens of thousands of homes. A few weeks later, the remnants of Category 5 Hurricane Michael brought even more rain to the area, knocking out power to thousands and causing additional flooding. Trillium continues to work with Members and providers to recover from these disasters and to provide safe, reliable responses for those in need.

The new reality of increased hurricanes and flooding in its service area makes Trillium unique from any other LME/MCO. In addition to its normal course of business, Trillium leadership and staff have risen to the challenge of being an active partner to each community it serves when a disaster strikes.

Demographic/Race/Ethnicity

One way that demographic diversity is reflected is in the median ages of these counties. The median age in North Carolina is 38.8. Brunswick (51.0) and Pamlico (50.0) Counties reflect an older median age, while Onslow (26.2) and Pitt (32.7) Counties have a younger population. Military bases and universities may impact those numbers. The types of services needed and utilized can be greatly impacted by these differences as is the associated stigma for those suffering from mental illness. 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 the reluctance of those in need to reach out for services and thus presenting a barrier.

The Hispanic/Latino population has steadily increased each year in the Trillium Counties. While cultural and linguistic differences can pose an obstacle or barrier to services, Trillium works with providers to insure both English and Spanish access in addition to other language needs.

Special Populations

LGBTQ individuals are almost 3 times more likely than others to experience a mental health condition such as major depression or generalized anxiety disorder. This fear of coming out and being discriminated against for sexual orientation and gender identities, can lead to depression, posttraumatic stress disorder, thoughts of suicide and substance abuse.

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, LGBTQ individuals do not often talk about mental health and may lack awareness about mental health conditions. This can prevent people from seeking the treatment and support that they need to get better.

Veterans have disproportionate rates of mental illness, particularly posttraumatic stress disorder (PTSD), substance abuse disorders, depression, anxiety, and military sexual trauma, according to the Pew Research Center. Veterans face three primary problems as they attempt to access care:

1. The requirement that they have either an honorable or general discharge to receive Department of Veterans Affairs (VA) benefits.
2. The long waitlist for care, which is related to a shortage of health care providers, poor scheduling practices, and problems related to seamlessly transitioning from active-duty military care systems to the veterans' care system.
3. Social barriers to care-seeking behavior related to military culture.

Traumatic Brain Injuries - The Trillium catchment includes numerous rural communities and the geographical distance makes it difficult for providers to identify enough TBI Members to be financially viable. Because of this, there is a lack of providers with TBI experience, and the level of support for Members with TBI varies tremendously. Members are not always identified as TBI and there is a lack of funding for TBI-specific services.

Social Determinants of Health

Conduct preliminary environmental review of availability and needs for community supports related to social determinants.

According to the Centers for Disease Control and Prevention (CDC), social determinants of health (or SDOH) are "Conditions in the places where people live, learn, work, and play [that] affect a wide range of health risks and outcomes."

Trillium is focused on addressing the health of the whole person and has placed additional emphasis on addressing SDOH by hiring staff dedicated to better understanding the needs of their communities, identifying gaps in the service system, prioritizing efforts, developing resources, and implementing projects directed to this end. The Trillium website provides numerous links to information and resources impacting the catchment counties. <https://www.trilliumhealthresources.org/neighborhood-connections/social-determinants-of-health>

Healthy People 2020 states health starts in our homes, schools, workplaces, neighborhoods, and communities. 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 following chart represents the social determinants identified by stakeholders, Members and their families in each of the surveys.

Social Determinants Identified – SFY2018

Social Determinants	SFY2018 Trillium Member/Family Survey (n=1,921) ¹	SFY2018 Trillium Stakeholder Survey (n=1,310) ²	2018 Trillium Adult/Child ECHO Survey (n=180)	2018 Trillium Provider Satisfaction Survey (n=248)	2018 Trillium Adult/Youth/Child-Family Perceptions of Care (n=1,502) ³
Homeless	(Q20) 189 or 4.82% (n=4,049) (Q35) 10 or 1.24% (n=809)	(Q6) 2 or 0.07% (n=2,845) (Q14)6 or 2.61% (n=230) (Q15) 36 or 6.70% (n=537)	N/A	N/A	N/A
Unstable Housing	N/A	N/A	N/A	N/A	N/A
Transportation Barriers	(Q14) 13 or 4.45% (n=292) (Q15) 80 or 9.49% (n=843) (Q35) 273 or 33.75% (n=809) (Q48) 10 or 2.92% (n=343)	(Q8) 5 or 3.01% (n=2,845) (Q14) 9 or 3.91% (n=230) (Q15) 60 or 11.17% (n=537)	N/A	N/A	195 or 13.0%
Food Insecurity	(Q14) 3 or 1.03% (n=843) (Q15) 6 or 0.71% (n=843)	(Q6) 1 or 0.04% (n=2,845)	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-The total number of respondents who indicated a certain barrier combines the results from the Adult, Youth and Child-Family Perceptions of Care surveys.

Risk Factors

The conditions in which people live explain in part why some are healthier than others and why many more generally are not as healthy as they could be. When looking at some of the risk factors, as noted in the chart below, the Trillium catchment averages are all higher than the North Carolina percentages. Over 50% of the catchment counties reflect higher percentages than the State in all categories except for those reporting excessive drinking.

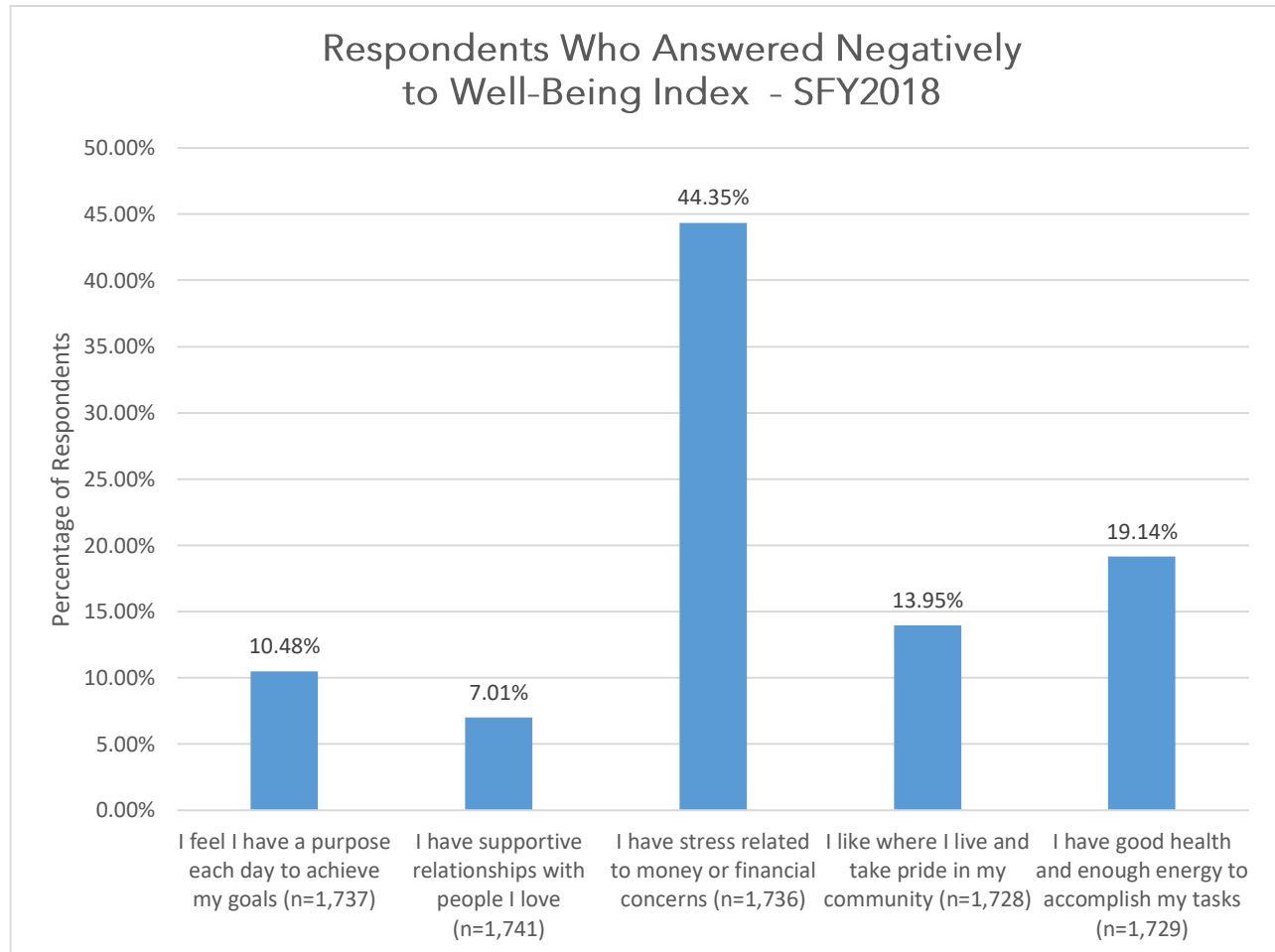
Trillium Health Risk Factors - SFY2018

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	18.7%	18.0%	34.7%	26.7%	15.6%
Bertie	23.5%	19.6%	36.9%	29.5%	13.0%
Brunswick	16.0%	15.2%	27.9%	20.6%	15.3%
Camden	13.7%	16.1%	31.1%	23.1%	18.1%
Carteret	14.1%	17.7%	26.1%	21.8%	18.1%
Chowan	21.5%	19.3%	32.7%	28.8%	14.1%
Columbus	23.2%	21.1%	33.1%	26.9%	15.0%
Craven	16.6%	17.3%	29.6%	25.7%	17.9%
Currituck	13.9%	17.3%	27.6%	22.4%	18.9%
Dare	14.0%	16.4%	24.5%	24.8%	18.2%
Gates	15.7%	17.1%	32.6%	30.5%	16.4%
Hertford	23.3%	21.1%	40.5%	32.0%	13.4%
Hyde	20.9%	20.3%	31.8%	30.0%	15.7%
Jones	19.7%	19.3%	35.4%	28.9%	14.0%
Martin	21.6%	19.4%	39.8%	28.8%	13.4%
Nash	19.4%	18.4%	35.1%	26.6%	15.6%
New Hanover	15.5%	18.0%	24.8%	19.6%	19.3%
Northampton	24.9%	20.5%	35.6%	28.2%	12.1%
Onslow	16.6%	19.1%	27.9%	23.8%	22.6%
Pamlico	17.2%	17.1%	32.0%	27.6%	15.3%
Pasquotank	18.0%	19.0%	36.6%	27.9%	16.6%
Pender	17.1%	17.3%	30.7%	25.4%	16.4%
Perquimans	18.8%	18.7%	32.2%	23.7%	13.7%
Pitt	19.8%	20.4%	30.0%	26.0%	19.3%
Tyrrell	23.5%	21.4%	32.5%	25.3%	14.6%
Washington	24.2%	19.3%	32.2%	29.1%	12.5%
Trillium Average Percentage	18.9%	18.6%	32.1%	26.3%	16.0%
North Carolina Percentage	17.6%	17.9%	29.6%	24.3%	16.7%

Source: Robert W. Johnson 2018 County Health Rankings. Accessed 3/5/19.

Well-Being Index

In the annual Member/Family Survey referenced in the Acceptability Section, Members and their families were asked questions based on their level of well-being at the time of the survey. The graph below represents the percentage of respondents who felt negatively about each statement.



The Trillium catchment reflects the many issues of lower income and decreased access to stable housing, employment, transportation and access to healthy food. In the recent Member/Family Survey 273 or 33.75% of the respondents also identified issues with transportation and 189 or 4.82% with homelessness. The chart provided below will provide county-level data, with specific discussion to follow.

Trillium Social Determinant Risk Factors - SFY2018

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 Households with No Motor Vehicles ³	Percentage of Households with Severe Housing Problems ³	Population Receiving SNAP (Food Stamp) Benefits ⁴
Beaufort	17.1%	3.9%	76.0%	8.0%	15.7%	9.4%
Bertie	23.5%	2.5%	99.8%	8.6%	21.0%	12.9%
Brunswick	14.9%	5.5%	62.0%	4.0%	16.9%	5.1%
Camden	11.9%	0.9%	30.0%	2.2%	13.2%	3.7%
Carteret	14.0%	7.1%	46.0%	4.8%	15.9%	5.0%
Chowan	21.4%	11.3%	68.0%	9.4%	23.8%	9.8%
Columbus	19.9%	1.3%	100.0%	7.5%	18.5%	10.0%
Craven	16.5%	8.1%	57.5%	7.0%	15.8%	6.3%
Currituck	11.8%	2.8%	35.8%	3.8%	15.0%	3.2%
Dare	12.5%	7.4%	43.8%	3.6%	17.2%	3.4%
Gates	16.5%	0.0%	54.8%	4.7%	13.4%	6.7%
Hertford	24.5%	5.3%	99.5%	8.8%	21.0%	12.5%
Hyde	18.8%	35.4%	100.0%	3.2%	12.3%	7.9%
Jones	18.9%	0.0%	96.4%	6.6%	16.9%	10.2%
Martin	21.4%	1.4%	98.1%	6.4%	16.2%	10.7%
Nash	19.8%	5.7%	76.3%	8.2%	17.1%	8.0%
New Hanover	16.4%	7.7%	56.4%	6.3%	20.6%	5.4%
Northampton	25.0%	7.1%	99.4%	11.1%	16.9%	13.1%
Onslow	15.6%	10.2%	50.7%	5.0%	16.0%	4.8%
Pamlico	15.1%	2.4%	73.7%	6.0%	17.2%	6.8%
Pasquotank	20.3%	12.5%	71.2%	10.9%	23.0%	8.9%
Pender	15.3%	3.2%	55.3%	5.0%	17.5%	5.7%
Perquimans	17.6%	1.1%	67.2%	8.4%	16.1%	8.1%
Pitt	21.6%	3.2%	64.8%	7.8%	21.8%	7.9%
Tyrrell	19.1%	6.1%	77.2%	8.5%	14.4%	9.3%
Washington	22.6%	12.9%	99.4%	12.0%	17.8%	12.5%
Trillium Average Percentage	18.2%	6.3%	71.5%	6.8%	17.3%	8.0%
North Carolina Percentage	16.5%	6.7%	59.8%	6.5%	17.0%	6.3%

Sources: Accessed 3/5/19.

1. Robert W. Johnson 2018 County Health Rankings. Accessed 3/5/19.

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

As a result of this focus on SDOH, Trillium built two *SensABLE Snacks* food trucks to be based in New Bern and Ahoskie. The LME/MCO is working with ESUCP and the *Everybody Works!* Campaign to hire staff with Intellectual or Developmental Disabilities to operate the trucks. They will serve prepackaged healthy snacks and treats, fruit, and bottled or canned beverages that provide a well-balanced diet. The program expects to launch the trucks by June/July 2019.

Starting in February 2019, Trillium offered a course entitled, “Eat the Rainbow,” which includes educational classes on healthy eating and basic food preparation. Each month focuses on a different color of the rainbow and the variety of fruits and vegetables in that color. The course is taught at after-school programs hosted at specialized inclusive programs, along with adult day programs, psychosocial rehab programs, and peer support-focused Wellness Cities. Participants go home with a selection of produce to share what they have learned with their families or roommates.

Another program scheduled for implementation in 2019 is *The Healthy Movement Project* which is aimed at increasing Trillium’s Members’ access to physical fitness activities with Peloton™ bikes for indoor cycling. The equipment will be placed at locations where Members may spend a good portion of their time such as adult day programs and psychosocial rehabilitation programs.

Transportation

County/Community Overview

The percent of households with no motor vehicles ranged from 2.2% in Camden County to 12.0% in Washington County. The NC percentage with no motor vehicle was reported in the US Census to be 6.5%. Only four municipalities (Wilmington, Greenville, Rocky Mount and Jacksonville) operate regularly scheduled public transportation. One community (Ocracoke Island) can only be reached by ferry.

Existing Resources/Accessibility

There is non-emergency transportation for those who receive Medicaid and who are attending scheduled medical appointments. This is provided in each of the Trillium counties. Wait and ride times increase for those who reside in the more rural counties and for those who may live in the outlying areas of a larger county. For example, an individual who has a morning appointment but must wait for their return trip home for many hours. This can become a problem if the individual is sick or has received any type of treatment resulting in less than an optimal situation/outcome.

All counties in Trillium’s catchment area are served by a community/regional community transportation system with a range of services. Some provide rides to local community colleges while some are human service-focused only. Hours of operation are generally Monday through Friday, 8am to 5pm. Some of the more urban counties offer extended hours and/or will schedule after-hours by appointment. Like Medicaid transportation, wait times and ride times can often get lengthy in the more rural areas. 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 the county. Some systems have routine stops at specific agencies, such as social services, hospitals, and grocery stores, while others are appointment-specific, requiring pre-scheduling and location-specific pick-up.

Other transportation resources in more urban counties include taxi/Uber/Lyft. As these resources are typically costly, many may not be able to afford them. For those who do have access, this may be the only option for transportation on weekends and after-hours. Another barrier is many of these private drivers do not have wheelchair-accessible vehicles and are not able to transport individuals who may need that accommodation.

Additional Infrastructure Needs

As stated above, most Trillium catchment communities do not have access to regularly scheduled public transportation. Some additional Infrastructure needs include:

- Expanding county-operated public transportation so it includes an increased opportunity for individuals to attend after-hours and weekend events, specifically in the more rural areas.
- Increasing and centralizing information available on resources related to transportation.
- Increased family/peer support systems in the rural communities to assist with transportation resources.
- Additional programs to address the high cost of transportation programs in the more rural communities.
- Ensuring transportation options include accessible vehicles.

Availability of Community Supports

Availability of community supports currently depends widely on the area and connectedness of an individual. Many citizens in rural communities are already very isolated and struggle with making connections. Again, this is limited by the transportation restraints in these communities. Many individuals rely heavily on faith-based peer and family supports as they are available.

Housing

Where a person lives has a significant impact on their sense of belonging within their neighborhood and in the broader community. Housing intersects with other social determinants of health such as transportation, interpersonal safety, food access and education. Housing as a social determinant of health includes affordability, proximity to services and amenities, type and condition of the homes, and community culture.

County/Community Overview

The percentage of North Carolina households that have severe housing problems remained at 17% in 2018. In the Trillium catchment, the percentages ranged from 12.3% in Hyde County to 23.8% in Chowan County and 23.0% in Pasquotank County. The January 2018 Point-in-Time Count reflected 9,268 persons experienced homelessness in North Carolina. The Count reflected 801 veterans were homeless, which is a 14% decrease from last year. Additional State data show 54% of the homeless veterans were African-American; 11% are identified as chronically homeless, which is defined as those who have experienced homelessness for at least a year—or repeatedly—while struggling with a disabling condition, such as a serious mental illness, substance use disorder, or physical disability. The Point-in-Time Count follows the US 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.” Point-in-Time Counts were not conducted in any Trillium counties in 2018 to provide individual county data.

Across the 26-county catchment, housing affordability, lack of housing stock and high occupancy rates are inter-related issues presenting the most significant barriers to wellness for Trillium Members. Unfortunately, Hurricane Florence’s direct hit in September 2018 severely impacted numerous counties in the Trillium catchment, further depleting the availability of appropriate housing.

Development of housing across the catchment area has grown but is not keeping pace with the number of people that are moving to the region. Where there is significant development, much of it is priced above \$200,000 for sale price of a single-family home, or above \$700/month for rental of a 2-bedroom apartment. Housing is considered affordable when the cost of owning or renting a home, including utilities and maintenance, does not exceed 30% of the household income in a year. For Members who rely on Social Security Disability (SSDI) or Supplemental Security Income (SSI) as a primary source of income, the cost of housing is higher than 30% and can exceed 50% of their annual household income, deeming them housing cost-burdened. Higher spending on housing costs is associated with neglecting other essential health needs, such as preventive health care visits, reliable transportation, purchasing enough food and nutritional food. Housing cost burden is linked with chronic stress and anxiety.

Few new and existing developments incorporate wheelchair accessibility and other features that allow for a person with limited mobility to live. This means costly upgrades are required at the time of move-in to a purchased home, or a Member requires a reasonable accommodation from a landlord prior to move-in.

As housing prices rise, Members who live at or below the poverty line are forced out of housing that is well-maintained and into housing with poor conditions, such as mold, leaks, under-insulated, broken plumbing and HVAC systems. This directly impacts health conditions, such as asthma and COPD. Neighborhoods where much of the housing is in disrepair are also subject to other social issues such as crime and isolation.

Existing Resources/Accessibility

When market rate housing becomes unaffordable, Members turn to housing that is subsidized through federal, state and local funds. Housing authorities in Trillium’s catchment utilize funding from the Department of Housing and Urban Development (HUD) to offer public housing and Housing Choice Vouchers (HCV). Public housing is subsidized housing where a person pays approximately 30% of their income and the subsidy is attached to designated units managed by the housing authority. Housing Choice Vouchers, also known as Section 8 vouchers, offer the voucher holder a choice in where they live. The voucher holder is given a maximum rental cost, which is based on fair market rental rates, household size and income.

Properties can also be subsidized through federal and state tax credits. Tax credit properties offer lower rental rates and are geared toward people with incomes below the federally designated Area Median Income. Tax credits are awarded based on a competitive process and are often located near amenities, such as doctors’ offices, grocery stores, pharmacies, public transportation and community centers. Some developments built with tax credits are geared toward people with disabilities, families and seniors. Unfortunately, many of these properties have long waiting lists or strict requirements around credit and legal history, which create barriers for Trillium Members.

State-supported affordable housing in the Trillium catchment includes the Targeted Unit Program. This program requires any property developed with state tax credits designate 10% or more of the units for

seniors and people with disabilities. Through the North Carolina Housing Finance Agency, who manages the NC Housing Trust Fund, offers a subsidy for these units to make them affordable for people at 30-50% of Area Median Income. The Targeted Unit Program is a supportive housing program, meaning a person can only be referred to a unit if they have a support provider in the community that can address any housing sustainability issues that arise.

While some people require long-term subsidies, others may only need to overcome the high move-in costs related to housing, such as security deposits, utility deposits, moving and purchasing furniture and household items. HUD funding for this type of assistance is available through the Continuum of Care program and Emergency Solutions Grant funding for homeless persons and Community Development Block Grant funds to cities and counties. Nonprofit and faith-based organizations are also a crucial source for one-time move-in assistance or emergency assistance to avoid arrears that lead to eviction.

Additional Infrastructure Need

As previously mentioned, infrastructure is needed in the form of more rental properties and homes for purchase that are affordable to people with income at 30-80% of the area median income in their county. Often, affordable housing development is driven by state and local incentives built into legislation and policy. Advocacy at the local level can influence the existence and effectiveness of these policies, especially when it comes to dispelling myths that affordable housing is equivalent to public “projects” with high crime.

Infrastructure is also needed in the form of increased subsidies to help people live in a neighborhood of their choice in an affordable and safe home. Most housing authorities have waiting lists that are years long for their HCV program and voucher amounts do not always allow the voucher holder to choose a home that is accessible in a neighborhood with amenities and schools they desire.

For homeowners or landlords who rent property, infrastructure is needed to help ensure properties are maintained to federal housing quality standards. People with limited incomes are subject to renting rooms, apartments and homes not up to housing code because it’s all they can afford in a tight housing market. Renters and those in their social network are hesitant to report these properties to local code enforcement for fear of retribution by the landlord and because it may leave the tenant homeless if the property is condemned. People who own their homes may let them fall into disrepair if they do not have the financial reserves to fix larger maintenance issues, such as HVAC, roof leaks, missing/broken siding, and plumbing. Additional funding and volunteer labor, secured by local government and nonprofits, is necessary to help maintain homes and neighborhoods.

Availability of Community Supports

Most communities within the Trillium region have one or more of the resources listed above, however the availability of these resources is limited due to funding limitations and high demand for these programs.

Trillium Members struggle to access community supports for the following reasons:

- Lack of knowledge the resources exist and eligibility for them.
- Barriers to getting to the locations where they are offered (transportation).
- Complex or lengthy process by which people access the services, which may intimidate a person who may have insufficient support to complete the application or see the process through to the end.

Employment

Employment is more than earned income. It has numerous benefits to Trillium Members, including creating a sense of purpose and accomplishment, building social capital, increasing skills and abilities, and increasing income. Employment for Members can improve mental health symptoms

County/Community Overview

Unemployment rates rose or stayed the same in nine counties, while nineteen of the twenty-six counties had a higher percentage of poverty than North Carolina and the nation. Trillium's 2018 average percentage of their population receiving Supplemental Nutrition Assistance Program (SNAP) or food stamp benefits is 8.0%, while the State percentage is 6.3%. Northampton County (13.1%) and Bertie County (12.9%) have the highest number of people receiving SNAP benefits, while Currituck (3.2%) and Dare (3.45) have the fewest. Factors related to successful employment include securing employment, maintaining employment, and managing the intersection of wages and other benefits, such as SSI/SSDI/VA and SNAP. Key issues related to employment are jobs that provide more than minimum wage and part-time work schedules, employers willing to consider hiring people who have various disabilities, especially intellectual and developmental disabilities. Trillium Members may need accommodations to work or staff support to accomplish various tasks. Employers often see this need as a burden to the workplace instead of seeing the person as an employee they are likely to retain if they are supported. In the catchment's coastal counties, seasonal service jobs are often the entry level positions Trillium's Members have access to. They do not offer permanent employment and the work environments are sometimes too busy and demanding for Members to be successful. Another challenge often heard from parents is job preparation assistance for young adults with intellectual and developmental disabilities who are transitioning from high school. These Members may not be on a college or technical school track and may not be well prepared to enter the workforce.

Existing Resources/Accessibility

Resources across the Trillium catchment area that support employment are the NC Department of Vocational Rehabilitation (VR), and the NC Division of Workforce Solutions (DWS) that operates local Career Centers. VR offers career assessment, skills training assistance and financial assistance to people who have a disability seeking employment. VR has offices in every Trillium county; in larger counties there may be multiple locations or staffing co-located at a Career Center. The individualized service VR offers provides tailored support to help people with disabilities find a work environment suited to their needs and goals. VR works with employers to establish in-roads to employment where a person seeking a job on their own may struggle. They also work with local colleges to offer education when a person needs training for a specific career pathway. DWS, formerly Employment Security Commission, is a state-funded service to help find employment for at-risk populations and people who are unemployed or under-employed. They operate ncworks.gov, a statewide employment website where employers can post jobs and job-seekers can post their resumes. Career Center staff assist job-seekers with job search techniques, resume development, completing applications and interview skills. At-risk populations, such as youth, displaced workers, and the homeless, are prioritized for one-on-one assistance.

Supported employment, while not widely available, provides employment case management and job placement through community support providers to people with behavioral health and IDD. This service includes employer recruitment, which comprises educating employers on the needs of people with

disabilities and the benefits of hiring people with disabilities. In some cases, staff can support a person on site at the start of a new job so they become familiar with their job tasks, schedule and manage any concerns. As more employers move toward online applications and screening questionnaires, employment case managers provide individual assistance to help job-seekers navigate these sites and understand occasional nuanced questions and scenarios to which they are expected to respond.

North Carolina has programs and initiatives such as Rural Forward NC, which specifically works to address Employment Equity in rural counties of North Carolina. However, they often target specific counties due to these areas having existing employment opportunities.

Additional Infrastructure Needs

Increased networking and centralized resources are needed for individuals who are seeking employment. Like many systems, resources for employment are in silos and difficult to access. Below are some of the specific Infrastructure needs which would benefit Trillium Members.

- One the largest barriers to exist within employment programs is the link to transportation once employment is identified. Resources for transportation from various programs tend to be short-term and time-limited. For example, an individual may find employment and be assisted with transportation for 6 months but then transportation assistance runs out or terminated. Additional resources are needed to assist with long-term transportation assistance as it relates to employment.
- As stated above, several existing programs assist with employment. The length of time it takes to enter services is a barrier to many state-run programs, such as Vocational Rehabilitation. After attending the initial orientation, individuals wait 90 days on average before being approved for services. Additional resources and collaboration with community partners are needed to speed up these timeframes.
- For many, the cost of affordable childcare is a barrier to successful and permanent employment. Work First programs have extremely long wait times. Trillium needs increased funding for programs already in place to assist individuals who want to work but are not able to access affordable childcare.
- Additional education is needed surrounding individuals looking for work who may have criminal records. Often, individuals aren't sure how to respond to questions in an interview or on a resume in fear of not being considered for a job. Trillium needs better reentry programs to assist individuals to get into the workforce. The LME/MCO also needs to educate employers on hiring practices as well as identify better system-wide incentives for hiring individuals who may have a criminal record.
- Many full-time workers are not making a living wage. Low minimum wage standards are a factor with this. More work to address living wage standards is needed.
- Improved guidelines surrounding temporary work are needed by limiting the amount of time a worker can be considered temporary before being an employer is required to hire them full-time.

Availability of Community Supports

Availability of Community Supports varies depending on the area. As stated earlier, supports are more widely available in the larger urban areas, such as Greenville and Wilmington. Many supports that do exist, specifically in the more rural areas, tend to be natural supports, such as family, peers and Members of the faith-based communities. In some communities, nonprofit organizations also provide help to job seekers in the form of resume building, career consultation, interview skills, professional clothing, and job retention counseling. Depending on the program, some have eligibility criteria that filter out people seeking part time work due to a disability, or people who are homeless without a stable shelter.

Food Insecurity

The US Department of Agriculture (USDA) defines food insecurity as a state in which “consistent access to adequate food is limited by a lack of money and other resources at times during the year.” Food insecurity may be long-term or temporary. It may be influenced by several factors, including income, employment, race/ethnicity, and disability. The risk for food insecurity increases when money to buy food is limited or not available.

Trillium Food Insecurity - SFY2018

County	Percentage Reporting Lack of Access to Food ¹	Percentage of Low Income Population and Do Not Live Close to a Grocery Store ¹
Beaufort	17.1%	3.9%
Bertie	23.5%	2.5%
Brunswick	14.9%	5.5%
Camden	11.9%	0.9%
Carteret	14.0%	7.1%
Chowan	21.4%	11.3%
Columbus	19.9%	1.3%
Craven	16.5%	8.1%
Currituck	11.8%	2.8%
Dare	12.5%	7.4%
Gates	16.5%	0.0%
Hertford	24.5%	5.3%
Hyde	18.8%	35.4%
Jones	18.9%	0.0%
Martin	21.4%	1.4%
Nash	19.8%	5.7%
New Hanover	16.4%	7.7%
Northampton	25.0%	7.1%
Onslow	15.6%	10.2%
Pamlico	15.1%	2.4%
Pasquotank	20.3%	12.5%
Pender	15.3%	3.2%
Perquimans	17.6%	1.1%
Pitt	21.6%	3.2%
Tyrrell	19.1%	6.1%
Washington	22.6%	12.9%
Trillium Average Percentage	18.2%	6.3%
North Carolina Percentage	16.5%	6.7%

1. Robert W. Johnson 2018 County Health Rankings. Accessed 3/5/19.

County/Community Overview

As noted previously, Trillium’s 2018 average percentage of the catchment’s population receiving SNAP (food stamp) benefits is 8.0%, while the State percentage is 6.3%. Northampton County (13.1%) and Bertie County

(12.9%) have the highest number of people receiving SNAP benefits, while Currituck (3.2%) and Dare (3.45) have the fewest. Statewide, 59.8% of public school students receive free or reduced-price meals while the Trillium catchment average was 71.5%. Counties where 100% of the students are receiving free or reduced-price meals include Columbus and Hyde, with Bertie (99.8%), Hertford (99.5%), Northampton (99.4%) and Washington (99.4%) essentially the same. In total, 65% of the Trillium counties are higher than the State percentage for students receiving free or reduced-price meals.

According to the USDA Economic Research Service and the Robert W. Johnson 2018 County Health Rankings, 16.5% of those living in North Carolina reported a lack of access to food. In the Trillium catchment, 17 counties reported a higher percentage with Northampton County at 25%. As seen in the chart above, over 35% of those living in Hyde County reported not having reasonable access to a grocery store. Reasonable access is defined as the number of people in a county living less than 10 miles from a supermarket or large grocery store. In many of Trillium's more rural areas, the only accessible food options are gas stations or dollar-type stores. These locations tend to create "food swamps" or areas that only have access to unhealthy food options, such as canned or boxed food, over processed food, food high in sodium and sugar. These options do not generally have fresh produce or fresh meat. Not all Trillium counties have free-standing food banks affiliated with state or national organizations. Some do have community-organized food pantries at churches, libraries or schools or mobile food pantries.

Existing Resources/Accessibility

Many resources do exist to help with food insecurity. Even though not all Trillium counties have a free-standing food bank, every county in the catchment area has some form of community-based or mobile food pantry. The Mobile Food Pantry (MFP) program began in 2000 and consists of two refrigerated box trucks operating out of the Food Bank's Greenville Branch. The MFP program provides food to 38 sites in 10 counties and averages 6,000 pounds of food at each distribution. Overall, the program averages 3 million pounds of food every year. The Mobile Food Pantry is distributing produce, perishables, bread and other food items difficult for traditional pantries to provide. Many families who receive this food lack transportation to emergency food services.

SNAP is another resource widely used in the catchment as noted above. More farmers markets are now participating in SNAP; food coalitions in different areas are continuing to support farmers markets to accept SNAP. As this practice continues to expand, it will allow increased access to fresh produce for low income individuals.

WIC is another benefit readily available for those who qualify, like women who are pregnant or have young children. This helps those families access certain kinds of healthy food.

Many families qualify for free and reduced lunch at school, as previously noted. Because such a large percentage of students qualify for free and reduced lunch, many schools qualify for programs that offer free breakfast for all students. Several communities also qualify for summer programs based on the number of students who receive free and reduced lunch. These programs may be operated in camps, churches, and other summer programs. Several communities are starting 'back-pack' programs where volunteers utilize food donations and pack meals for children to take home from school on Fridays to provide meals for the weekend when school is not in session.

Accessibility can be a problem with all these resources. Transportation is an ongoing issue and can make it very difficult for people to access these benefits.

Additional Infrastructure Needs

- Increasing transportation resources would help increase access to food in many areas. As stated above, most of the communities do not have access to regularly scheduled public transportation.
- Increase mobile food pantries to more rural areas; include areas where people must go for other reasons, such as social services and health departments.
- Ensure communities are more aware of existing resources to decrease food insecurities.

Availability of Community Supports

Many community supports related to food insecurities involve faith-based communities. For many individuals, access to community supports will depend on their involvement with faith-based organizations, social connectedness with others to learn about resources, and having the skills and ability to access supports.

Communities are continuing to support the growth of farmer's markets accepting SNAP benefits and community back-pack meal programs and donations to local food pantries.

Section Three: Acceptability

Methods for Input

Describe methods used to get input from Members and family members regarding service needs, gaps, and strategies Include efforts to achieve geographic and disability-specific representation.

Trillium Health Resources distributed surveys within its 26-county catchment area to gain input from Members and their families. The original Member/Family Survey was designed by the three Regional CFACs, to which Trillium staff added questions concerning social determinants and access. The Member/Family Survey was completed by over 1,900 individuals. Surveys focused on needs, gaps and challenges within the Trillium Network.

Trillium conducted the Member/Family Gaps and Needs Survey between January 29, 2019 and March 30, 2019. 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 for Members. Respondents were able to download Member/Family Surveys on tablets or smart phones through QR codes. One thousand nine hundred twenty-one (1,921) Members and their families responded to the survey, a 21.20% increase from last year.

Surveys were made available online and in hard copy. The Member/Family Survey was made available in Spanish where needed. Trillium received one (1) Member/Family Survey in Spanish. 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 identified five (5) teams of staff assigned to specific counties to reach out to Members and their families throughout its 26-county catchment area. System of Care (SOC) staff were also assigned to teams and asked to bring multiple copies of the survey to their respective SOC Collaboratives for the counties they typically oversee.

The geographic representation of where members and their families reported they lived within the catchment area included the following (n=1,819):

- 329 (18.09%) New Hanover
- 251 (13.80%) Pitt
- 175 (9.62%) Onslow
- 125 (6.87%) Nash
- 117 (6.43%) Craven
- 107 (5.88%) Brunswick
- 89 (4.89%) Pasquotank
- 78 (4.29%) Beaufort
- 69 (3.79%) Carteret
- 63 (3.46%) Pender
- 43 (2.36%) Martin
- 41 (2.25%) Chowan
- 31 (1.70%) Camden
- 31 (1.70%) Hertford
- 30 (1.65%) Currituck
- 27 (1.48%) Perquimans
- 26 (1.43%) Bertie
- 25 (1.37%) Pamlico
- 17 (0.93%) Columbus
- 17 (0.93%) Gates
- 16 (0.88%) Dare
- 16 (0.88%) Northampton
- 15 (0.82%) Washington
- 9 (0.49%) Jones
- 2 (0.11%) Hyde
- 2 (0.11%) Tyrrell

It is important to note an additional 68 respondents indicated they lived outside of the Trillium 26-county catchment area at the time of the survey.

Trillium staff assisted entering data for any surveys received in hard copy form. Gaps and needs identified in the surveys can be found beginning on page 46 of this report.

Methods for Stakeholder Input

Describe methods used to get input from stakeholders other than Members and family members regarding service needs, gaps, and strategies.

Like the Member/Family Survey, the Stakeholder Gaps and Needs Survey was completed between January 29, 2019 and March 30, 2019. One thousand three hundred-ten (1,310) stakeholders responded to the survey, which is a 2.10% increase from last year's survey participants. The survey was posted on the Trillium website, made available in hard copy, emailed, hand-delivered or distributed to staff and several specific groups as well as community members.

Trillium Health Resources distributed surveys within its 26-county catchment area to gain input on a broad range of stakeholders. The Stakeholder Survey was redesigned by Trillium staff and gathered over 1,300 responses. Surveys focused on needs, gaps and challenges within the Trillium Network.

Surveys were made available online and in hard copy. The Stakeholder Survey was also made available in Spanish, although Trillium received none. 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 identified five (5) teams of staff assigned to specific counties to reach out to stakeholders and providers throughout its 26-county catchment area. Each team was responsible for contacting the contracted providers in those counties and sharing the English and Spanish versions of the survey with them. During those conversations, Trillium staff also encouraged providers to specify a target number of surveys they would commit to trying have completed by Members. Arrangements were then made with the providers to drop off/pick up surveys. *(See the complete Trillium Survey Team – Provider Target List at the end of this section.)*

System of Care (SOC) staff were assigned to teams for the counties they typically oversee. They were asked to bring multiple copies of the survey to their respective SOC Collaboratives as well as to any providers they were going out to engage. Trillium also had Contract Managers contact all providers on their caseloads and requested 100-200 surveys be completed by each of Trillium's largest providers.

Trillium created a call script for all staff to use for consistency in survey discussions. Provider were called and staff followed up with delivering and/or picking up surveys. Providers were encouraged to use the online link to access the surveys. Trillium received bi-weekly updates on how many surveys had been completed and received. Trillium staff assisted entering data for any surveys received in hard copy form.

The chart below illustrates an increase in survey respondents.

Trillium Gaps and Needs Survey Respondents Comparison - SFY2018

Survey Type	SFY2015 Number of Respondents	SFY2016 Number of Respondents	SFY2017 Number of Respondents	SFY2018 Number of Respondents	% Increase from SFY2017- SFY2018
Stakeholders Surveys	524	918	1,283	1,310	2.10%
Member/Family Surveys	578	784	1,585	1,921	21.20%
Total Survey Respondents	1,102	1,702	2,868	3,231	12.66%

Other Survey Data

Describe how you use survey data including the ECHO Survey, the Perceptions of Care Survey and the National Core Indicators to inform the LME on issues related to access to care and network adequacy and accessibility

In addition to the Member/Family and the Stakeholder Surveys, the following instruments were administered across the 26-county area during SFY2018 to capture additional relevant information.

- 2018 NC CAHPS® 3.0 Adult Medicaid ECHO® Report
- 2018 NC CAHPS® 3.0 Child Medicaid ECHO® Report
- 2018 Provider Satisfaction Survey Results: Trillium Health Resources
- 2018 Mental Health and Substance Use Services Member Perceptions of Care: Trillium Health Resources
- 2017-2018 Trillium Health Resources: National Core Indicators Reports
- 2019 Trillium Health Resources School Safety Survey: School Staff Input for School Safety Grant

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

Total Trillium Survey Respondents by Instrument – SFY2018

2019 Trillium Member/Family Survey	2019 Trillium Stakeholder Survey	2018 Trillium CAHPS® 3.0 Adult and Child Medicaid ECHO® Report ¹	2018 Trillium Provider Satisfaction Survey ²	2018 Trillium Member Perceptions of Care ³	2019 Trillium School Safety Survey ⁴	2018 Trillium Respondents Combined Total
1,921	1,310	180	248	1,502	799	5,960

¹December 2018: Trillium Health Resources CAHPS® 3.0 Adult Medicaid ECHO® Report; December 2018: Trillium Health Resources CAHPS® 3.0 Child Medicaid ECHO® Report

²December 2018: 2018 Trillium Health Resources Provider Satisfaction Survey Results

³March 2019: 2018 Trillium Health Resources Mental Health and Substance Use Services Member Perceptions of Care

⁴January 2019: 2019 Trillium Health Resources School Safety Survey – School Personnel Input for School Safety Grant

For 2018, Trillium was required to submit 194 individuals to be surveyed for the National Core Indicators, which is administered by North Carolina. North Carolina requirements for 2019, indicated that Trillium was required to obtain 115 consents and complete the background info and pre-survey for each of those participants. Trillium identified a random sample of IDD Innovations Waiver Members to contact (with assistance from the Member’s care coordinator) and asked if they were willing and interested in participating in the survey. The National Core Indicators survey only includes Members with intellectual/developmental disabilities.

In addition to the in-person survey, a separate sample was pulled for surveys the State mailed directly to Members. Regarding the in-person surveys, Trillium was responsible for contacting Members from the random sample list. Upon contact, Trillium explained what NCI is and asked if they would like to participate, in which case Trillium obtained written consent for them to participate in the in-person survey later

conducted by a State-contracted surveyor. In addition to the signed consent, Trillium completed the background form and pre-survey form. Information needed to complete the background form and pre-survey form could be gathered from Member files or staff who know the Member well. Trillium subsequently entered information into an online platform called ODESA to complete Trillium’s portion of the NCI survey process for in-person surveys.

The chart below represents the top additional IDD services needed identified in the NCI in-person survey as well as the Trillium Member/Family Survey.

Trillium Health Resource LME/MCO National Core Indicators (In-Person Survey)	Trillium Health Resources LME/MCO Member/Family Survey
<ul style="list-style-type: none"> • Assistance with social/relationship issues, meeting people • Education, training, or skills development • Assistance finding, maintaining or changing jobs • Day services other than employment • Respite/family support 	<ul style="list-style-type: none"> • Respite • Adult developmental vocational programs • Innovations waivers • Social activities/recreation services

A separate School Safety Survey was conducted in January 2019 to identify training and information that would be helpful to post on the Trillium *Safe Schools Healthy Kids NC* website for school personnel, students, and parents. A total of 799 teachers and school personnel from all school systems within Trillium’s 26-county catchment area responded to the survey. Social determinants contributing to the health and safety of students identified by respondents included:

- 494 (68.52%) Access to safe and affordable housing
- 476 (66.02%) Food insecurity
- 359 (49.79%) Access to transportation

For more details about specific needs and gaps identified in the additional survey instruments listed above, see Appendix E: Constituent Survey Instruments.

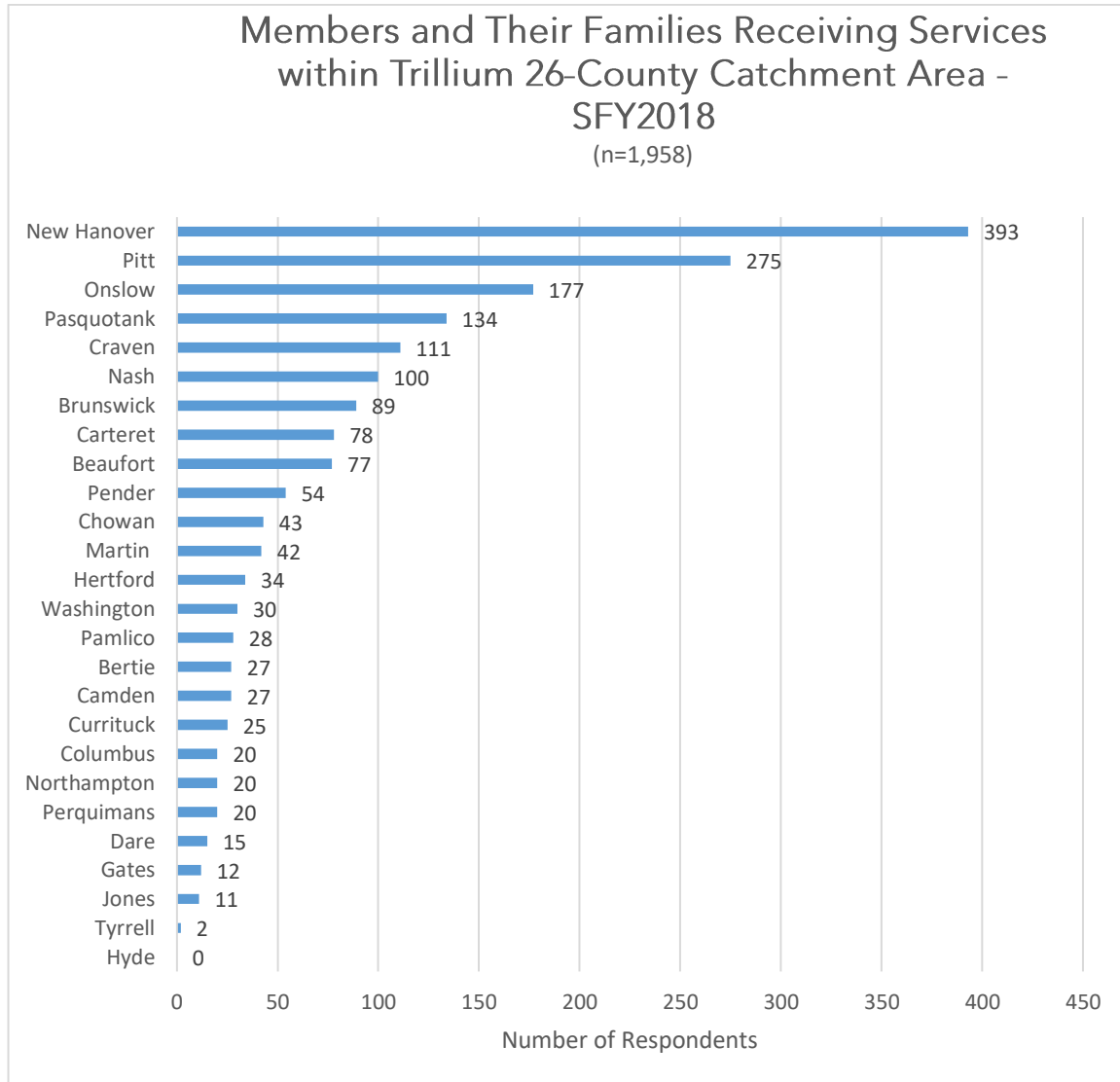
Who do you share the data with and what efforts are occurring to address low scoring items?

Trillium Health Resources uses the ECHO surveys, the Perception of Care Survey and the National Core Indicators (NCI) to identify common themes across surveys conducted during the same timeframe. Trillium shares the survey data with QIC, the Regional Boards and the Regional CFACs as well as on its website.

QIC reviews all analysis and decides how or if to address issues raised in all survey data. It is important to note many issues addressed in the survey are issues identified by a small percentage of the Member population. The Member population is over 55,000 individuals and the survey respondents represented 3% of that group. So, information identified by Members could be dramatically different if the numbers responding to the survey were more representative of the Membership as a whole.

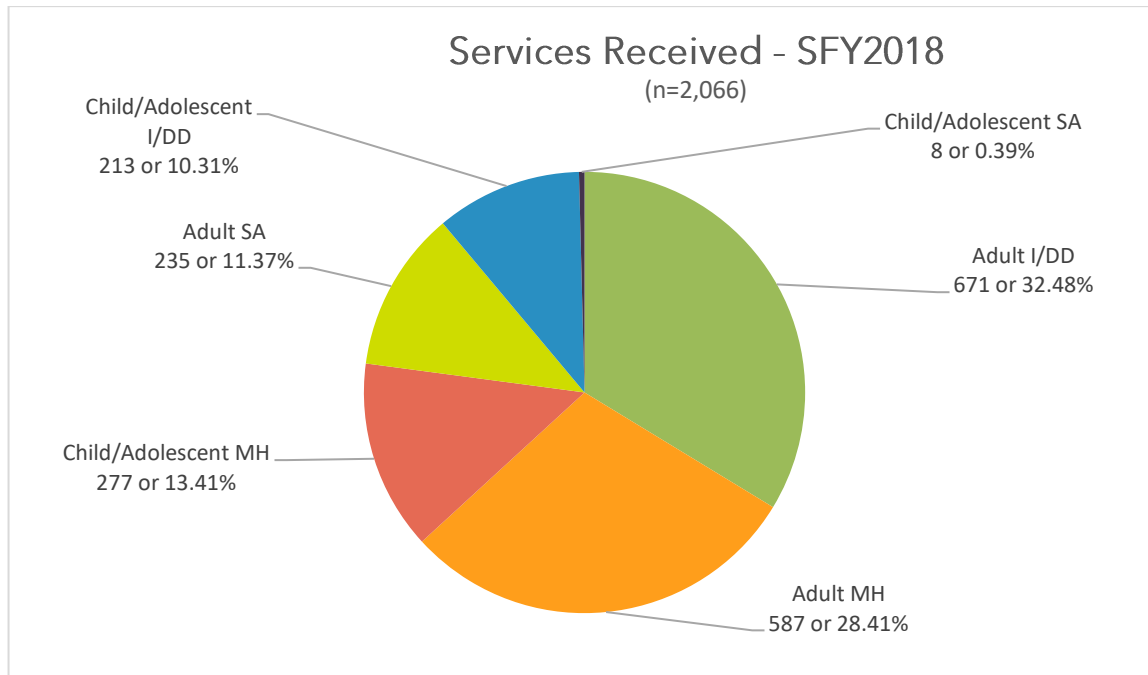
Member/Family Survey Summary

The graph below, shows the geographic representation of where Members and their families reported they received services.



It is important to note that 114 respondents indicated they received services in counties outside the Trillium 26-county catchment area.

At the time of the survey, Members and their families reported receiving or having received the following services, and were able to choose all services that applied:



Themes from the Member/Family Survey include:

- Most respondents reported their marital status as Single (1,497 or 79.37%).
- The bulk of respondents indicated they were White/Caucasian (1,146 or 59.72%) or Black/African American (619 or 32.26%).
- In terms of technology, respondents reported they used (n=2,709):
 - 963 (35.55%) Cell phones or smartphones that accesses the internet and websites
 - 664 (24.51%) Laptops/desktops
 - 634 (23.40%) Tablets
- Respondents preferred to receive news and information from Trillium through regular mail (574 or 31.28%) or email (513 or 27.96%).
- Most respondents indicated they found out about mental health, intellectual-developmental disability or substance use disorder services through their doctor/therapist (720 or 36.29%) and their friends/family (604 or 30.44%).
- Four hundred fifty-eight (458 or 27.89%) respondents reported they had to go outside of the county they lived in for MH/IDD/SUD services in the past year.
- For those respondents who indicated they had a MH/IDD/SUD crisis in the last year, 346 (30.22%) respondents reported they did not receive the help they needed.
- One hundred twenty-two (122 or 10.45%) of respondents indicated they were on a waiting list for Innovations Waiver services, while 172 (14.74%) reported they did not know if they were on a waiting list for Innovation Waiver services.
- Five hundred thirty-four (534 or 56.87%) respondents reported their support staff changed 1-2 times, 3-4 times, or 5 or more times at the time of the survey.

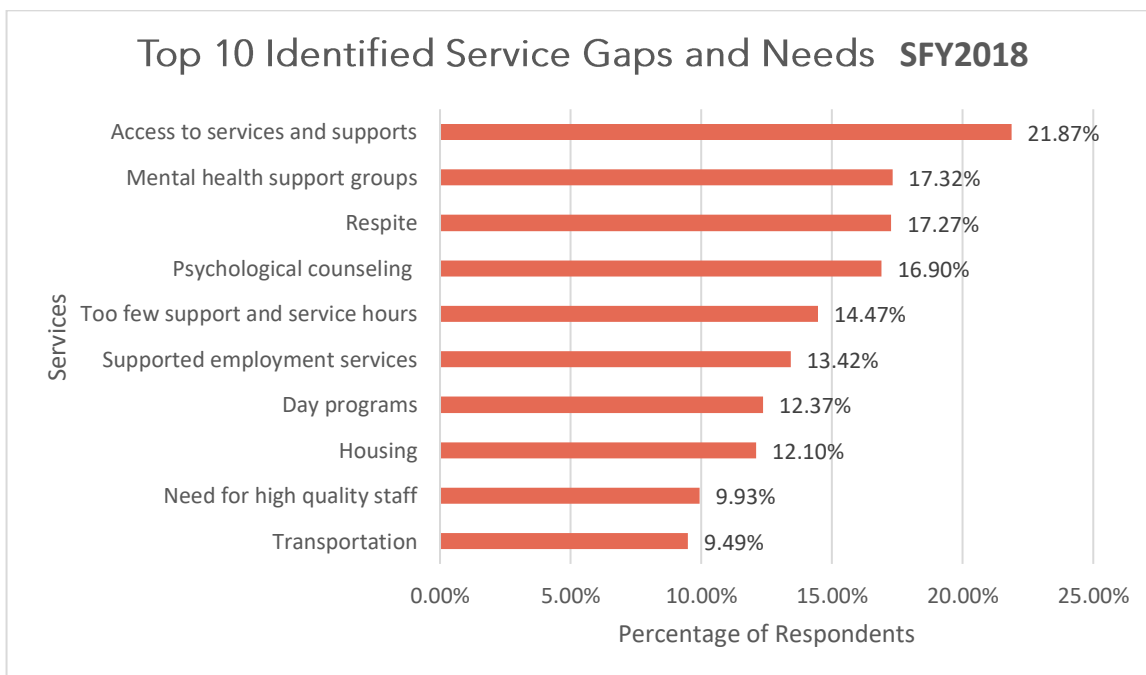
- There were 343 (33.83%) respondents who reported they did not understand what a peer support specialist was as well as how they might help them.
- Two hundred sixty-three (263 or 47.13%) of respondents reported they were not aware of the availability of Narcan/Naloxone kits to save lives from opioid overdose.

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

One thousand four hundred eighty-six (1,486 or 84.1%) respondents felt they were getting the services they needed at the time of the survey. Two hundred eighty-one (281 or 15.9%) respondents reported they were not getting the services they needed and indicated the following top needed services:

- 34 (11.64%) Respite
- 33 (11.30%) Housing, such as group homes and residential placement
- 32 (10.96%) Access to services and supports, excluding to specific MH/IDD/SUD services
- 29 (9.93%) Need for high quality staff
- 25 (8.56%) Job coaching, including jobs, supported employment, vocational services, starting own business assistance and sheltered work program
- 23 (7.88%) Applied Behavior Analysis (ABA) Therapy

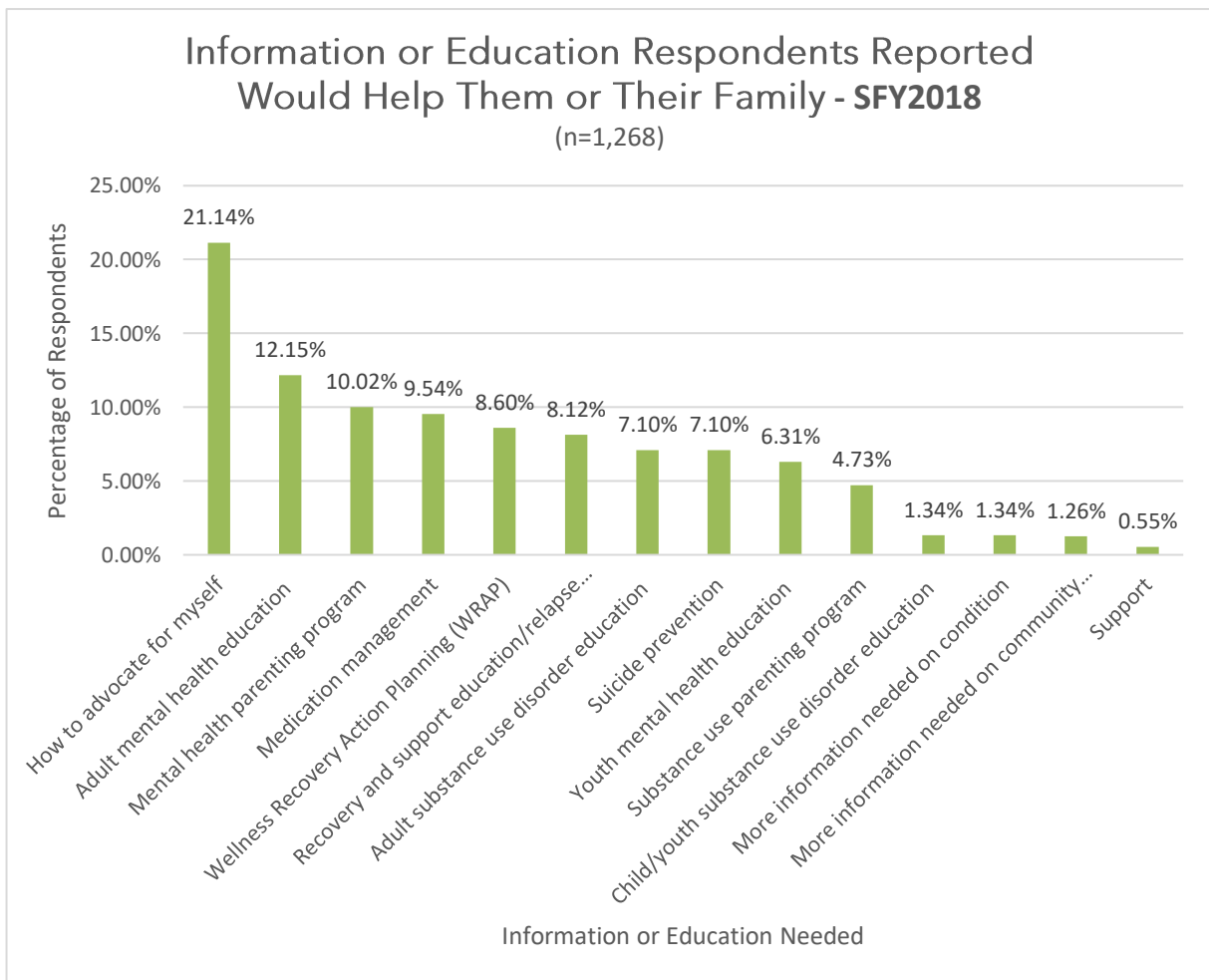
Needs and gaps were identified in more than one survey question, with the number of respondents being different for each question. The following graph represents the top 10 service needs and gaps, by percentage, identified by Members and their families.



The top six (6) barriers/challenges identified by Members and their families included (n=809):

- 273 (33.75%) Transportation
- 106 (13.10%) Cost of medication
- 96 (11.87%) Wait too long for appointments
- 90 (11.12%) Lack of insurance
- 70 (8.65%) Don't want friends/family members to know about my condition
- 60 (7.42%) Inconvenient hours

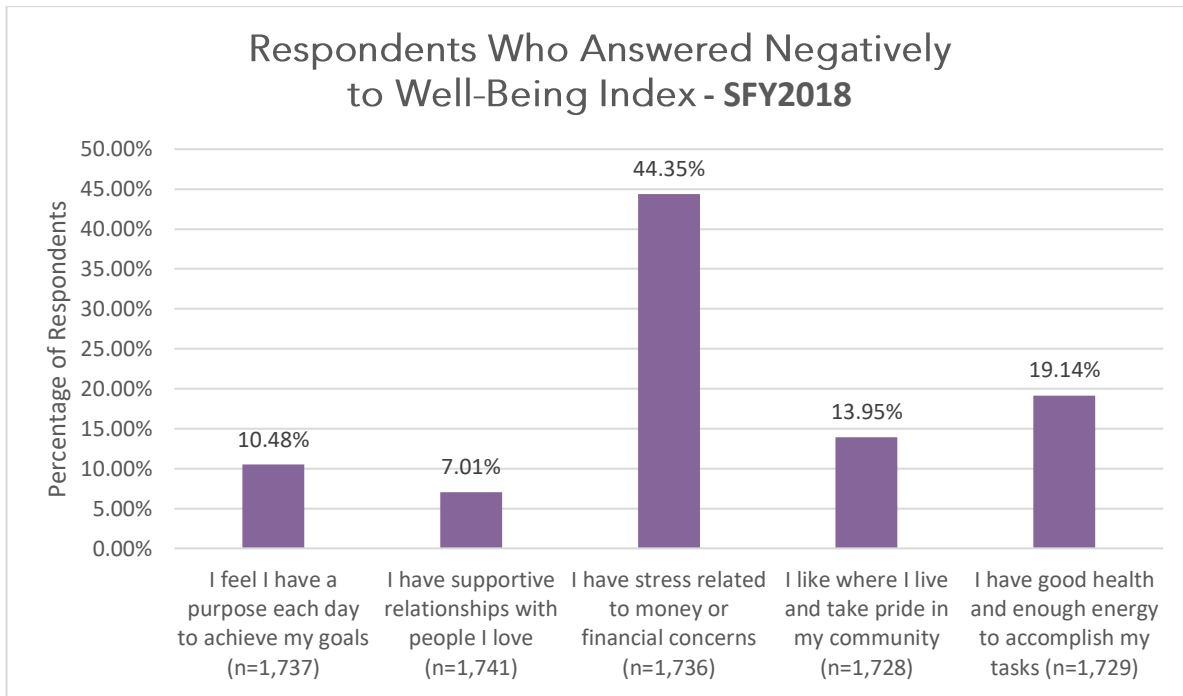
The following graph represents information or education that respondents reported would help them or their family.



The top social determinants mentioned by Members and their families included:

- 273 or 33.75% Transportation
- 189 or 4.82% Homeless

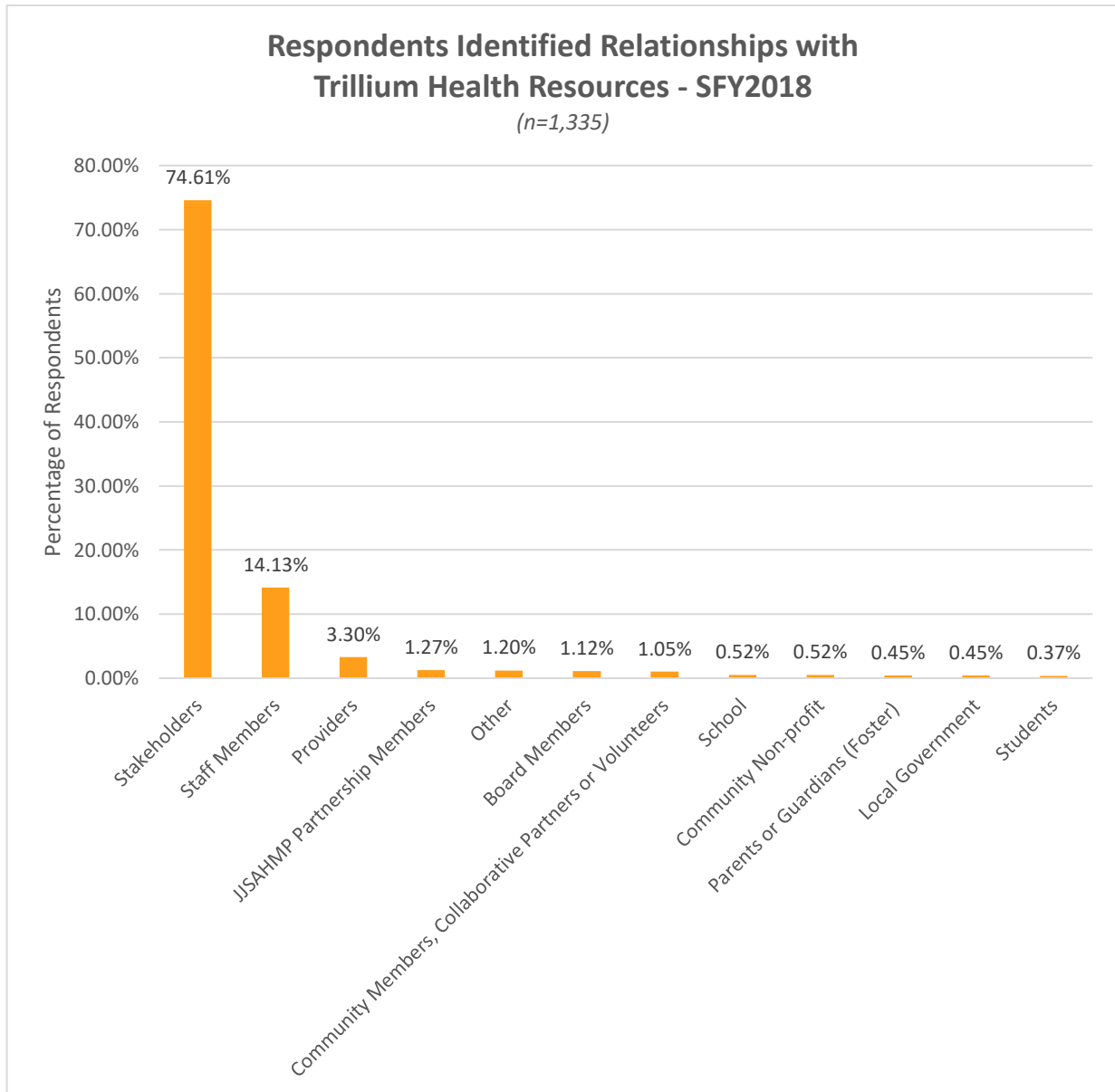
Respondents were asked questions based on their level of well-being at the time of this survey. The graph below represents the percentage of respondents who felt negatively about each item.



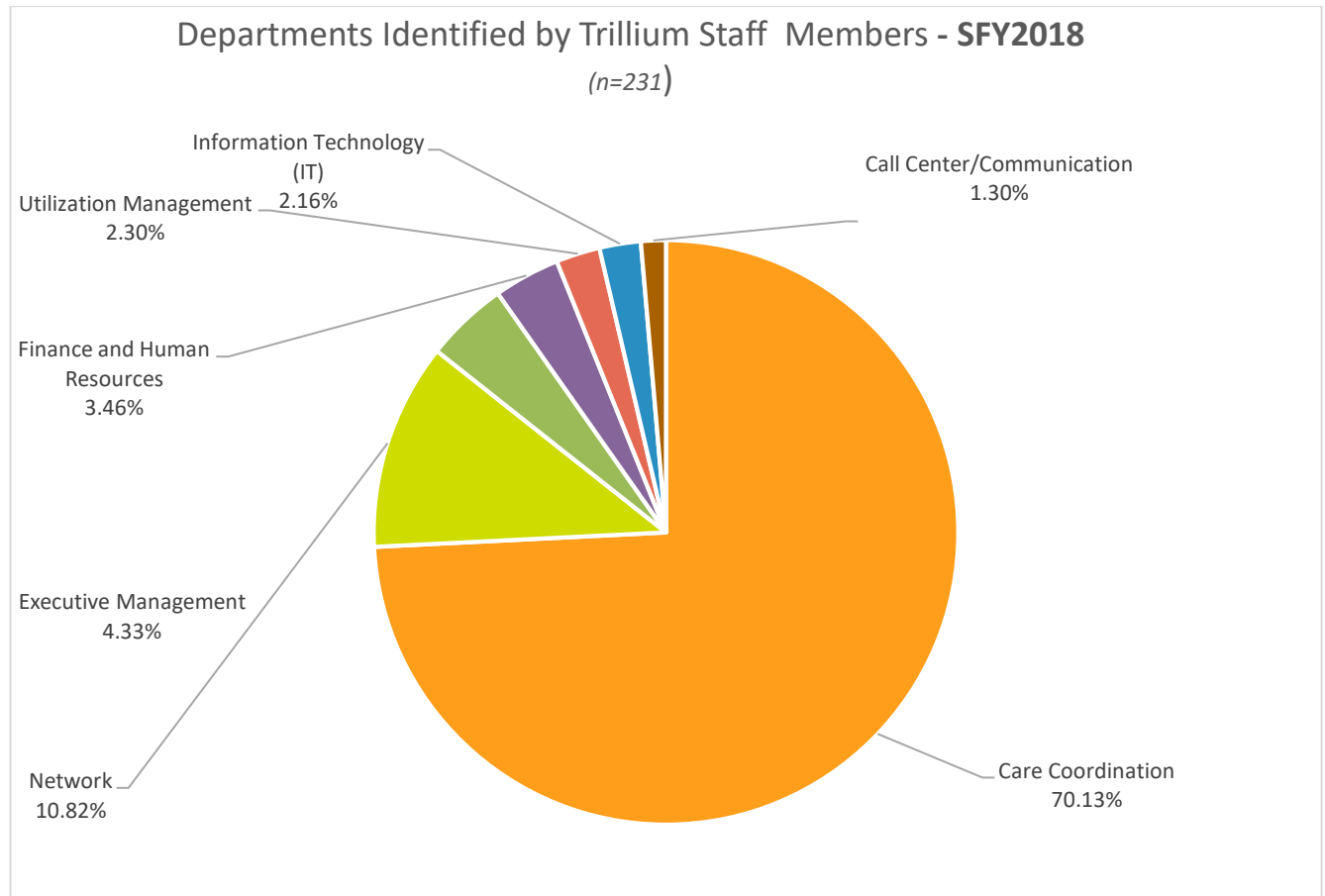
Three hundred forty-three (343) respondents made additional comments at the end of the survey. Of those, 47 (or 13.70%) made favorable comments expressing appreciation relative to services and providers.

Stakeholder Survey Summary

The graph below represents how respondents identified their relationship to Trillium Health Resources at the time of this survey (n=1,335).

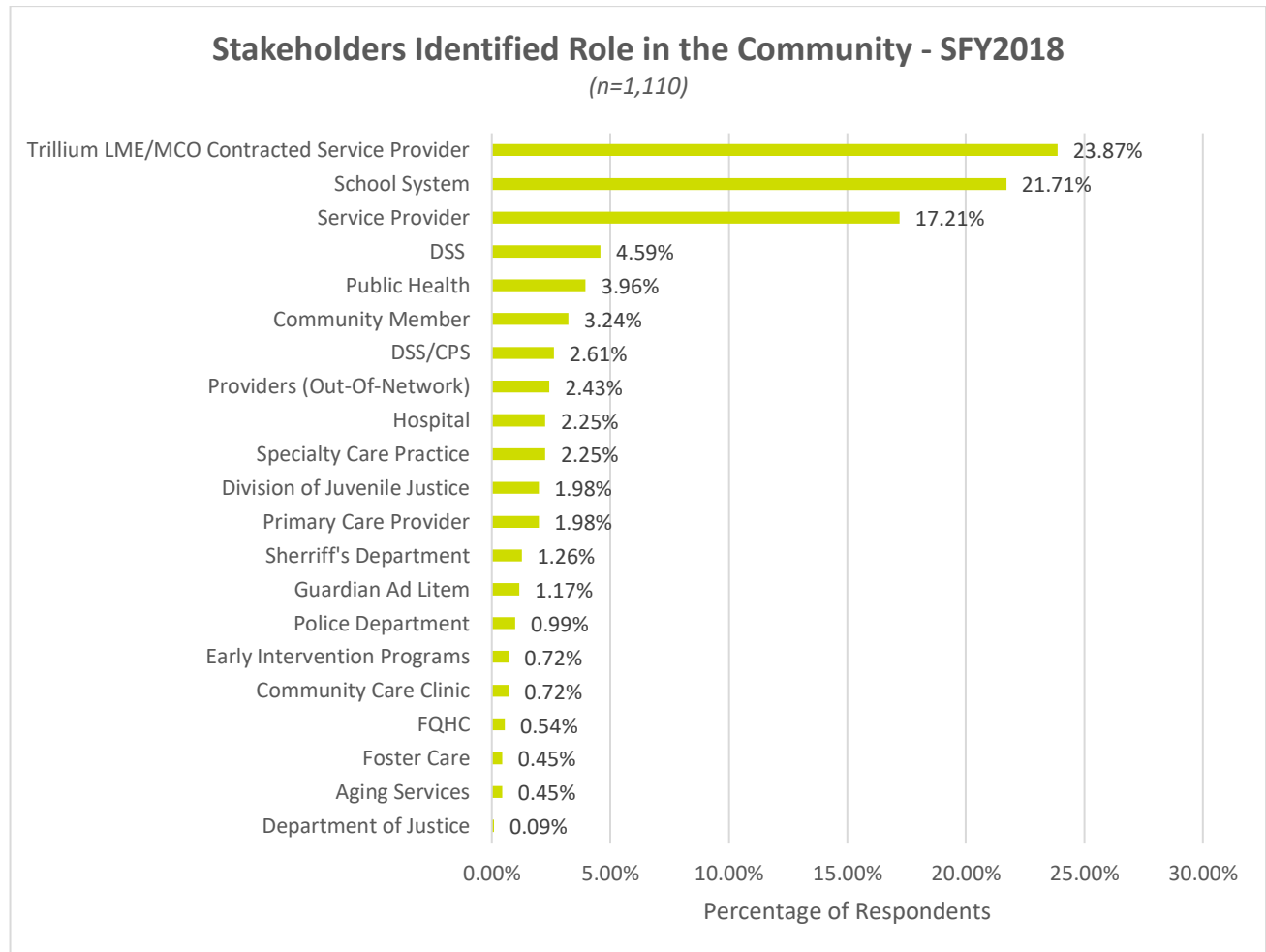


The graph below represents those who identified themselves as a Trillium “Staff Member” and the percentage of whom reported which department they worked in at the time of the survey.



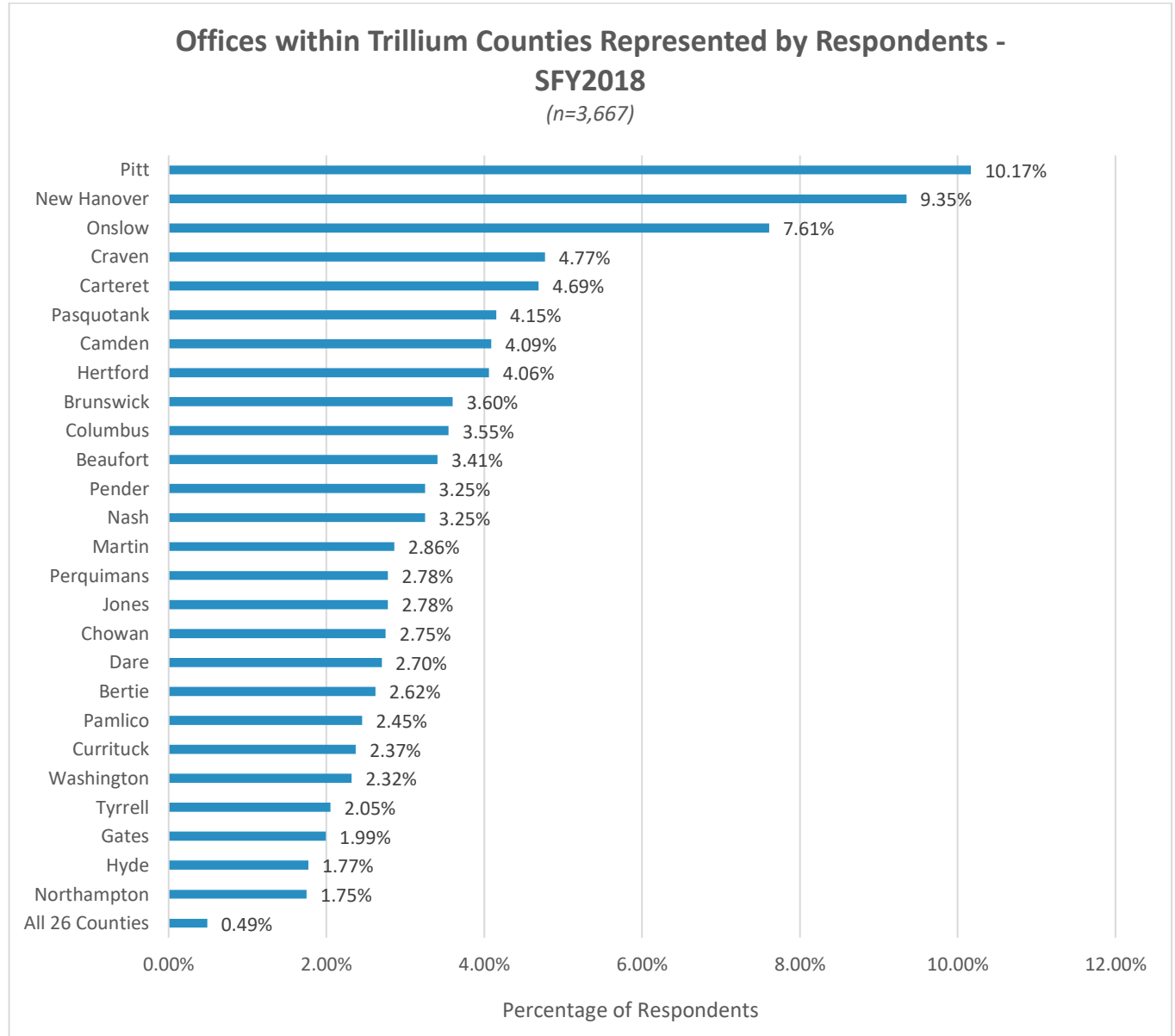
Twelve (12 or 5.19%) respondents indicated “Other” but did not specify the department.

The graph below demonstrates how respondents identified their role in the community if they reported themselves as a “Stakeholder”.

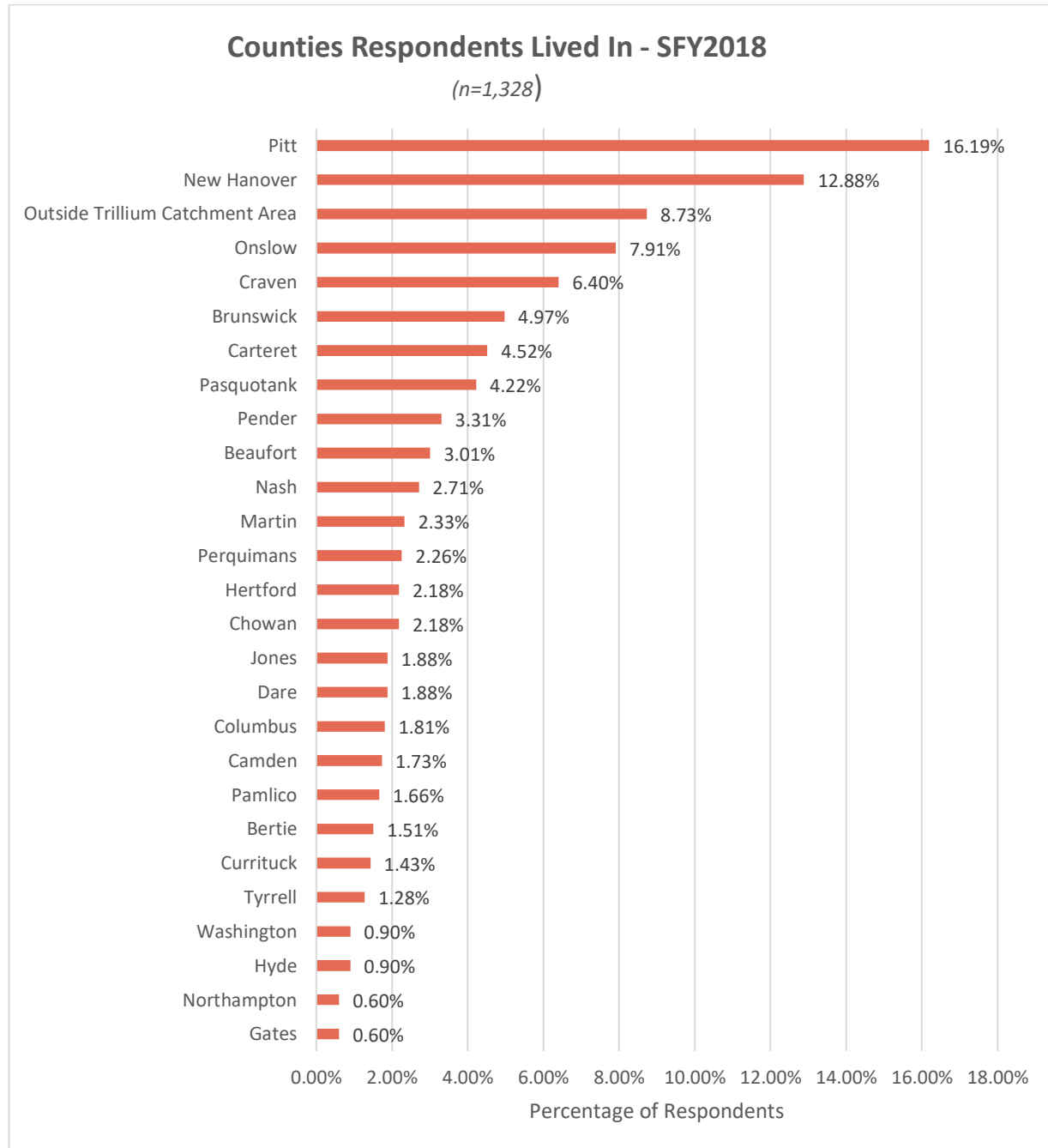


Sixty-one (61 or 5.50%) respondents indicated “Other” but did not specify their role in the community at the time of this survey.

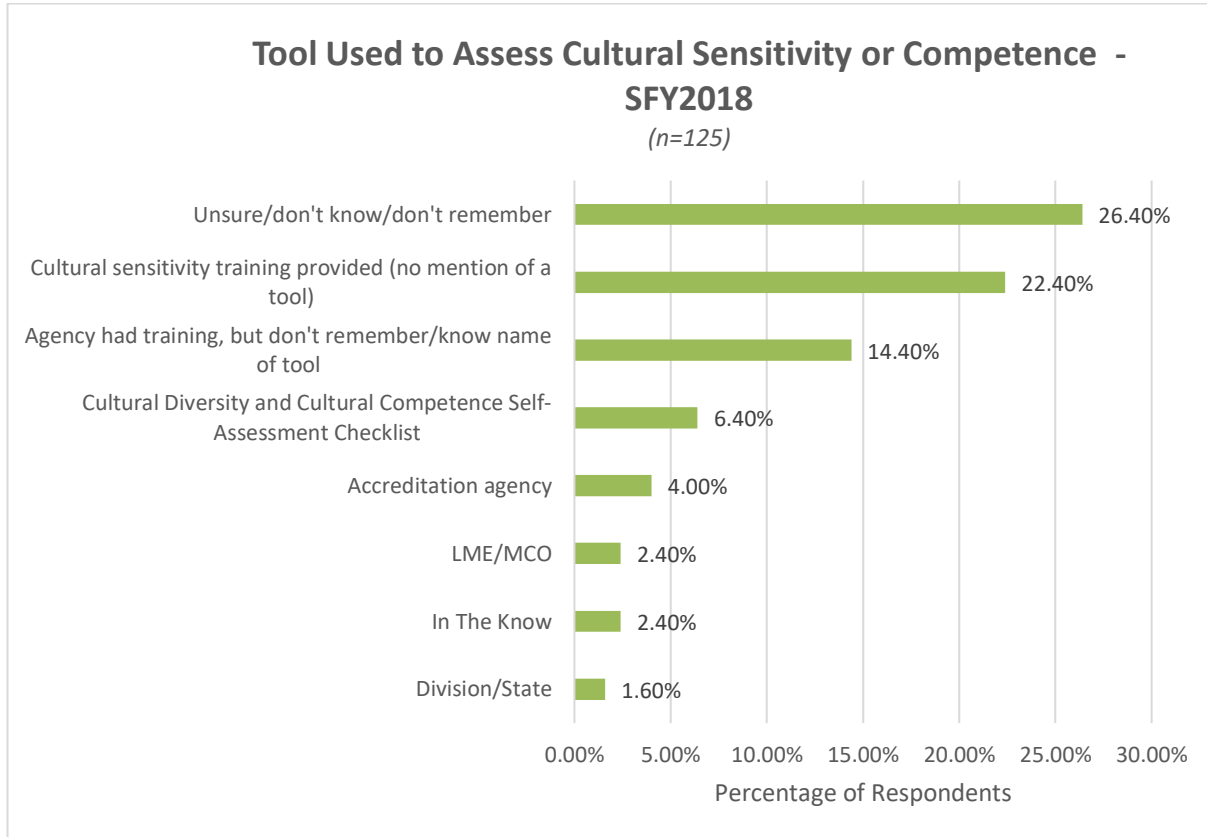
Respondents were able to choose all counties where their organization had office at the time of the survey. Eighty-seven (87 or 2.37%) respondents indicated their organization had offices outside the Trillium 26-county catchment area. The graph below shows the percentage of respondents and the counties they indicated having offices within the Trillium catchment area.



Respondents were also asked to identify the county (counties) where they lived at the time of the survey. Respondents could choose more than one county. The graph below represents the percentage of respondents and the counties they lived in at the time of the survey.



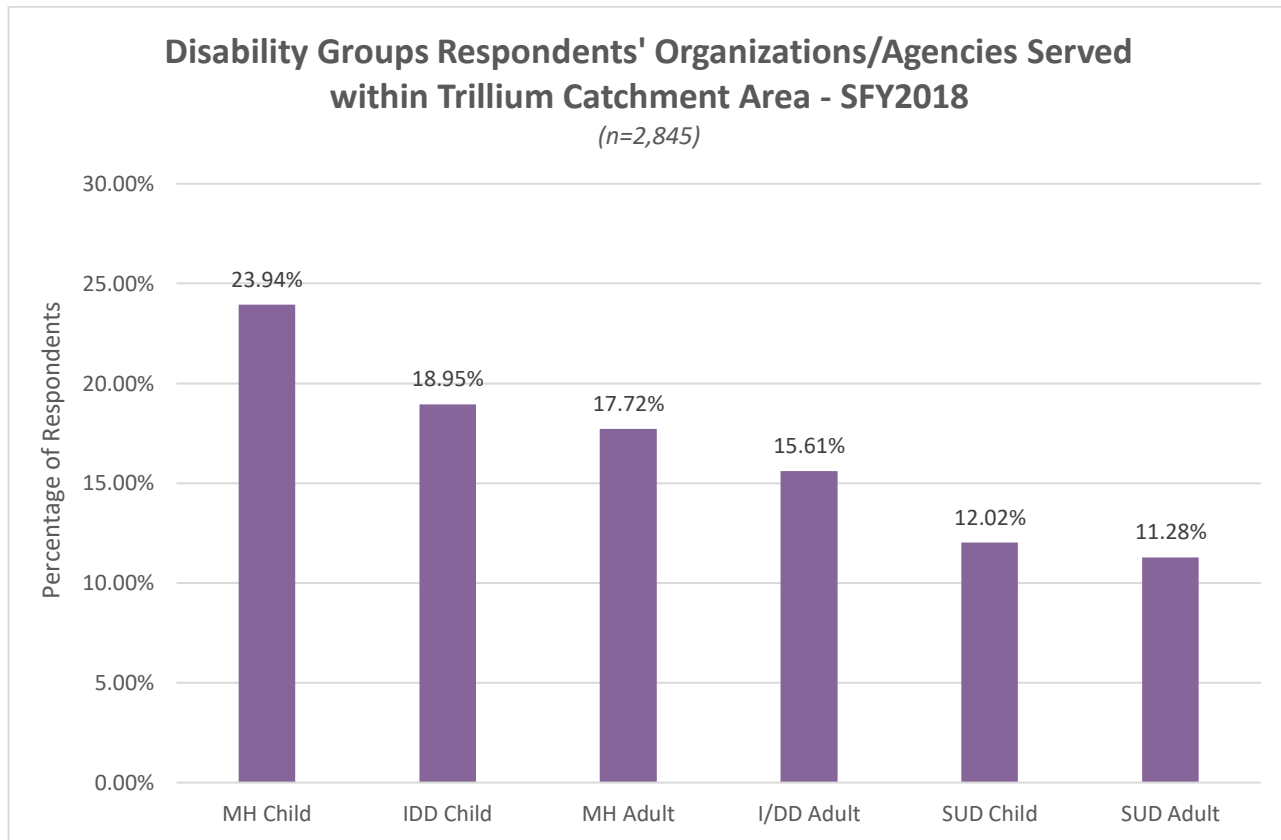
Three hundred fifty-nine (359 or 46.68%) of 769 respondents indicated their organization had participated in a cultural sensitivity or competence assessment. Of 455 respondents, 170 (37.36%) reported the cultural sensitivity or competence assessment they participated in was a standard tool. The chart below represents the responses when asked what tool was used to assess cultural sensitivity or competence.



Six hundred twenty-eight (628 or 51.52%) out of 1,219 respondents indicated they had observed stigmas or prejudices against a Member with a mental health, intellectual/developmental disability or substance use diagnosis. Respondents identified the average number of years they had worked for or had a working relationship with Trillium Health Resources LME/MCO as 10.17 years, which ranged from .25 to 31 years.

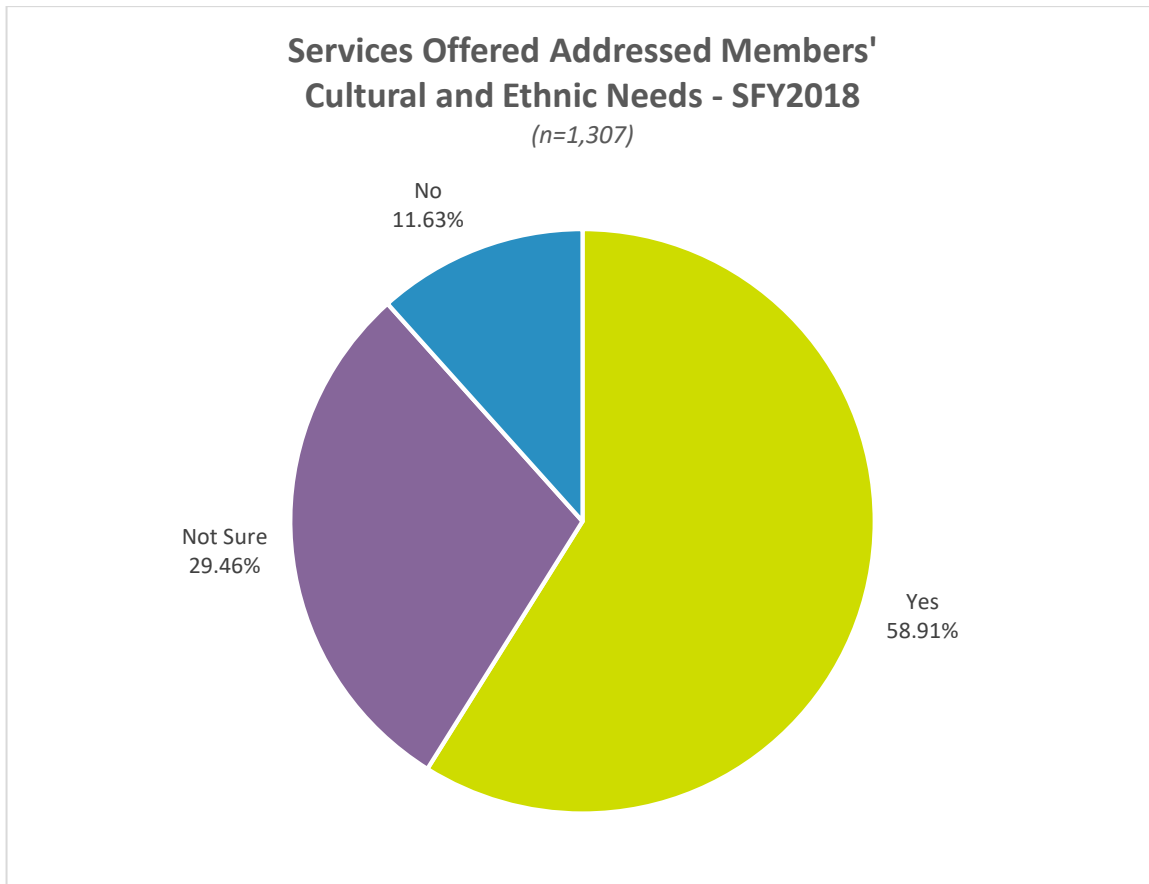
For each disability group (mental health, developmental disabilities and substance use disorder) what service gaps were identified by other stakeholders?

The following chart reflects disability groups responding providers and stakeholders indicated their organizations/agency served within the Trillium Health Resources catchment area.¹



¹ Respondents could select all the disability groups that their organization/agency served within the Trillium catchment area.

The following chart indicates if respondents felt services offered in the Trillium LME/MCO catchment addressed Members' cultural and ethnic needs.



One hundred sixty-six (166 or 12.70%) of 1,307 respondents made additional comments concerning Members' cultural and ethnic needs and indicated the following gaps:

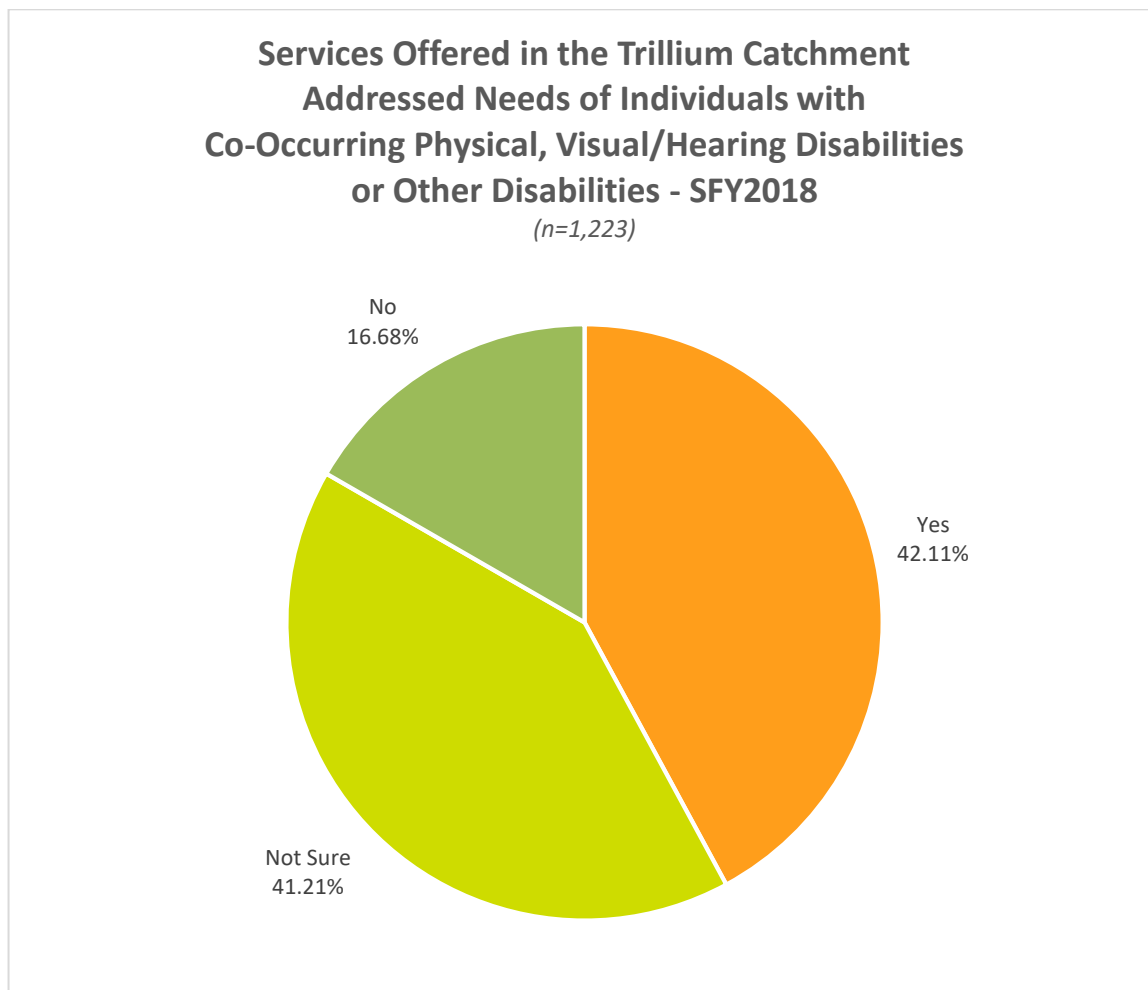
- 93 (56.02%) Access to services and resources including elimination of language barriers, primarily Spanish and ASL
- 30 (18.07%) Mental health services and supports
- 25 (15.06%) Community education needed
- 24 (14.46%) Policies including increasing the number of contractors
- 22 (13.25%) Student services
- 21 (12.65%) Child services
- 11 (6.63%) Substance use disorder services and supports
- 9 (5.42%) IDD services and supports
- 8 (4.82%) Adult services
- 8 (4.82%) Communication
- 7 (4.22%) Long wait list
- 5 (3.01%) Engagement
- 5 (3.01%) Transportation

Respondents were able to identify as many cultural or ethnic groups they felt were experiencing needs not being addressed by Trillium network providers at the time of the survey. One hundred seventy-six (176) respondents identified multiple cultural and ethnic groups as well as numerous services to which those groups needed access. The top cultural or ethnic groups identified along with the top services those groups need access to include:

- 67 (38.07%) Spanish-speaking
 - Spanish-speaking providers
 - Substance use disorder treatment and services
 - Mental health treatment and services
- 43 (24.43%) African Americans
 - Housing assistance
 - Medication management/psychiatric services
 - Transportation
- 24 (13.64%) Low income/rural
 - Housing
 - Mental health
 - Substance use disorder treatment
- 22 (12.50%) Individuals with IDD and/or ASD (Autism Spectrum Disorder)
 - Mental health services
 - Substance use disorder services
 - ABA (Applied Behavioral Analysis) therapy

A chart with all cultural and ethnic groups identified in the survey along with services needed for each group is in Appendix B: Constituent Survey Instruments.

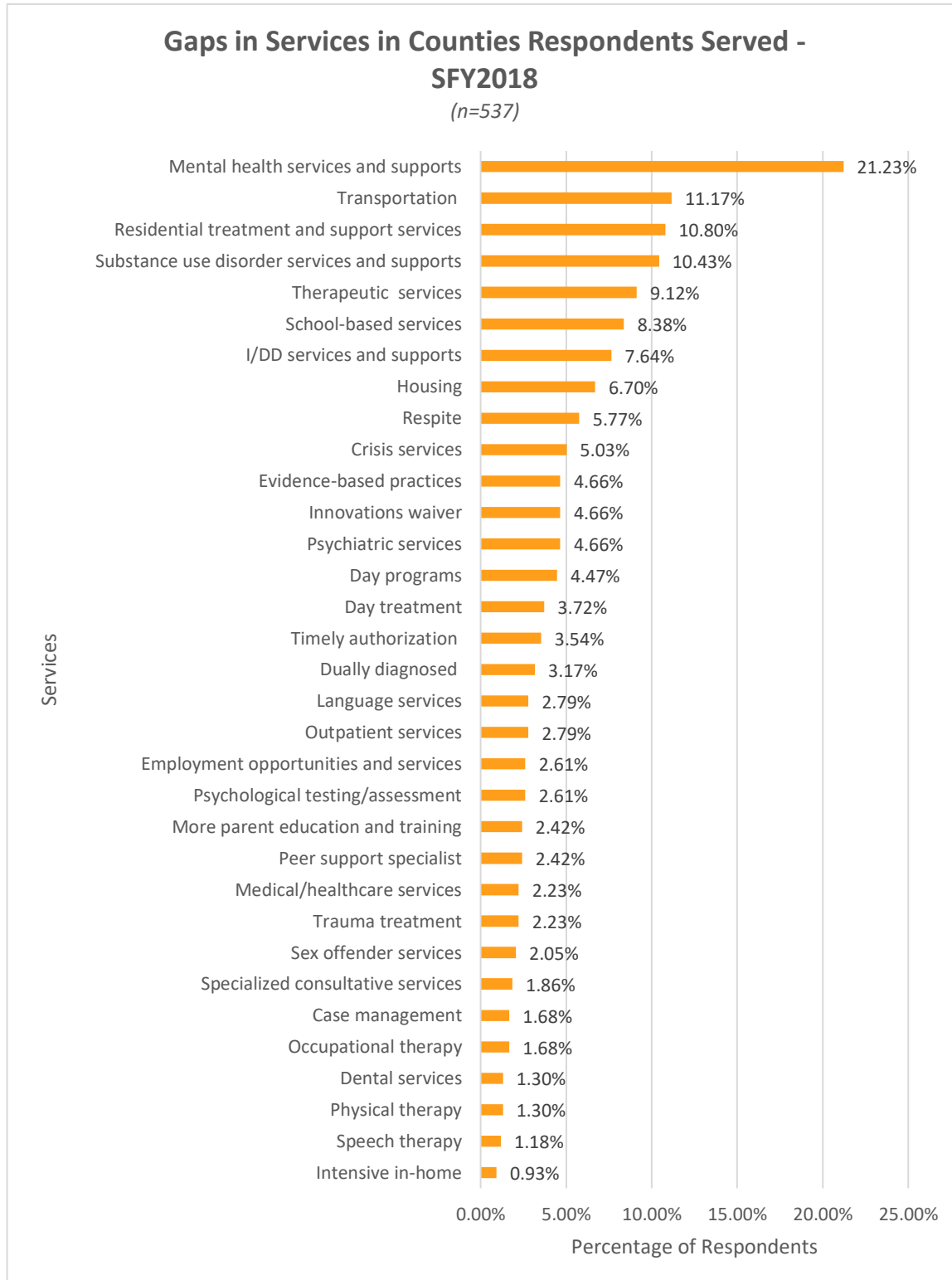
The chart below demonstrates how respondents felt concerning the services offered in the Trillium catchment and if those services addressed the service needs of individuals with co-occurring physical, visual/hearing disabilities, or other disabilities.



Two hundred thirty (230) respondents indicated gaps in service needs of individuals with co-occurring physical, visual/hearing disabilities or other disabilities. The top gaps identified included the following:

- 31 (13.48%) Mental health services and supports
- 23 (10.00%) Dual diagnosis including MH/IDD, MH/physical, MH/SUD and IDD/physical
- 23 (10.00%) Services for deaf and hard of hearing
- 21 (9.13%) Residential treatment and support services
- 20 (8.70%) Services for blind or visually impaired

Respondents indicated gaps in services in the counties they served in the following chart.²



² Respondents could list all gaps that applied to the services in the counties they served.

Additional feedback respondents gave included these top items concerning gaps in services (n=230):

- 45 (19.57%) Mental health services and supports
- 33 (14.35%) School-based services
- 22 (9.57%) More timely authorizations/approval
- 21 (9.13%) Crisis services

Trillium Survey Team – Provider Target List

The following list includes the total number of providers Trillium Survey Teams called and delivered surveys to and/or retrieved surveys from in each county.

Team 1

Brunswick - 77
Carteret - 30
New Hanover - 218
Pender - 53

Team 2

Bertie - 15
Martin - 26
Nash - 52

Team 3

Chowan - 13
Dare - 13
Gates - 3
Hertford - 10
Hyde - 4
Northampton - 10
Pitt - 211
Tyrrell - 2
Washington - 12

Team 4

Jones - 22
Onslow - 133
Pamlico - 6

Team 5

Beaufort - 29
Camden - 1
Craven - 99
Currituck - 0
Pasquotank - 40
Perquimans - 2

The following list includes the total number of providers Trillium Survey Teams delivered surveys to and/or retrieved surveys from in each county. The Teams did not call these providers.

Team 1

Brunswick - 26
Carteret - 24
New Hanover - 81
Pender - 30

Team 2

Bertie - 22
Martin - 4
Nash - 9

Team 3

Chowan - 18
Dare - 12
Gates - 3
Hertford - 19
Hyde - 6
Northampton - 2
Pitt - 115
Tyrrell - 1
Washington - 4

Team 4

Jones - 6
Onslow - 35
Pamlico - 16

Team 5

Beaufort - 39
Camden - 2
Craven - 81
Currituck - 3
Pasquotank - 52
Perquimans - 3

Section Four: Special Populations

Transitions to Community Living Initiative (TCLI)

Community-Based Supportive Housing Slots

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.

Trillium has offered continuous training to providers, community stakeholders and Members regarding the Olmstead Settlement and the TCLI program. The Preadmission Screening and Resident Review (PASARR) had previously been a barrier to engaging Members who were TCLI-eligible in the program. On November 1, 2018, the Referral Verification and Screening (RSVP) process was implemented, which allowed for each LME/MCO to determine TCLI eligibility at the LME/MCO level and to expedite personal care services via the new process. TCLI continues to work with state and community hospitals to receive information for Members in a more timely and efficient manner to assure a Member can be diverted from Adult Care Home entry upon discharge. Trillium has implemented revised contracts. TCLI, in conjunction with the Trillium Housing Department, is establishing bridge housing to assist Members in transitioning from a state hospital to independent living without entering an Adult Care Home. Significantly, in other TCLI areas, the MCO re-housed 24 Members displaced by Hurricane Florence; housed 121 new participants to the program; and had only two participants leave the program this year due to significant illness.

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 has been and will most likely continue to be an obstacle in the Trillium catchment area due to the high number of rural counties. Available and affordable housing is an obstacle. Housing for Members who have criminal backgrounds, extensive poor credit history, or are sex offenders continues to be difficult to identify. Trillium TCLI and Housing staff have diligently worked with private property owners to cultivate new housing opportunities.

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.

Obstacles and barriers include a lack of affordable housing, extensive criminal records and poor credit history as well as a need for additional accessible or first floor apartments for older Members or Members with special needs.

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 facilitates tenure in housing as well as scheduled meetings with staff to create a housing plan for Members. Access to Personal Care Service is limited and often difficult to establish in a timely manner, however, adding nursing staff to the TCLI program has assisted in streamlining the process.

IPS Supported Employment

Describe the network adequacy of IPS-Supported Employment services, including numbers, 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.

Currently, there are eight teams operating in 24 counties within the Trillium 26-county catchment. The identified gap was the lack of a team to support all 26 counties in the catchment. An RFP has been completed and a new team will start serving the two remaining counties of Nash and Columbus this fiscal year.

The existing eight teams are serving 329 Members with the capacity to serve 476 Members. Per the new service definition released January 2019, a full IPS Team with eight ESPs and a Team Lead can serve 210 Members. Based on the current eight teams, the LME/MCO capacity would be 1680 if each team could get to full capacity. Once the additional team is operational in Nash and Columbus County, that number will rise to 1890 if all teams are fully staffed.

Presently, providers need more knowledge about the service to increase referrals to IPS teams. As the number of referrals increase, providers will have the incentive to hire more staff to fill the teams to full capacity in order to serve a full cohort of Members.

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.

In September 2018, Hurricane Florence created many obstacles for IPS Supported Employment, including IPS Team staff and Members being displaced out of the area due to damage to homes and lack of housing in the affected areas after the storms. Many providers have had to try to replace staff, therefore team staff numbers have dropped, which drops the number of Members who can be served.

Also, many teams have had to discharge Members as they have moved out of the area in order to find affordable housing. There is currently not a lot of knowledge about the service among providers. Trillium has formed a dedicated IPS Workgroup to work with IPS teams and providers to support initiatives, such as increasing knowledge of the service within the provider network. The workgroup has discussed things such as highlighting the service in newsletters and other provider communications. Trillium has also assigned dedicated Contract Managers to work closely with IPS teams and to provide leadership and be a source of mediation between the provider and Trillium. Trillium reviews and reports to the State the addition of new

Members who are In-/At-Risk based on In-/At-Risk checklists submitted by providers each month. Additional barriers include employer participation. Many of the teams are in rural areas with few employers and, in some cases, the number of employers has also dropped due to the storm.

In many rural communities, transportation is an issue with many areas not having a public system. In order to make employment sustainable, Members must have access to transportation as the services decrease and as they are discharged. Trillium and the IPS Team are currently participating in a Regional IPS Coalition with state fidelity reviewers, other LMEs/MCOs, and Vocational Rehabilitation Counselors. The coalition meets quarterly to discuss issues, barriers, solutions and successes of the service.

The misconception that participating in the service will result in the loss of benefits, i.e. SNAP, SI benefits, is another barrier. The new service definition addresses this in the optional addition of a Benefits Counselor to the IPS team. The person would be a Certified Work Incentives Counselor and would be able to address Member concerns about benefits. Trillium is encouraging IPS teams to add this position and some providers were allocated NON-UCR funds for benefits counseling for Members. Trillium also awarded Non-UCR funds to providers to help with the cost of behavioral team meetings for providers.

As stated above, Non-UCR funds were awarded to a provider to start an additional IPS Team to serve the additional two counties in the area to ensure Trillium's full catchment is being served.

Community-Based MH Services

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:

Supportive housing tenure and maintenance of chosen living arrangement

TMS, ACTT, Peer Support, CST, Medication Management, Outpatient Therapy

Hospital, adult care home, or inpatient psychiatric facility admissions

Nine TCLI Members served in inpatient; Trillium unable to run data on ACH services because it does not pay for these services.

Use of crisis beds and community hospital admissions

Four TCLI Members served in Crisis Beds

Emergency room visits

54 TCLI Members served via Levels 1-5 ED visits

Incidents of harm

15 incidents (source: IRIS reporting)

Time spent in congregate day programming

18 TCLI Members served in PSR

Employment

28 TCLI Members participate in IPS SE

School attendance / Enrollment

None known

Engagement in community life

Trillium reviewed TCLI Pre-transition, 11-month and 24-month Quality of Life Survey raw data. A review of survey responses revealed the most-identified barriers to engagement in community life were transportation and money/financial issues. This appears to coincide with the NC DHHS Transitions to Community Living Initiative Quality of Life Survey Summary Results - July 2017, which states transportation remains the most frequently cited challenge to some individuals' community integration, personal control, and satisfaction.

The statewide data shows considerable variability across LME/MCO catchment areas. A total of one in five respondents in supportive housing reported lack of transportation has been an obstacle to going out into the community. Nearly one-third of participants cited transportation as an area of additional needed support. However, transportation was not among the indicators that most differentiated between individuals who maintained or subsequently left housing.

It went on to state transportation was a source of dissatisfaction for one of four individuals in supportive housing. One of seven were dissatisfied with options for leisure/recreation, church, parks/open space, and leisure/entertainment options near their new homes, although many reported "No opinion" about these three areas.

Source: <https://files.nc.gov/ncdhhs/documents/files/2016TCLIAAnnualReportQoLAppendix.pdf>

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.

TCLI, in conjunction with the Trillium Housing Department, is establishing bridge housing to assist Members in transitioning from a state hospital to independent living without entering an Adult Care Home.

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.

TCLI and Housing staff have diligently worked with private property owners to cultivate new housing opportunities. Access to Personal Care Service is limited and often difficult to establish in a timely manner, however, adding nursing staff to the TCLI program has assisted in streamlining the process.

Crisis Services

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.

No barriers noted in crisis services.

Services in Trillium’s Northern Region are identified as “ACT-like” (Assertive Community Treatment-like) services. This means an unbundled array of services is provided 24/7 throughout the Trillium catchment to all Members regardless of diagnosis or payor source, including CST, Peer Support, Tenancy Management, Individual Therapy, Individual Supports, Supportive Employment, and Medication Management, Crisis services.

In addition, all TCLI Members receive Tenancy Management either through ACTT or as a stand-alone service. Tenancy Management is designed to assist Members with resolving issues that may arise while residing in an independent setting. Such issues may be related to housing and loneliness, communicating with the landlord, general maintenance of the home, cleaning and preparing food. Tenancy Management assists by being proactive with Members in honing and improving activities of daily living (ADL) and attempting to avoid crisis or separation from independent living.

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 as a result of the crisis, and in a manner that prevents unnecessary hospitalization, incarceration or institutionalization.

Trillium offers Facility-Based Crisis and Respite throughout the 26-county catchment area to help prevent crisis and support Members avoid the need for a higher level of care. Trillium also collaborates with numerous *Wellness Cities*. A Wellness City is a community of individuals in recovery working together with a staff of well-trained peers. Each Wellness City typically offers outreach and peer support groups that teach Members self-management skills. As a preventive measure, these skills aid in avoiding a crisis.

All TCLI Members are linked to a provider upon contact with Mobile Crisis Services. Once linked to a provider agency, a Comprehensive Clinical Assessment is completed. A Person-Centered Plan (PCP) and Comprehensive Crisis Plan are developed and/or updated to address the most recent crisis episode. TCLI Members also are assigned to a Transition or Post Transition Coordinator. In the event of three crisis episodes, a Root Cause Analysis, which includes consultation by Trillium’s Chief Medical Officer, is conducted to assess the need for additional interventions.

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

Integrated Family Services (IFS) expanded Mobile Crisis into Columbus County, opening an office as well. Trillium hosted two Provider Fairs in Columbus County to engage providers delivering services to Columbus County recipients as a mechanism to avoid/prevent any lapses in services. Trillium accepted and offered contracts to all providers from Eastpointe LME/MCO who had served Members in Columbus County during the past year.

Children with Complex Needs

“Children with Complex Needs” are defined as Medicaid eligible children ages 5 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.

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

Trillium has worked to maximize efficiencies with residential option searches for children with complex needs and other populations this past year. The new processes, with the newly-formed Complex Care Team, have also improved utilizing NC START and Targeted Case Management. All referrals to NC START are through the Complex Care Team. NC START East and Trillium held five meetings the first three months of the year to specifically address NC START’s long waiting list, which had become a barrier to effectively utilizing this resource. With all referrals from all teams being triaged through the Complex Care Team, Trillium is ensuring that NC START referrals are complete in addition to assisting with outside referrals. This project initiated a new triage process for NC START resulting in a minimal waiting list for NC START services.

Integrated Family Services and Access Family Services are both at full capacity for Targeted Case Management. Targeted Case Management teams work closely with the Complex Child Care Coordinator.

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

As stated previously, Trillium streamlined referral services with NC START. In addition, Trillium developed a more efficient approval process through UM for Applied Behavior Analysis (ABA) Therapy. Access Family Services is providing ABA Therapy.

Barriers for children with complex needs include the continued concern with Level III Group Homes and PRTF not accepting children with an IQ below 70. Residential options for IAFT or TFC that do accept children with an IQ below 70 will deny admission to children who are highly aggressive. The new Murdoch assessment program will not accept children into testing who do not already have initial testing indicating an IDD or ASD diagnosis, which is also considered a barrier. Developmental Centers also have a very slow process for admission with committee reviews and long waiting lists.

Request for Exceptions

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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: June 28, 2019

LME/MCO Contact person: Fonda Gonzales, MS, LPC, NCC Title: Quality Management Director

Phone: 1-866-998-2597

Email: fonda.gonzales@trilliumnc.org

Instructions: Complete this form to request exceptions 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. All services should be put on the same form.

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.	N/A	N/A
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	N/A	N/A
Community Support Team	N/A	N/A
Intensive In-Home	N/A	N/A
Mobile Crisis	N/A	N/A
Multi-Systemic Therapy	N/A	N/A
(b)(3) MH Supported Employment Services	N/A	
(b)(3) I/DD Supported Employment Services	N/A	
(b)(3) Wavier Community Guide	N/A	
(b)(3) Waiver Individual Support (Personal Care)	N/A	
(b)(3) Waiver Peer Support	N/A	
(b)(3) Wavier Respite	N/A	
I/DD Supported Employment Services (non-Medicaid-funded)		N/A
Long-term Vocational Supports (non-Medicaid-funded)		N/A
I/DD Non-Medicaid-funded Personal Care Services		N/A
I/DD Non-Medicaid-funded Respite Hourly Services not in a licensed facility		N/A
Developmental Therapies (Non-Medicaid)		N/A

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

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Date submitted: June 28, 2019

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

Complete the following items for each service in the request:

1. Name of service requested.

<i>Service</i>
PSR-Medicaid
PSR-Non-Medicaid
Child and Adolescent Day Treatment-Medicaid
Child and Adolescent Day Treatment-Non-Medicaid
SACOT-Medicaid
SACOT-Non-Medicaid
SAIOP-Medicaid
SAIOP-Non-Medicaid
Opioid Treatment-Medicaid
Opioid Treatment-Non-Medicaid
Day Supports-Non-Medicaid

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LME/MCO Request for Exception(s) from
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Partial Hospitalization-Non-Medicaid
PRTF-Non-Medicaid
Residential Treatment Level 2: TFC-Non-Medicaid
Residential Treatment Level 2: Other than TFC-Non-Medicaid
Child MH Out of Home Respite-Non-Medicaid
SA Non-Medical Community Residential Treatment--Medicaid
SA Non-Medical Community Residential Treatment-Non-Medicaid:
SA Medically Monitored Community Residential Treatment-Medicaid:
SA Medically Monitored Community Residential Treatment-Non-Medicaid

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

<i>Service</i>	<i>Number of Providers</i>	<i>Number of Sites</i>
PSR-Medicaid	43	56
PSR-Non-Medicaid	9	10
Child and Adolescent Day Treatment-Medicaid	35	61
Child and Adolescent Day Treatment-Non-Medicaid	4	9
SACOT-Medicaid	15	25
SACOT-Non-Medicaid	5	10
SAIOP-Medicaid	32	73
SAIOP-Non-Medicaid	10	27
Opioid Treatment-Medicaid	10	16
Opioid Treatment-Non-Medicaid	3	5
Day Supports-Non-Medicaid	0	0
Partial Hospitalization-Non-Medicaid	0	0
PRTF-Non-Medicaid	0	0

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Date submitted: June 28, 2019

<i>Service</i>	<i>Number of Providers</i>	<i>Number of Sites</i>
Residential Treatment Level 2: TFC-Non-Medicaid	0	0
Residential Treatment Level 2: Other than TFC-Non-Medicaid	0	0
Child MH Out of Home Respite-Non-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

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

<i>Service</i>	<i>Number of Individuals Receiving the Service</i>
PSR-Medicaid	470
PSR-Non-Medicaid	24
Child and Adolescent Day Treatment-Medicaid	271
Child and Adolescent Day Treatment-Non-Medicaid	12
SACOT-Medicaid	231
SACOT-Non-Medicaid	88
SAIOP-Medicaid	749
SAIOP-Non-Medicaid	903
Opioid Treatment-Medicaid	292
Opioid Treatment-Non-Medicaid	404
Day Supports-Non-Medicaid	0
Partial Hospitalization-Non-Medicaid	0

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LME/MCO: Trillium Health Resources

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<i>Service</i>	<i>Number of Individuals Receiving the Service</i>
PRTF-Non-Medicaid	0
Residential Treatment Level 2: TFC-Non-Medicaid	0
Residential Treatment Level 2: Other than TFC-Non-Medicaid	0
Child MH Out of Home Respite-Non-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

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

<i>Service</i>	<i>Number of Individuals In Need of the Service</i>
PSR-Medicaid	*
PSR-Non-Medicaid	*
Child and Adolescent Day Treatment-Medicaid	*
Child and Adolescent Day Treatment-Non-Medicaid	*
SACOT-Medicaid	*
SACOT-Non-Medicaid	*
SAIOP-Medicaid	*
SAIOP-Non-Medicaid	*
Opioid Treatment-Medicaid	*
Opioid Treatment-Non-Medicaid	*

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<i>Service</i>	<i>Number of Individuals In Need of the Service</i>
Day Supports-Non-Medicaid	*
Partial Hospitalization-Non-Medicaid	*
PRTF-Non-Medicaid	*
Residential Treatment Level 2: TFC-Non-Medicaid	*
Residential Treatment Level 2: Other than TFC-Non-Medicaid	*
Child MH Out of Home Respite-Non-Medicaid	*
SA Non-Medical Community Residential Treatment--Medicaid	*
SA Non-Medical Community Residential Treatment-Non-Medicaid:	*
SA Medically Monitored Community Residential Treatment-Medicaid:	*
SA Medically Monitored Community Residential Treatment-Non-Medicaid	*

* 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 members with services that are clinically appropriate for their condition and located within a reasonable distance to the member's location.

5. 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.
- SACOT—Medicaid: 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.

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Date submitted: June 28, 2019

- 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 members 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.
 - Partial Hospitalization--Non-Medicaid: Trillium's contracted provider for this service ended FY16. This service is closed to Non-Medicaid Funded members.
 - PRTF--Non-Medicaid: This service is covered in the Medicaid benefit package and members become Medicaid eligible upon entering this service.
 - Residential Treatment Level 2: TFC—Non-Medicaid: We do not have sufficient non-Medicaid funding to make the service financially viable.
 - 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.
 - Child MH Out-of-Home Respite--Non-Medicaid: The code requested for the data pull, YA125, was end dated on 6/30/2011. Currently, Trillium utilizes service code YA213, Community Respite Child, in our benefit plan and we have at least 1 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.
6. 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 9/21/18.
 - PSR--Non-Medicaid: Previous exception request, requested 9/21/18.
 - Child and Adolescent Day Treatment--Medicaid: Previous exception request, requested 9/21/18.
 - Child and Adolescent Day Treatment--Non-Medicaid: Previous exception request, requested 9/21/18.
 - SACOT--Medicaid: Previous exception request, requested 9/21/18.

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

LME/MCO: Trillium Health Resources

Date submitted: June 28, 2019

- SACOT--Non-Medicaid: Previous exception request, requested 9/21/18.
 - SAIOP--Medicaid: Previous exception request, requested 9/21/18.
 - SAIOP--Non-Medicaid: Previous exception request, requested 9/21/18.
 - Opioid Treatment--Medicaid: Previous exception request, requested 9/21/18.
 - Opioid Treatment--Non-Medicaid: Previous exception request, requested 9/21/18.
 - Day Supports--Non-Medicaid: Previous exception request, requested 9/21/18.
 - Partial Hospitalization--Non-Medicaid: Previous exception request, requested 9/21/18.
 - PRTF--Non-Medicaid: Previous exception request, requested 9/21/18.
 - Residential Treatment Level 2: TFC—Non-Medicaid: New Request
 - Residential Treatment Level 2: Other than TFC--Non-Medicaid: Previous exception request, requested 9/21/18.
 - Child MH Out-of-Home Respite--Non-Medicaid: Previous exception request, requested 9/21/18.
 - SA Non-Medical Community Residential Treatment--Medicaid: Previous exception request, requested 9/21/18.
 - SA Non-Medical Community Residential Treatment--Non-Medicaid: Previous exception request, requested 9/21/18.
 - SA Medically Monitored Community Residential Treatment—Medicaid: Previous exception request, requested 9/21/18.
 - SA Medically Monitored Community Residential Treatment--Non-Medicaid: Previous exception request, requested 9/21/18.
7. 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: A Request for Proposal to recruit PSR providers in Brunswick, Camden, Currituck, Dare, Gates, Hertford, Hyde, Martin, Northampton, Pasquotank, Perquimans, Tyrrell counties is included in Trillium's Network Development Plan for FY2019-2020.
 - 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 Client Specific Agreement (CSA) 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: An RFP was posted for SACOT in April of 2018. Providers were awarded contracts in Brunswick and Beaufort counties increasing our number of providers by 3. An RFP was posted in April of 2019 recruiting providers in Bertie, Camden, Chowan, Currituck, Dare, Gates, Hertford, Hyde, Martin, Nash, Northampton, Onslow, Pasquotank, Pender, Perquimans, and Tyrrell counties.
 - SACOT--Non-Medicaid: We continue to explore less expensive alternatives to brick and mortar services to deliver quality care to this non-entitled population.

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Date submitted: June 28, 2019

- SAIOP—Medicaid: An RFP was posted in April of 2018 for areas with identified gaps. No awards were able to be made. Our plan for services continues to be as follows, for any identified member needs, we would utilize the Client Specific Agreement (CSA) 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: An RFP for Opioid Treatment Programs was posted in May 2018. Awards were made on some areas of need including Carteret, Hertford, Dare, and Martin counties increasing our total number of sites to 16. An RFP remains open until filled in Bertie, Beaufort and Pamlico counties. An additional OTP was also contracted in New Hanover County as of April 2019.
- 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.
- Day Supports--Non-Medicaid: For Non-Medicaid members, in an effort to improve access to whole-person care, Trillium staff will continue to work with those members to assist with applying for and obtaining Medicaid.
- Partial Hospitalization--Non-Medicaid: For Non-Medicaid members, in an effort to improve access to whole-person care, Trillium staff will continue to work with those members to assist with applying for and obtaining Medicaid.
- PRTF--Non-Medicaid: For Non-Medicaid members, in an effort to improve access to whole-person care, Trillium staff will continue to work with those members to assist with applying for and obtaining Medicaid.
- Residential Treatment Level 2: TFC—Non-Medicaid: For any identified member needs, we would utilize the Client Specific Agreement (CSA) process with providers who are willing and able to serve those members. Also, in an effort to improve access to whole-person care, Trillium staff will continue to work with those members to assist with applying for and obtaining Medicaid.
- 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.
- Child MH Out-of-Home Respite--Non-Medicaid: The code requested for the data pull, YA125, was end dated on 6/30/2011. Trillium includes service code YA213, Community Respite Child, in our benefit plan and we have at least 1 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

Appendix E

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

LME/MCO: Trillium Health Resources

Date submitted: June 28, 2019

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.
8. 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: Our plan for services is as follows: For any identified member needs, we would utilize the Client Specific Agreement (CSA) 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: Our plan for services is as follows: For any identified member needs, we would utilize the Client Specific Agreement (CSA) 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 Client Specific Agreement (CSA) 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: Our plan for services is as follows: For any identified member needs, we would utilize the Client Specific Agreement (CSA) 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 Client Specific Agreement (CSA) process with providers who are willing and able to serve those members.
 - 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.
 - Day Supports--Non-Medicaid: For Non-Medicaid members, in an effort to improve access to whole-person care, Trillium staff will continue to work with those members to assist with applying for and obtaining Medicaid.
 - Partial Hospitalization--Non-Medicaid: For Non-Medicaid members, in an effort to improve access to whole-person care, Trillium staff will continue to work with those members to assist with applying for and obtaining Medicaid.

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- PRTF--Non-Medicaid: For Non-Medicaid members, in an effort to improve access to whole-person care, Trillium staff will continue to work with those members to assist with applying for and obtaining Medicaid.
- Residential Treatment Level 2: TFC—Non-Medicaid: For any identified member needs, we would utilize the Client Specific Agreement (CSA) process with providers who are willing and able to serve those members. For Non-Medicaid members, in an effort to improve access to whole-person care, Trillium staff will continue to work with those members to assist with applying for and obtaining Medicaid.
- 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.
- Child MH Out-of-Home Respite--Non-Medicaid: The code requested for the data pull, YA125, was end dated on 6/30/2011. Trillium utilizes service code YA213, Community Respite Child, in our benefit plan and we have at least 1 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.

9. 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.

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- SA IOP--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.
- 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 2: TFC—Non-Medicaid: New Request. 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.
- 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.

Network Access Plan

Section One: Executive Summary

Synopsis & Recommendations for Future Planning

Provide a summary of the 2019 Network Adequacy and Accessibility Analysis Report and the areas of focus that will be addressed in the upcoming year.

This upcoming year begins a time of great, anticipated change and transition for Trillium Health Resources as North Carolina begins its next transformation to Medicaid Managed Care. Trillium projects the following changes and challenges:

Effectively and efficiently determining Network Adequacy and Accessibility relies on having designed data collection and analysis systems that allow the LME/MCO to collect, review, analyze and determine the significant trends within its Member populations. Trillium has been somewhat limited in its ability to analyze the wide variety of populations by demographic, characteristic, cultural and racial characteristics because of its data system and because the DMHDDSAS data requirements simply do not have the specificity to report Member characteristics in the manner requested. In order to meet these challenges and adequately prepare for the transition to the Medicaid reform initiative:

- Trillium will be shifting to a new MIS platform, which is extremely data-driven and will require Trillium to evaluate the data structure to more heavily utilize data to make decisions focusing on clinical performance as well as value-based performance activities.
- In November 2019, Trillium will launch Phase 1 of the transition to the Standard Plan; beneficiaries in Regions 2 and 4 will begin to receive services through their PHPs.
- Trillium is actively engaging in research and strategic planning to develop effective methods of responding to the Tailored Plan. Specifically, there are populations served by the Tailored Plan that the MCO has no information on because those groups have not been traditionally served by the MCO structure, i.e., 0-3 years of age.
- Both the Provider Network as well as the current Membership who receive MHDDSAS services through Trillium will need to make some shifts when the Medicaid Reform Initiative begins implementation. Trillium has been working to identify training needs as well as system cultural needs that will occur in this shift and has been making plans to prepare the Network Providers as well as its Members for this shift.
- While Members who have Medicaid will be making a shift as the Medicaid Transformation occurs, Members who need State-funded services will also be affected. It is not clear how services for non-Medicaid uninsured Members will be covered as the Transformation takes effect. The funding for non-Medicaid services is limited and Trillium does not expect to increase any capacity or accessibility unless there is an increase in funding from the State legislature.

Another challenge Trillium Health Resources has routinely identified is the designation of Gates County as an Urban County. Given 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 puts 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) by DMH/DMA 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 must ask for exceptions and waivers. This not only presents a very skewed picture of access

and choice in the Trillium area, but 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 Trillium.

Progress of Addressing Identified 2018 Gaps and Exceptions; Barriers to Progress

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?

Trillium Progress Chart – SFY2017 Gaps/Needs, Exceptions, Barriers

#	SFY2018 Identified Gaps, Needs and Recommendations Specific Gap/Need/ Recommendation	Activities, Projects, Initiatives Developed/ Implemented to Address Service Gaps & Service Exceptions	Progress/Results Achieved	Barriers Identified and Addressed
Section One: Network Availability and Accessibility				
1	PSR-Medicaid	Trillium posted an RFP for PSR in identified gap areas in Feb 2017. Trillium will be posting another RFP to try to fill this gap in services in 2019.	No qualified providers applied for the PSR RFP, so Trillium was not able to award the RFP. Trillium continues to issue Member-Specific Agreements as needed for this service in areas where there are identified gaps.	Lack of interested or qualified provider applicants for this service.
2	PSR--Non-Medicaid	Trillium issues Member-Specific Agreements, if requested, but this service is rarely ever requested in any of the 26 counties covered.	Trillium continues to issue Member Specific Agreements as needed.	Lack of interest from member in brick and mortar based services, prefer community based supports such as Peer Support, Supported Employment.
3	Child and Adolescent Day Treatment-Medicaid	Utilize Member-Specific agreements. Trillium is also meeting with many of the Northern Region schools to discuss gaps related to day treatment and effective way to either support a day treatment program or wrap around services for members.	Trillium continues to issue Member-Specific Agreements as needed.	This service requires resources from the school system that many rural schools may not have available.
4	Child and Adolescent Day Treatment-Non-Medicaid	Explore less expensive alternative to brick and mortar services	Trillium funds school based therapy in all 26 counties.	This service requires resources from the school system that many rural schools may not have available.

#	SFY2018 Identified Gaps, Needs and Recommendations Specific Gap/Need/ Recommendation	Activities, Projects, Initiatives Developed/ Implemented to Address Service Gaps & Service Exceptions	Progress/Results Achieved	Barriers Identified and Addressed
5	SACOT-Medicaid	Trillium issued an RFP was able to award SACOT in several of the counties with identified gaps included Beaufort and Brunswick County. A new RFP will be posted to try to fill continued gaps in rural areas.	Trillium was able to award SACOT in two additional counties.	Lack of interest or qualified applications for rural counties with gaps in coverage.
6	SACOT-Non-Medicaid	Trillium issued an RFP for SACOT in several identified counties with gaps in coverage.	Trillium continues to issue Member-Specific Agreements as needed.	Lack of interest or qualified applications for rural counties with gaps in coverage.
7	SAIOP-Medicaid	Trillium issued an RFP for SAIOP in several identified counties with gaps in coverage.	No qualified providers applied for the SAIOP RFP, so Trillium was not able to award the RFP. Trillium continues to issue Member-Specific Agreements as needed for this service in areas where there are identified gaps.	Lack of interest or qualified applications for rural counties with gaps in coverage.
8	SAIOP-Non-Medicaid	Trillium issued an RFP for SAIOP in several identified counties with gaps in coverage.	No qualified providers applied for the SAIOP RFP, so Trillium was not able to award the RFP. Trillium continues to issue Member-Specific Agreements as needed for this service in areas where there are identified gaps.	Lack of interest or qualified applications for rural counties with gaps in coverage.
9	Opioid Treatment-Medicaid	Trillium issued an RFP for OTP and awarded the RFP in Hertford, Martin, Dare, and Carteret. Trillium has an RFP open until filled for other counties with identified gaps.	The sites in Dare and Carteret have opened already. The sites in Hertford and Martin are still in development.	Lack of interested or qualified provider applicants for this service.
10	Opioid Treatment-Non-Medicaid	Trillium has expanded the state funded OTP network during the past year added one provider with multiple locations and one additional provider.	3 new sites added.	Lack of interested or qualified applications for rural counties with gaps in coverage.
11	Day Supports-Non-Medicaid	Trillium continues to work with members to apply for Medicaid where eligible.	Trillium continues to issue Member-Specific Agreements as needed.	N/A
12	Facility-Based Respite-Medicaid	Trillium continues to issue Member-Specific Agreements as needed and works to identify interested providers.	Trillium continues to issue Member-Specific Agreements as needed.	Concerned related to sustainability of a facility based respite due to volume.
13	Partial Hospitalization-Non-Medicaid	Continue to work with Members to assist in applying for Medicaid	Trillium continues to issue Member Specific Agreements as needed.	N/A
14	PRTF-Non-Medicaid	Work with Members to assist with applying for and obtaining Medicaid	N/A	N/A

#	SFY2018 Identified Gaps, Needs and Recommendations Specific Gap/Need/Recommendation	Activities, Projects, Initiatives Developed/ Implemented to Address Service Gaps & Service Exceptions	Progress/Results Achieved	Barriers Identified and Addressed
15	Residential Treatment Level 1-Non-Medicaid	Service code requested for this service not allowable for non-Medicaid	N/A	N/A
16	Residential Treatment Level 2-Other Than TFC-Non-Medicaid	Service code requested for this service not allowable for non-Medicaid	N/A	N/A
17	Residential Treatment Level 3-Non-Medicaid	Service code requested for this service not allowable for non-Medicaid	N/A	N/A
18	Residential Treatment Level 4-Non-Medicaid	Service code requested for this service not allowable for non-Medicaid	N/A	N/A
19	Child MH Out-of-Home Respite-Medicaid	Pilot project to be introduced in 2019 to address identified gaps related to child respite	Project work is just beginning, services may begin July 2019	N/A
20	Child MH Out-of-Home Respite-Non-Medicaid	Service code requested for this service not allowable for non-Medicaid	N/A	N/A
21	SA Non-Medical Community Residential Treatment-Medicaid	Working toward the development of Healing Place Programs in Wilmington; evaluate need after programs are operational	Project work continues on replication of The Healing Place.	Project was delayed significantly due to Special Use Permit delays.
22	SA Non-Medical Community Residential Treatment-Non-Medicaid	Working toward the development of Healing Place Programs in Wilmington; evaluate need after programs are operational	Project work continues on replication of The Healing Place.	Project was delayed significantly due to Special Use Permit delays.
23	SA Medically Monitored Community Residential Treatment-Medicaid	Working toward the development of Healing Place Programs in Wilmington; evaluate need after programs are operational	Project work continues on replication of The Healing Place.	Project was delayed significantly due to Special Use Permit delays.
24	SA Medically Monitored Community Residential Treatment-Non-Medicaid	Working toward the development of Healing Place Programs in Wilmington; evaluate need after programs are operational	Project work continues on replication of The Healing Place.	Project was delayed significantly due to Special Use Permit delays.
25	Intermediate Care Facility/IDD-Non-Medicaid	Service code requested for this service not allowable for non-Medicaid	N/A	N/A

#	SFY2018 Identified Gaps, Needs and Recommendations Specific Gap/Need/ Recommendation	Activities, Projects, Initiatives Developed/ Implemented to Address Service Gaps & Service Exceptions	Progress/Results Achieved	Barriers Identified and Addressed
Section Two: Accommodation				
1	Community Health Opportunities Department to address Social Determinants of Health.	Trillium developed a new department called Neighborhood Connections to address social determinants of health. This department will be staffed with 3 regional managers and 11 health specialists. The focus of the work will be related to addressing food security, transportation barriers, interpersonal safety, etc. Health Specialist will complete new Member orientations at local community partner sites to orient members to the Behavioral Health system in each of the counties served.	Onboarded 3 managers and 7 of 11 staff. Began orientation classes in March 2019. Began a healthy eating initiative "Eat the Rainbow" in February 2019.	None
2	School Safety - DPI Grant	Trillium has begun development of the training portal. In April the first series of trainings will be made available to school staff in all 26 counties served. Will include MATCH and CALM training with additional training series rolling out over the summer of 2019.	In progress-implementation expected April 2019	None
3	Crisis Continuum Project in Onslow and Carteret Counties	This Federal Bureau of Justice grant-funded project is now in its second year of operation and is beginning to train law enforcement officers and EMS staff.	Crisis plan completed. Training beginning.	Hurricane Florence and temporary federal government shutdown caused delays. Project may be eligible for an extension.
Section Three: Acceptability				
1	Increase knowledge of Trillium's services and responsibilities in addition to the scope of Trillium's Network within the professional stakeholder group.	This was identified as a potential solution and there has not been any activity specific to this recommendation.	Created a dedicated Transition Team to guide preparations	N/A

#	SFY2018 Identified Gaps, Needs and Recommendations Specific Gap/Need/ Recommendation	Activities, Projects, Initiatives Developed/ Implemented to Address Service Gaps & Service Exceptions	Progress/Results Achieved	Barriers Identified and Addressed
2	Develop an education strategy for the Public Health Departments, Departments of Social Services and schools targeting professionals within these stakeholder groups.	School safety DPI Grant- Trillium has begun development of the training portal. In April the first series of trainings will be made available to school staff in all 26 counties served. Will include MATCH and CALM training with additional training series rolling out over the summer of 2019. Health Department and DSS were not targeted for any specific educational campaigns.	DPI Grant is in progress with implementation expected April 2019.	None
Focus Areas Identified in SFY2017 Network Adequacy & Accessibility Analysis				
1	Integrating Columbus County into the Trillium Network	Columbus Project Team was established. The team met weekly to address number of providers that would need onboarding and number of Members that were served. The Project Lead and the Medicaid Contract Manager also had regularly scheduled meetings with DMA/DMH regarding progress and barriers. Trillium held 1 Provider Fair 7 Listening Sessions, and 1 Public Event in Columbus County. These sessions allowed Trillium to address any needs from the community to include training. Trillium accepted and offered contracts to all providers who had served Members in Columbus County during the past year. Trillium offered a “soft start” for authorizations of services for Members from Columbus County between the time periods of July 1, 2018 through September 1, 2018 to ensure there was no disruption in services. Trillium’s established benefit plans were expanded to incorporate Columbus County. MONARCH continues to offer MCT Services and Integrated Family Services was awarded a Mobile Crisis Team contract and the availability of Crisis Chat was instituted. IFS hosted an information session in Whiteville at Southeastern Community College on July 16, 2018. PORT opened an office in Whiteville in December 2018. Trillium opened a satellite office in Whiteville in February 2019.	Columbus County successfully re-aligned on 7/1/18	Needed information was not shared timely and required multiple requests. Limited information was made available near the July 1, 2018 transition date. The lateness of the information resulted in much of what Trillium was able to accomplish being based on reaching out to the community of providers.

#	SFY2018 Identified Gaps, Needs and Recommendations Specific Gap/Need/ Recommendation	Activities, Projects, Initiatives Developed/ Implemented to Address Service Gaps & Service Exceptions	Progress/Results Achieved	Barriers Identified and Addressed
2	Fully implementing the Incedo Care Management System	Trillium completed implemented use of the Incedo CM platform in September of 2017. Over the past year, there has been an internal compliance review of system use and additional training to support Care Coordinators in use of the system. Trillium began using a care team structure with specialty care components including housing navigators, SDOH staff, and ATEs/Home/Vehicle Modifications specialist to better meet Member needs.	All Care Coordinators are utilizing the Incedo Platform; all Members have received a Health Risk Assessment and a Care Plan at this time. All members who are new to care coordination follow the Care Management workflow process.	While we have access to Risk Stratification, Trillium has not been able to fully utilize this resource (except in driving the level of intervention delivered to a Member) due to contractual requirements related to who must receive Care Coordination.
3	Prepare staff and Network providers for Medicaid Reform of the LME/MCO system	Trillium has created an internal Transition Team that is primarily focused on preparing Trillium staff and the Trillium provider network to navigate Medicaid Transformation successfully.	The Transition Team and the Network Department have engaged in regular communications with Trillium staff and the provider network about the progress of Trillium's Medicaid Transformation efforts and items of general interest related to Medicaid Transformation.	None

#	SFY2018 Identified Gaps, Needs and Recommendations Specific Gap/Need/ Recommendation	Activities, Projects, Initiatives Developed/ Implemented to Address Service Gaps & Service Exceptions	Progress/Results Achieved	Barriers Identified and Addressed
4	Upgrade and tailor the current CIE (MIS) system to meet Trillium's current data needs	Trillium Health Resources allocated resources to move the primary business system from a vendor supported and controlled platform to an in-house owned, operated and customized solution. The resourcing effort included hiring a team of software developers, improving our server hosting capacity, and developing a modern change management / business needs intake system based on Microsoft Team Foundation Server (TFS) best practices to build from the ground up a fully Agile SDLC to support delivering Trillium Health Resources data needs. These changes will allow Trillium to meet new challenges as they arise and to affect change to our business system without the interference or delay of working with a third-party vendor or external stakeholder. In effect, Trillium controls its own destiny regarding essential modifications and enhancements to our primary business system.	The conversion to a fully owned primary business system occurred on November 04, 2018. The first system update occurred on December 15th. As of Dec 31, 2018, the Information Technology Advisory Group (ITAG), consisting of 14 organization leaders and executives, meets every 14 days to prioritize system change requests in order to use our IT resources for the highest value changes. This new methodology and process has permitted Trillium to make critical changes as needed via hotfixes as well as ranked, planned updates to CIE on a regular monthly schedule.	None
Crisis Services				
1	No ACTT team in Trillium's Northern Region	Services in Trillium's Northern Region catchment area are identified as "ACTT-like" services. Meaning, an unbundled array of services such as CST, Peer Support, Tenancy Management, Individual Therapy, Individual Supports, Supportive Employment, and Medication Management are provided in a combination that meets the identified and specific needs of the member. Crisis services are provided 24/7 throughout the Trillium catchment to all Members, regardless of diagnosis or payer source. In addition, all TCLI Members receive Tenancy Management either through ACTT or as a standalone service. Tenancy Management is designed to assist Members with resolving issues that may arise while residing in an independent setting. Such issues may be related to housing and loneliness, communicating with the	Trillium will be publishing an RFP to attempt to locate an ACT provider in the Northern Region. Currently Trillium utilizes a variety of services to wrap around members who need ACTT level of care to ensure their needs are met.	It is challenging to hire and sustain ACTT services in the Northern Region because it is less densely populated than other areas in Trillium's catchment. There have been previous attempts to fill this gap through the RFP process to no avail.

#	SFY2018 Identified Gaps, Needs and Recommendations Specific Gap/Need/ Recommendation	Activities, Projects, Initiatives Developed/ Implemented to Address Service Gaps & Service Exceptions	Progress/Results Achieved	Barriers Identified and Addressed
		landlord, general maintenance of the home, cleaning and preparing food. Tenancy Management assists by being proactive with Members in honing and improving ADL's and attempting to avoid crisis or separation from independent living.		
Children with Complex Needs				
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	A Separate complex child Care Coordination team developed November 2017 and added adult Complex staff fully staffed by April 1, 2018. The population specifically served on this Care Coordination team is Members with a dual diagnosis of I/DD and/or ASD with a mental health diagnosis who are not on the Innovations waiver. This team has consisted of 1 Child Complex Care Coordinator, 1 Adult Complex Care Coordinator, 1 Resource Specialist and 2 Adult Health Navigators. The Adult and Child Complex Care Coordinators receive referrals from the regular Child and Adult Care Coordinator teams when a Member has had multiple disruptions in a level of care or have complexities of finding an appropriate residential treatment option of level II, IAFT and Level III. This team takes over the Care Coordination and works with the Resource Specialist to ensure that all resources of level II, IAFT and Level III in network and out of network have been exhausted. The Health Navigators with the Adult Complex Care Coordinator will take Care Coordination assignments for the aging out children starting at 16 years old. The Child Complex Care Coordinator works with Targeted Case Managers who are contracted with Trillium. They work in a similar capacity as the Health Navigators ensuring that all residential service options have been exhausted in and out of network (completing Member-Specific Agreement if out of network). Having a	We have maximized our network and out of network provider search for residential services with an efficient and effective process. Will continue assess need of expansion of level II, IAFT and Level III providers now that we have improved process.	Removed barriers of utilizing all current providers throughout state with an efficient process.

#	SFY2018 Identified Gaps, Needs and Recommendations Specific Gap/Need/ Recommendation	Activities, Projects, Initiatives Developed/ Implemented to Address Service Gaps & Service Exceptions	Progress/Results Achieved	Barriers Identified and Addressed
		specialized team for Complex Care has made this process more efficient. This past year we also developed a process that all residential providers except PRTF, developmental Centers and/or ICF-IIDD provide Trillium monthly openings. This information is entered on our SharePoint for easy access. We have also provided service exceptions to stack services when needed for additional support to lower level of care.		
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).	Trillium has expanded capacity for respite providers who have been successful with children with comorbid IDD and ASD and/or MH. 3 respite providers have been successful in emergency situations. These providers are covering each region.	Expansion completed with successful current providers	Worked with providers for Respite to assist with getting required documentation for respite service in a timely manner to remove barriers of getting into Respite quickly in an emergency to avoid ED or inpatient.
3	Gap - Rapid Resource for IAFT referral portal is not effective due to lack of provider response.	The new process indicated above of all residential providers providing monthly updates of openings has provided us with current information of IAFT openings.	Provided process that informs all departments of openings for residential services including IAFT	2 Resource Specialists track the IAFT opening every month as well as the other resource options.
4	Need -Crisis Respite options need more development.	Again, Respite providers who work successfully with comorbid IDD and ASD and or MH have expanded their capacity.	As indicated above, expanded capacity with quality providers.	We addressed barriers of getting documentation completed in timely manner for emergencies.
5	Gap - Intensive In-Home teams lack training in treatment for children with complex needs.	We have worked with NC START this past year with more training with Intensive In-Home services. Therapeutic coaching has also been effective with improving services for children with complex needs.	Improvement but still more providers will need training	Improvement but still more providers will need training.

#	SFY2018 Identified Gaps, Needs and Recommendations Specific Gap/Need/ Recommendation	Activities, Projects, Initiatives Developed/ Implemented to Address Service Gaps & Service Exceptions	Progress/Results Achieved	Barriers Identified and Addressed
6	Gap - Providers throughout the state have a general lack of knowledge regarding the specific service/support needs for children with complex needs.	We have also worked with NC START to train TFC, IAFT and level III homes with specific Member needs complex training needs. We have worked with LIP's and clinicians providing CCA's to educate them about the levels of care and the recommendations needed to support children with complex needs.	Improvement but still more providers will need training	Improvement but still more providers will need training.
Transitions to Community Living				
1	Shortage of Certified Peer Support Specialists (Especially in the Northern Region)	This is no longer an issue for Trillium.	None	None
2	Only one TMS provider	This is no longer an issue for Trillium.	Trillium now has 2 TMS provides.	None
3	ACTT and TMS providers not addressing Members' needs after 5pm as well as on nights, weekends and holidays	Trillium offers Facility Based Crisis and Respite throughout the 26 county area to help prevent crisis and to try and support Members to avoid the need for a higher level of care. Trillium also collaborates with numerous "Wellness Cities." A Wellness City is a community of individuals in recovery working together with a staff of well-trained peers. Each Wellness City typically offers outreach and peer support groups that teach Members self-management skills. These skills aide in avoiding a crisis also as a preventative measure. All TCLI Members are linked to a provider upon contact with mobile crisis services. Once linked to a provider agency, a Comprehensive Clinical Assessment is completed. A Person Centered Plan (PCP) and comprehensive crisis plan are developed and/or updated to address the most recent crisis episode. TCLI Members also are assigned to a transition or post transition coordinator. In the event of 3 crisis episodes, a Root Cause Analysis, which includes consultation by Trillium's Medical Director, is conducted to assess the need for additional interventions.	Trillium has implemented revised contracts and continues to discuss the issue with provider agency leadership on an on-going basis.	None currently.

Section Two: Access Plan

Addressing Identified Service Gaps

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.

- As the opioid crisis continues to affect communities within the Trillium service area, the LME/MCO will be assessing program effectiveness and placement of opioid and other SUD treatment programs and evaluating the need for additional programs and sites.
- Stakeholders identified a need for services from a Psychologist to conduct child and adolescent behavioral evaluations. This need exists throughout the catchment. There is limited access to these types of psychological evaluations and, frequently, Members and their families travel outside the service area to obtain them. Trillium will be recruiting professionals to fulfill this need within the next year.

Addressing Geographic, Cultural, Special Population Needs

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.

- NCQA standards will require Trillium to look at the cultural and demographics of its Member population in detail and evaluate the access, choice and treatment issues of sub-groups such as those with TBI, Veterans, Pregnant Women as well as the cultural make up of sub-groups to insure that these populations are receiving EBP treatment. Currently, neither the Division nor Trillium's MIS platform collects these kinds of demographics. With the initiation of the new MIS platform, Trillium will be able to perform a much different analysis of the population of Members served by the LME/MCO.
- Trillium identified that the food sufficiency issue was also a nutritional sufficiency issue. Trillium's solution to this had a double benefit: During the past year, Trillium assisted in the purchase of two food trucks and posted an RFP to its Provider Network to operate the food trucks at special events. The food trucks will serve healthy snacks. The second advantage is that everyone working on the food truck will be Members who are being trained as employees of the food truck.

Improving Member and Stakeholder Experience

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 has the distinction of having a former CFAC member as the Chairperson of its Governing Board putting into practice that the LME/MCO is a Member-driven organization.

Accreditation requires the LME/MCO to have a very active method of surveying its membership and incorporating feedback into changes that will improve the LME/MCO's responsiveness to its customer base. Over the next year, Trillium will evaluate and assess mechanisms to obtain on-going feedback from Members and Families versus an annual survey process.

Several Members responding to the survey identified being on the Innovations Waiver Waiting List. Since Funding for the Innovations Waiver is determined by the NC State Legislature, no increase in IW slots is anticipated. During the past fiscal year, Trillium developed a process to evaluate everyone on the

Innovations Waiver Waiting List to validate their eligibility. Over 400 individuals were on the waiting list and 100% were contacted to determine their eligibility and offer them other services, if appropriate.

- Members/Families identified frequent turnover in the direct support professional assisting them. Recognizing this situation as a valid concern, Trillium incentivized the rate of reimbursement to maintain the stability of the direct support professional workforce in its catchment.
- Over a third of the Members/Families completing the survey stated they did not understand what a peer support specialist was or how they may be helped by them. Within the past year in conjunction with Recovery Innovations, Trillium launched a pilot project for New Hanover County Regional Medical Center utilizing Peer Support Specialists in the Emergency Room. The purpose of the pilot is to link individuals with SUD issues to services which should affect the high rate of return to ER services. NC DMA intends to develop a Peer Support Service Medicaid reimbursable definition soon and Trillium is anticipating an increase in the use of PSS throughout its geographic service area.
- About 50% of the Members/Families completing the surveys stated they were not aware that Trillium had made Narcan/Naloxone Kits available to communities to deal with the Opioid overdose issues. As early as 2016, Trillium provided initial funding of \$15,000 to the North Carolina Harm Reduction Coalition for the purchase of Narcan/Naloxone kits for local law enforcement personnel. Since 2016 and through 2019, Trillium made an additional \$100,000 available to NCHR for the purchase of the kits. Through 2019, Trillium will have purchased between 450 and 650 kits for law enforcement throughout the LME/MCO catchment to deal with Opioid overdoses.

Section Three: “In Lieu of” and Alternative Services

Approved “In Lieu of” Services – Medicaid

90791; 90832; 90834; 90837; 90839; 90840; 90846; 90847 T1017 TJ	Child First
T2016 TF U5	Community Living Facilities and Support

For approved Medicaid-funded “In Lieu of” Services, address the following:

Geographic Area of “in Lieu of” Services

Geographic area covered by each approved “in lieu of” service

- Child First Services are available throughout the Trillium catchment area in all 26 counties.
- Community Living Facilities and Support Services covered 25 counties. This service was implemented prior to the Columbus County realignment and has not yet been expanded to Columbus County.

Service Capacity of “In Lieu of Services

Service capacity of each “in lieu of” service

- Child First Service Capacity: There is a limit on the number of children the provider can have due to the clinical structure necessary to provide the service. If at any point a Child First Provider has a waiting list or a child has been on the list too long, the provider can hire and train an additional team to fulfill the need. To date, the only location where this has happened is Wilmington, NC.

-
- Community Living Facilities and Support Services: There is no service capacity restriction on this service. It currently serves 349 Members.

Members Served by ‘In Lieu of’ Services

Demonstrate how each “in lieu of” service filled the gap it was intended to address, including the number and characteristics of Members served and how they accessed the service

- Child First is a national model and Evidence-Based Best Practice and works with Trillium’s most vulnerable young children (prenatal to age 6) and their families. The goal is to identify children in high stress environments or with signs of distress at the earliest possible time and intervene to decrease emotional and behavioral problems, developmental and learning problems as well as abuse and neglect. Trillium was chosen as a replication site for this multi-state model.
- Community Living Facilities and Support Services is intended to offer more stable funding for Members receiving residential and day programming services and who are potentially eligible for the Innovations Waiver. The average length of waiting time for the waiver is 10 years. A total of 349 Medicaid Members who were receiving residential (Group Living, AFL, Supervised Living) and/or day programming (ADVP, Day Activity) transitioned from the State-funded service to Medicaid-funded CLFS. This service is in lieu of ICF-IDD to assist Members to continue to reside in the community.

Barriers / Challenges

Barriers encountered or challenges experienced during implementation

- Child First: The major challenge with the Child First Initiative is the authorization process is different for children younger than three years of age. To deal with this challenge, Trillium facilitated a positive relationship with providers and supported a direct connection for requests for authorization with DMA.
- Community Living Facilities and Support Services: CLFS is intended to provide meaningful day activities to Members. There was a significant training need in the Provider Network to shift from day support as usual to offering meaningful, self-directed activities. Since it is a bundled service, the same as ICF-IID facilities, the residential and day program pieces could not be split between different providers. If different agencies provided the residential and day program services, a “subcontract” had to be worked out between these agencies as the authorization and responsibility for the service lies with the residential provider.

Approved Alternative Service Definitions -- Non-Medicaid (State) Services

For approved non-Medicaid-funded alternative services, address the following:

YA308	Peer Support
YA324	Crisis Evaluation & Observation
YA328	TBI Long Term Residential Rehabilitation
YA340	Wellness Education Group
YA343	Peer Support Hospital Discharge & Diversion - Ind
YA346	Hospital Discharge Transition Service
YA352	Assertive Engagement - QP (Licensed & Unlicensed)
YA385	Safety Supervisor - Hourly
YA386	Outpatient DBT (Group)
YA387	Outpatient DBT (Individual)

Trillium only offers the two services listed below:

- TBI Long Term Residential Rehabilitation
- Wellness Education Group

Geographic Area of Alternative Services

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

- TBI Long Term Residential Rehabilitation: Members from all 26 counties are eligible for this service. Currently, Members from 7 counties are receiving this service.
- Wellness Education Group: Trillium offers Wellness Education Groups in 25 of the 26 Counties.

Service Capacity of Alternative Services

Service capacity of each non-Medicaid-funded definition

- TBI Long Term Residential Rehabilitation: The service capacity is limited by lack of available funding.
- Wellness Education Group: There is no service capacity limitation for this service.

Members Served by Alternative Services

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

- TBI Long Term Residential Rehabilitation: Traditional services are more targeted for either IDD or MH, neither of which fully address the needs of TBI. This service requires staff have experience or advanced training in the field of TBI. There are currently nine Members receiving this service.
- Wellness Education Group: Wellness Education Group addresses self-management and recovery education extension or step down from outpatient therapy. The purpose to is help Members identify coping skills and natural supports for their recovery.

Barriers/Challenges

Barriers encountered or challenges experienced during implementation

- TBI Long Term Residential Rehabilitation: There is only one provider currently available to provide this service. There is also limited funding available for this service.
- Wellness Education Group: No barriers or challenges experienced. This has been an existing service for several years.

Appendix A: Trillium Catchment Charts

Population and Geographic Size

Trillium Population & Geographic Size by County SFY2018

County	Land Area in Square Miles	Persons per Square mile	Total Population
Beaufort	827.19	57.3	47,438
Bertie	699.27	28.2	19,732
Brunswick	846.97	160.7	136,126
Camden	240.56	43.3	10,414
Carteret	506.25	139.5	70,619
Chowan	172.47	81.9	14,123
Columbus	937.29	60.3	56,505
Craven	708.96	146.1	103,569
Currituck	261.85	104.3	27,321
Dare	383.42	97.0	37,197
Gates	340.45	35.5	12,079
Hertford	353.06	68.1	24,031
Hyde	612.7	8.9	5,449
Jones	470.71	21.5	10,100
Martin	461.22	50.5	23,290
Nash	540.41	175.9	95,072
New Hanover	191.53	1,219.6	233,595
Northampton	536.59	38.6	20,711
Onslow	762.74	260.6	198,783
Pamlico	336.54	39.4	13,273
Pasquotank	226.88	175.5	39,826
Pender	869.8	71.7	62,359
Perquimans	247.09	55.6	13,729
Pitt	651.98	275.1	179,388
Tyrrell	389.04	11.1	4,309
Washington	348.14	35.2	12,239
Trillium Catchment Total	12,923.11	113.8	1,471,277
North Carolina Total	48,617.91	214.0	10,401,960

Source: 2018 Census - N.C. Office of State Budget and Management. Land Area - U.S. Census Bureau Census of Population and Housing. Land area is based on current information in the TIGER data base. Accessed 1/30/19. North Carolina OSBM, Standard Population Estimates, Vintage 2017 and Population Projections, Vintage 2018

Population by Age

Trillium Population by Age - July 1, 2018

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	1,367	8,186	37,885	3,593	4,157	33,728	41,478	26,343	11,542	47,438
Bertie	543	3,184	16,005	1,337	1,849	14,156	17,342	12,058	3,947	19,732
Brunswick	3,103	19,357	113,666	8,237	8,919	104,747	121,903	73,230	40,436	136,126
Camden	285	1,788	8,341	847	1,083	7,258	9,188	6,644	1,697	10,414
Carteret	1,731	10,377	58,511	4,465	6,101	52,410	62,976	41,108	17,403	70,619
Chowan	405	2,453	11,265	1,017	1,257	10,008	12,282	7,862	3,403	14,123
Columbus	1,770	10,119	44,616	4,357	5,884	38,732	48,973	33,935	10,681	56,505
Craven	4,267	22,180	77,122	7,876	13,654	63,468	84,998	59,404	17,718	103,569
Currituck	816	4,745	21,760	2,201	2,452	19,308	23,961	17,355	4,405	27,321
Dare	1,033	5,904	30,260	2,503	2,621	27,639	32,763	22,419	7,841	37,197
Gates	331	2,011	9,737	896	1,255	8,482	10,633	7,420	2,317	12,079
Hertford	680	4,003	19,348	1,737	2,757	16,591	21,085	14,842	4,506	24,031
Hyde	120	807	4,522	329	467	4,055	4,851	3,443	1,079	5,449
Jones	290	1,680	8,130	674	827	7,303	8,804	6,021	2,109	10,100
Martin	740	3,951	18,599	1,698	2,041	16,558	20,297	13,383	5,216	23,290
Nash	3,169	16,962	74,941	7,420	9,384	65,557	82,361	57,376	17,565	95,072
New Hanover	6,886	36,352	190,357	14,916	32,365	157,992	205,273	150,303	40,054	233,595
Northampton	590	3,210	16,911	1,397	1,806	15,105	18,308	12,108	4,803	20,711
Onslow	11,912	47,799	139,072	13,182	38,932	100,140	152,254	120,215	18,857	198,783
Pamlico	271	1,725	11,277	767	1,012	10,265	12,044	7,503	3,774	13,273
Pasquotank	1,468	7,697	30,661	2,995	5,587	25,074	33,656	24,493	6,168	39,826
Pender	1,959	10,904	49,496	4,691	6,149	43,347	54,187	38,252	11,244	62,359
Perquimans	369	2,164	11,196	900	1,195	10,001	12,096	7,519	3,677	13,729
Pitt	6,187	32,780	140,421	12,771	35,650	104,771	153,192	117,279	23,142	179,388
Tyrrell	132	669	3,508	267	318	3,190	3,775	2,652	856	4,309
Washington	392	2,222	9,625	927	973	8,652	10,552	6,736	2,889	12,239
Trillium Catchment Total	50,816	263,229	1,157,232	102,000	188,695	968,537	1,259,232	889,903	267,329	1,471,277
North Carolina Total	363,598	1,952,132	8,086,230	812,443	1,166,932	6,919,298	8,898,673	6,411,223	1,675,007	10,401,960

Source: N.C. Office of State Budget and Management 2018 Projected Population. Accessed 2/15/19.

Population by Sex

Trillium Population by Sex - 2018

County	Male		Female	
	Count	Percentage	Count	Percentage
Beaufort	22,992	48.5%	24,446	51.5%
Bertie	9,753	49.4%	9,979	50.6%
Brunswick	67,914	49.9%	68,212	50.1%
Camden	5,183	49.8%	5,231	50.2%
Carteret	35,007	49.6%	35,612	50.4%
Chowan	6,778	48.0%	7,345	52.0%
Columbus	28,464	50.4%	28,041	49.6%
Craven	50,449	48.7%	53,120	51.3%
Currituck	13,585	49.7%	13,736	50.3%
Dare	18,463	49.6%	18,734	50.4%
Gates	5,895	48.8%	6,184	51.2%
Hertford	12,176	50.7%	11,855	49.3%
Hyde	3,026	55.5%	2,423	44.5%
Jones	4,885	48.4%	5,215	51.6%
Martin	10,919	46.9%	12,371	53.1%
Nash	45,960	48.3%	49,112	51.7%
New Hanover	112,907	48.3%	120,688	51.7%
Northampton	10,021	48.4%	10,690	51.6%
Onslow	103,182	51.9%	95,601	48.1%
Pamlico	6,862	51.7%	6,411	48.3%
Pasquotank	19,558	49.1%	20,268	50.9%
Pender	31,122	49.9%	31,237	50.1%
Perquimans	6,598	48.1%	7,131	51.9%
Pitt	83,748	46.7%	95,640	53.3%
Tyrrell	2,384	55.3%	1,925	44.7%
Washington	5,723	46.8%	6,516	53.2%
Trillium Catchment Total	723,554	49.2%	747,723	50.8%
North Carolina Total	5,052,539	48.6%	5,349,421	51.4%

Source: N.C. Office of State Budget and Management. Accessed 2/19/19.

Population by Race/Ethnicity

Trillium Race/Ethnicity of Service Area - 2018

County	White Alone	Black or African-American	American Indian and Alaskan Native Alone	Asian - Pacific Islander	Other Race	Hispanic/Latino
Beaufort	34,637	11,049	642	284	826	4,430
Bertie	7,071	12,118	92	180	271	308
Brunswick	115,904	15,215	1,290	1,134	2,583	7,954
Camden	8,463	1,361	41	240	309	299
Carteret	63,613	3,918	403	907	1,778	3,303
Chowan	9,141	4,594	65	114	209	634
Columbus	34,674	18,440	1,979	291	1,121	3,327
Craven	73,308	23,342	628	3,027	3,264	8,025
Currituck	24,588	1,604	153	292	684	1,267
Dare	34,714	969	284	368	862	3,640
Gates	7,680	3,976	86	30	307	256
Hertford	8,960	14,263	260	207	341	887
Hyde	3,677	1,620	49	14	89	587
Jones	6,799	2,862	100	42	297	452
Martin	12,769	10,026	120	124	251	992
Nash	52,615	38,295	1,138	1,098	1,926	6,029
New Hanover	190,169	32,223	1,783	3,819	5,601	15,971
Northampton	8,165	12,096	138	63	249	417
Onslow	155,344	27,595	1,632	4,991	9,221	25,576
Pamlico	10,490	2,412	92	65	214	589
Pasquotank	22,039	15,884	215	629	1,059	2,154
Pender	50,523	9,222	684	440	1,490	4,746
Perquimans	9,986	3,397	58	72	216	455
Pitt	108,068	62,211	1,099	3,867	4,143	12,084
Tyrrell	2,483	1,596	47	106	77	236
Washington	5,535	6,336	102	33	233	614
Trillium Catchment Total	1,061,415	336,624	13,180	22,437	37,621	105,232
North Carolina Total	7,358,066	2,296,765	179,140	307,330	260,659	1,106,122

Source: N.C. Office of State Budget and Management. Accessed 2/15/19

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.

Population by Hispanic Origin

Trillium Hispanic Origin Population July 1, 2018

County	Hispanic		Non-Hispanic	
	Total	%	Total	%
Beaufort	4,430	9.3%	43,008	90.7%
Bertie	308	1.6%	19,424	98.4%
Brunswick	7,954	5.8%	128,172	94.2%
Camden	299	2.9%	10,115	97.1%
Carteret	3,303	4.7%	67,316	95.3%
Chowan	634	4.5%	13,489	95.5%
Columbus	3,327	5.9%	53,178	94.1%
Craven	8,025	7.7%	95,544	92.3%
Currituck	1,267	4.6%	26,054	95.4%
Dare	3,640	9.8%	33,557	90.2%
Gates	256	2.1%	11,823	97.9%
Hertford	887	3.7%	23,144	96.3%
Hyde	587	10.8%	4,862	89.2%
Jones	452	4.5%	9,648	95.5%
Martin	992	4.3%	22,298	95.7%
Nash	6,029	6.3%	89,043	93.7%
New Hanover	15,971	6.8%	217,624	93.2%
Northampton	417	2.0%	20,294	98.0%
Onslow	25,576	12.9%	173,207	87.1%
Pamlico	589	4.4%	12,684	95.6%
Pasquotank	2,154	5.4%	37,672	94.6%
Pender	4,746	7.6%	57,613	92.4%
Perquimans	455	3.3%	13,274	96.7%
Pitt	12,084	6.7%	167,304	93.3%
Tyrrell	236	5.5%	4,073	94.5%
Washington	614	5.0%	11,625	95.0%
Trillium Catchment Total	105,232	7.2%	1,366,045	92.8%
North Carolina Total	1,106,122	10.6%	9,295,838	89.4%

Source: North Carolina OSBM, Standard Population Estimates, Vintage 2017 and Population Projections, Vintage 2018. Accessed 2/15/19.

Unemployment

Trillium Unemployment Percentage 3-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	Number of Unemployed June 30, 2018	Unemployment Percentage June 30, 2018
Beaufort	1,167	5.8%	950	4.7%	966	4.8%
Bertie	569	6.6%	472	5.7%	419	5.3%
Brunswick	2,996	5.8%	2,546	4.8%	2,765	5.0%
Camden	263	5.6%	195	4.3%	194	4.2%
Carteret	1,589	4.9%	1,293	3.9%	1,358	4.0%
Chowan	377	6.6%	284	5.2%	271	4.8%
Columbus	1,465	6.4%	1,258	5.6%	1,180	5.2%
Craven	2,232	5.3%	1,857	4.4%	1,861	4.4%
Currituck	615	4.8%	520	4.0%	505	3.7%
Dare	1,074	4.6%	899	4.0%	898	3.9%
Gates	279	5.3%	217	4.2%	235	4.4%
Hertford	617	6.7%	499	5.5%	508	5.6%
Hyde	164	7.0%	136	6.2%	148	6.5%
Jones	237	5.1%	186	4.1%	187	4.1%
Martin	664	7.1%	523	5.5%	509	5.4%
Nash	2,926	6.8%	2,572	6.0%	2,497	5.9%
New Hanover	5,496	4.8%	4,620	3.9%	4,679	3.9%
Northampton	575	7.3%	445	5.8%	419	5.5%
Onslow	3,599	5.5%	2,928	4.6%	2,963	4.6%
Pamlico	289	5.3%	242	4.4%	229	4.2%
Pasquotank	1,133	6.4%	889	5.2%	876	5.0%
Pender	1,403	5.3%	1,181	4.4%	1,162	4.2%
Perquimans	332	6.4%	269	5.4%	261	5.1%
Pitt	5,199	5.9%	4,282	4.9%	4,454	4.9%
Tyrrell	116	6.6%	92	5.7%	89	5.2%
Washington	363	7.2%	287	6.0%	286	5.9%
Trillium Catchment Percentage	35,739	5.6%	29,642	4.6%	29,919	4.6%
North Carolina Percentage	250,385	5.2%	208,449	4.2%	209,356	4.2%

Source: N.C. Department of Commerce, Labor & Economic Analysis Division. NCWORKS.Gov Accessed 3/4/19.

Median Household Income



Trillium Median Household Income

County	Median Household Income
Beaufort	\$43,497
Bertie	\$33,022
Brunswick	\$56,227
Camden	\$64,086
Carteret	\$53,192
Chowan	\$43,182
Columbus	\$37,639
Craven	\$51,390
Currituck	\$62,397
Dare	\$57,316
Gates	\$50,164
Hertford	\$38,786
Hyde	\$41,214
Jones	\$41,523
Martin	\$37,225
Nash	\$47,597
New Hanover	\$53,692
Northampton	\$36,190
Onslow	\$49,634
Pamlico	\$48,410
Pasquotank	\$46,709
Pender	\$52,187
Perquimans	\$45,011
Pitt	\$46,229
Tyrrell	\$35,223
Washington	\$36,171
Trillium Catchment Average	\$46,458
North Carolina Average	\$52,797

Source: US Census. Small Area Income and Poverty Estimates (SAIPE). Released 2/19 for CY2017. Accessed 3/4/19.

Economic Tiers

Trillium Economic Tier Designation 3-Year Comparison

County	2016 Tier	2017 Tier	2018 Tier
Beaufort	1	1	2 
Bertie	1	1	1
Brunswick	3	3	3
Camden	1	1	1
Carteret	3	3	3
Chowan	1	1	1
Columbus	1	1	1
Craven	2	2	2
Currituck	2	2	2
Dare	2	2	2
Gates	1	1	1
Hertford	1	1	1
Hyde	1	1	1
Jones	1	1	1
Martin	1	1	1
Nash	1	2	2
New Hanover	3	3	3
Northampton	1	1	1
Onslow	2	2	2
Pamlico	2	2	2
Pasquotank	1	1	1
Pender	3	3	3
Perquimans	1	2	1 
Pitt	2	2	2
Tyrell	1	1	1
Washington	1	1	1

Arrow denotes movement (change) within the tier system.

Source: N.C. Department of Commerce. Accessed 2/19/19.

Percent Medicaid Enrolled

Trillium Percent of Medicaid Enrolled - SFY2018 Annual Unduplicated Count*

County	Total Medicaid Enrolled	Total Population	% Medicaid Enrolled
Beaufort	13,334	47,438	28.1%
Bertie	6,509	19,732	33.0%
Brunswick	26,550	136,126	19.5%
Camden	1,353	10,414	13.0%
Carteret	13,770	70,619	19.5%
Chowan	3,978	14,123	28.2%
Columbus	19,682	56,505	34.8%
Craven	23,066	103,569	22.3%
Currituck	3,606	27,321	13.2%
Dare	5,995	37,197	16.1%
Gates	2,511	12,079	20.8%
Hertford	7,978	24,031	33.2%
Hyde	1,352	5,449	24.8%
Jones	2,689	10,100	26.6%
Martin	7,166	23,290	30.8%
Nash	28,494	95,072	30.0%
New Hanover	41,562	233,595	17.8%
Northampton	6,795	20,711	32.8%
Onslow	42,027	198,783	21.1%
Pamlico	2,860	13,273	21.5%
Pasquotank	11,318	39,826	28.4%
Pender	14,904	62,359	23.9%
Perquimans	3,233	13,729	23.5%
Pitt	44,389	179,388	24.7%
Tyrrell	1,069	4,309	24.8%
Washington	4,249	12,239	34.7%
Trillium Catchment Total	340,439	1,471,277	23.1%
North Carolina Total	2,422,622	10,401,960	23.3%

**Change in methodology from one month in time to annual unduplicated count.*

Source: NCDHHS, NC Medicaid, Division of Health Benefits

Revised: 9/25/18. Accessed 2/19/19.

Medicaid Enrolled

Trillium Number Medicaid Enrolled - SFY 2018 Annual Unduplicated Count*

County	Infants-Children	Adults	Total Enrolled
Beaufort	2,456	10,878	13,334
Bertie	834	5,675	6,509
Brunswick	4,612	21,938	26,550
Camden	243	1,110	1,353
Carteret	2,353	11,417	13,770
Chowan	582	3,396	3,978
Columbus	3,072	16,610	19,682
Craven	4,298	18,768	23,066
Currituck	786	2,820	3,606
Dare	1,290	4,705	5,995
Gates	394	2,117	2,511
Hertford	1,152	6,826	7,978
Hyde	180	1,172	1,352
Jones	402	2,287	2,689
Martin	1,087	6,079	7,166
Nash	4,780	23,714	28,494
New Hanover	7,626	33,936	41,562
Northampton	854	5,941	6,795
Onslow	8,235	33,792	42,027
Pamlico	374	2,486	2,860
Pasquotank	2,165	9,153	11,318
Pender	2,653	12,251	14,904
Perquimans	554	2,679	3,233
Pitt	8,009	36,380	44,389
Tyrrell	232	837	1,069
Washington	673	3,576	4,249
Trillium Catchment Total	59,896	280,543	340,439
North Carolina Total	457,619	1,965,003	2,422,622

***Change in methodology from one month in time to annual unduplicated count.**

Source: NCDHHS, NC Medicaid, Division of Health Benefits

Revised: 9/25/18. Accessed 1/30/19

Uninsured

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%
Columbus	6,341	42,680	14.9%
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 2/19/19.

Unintentional Poisoning Deaths

Trillium Unintentional Poisoning Death Comparison

County	2014	2015	2016	2017
Beaufort	7	6	9	20
Bertie	0	1	5	4
Brunswick	22	26	39	49
Camden	0	3	1	3
Carteret	15	18	21	18
Chowan	0	3	2	6
Columbus	11	8	18	14
Craven	12	23	35	40
Currituck	1	4	8	11
Dare	8	5	4	14
Gates	1	4	4	4
Hertford	2	1	2	4
Hyde	0	0	2	3
Jones	0	3	5	6
Martin	4	5	1	5
Nash	10	10	22	8
New Hanover	40	50	68	81
Northampton	1	2	2	4
Onslow	17	17	38	38
Pamlico	5	4	2	6
Pasquotank	3	2	7	9
Pender	3	17	17	16
Perquimans	1	3	2	1
Pitt	22	14	26	42
Tyrrell	0	0	2	1
Washington	2	1	3	1
Trillium Catchment Total	187	230	345	408
North Carolina Total	1,221	1,431	1,822	2,310

Source: N.C. DHHS, Injury Epidemiology and Surveillance Unit, Injury and Violence Prevention Branch, Chronic Disease and Injury Section, Division of Public Health. Accessed 3/14/19.

Version updates

Previous versions of this table did not include NC resident deaths that occurred out-of-state for 2012-2015; this table includes NC resident deaths occurring in- and out-of-state for all years.

Trillium Overdose Comparison

Trillium Catchment All Intent Overdose Death Comparison* Table 1 of 4

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)				Opioid Poisoning Deaths ² (Any mention of opiates, including synthetic)				Commonly Prescribed Opioid Medication Deaths ³ (Any mention of other opioids, methadone, <i>excluding</i> synthetic opioids in the multiple cause of death fields on the death certificate)			
	2014	2015	2016	2017	2014	2015	2016	2017	2014	2015	2016	2017
Beaufort	7	9	11	20	3	6	8	17	2	3	7	4
Bertie	0	2	5	4	0	1	4	2	0	1	1	1
Brunswick	22	29	41	51	18	24	34	44	14	13	13	14
Camden	0	4	1	3	0	3	0	2	0	1	0	0
Carteret	19	21	20	21	13	18	20	15	10	11	13	7
Chowan	0	3	2	5	0	3	2	5	0	1	2	2
Columbus	11	8	17	14	8	8	12	13	5	6	9	7
Craven	19	30	37	42	12	24	30	37	8	13	17	9
Currituck	3	6	7	9	2	4	5	9	1	1	2	6
Dare	10	6	5	15	9	4	4	11	4	1	0	3
Gates	1	4	4	4	0	2	4	3	0	1	0	2
Hertford	1	1	3	4	0	0	2	3	0	0	2	1
Hyde	0	0	2	3	0	0	0	2	0	0	0	0
Jones	1	3	5	6	0	2	4	4	0	2	3	1
Martin	2	3	1	6	1	1	1	4	1	1	0	2
Nash	10	16	25	15	8	13	21	9	5	6	4	2
New Hanover	42	53	71	87	25	47	64	72	7	16	15	27
Northampton	2	2	2	4	2	1	2	3	2	0	2	1
Onslow	22	21	43	39	15	15	36	31	10	12	17	12
Pamlico	4	4	2	6	3	4	2	6	2	1	2	1
Pasquotank	3	4	7	9	3	2	6	8	1	1	1	3
Pender	5	17	19	17	2	14	15	15	0	6	8	2
Perquimans	2	4	2	1	2	2	2	1	0	0	0	0
Pitt	30	18	27	52	20	13	24	43	14	5	13	17
Tyrrell	1	0	2	0	1	0	2	0	0	0	0	0
Washington	1	1	2	1	0	1	0	0	0	0	0	0
Trillium Catchment Total	218	269	363	438	147	212	304	359	86	102	131	124
North Carolina Total	1,355	1,566	1,965	2,474	962	1,169	1,514	2,006	563	637	697	680

Trillium Catchment All Intent Overdose Death Comparison* Table 2 of 4

County (County is based on county of residence of the decedent)	Methadone Poisoning Deaths ⁴ (Any mention of methadone in the multiple cause of death fields on the death certificate)				Heroin Poisoning Deaths ⁵ (Any mention of heroin 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)			
	2014	2015	2016	2017	2014	2015	2016	2017	2014	2015	2016	2017
Beaufort	1	0	1	0	1	2	1	6	0	3	1	14
Bertie	0	0	0	0	0	1	0	0	0	1	2	2
Brunswick	2	4	3	3	5	10	10	15	2	8	22	29
Camden	0	0	0	0	0	1	0	1	0	2	0	2
Carteret	6	1	3	1	1	5	4	4	5	6	9	9
Chowan	0	1	0	0	0	1	0	1	0	2	0	4
Columbus	2	1	1	0	1	1	2	1	2	4	6	9
Craven	3	2	2	1	3	5	9	12	1	8	17	26
Currituck	0	0	0	0	1	2	1	1	0	2	3	4
Dare	0	1	0	0	3	0	1	3	1	3	3	8
Gates	0	0	0	0	0	1	0	1	0	1	4	2
Hertford	0	0	0	0	0	0	1	2	0	0	1	3
Hyde	0	0	0	0	0	0	0	1	0	0	0	2
Jones	0	0	1	0	0	0	0	2	0	0	1	4
Martin	0	1	0	0	0	0	1	2	0	0	1	3
Nash	2	3	1	0	0	5	11	6	3	2	11	3
New Hanover	1	4	2	5	12	24	38	29	8	18	27	47
Northampton	0	0	0	0	0	1	0	1	0	0	0	2
Onslow	2	2	5	3	2	2	6	7	4	3	20	20
Pamlico	1	0	1	0	0	1	1	1	2	2	1	6
Pasquotank	0	0	0	2	1	1	2	2	1	1	6	5
Pender	0	3	3	1	1	7	6	7	1	4	8	11
Perquimans	0	0	0	0	1	1	2	1	1	1	2	0
Pitt	2	2	1	1	3	4	8	11	3	4	6	29
Tyrrell	0	0	0	0	0	0	1	0	1	0	2	0
Washington	0	0	0	0	0	0	0	0	0	1	0	0
Trillium Catchment Total	22	25	24	17	35	75	105	117	35	76	153	244
North Carolina Total	130	111	119	105	266	388	545	550	212	300	607	1316

Trillium Catchment All Intent Overdose Death Comparison* Table 3 of 4

County (County is based on county of residence of the decedent)	Cocaine Poisoning Deaths ⁷ (Any mention of cocaine in the multiple cause of death fields on the death certificate)				All Psychostimulant Poisoning Deaths ⁸ (Any mention of cocaine in the multiple cause of death fields on the death certificate)				Benzodiazepine Poisoning Deaths ⁹ (Any mention of benzodiazepines in the multiple cause of death fields on the death certificate)			
	2014	2015	2016	2017	2014	2015	2016	2017	2014	2015	2016	2017
Beaufort	1	3	2	8	0	0	0	0	1	2	1	8
Bertie	0	0	3	1	0	0	0	1	0	0	0	1
Brunswick	3	2	9	12	0	1	0	1	4	5	12	13
Camden	0	0	1	3	0	0	0	0	0	0	0	0
Carteret	0	3	1	2	0	1	0	4	9	7	8	4
Chowan	0	0	1	2	0	0	0	0	0	1	0	0
Columbus	4	2	6	8	0	0	0	0	3	2	6	2
Craven	3	11	10	17	0	1	1	0	3	6	10	8
Currituck	0	1	2	2	0	0	1	2	0	1	4	4
Dare	1	0	1	4	0	0	0	0	1	1	0	1
Gates	1	2	0	1	0	0	0	0	0	0	1	2
Hertford	1	1	1	0	0	0	0	0	0	0	1	1
Hyde	0	0	2	3	0	0	0	0	0	0	1	0
Jones	0	0	1	3	0	0	0	1	0	2	2	0
Martin	1	2	0	2	0	0	0	1	0	0	0	2
Nash	0	5	6	6	0	0	1	0	4	4	3	5
New Hanover	2	14	12	22	0	0	1	1	5	9	16	18
Northampton	0	1	0	2	0	0	0	0	0	0	0	0
Onslow	3	5	5	10	0	0	1	2	5	6	9	8
Pamlico	0	3	0	0	0	0	0	0	0	1	1	0
Pasquotank	0	1	4	1	0	0	0	0	0	1	0	6
Pender	0	1	0	6	0	0	1	0	0	1	3	4
Perquimans	0	0	0	1	0	0	0	0	1	0	0	0
Pitt	7	4	5	20	0	1	0	1	7	2	8	11
Tyrrell	0	0	1	0	0	0	0	0	0	0	0	0
Washington	1	0	2	0	0	0	0	0	0	0	0	0
Trillium Catchment Total	28	61	75	136	0	4	6	14	43	51	86	98
North Carolina Total	225	313	502	727	33	64	115	183	282	402	527	601

**Trillium Catchment All Intent Overdose Death
Comparison* Table 4 of 4**

County (County is based on county of residence of the decedent)	All Antiepileptic and Sedative-Hypnotic Drug Poisoning Deaths ¹⁰ (Any mention of benzodiazepines in the multiple cause of death fields on the death certificate)			
	2014	2015	2016	2017
Beaufort	1	0	3	2
Bertie	0	0	0	1
Brunswick	2	2	5	8
Camden	0	0	0	0
Carteret	0	3	2	4
Chowan	0	1	0	1
Columbus	1	1	2	1
Craven	2	6	1	3
Currituck	1	0	1	0
Dare	1	0	0	2
Gates	0	0	0	2
Hertford	0	0	1	0
Hyde	0	0	0	0
Jones	0	2	1	0
Martin	0	0	0	1
Nash	1	3	3	3
New Hanover	2	3	3	12
Northampton	0	0	0	1
Onslow	1	2	3	4
Pamlico	0	1	0	0
Pasquotank	0	1	0	4
Pender	1	1	2	0
Perquimans	0	0	0	0
Pitt	1	1	5	4
Tyrrell	0	0	0	0
Washington	0	0	0	0
Trillium Catchment Total	14	27	32	53
North Carolina Total	114	188	239	279

**Counts by any+A33:AJ35 mention of drug type are not mutually exclusive; if a death involved multiple drugs it could be listed in additional tables.*

Version updates

Previous versions of this table were not limited to deaths with an underlying cause (COD1) of a poisoning.

Previous versions of this table did not include NC residents deaths that occurred out of state for 2012-2015; this table includes NC resident deaths occurring in and out of state for all years.

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) 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.

5 - 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.

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: An underlying cause (COD1) of X40-X44 Accidental poisonings by drugs; X60-X64 Intentional self-poisoning by drugs; X85 Assault by drug poisoning; or Y10-Y14 Drug poisoning of undetermined intent, and a contributing cause (COD2-21) of T43.6 Psychostimulant.

9 - 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.

10 - Codes used: An underlying cause (COD1) of X40-X44 Accidental poisonings by drugs; X60-X64 Intentional self-poisoning by drugs; X85 Assault by drug poisoning; or Y10-Y14 Drug poisoning of undetermined intent, and a contributing cause (COD2-21) of T42.6 Antiepileptic and Sedative-Hypnotic Drugs.

Source: N.C. DHHS, Injury Epidemiology and Surveillance Unit, Injury and Violence Prevention Branch, Chronic Disease and Injury Section, Division of Public Health. Accessed 3/8/19.

Emergency Department Visits

Trillium Catchment Emergency Department Visit Comparison* Table 1 of 4

County <i>(County is based on county of residence of the decedent)</i>	Medication & Drug Poisoning Deaths ¹ <i>(Any mention of a medication and/or drug poisoning as primary cause of death - includes prescription, over-the-counter, and illicit drugs)</i>				Opioid Poisoning Deaths ² <i>(Any mention of opiates, including synthetic)</i>				Commonly Prescribed Opioid Medication Deaths ³ <i>(Any mention of other opioids, methadone, excluding synthetic opioids in the multiple cause of death fields on the death certificate)</i>			
	2014	2015	2016	2017	2014	2015	2016	2017	2014	2015	2016	2017
Beaufort	130	Coding Changed	78	53	39	Coding Changed	29	28	21	Coding Changed	9	9
Bertie	31		28	16	7		5	2	5		3	1
Brunswick	296		334	279	69		77	66	46		16	10
Camden	15		8	10	1		3	5	0		0	1
Carteret	205		144	130	45		50	50	30		20	15
Chowan	42		28	12	7		4	3	4		0	1
Columbus	105		184	84	9		69	19	8		41	7
Craven	327		289	350	66		102	157	47		29	21
Currituck	41		26	29	11		11	6	6		8	2
Dare	74		60	40	9		25	7	4		7	4
Gates	8		6	7	1		3	2	1		1	0
Hertford	31		33	30	2		4	9	1		3	1
Hyde	6		19	6	0		0	2	0		0	1
Jones	33		24	27	9		11	5	7		5	1
Martin	43		64	23	5		14	6	3		6	2
Nash	59		136	94	10		34	30	4		8	5
New Hanover	491		585	684	132		209	217	47		52	52
Northampton	43		30	49	0		3	8	0		0	0
Onslow	410		349	342	47		83	72	30		29	15
Pamlico	43		37	61	9		20	43	3		2	4
Pasquotank	96	109	95	7	38	24	2	10	4			
Pender	103	158	199	28	44	50	8	14	15			
Perquimans	23	27	24	0	6	4	0	1	1			
Pitt	443	331	241	77	89	86	40	33	20			
Tyrrell	3	4	3	0	2	1	0	2	0			
Washington	19	10	15	0	1	4	0	0	2			
Trillium Catchment Total	3,120		3,101	2,903	590		936	906	317		299	194
North Carolina Total	22,071		23,161	25,153	3,722		5,546	7,455	2,139		1,521	1,615

Trillium Catchment Emergency Department Visit Comparison* Table 2 of 4

County <i>(County is based on county of residence of the decedent)</i>	Methadone Poisoning Deaths ⁴ <i>(Any mention of methadone in the multiple cause of death fields on the death certificate)</i>				Heroin Poisoning Deaths ⁵ <i>(Any mention of heroin in the multiple cause of death fields on the death certificate)</i>				Other Synthetic Opioid Poisoning Deaths ⁶ <i>(Any mention of synthetic opioids in the multiple cause of death fields on the death certificate)</i>			
	2014	2015	2016	2017	2014	2015	2016	2017	2014	2015	2016	2017
Beaufort	0	Coding Changed	2	0	11	Coding Changed	10	17	Coding Changed	Coding Changed	3	2
Bertie	0		1	0	1		1	1			0	
Brunswick	5		1	1	17		30	27			4	7
Camden	0		0	0	1		2	1			0	0
Carteret	6		2	2	11		16	28			3	2
Chowan	0		0	0	0		0	2			0	0
Columbus	0		5	1	0		11	6			3	3
Craven	2		2	1	12		60	106			5	7
Currituck	0		0	0	4		1	3			0	0
Dare	0		0	0	3		11	2			2	1
Gates	0		0	0	0		0	0			0	0
Hertford	0		0	0	0		0	5			1	2
Hyde	0		0	0	0		0	1			0	0
Jones	0		0	0	2		5	3			0	0
Martin	0		0	0	1		2	3			1	1
Nash	0		0	1	2		14	20			3	1
New Hanover	9		5	2	68		109	115			17	11
Northampton	0		0	0	0		1	5			1	1
Onslow	4		3	2	12		27	35			4	2
Pamlico	0		0	0	5		14	36			1	0
Pasquotank	0		0	0	3		17	12			2	0
Pender	0		0	0	15		18	16			3	7
Perquimans	0		0	0	0		2	3			1	0
Pitt	6		2	0	19		45	55			2	3
Tyrrell	0		0	0	0		0	1			0	0
Washington	0		0	0	0		0	1			0	1
Trillium Catchment Total	32		23	10	187		396	504			57	51
North Carolina Total	194		124	93	1,156		2,258	3,972			308	287

Trillium Catchment Emergency Department Visit Comparison* Table 3 of 4

County <i>(County is based on county of residence of the decedent)</i>	Cocaine Poisoning Deaths ⁷ <i>(Any mention of cocaine in the multiple cause of death fields on the death certificate)</i>				All Psychostimulant Poisoning Deaths ⁸ <i>(Any mention of cocaine in the multiple cause of death fields on the death certificate)</i>				Benzodiazepine Poisoning Deaths ⁹ <i>(Any mention of benzodiazepines in the multiple cause of death fields on the death certificate)</i>							
	2014	2015	2016	2017	2014	2015	2016	2017	2014	2015	2016	2017				
Beaufort	Coding Changed	Coding Changed	1	4	3	Coding Changed	0	2	26	Coding Changed	17	8				
Bertie			0	0	0		0	0	2		2					
Brunswick			1	4	11		3	0	68		32	18				
Camden			0	0	0		1	0	3		0	0				
Carteret			2	2	5		3	4	42		17	14				
Chowan			1	0	1		1	0	8		7	0				
Columbus			19	4	0		3	3	10		37	15				
Craven			15	13	5		6	10	60		39	26				
Currituck			0	0	0		1	2	9		0	2				
Dare			0	2	1		1	1	13		5	4				
Gates			0	0	0		0	0	0		1	1				
Hertford			1	0	0		0	0	3		10	7				
Hyde			0	0	0		0	0	1		0	0				
Jones			1	0	2		0	1	7		4	4				
Martin			2	1	0		0	1	9		4	5				
Nash			1	0	3		0	0	8		10	5				
New Hanover			16	18	9		11	16	70		94	81				
Northampton			0	2	0		0	0	9		1	2				
Onslow			2	5	13		13	12	87		69	41				
Pamlico			0	4	3		1	0	10		3	3				
Pasquotank			10	3	0		0	0	15		14	15				
Pender			5	3	0		2	4	16		29	23				
Perquimans			0	1	0		0	0	5		1	5				
Pitt			22	14	4		8	8	82		65	29				
Tyrrell			0	1	0		0	1	0		1	0				
Washington			0	1	1		0	0	2		1	3				
Trillium Catchment Total					99		82	61			54	65	563		463	313
North Carolina Total					630		731	466			467	557	3,324		2,619	2,292

Trillium Catchment Emergency Department Visit Comparison*
Table 4 of 4

County <i>(County is based on county of residence of the decedent)</i>	All Antiepileptic and Sedative-Hypnotic Drug Poisoning Deaths ¹⁰ <i>(Any mention of benzodiazepines in the multiple cause of death fields on the death certificate)</i>			
	2014	2015	2016	2017
Beaufort	Coding Changed	Coding Changed	4	2
Bertie			1	0
Brunswick			11	10
Camden			0	0
Carteret			7	6
Chowan			2	0
Columbus			10	6
Craven			24	22
Currituck			1	1
Dare			3	2
Gates			0	1
Hertford			3	4
Hyde			0	0
Jones			1	2
Martin			2	3
Nash			5	5
New Hanover			27	35
Northampton			0	0
Onslow			30	20
Pamlico			1	3
Pasquotank			6	1
Pender			4	6
Perquimans			1	1
Pitt			11	11
Tyrrell	0	0		
Washington	1	0		
Trillium Catchment Total			155	141
North Carolina Total			848	897

Source: N.C. DHHS, Injury Epidemiology and Surveillance Unit, Injury and Violence Prevention Branch, Chronic Disease and Injury Section, Division of Public Health. Accessed 3/28/19.

In October 2015, there was a change in the coding system used in administrative data sets that impacted the definition used to identify poisoning-related injury cases. Because of this change, data are unavailable for 2015, and data pre-2015 are not comparable to data collected after this change occurred. Case definitions in the new coding system are still under review and are therefore subject to change. For more information on the coding transition visit: <http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/ICD-10-Transition-1pg-Summary.pdf>

1. ICD-10-CM codes (2016 to 2017): Dx T36-T50; a 5th/6th character of 1-unintentional, 2-intentional self-harm, 3-assault, or 4-undetermined intent; a 7th character of A-initial encounter, D- subsequent encounter, or missing.

ICD-9-CM codes (2008 to 2014): Dx 960-979 or ecode E850.0-E858.9 (Accidental), E950.0-E950.5 (Self-Inflicted), E962.0 (Assault), E980.0-E980.5 (Undetermined).
Notes: In 2016, a new data file structure was provided which included additional diagnosis code fields. It is unclear how this impacts trend data. Please interpret trends with caution. Previous versions of this data restricted ICD-9-CM years to dx1-dx6; this table update includes three additional diagnosis fields (dx1-dx11), which may cause an increase in case counts from 2008-2014.

2. ICD-10-CM codes (2016 to 2017): Dx T40.0-T40.4, T40.6; a 5th/6th character of 1-unintentional, 2-intentional self-harm, 3-assault, or 4-undetermined intent; a 7th character of A-initial encounter, D-subsequent encounter, or missing.

ICD-9-CM codes (2008 to 2014): Dx 965.0-965.09 or ecode E850.0-E850.02 (Accidental).
Notes: In 2016, a new data file structure was provided which included additional diagnosis code fields. It is unclear how this impacts trend data. Please interpret trends with caution. Previous versions of this data restricted ICD-9-CM years to dx1-dx6; this table update includes three additional diagnosis fields (dx1-dx11), which may cause an increase in case counts from 2008-2014.

3. ICD-10-CM codes (2016 to 2017): Dx T40.2-T40.3; a 5th/6th character of 1-unintentional, 2-intentional self-harm, 3-assault, or 4-undetermined intent; a 7th character of A-initial encounter, D- subsequent encounter, or missing.

ICD-9-CM codes (2008 to 2014): Dx 965.02, 965.09 or ecode E850.01-E850.02 (Accidental).

Notes: In 2016, a new data file structure was provided which included additional diagnosis code fields. It is unclear how this impacts trend data. Please interpret trends with caution. Previous versions of this data restricted ICD-9-CM years to dx1-dx6; this table update includes three additional diagnosis fields (dx1-dx11), which may cause an increase in case counts from 2008-2014.

4. ICD-10-CM codes (2016 to 2017): Dx T40.1; a 5th/6th character of 1-unintentional, 2-intentional self-harm, 3-assault, or 4-undetermined intent; a 7th character of A-initial encounter, D- subsequent encounter, or missing.

ICD-9-CM codes (2008 to 2014): Dx 965.01 or ecode E850.0 (Accidental).

Notes: In 2016, a new data file structure was provided which included additional diagnosis code fields. It is unclear how this impacts trend data. Please interpret trends with caution. Previous versions of this data restricted ICD-9-CM years to dx1-dx6; this table update includes three additional diagnosis fields (dx1-dx11), which may cause an increase in case counts from 2008-2014.

5. ICD-10-CM codes (2016 to 2017): Dx T40.3; a 5th/6th character of 1-unintentional, 2-intentional self-harm, 3-assault, or 4-undetermined intent; a 7th character of A-initial encounter, D- subsequent encounter, or missing.

ICD-9-CM codes (2008 to 2014): Dx 965.02 or ecode E850.1 (Accidental).

Notes: In 2016, a new data file structure was provided which included additional diagnosis code fields. It is unclear how this impacts trend data. Please interpret trends with caution. Previous versions of this data restricted ICD-9-CM years to dx1-dx6; this table update includes three additional diagnosis fields (dx1-dx11), which may cause an increase in case counts from 2008-2014.

6. ICD-10-CM codes (2016 to 2017): Dx T40.4; a 5th/6th character of 1-unintentional, 2-intentional self-harm, 3-assault, or 4-undetermined intent; a 7th character of A-initial encounter, D- subsequent encounter, or missing.

ICD-9-CM codes (2008 to 2014): No equivalent ICD-9-CM codes.

Notes: In 2016, a new data file structure was provided which included additional diagnosis code fields. It is unclear how this impacts trend data. Please interpret trends with caution.

7. ICD-10-CM codes (2016 to 2017): Dx T40.5; a 5th/6th character of 1-unintentional, 2-intentional self-harm, 3-assault, or 4-undetermined intent; a 7th character of A-initial encounter, D- subsequent encounter, or missing.

ICD-9-CM codes (2008 to 2014): ICD-9-CM codes under review.

Notes: In 2016, a new data file structure was provided which included additional diagnosis code fields. It is unclear how this impacts trend data. Please interpret trends with caution. Previous versions of this table did not limit data to NC residents, this table reflects corrected numbers.

8. ICD-10-CM codes (2016 to 2017): Dx T43.6; a 5th/6th character of 1-unintentional, 2-intentional self-harm, 3-assault, or 4-undetermined intent; a 7th character of A-initial encounter, D- subsequent encounter, or missing.

ICD-9-CM codes (2008 to 2014): Dx 969.7 or ecode E854.2 (Accidental).

Notes: In 2016, a new data file structure was provided which included additional diagnosis code fields. It is unclear how this impacts trend data. Please interpret trends with caution. Previous versions of this data restricted ICD-9-CM years to dx1-dx6; this table update includes three additional diagnosis fields (dx1-dx11), which may cause an increase in case counts from 2008-2014.

9. ICD-10-CM codes (2016 to 2017): Dx T42.4; a 5th/6th character of 1-unintentional, 2-intentional self-harm, 3-assault, or 4-undetermined intent; a 7th character of A-initial encounter, D- subsequent encounter, or missing.

ICD-9-CM codes (2008 to 2014): Dx 969.4 or ecode E853.2 (Accidental).

Notes: In 2016, a new data file structure was provided which included additional diagnosis code fields. It is unclear how this impacts trend data. Please interpret trends with caution. Previous versions of this data restricted ICD-9-CM years to dx1-dx6; this table update includes three additional diagnosis fields (dx1-dx11), which may cause an increase in case counts from 2008-2014.

10. ICD-10-CM codes (2016 to 2017): Dx T42.6; a 5th/6th character of 1-unintentional, 2-intentional self-harm, 3-assault, or 4-undetermined intent; a 7th character of A-initial encounter, D- subsequent encounter, or missing.

ICD-9-CM codes (2008 to 2014): No equivalent ICD-9-CM codes.

Notes: In 2016, a new data file structure was provided which included additional diagnosis code fields. It is unclear how this impacts trend data. Please interpret trends with caution.

Opioid Prescribing Rates

Trillium Rate of Retail Opioid Prescriptions Dispensed per 100 persons

County	2014	2015	2016	2017
Beaufort	141.3	143.4	141.0	131.3
Bertie	65.0	64.8	51.6	25.0
Brunswick	123.7	116.8	110.7	96.2
Camden	*	*	*	*
Carteret	119.1	114.1	101.2	86.6
Chowan	113.1	108.6	111.5	106.9
Columbus	198.0	189.1	177.8	139.8
Craven	129.0	128.6	110.8	98.0
Currituck	21.3	19.8	19.0	15.0
Dare	132.3	118.3	107.6	95.7
Gates	3.0	3.0	2.3	0.6
Hertford	139.6	132.9	136.4	123.0
Hyde	52.7	68.5	64.1	58.3
Jones	5.3	5.4	24.2	36.6
Martin	93.5	82.3	102.1	97.6
Nash	114.9	107.8	92.3	83.4
New Hanover	119.1	114.4	102.7	86.0
Northampton	1.6	1.4	15.6	14.9
Onslow	86.1	80.4	76.9	65.6
Pamlico	74.0	79.8	86.9	82.0
Pasquotank	141.5	136.6	130.8	117.2
Pender	46.1	46.3	50.6	48.6
Perquimans	40.2	37.8	36.1	30.1
Pitt	94.0	89.4	82.9	72.2
Tyrrell	74.3	94.8	88.8	82.3
Washington	103.2	98.7	87.1	88.5
Trillium Catchment Rate	86.5	84.5	82.2	74.0
North Carolina Rate	93.7	88.4	82.5	72.0

*** No report - no pharmacy in county**

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: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention. Accessed 3/27/19.

Probation/Parole Population

Trillium Probation/Parole Population December 31, 2018

County	Probation	Parole
Beaufort	758	110
Bertie	256	26
Brunswick	1,138	213
Camden	58	10
Carteret	629	92
Chowan	198	37
Columbus	542	112
Craven	984	170
Currituck	271	9
Dare	428	45
Gates	110	10
Hertford	244	33
Hyde	32	6
Jones	96	12
Martin	288	36
Nash	907	199
New Hanover	2,152	396
Northampton	209	29
Onslow	1,316	227
Pamlico	182	26
Pasquotank	487	54
Pender	539	71
Perquimans	117	14
Pitt	1,805	325
Tyrrell	32	6
Washington	164	19
Trillium Catchment Total	13,942	2,287
North Carolina Total	83,883	15,527

Sources: North Carolina Department of Public Safety, Office of Research and Planning.
A.S.Q. Custom Offender Report. Accessed 3/28/19.

Appendix B: Constituent Survey Instruments

The following chart represents the social determinants identified by stakeholders, Members and their families in each of the survey instruments listed in Section III: Acceptability.

Trillium Social Determinants Identified by Survey Instrument

Social Determinants	SFY2018 Trillium Member/Family Survey (n=1,921) ¹	SFY2018 Trillium Stakeholder Survey (n=1,310) ²	2018 Trillium Adult/Child ECHO Survey (n=180)	2018 Trillium Provider Satisfaction Survey (n=248)	2018 Trillium Adult/Youth/Child-Family Perceptions of Care (n=1,502) ³
Homeless	(Q20) 189 or 4.82% (n=4,049) (Q35) 10 or 1.24% (n=809)	(Q6) 2 or 0.07% (n=2,845) (Q14)6 or 2.61% (n=230) (Q15) 36 or 6.70% (n=537)	N/A	N/A	N/A
Unstable Housing	N/A	N/A	N/A	N/A	N/A
Transportation Barriers	(Q14) 13 or 4.45% (n=292) (Q15) 80 or 9.49% (n=843) (Q35) 273 or 33.75% (n=809) (Q48) 10 or 2.92% (n=343)	(Q8) 5 or 3.01% (n=2,845) (Q14) 9 or 3.91% (n=230) (Q15) 60 or 11.17% (n=537)	N/A	N/A	195 or 13.0%
Food Insecurity	(Q14) 3 or 1.03% (n=843) (Q15) 6 or 0.71% (n=843)	(Q6) 1 or 0.04% (n=2,845)	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-The total number of respondents who indicated a certain barrier combines the results from the Adult, Youth and Child-Family Perceptions of Care surveys.

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

Trillium Identified Needs and Gaps by Survey Instrument

Needs and Gaps	SFY2018 Trillium Member/Family Survey ¹ (n=1,921)	SFY2018 Trillium Stakeholder Survey ² (n= 1,310)	2018 Trillium Adult/Child ECHO Survey ³ (n=180)	2018 Trillium Provider Satisfaction Survey ⁴ (n=248)	2018 Trillium Adult/Youth/Child-Family Perceptions of Care ⁵ (n=1,502)
Access to services and supports including being aware of available services, elimination of language barriers and improved authorization process	(Q35) 32 or 3.96% (n=809) (Q35) 9 or 1.11% (n=809) (Q48) 75 or 21.87% (n=343)	(Q8) 93 or 56.02% (n=1,307) (Q14) 14 or 6.09% (n=230) (Q14) 6 or 2.61% (n=230) (Q15) 19 or 3.54% (n=537) (Q17) 22 or 9.57% (n=230)	(AQ5) 12 or 38.7% (n=31) (CQ5) 7 or 20.6% (n=34) (AQ7) 13 or 21.3% (n=64) (CQ7) 12 or 16.9% (n=71) (AQ39) 10 or 58.8% (n=17) (CQ40) 17 or 56.7% (n=30)	(Q5) 49 or 21.8% (n=225) (Q6) 54 or 25.2% (n=214) (Q11) 9 or 3.8% (n=237) (Q23) 12 or 6.0% (n=201)	4% or 60 5% or 75
ABA Therapy	(Q14) 23 or 7.88% (n=292) (Q15) 9 or 1.07% (n=843) (Q28) 6 or 0.70% (n=857)	(Q15) 14 or 2.61% (n=537)	N/A	N/A	N/A
Access to services and supports excluding specific MH/IDD/SUD services, including need for more choice and access to healthcare professionals that accept Medicaid	(Q14) 32 or 10.96% (n=292) (Q15) 86 or 10.20% (n=843)	N/A	N/A	N/A	50% or 751
Addiction counseling	(Q34) 39 or 5.49% (n=710)	N/A	N/A	N/A	N/A
After-school and summer programs/camps	(Q14) 7 or 2.40% (n=292)	N/A	N/A	N/A	N/A
Aging out of services and transitional services	(Q14) 7 or 2.40% (n=292) (Q15) 14 or 1.66% (n=843)	N/A	N/A	N/A	N/A
ASD/Autism/Asperger's Syndrome services and supports	(Q48) 27 or 7.87% (n=343)	N/A	N/A	N/A	N/A
Behavioral therapy including ACTT,	(Q14) 17 or 5.82% (n=292)	(Q14) 17 or 7.39% (n=230)	N/A	N/A	N/A

Needs and Gaps	SFY2018 Trillium Member/Family Survey ¹ (n=1,921)	SFY2018 Trillium Stakeholder Survey ² (n= 1,310)	2018 Trillium Adult/Child ECHO Survey ³ (n=180)	2018 Trillium Provider Satisfaction Survey ⁴ (n=248)	2018 Trillium Adult/Youth/Child-Family Perceptions of Care ⁵ (n=1,502)
trauma therapy, DBT, MET, CBT and negative behaviors	(Q15) 18 or 2.14% (n=843)	(Q15)12 or 2.23% (n=537) (Q17) 8 or 3.48% (n=230)			
Case management	N/A	(Q14) 5 or 2.17% (n=230) (Q15) 9 or 1.68% (n=537)	N/A	N/A	N/A
Clothing	(Q15) 7 or 0.83% (n=843)	N/A	N/A	N/A	N/A
Communication/coordination/collaboration	N/A	(Q8) 8 or 4.82% (n=1,307) (Q14) 9 or 3.91% (n=230)	N/A	N/A	N/A
Community supports and services	(Q28) 6 or 0.70% (n=857) (Q34) 7 or 0.99% (n=710) (Q48) 12 or 3.50% (n=343)	N/A	N/A	N/A	N/A
Crisis respite	(Q34) 35 or 4.93% (n=710)	N/A	N/A	N/A	N/A
Crisis services	N/A	(Q14) 16 or 6.96% (n=230) (Q15) 27 or 5.03% (n=537) (Q17) 21 or 9.13% (n=230)	N/A	N/A	N/A
Culturally competent and sensitive services	N/A	(Q17) 7 or 3.04% (n=230)	N/A	N/A	N/A
Day programs, treatment and supports	(Q14) 18 or 6.16% (n=292) (Q15) 31 or 3.68% (n=843) (Q28) 106 or 12.37% (n=857)	(Q14) 8 or 3.48% (n=230) (Q15) 24 4.47% (n=537) (Q15) 20 or 3.72% (n=537) (Q17) 9 or 3.91% (n=230)	N/A	N/A	N/A
Dental services	(Q14) 6 or 2.05% (n=292) (Q15) 14 or 1.66% (n=843)	(Q15) 7 or 1.30% (n=537)	N/A	N/A	N/A

Needs and Gaps	SFY2018 Trillium Member/Family Survey ¹ (n=1,921)	SFY2018 Trillium Stakeholder Survey ² (n= 1,310)	2018 Trillium Adult/Child ECHO Survey ³ (n=180)	2018 Trillium Provider Satisfaction Survey ⁴ (n=248)	2018 Trillium Adult/Youth/Child-Family Perceptions of Care ⁵ (n=1,502)
Detoxification	(Q34) 15 or 2.11% (n=710)	N/A	N/A	N/A	N/A
Developmental therapy	(Q14) 4 or 1.37% (n=292)	N/A	N/A	N/A	N/A
Dual diagnosis	N/A	(Q14) 23 or 10.00% (n=230) (Q15) 17 or 3.17% (n=537)	N/A	N/A	N/A
Education/Information (for parents as well)	(Q15) 7 or 0.83% (n=843) (Q36) 268 or 21.14% (n=1,268) (Q36) 154 or 12.15% (n=1,268) (Q36) 127 or 10.02% (n=1,268) (Q36) 121 or 9.54% (n=1,268) (Q36) 109 or 8.60% (n=1,268) (Q36) 103 or 8.12% (n=1,268) (Q36) 90 or 7.10% (n=1,268) (Q36) 90 or 7.10% (n=1,268) (Q36) 80 or 6.31% (n=1,268) (Q36) 60 or 4.73% (n=1,268) (Q48) 5 or 1.46% (n=343)	(Q8) 25 or 15.06% (n=1,307) (Q15) 13 or 2.42% (n=537) (Q17) 9 or 3.91% (n=230)	N/A	N/A	N/A
Engagement	N/A	(Q8) 5 or 3.01% (n=1,307)	N/A	N/A	N/A
Evidence-based practices/therapy	(Q34) 11 or 1.55% (n=710)	(Q14) 10 or 4.35% (n=230) (Q15) 25 or 4.66% (n=537)	N/A	N/A	N/A
Facility-based crisis	(Q34) 28 or 3.94% (n=710)	N/A	N/A	N/A	N/A

Needs and Gaps	SFY2018 Trillium Member/Family Survey ¹ (n=1,921)	SFY2018 Trillium Stakeholder Survey ² (n= 1,310)	2018 Trillium Adult/Child ECHO Survey ³ (n=180)	2018 Trillium Provider Satisfaction Survey ⁴ (n=248)	2018 Trillium Adult/Youth/Child-Family Perceptions of Care ⁵ (n=1,502)
Financial assistance including Medicaid assistance	(Q14) 8 or 2.74% (n=292) (Q15) 48 or 5.69% (n=843)	N/A	N/A	N/A	N/A
Food/nutritional services (<i>Food Stamps</i>)	(Q14) 3 or 1.03% (n=292) (Q15) 6 or 0.71% (n=843)	N/A	N/A	N/A	N/A
Health services including medical	N/A	(Q15) 12 or 2.23% (n=537)	N/A	N/A	N/A
Housing services and supports (<i>includes transitional housing, recovery, homeless services and mental health housing</i>)	(Q34) 21 or 2.96% (n=710)	(Q14) 6 or 2.61% (n=230) (Q15) 36 or 6.70% (n=537)	N/A	N/A	N/A
Housing, such as home modifications, residential placement and services, wanting a home or going home, Level III group homes, group homes and intensive in-home	(Q14) 33 or 11.30% (n=292) (Q15) 102 or 12.10% (n=843) (Q28) 10 or 1.17% (n=857) (Q48) 21 or 6.12% (n=343)	(Q15) 5 or 0.93% (n=537)	N/A	N/A	N/A
IDD Services and supports including Innovations Waiver	(Q14) 12 or 4.11% (n=292) (Q15) 12 or 1.42% (n=843)	(Q8) 9 or 5.42% (n=1,307) (Q14) 17 or 7.39% (n=230) (Q14) 15 or 6.52% (n=230) (Q15) 41 or 7.64% (n=537) (Q15) 25 or 4.66% (n=537)	N/A	N/A	N/A

Needs and Gaps	SFY2018 Trillium Member/Family Survey ¹ (n=1,921)	SFY2018 Trillium Stakeholder Survey ² (n= 1,310)	2018 Trillium Adult/Child ECHO Survey ³ (n=180)	2018 Trillium Provider Satisfaction Survey ⁴ (n=248)	2018 Trillium Adult/Youth/Child-Family Perceptions of Care ⁵ (n=1,502)
		(Q17) 9 or 3.91% (n=230) (Q17) 5 or 2.17% (n=230)			
Independent living skills training, life skills training and social skills training	(Q14) 10 or 3.42% (n=292) (Q15) 23 or 2.73% (n=843) (Q48) 18 or 5.25% (n=343)	N/A	N/A	N/A	N/A
Intermediate care facilities	(Q28) 19 or 2.22% (n=857)	N/A	N/A	N/A	N/A
Job coaching, job training, employment, supported employment, starting own business assistance and sheltered work program	(Q14) 25 or 8.56% (n=292) (Q15) 52 or 6.17% (n=843)	N/A	N/A	N/A	N/A
Medications/ medication management	(Q14) 16 or 5.48% (n=292) (Q15) 33 or 3.91% (n=843) (Q34) 5 or 0.70% (n=710)	N/A	N/A	N/A	N/A
Mental health services and supports	(Q14) 13 or 4.45% (n=292) (Q15) 22 or 2.61% (n=843) (Q34) 123 or 17.32% (n=710) (Q48) 9 or 2.62% (n=343)	(Q8) 30 or 18.07% (n=1,307) (Q14) 31 or 13.48% (n=230) (Q15) 114 or 21.23% (n=537) (Q17) 45 or 19.57% (n=230)	N/A	N/A	N/A
MH or SU inpatient/Longer term treatment (adults/ adolescents/ children)	(Q34) 42 or 5.92% (n=710) (Q34) 25 or 3.52% (n=710)	(Q17) 6 or 2.61% (n=230)	N/A	N/A	N/A

Needs and Gaps	SFY2018 Trillium Member/Family Survey ¹ (n=1,921)	SFY2018 Trillium Stakeholder Survey ² (n= 1,310)	2018 Trillium Adult/Child ECHO Survey ³ (n=180)	2018 Trillium Provider Satisfaction Survey ⁴ (n=248)	2018 Trillium Adult/Youth/Child-Family Perceptions of Care ⁵ (n=1,502)
MH or SU intensive outpatient treatment (adults/ adolescents/ children)	(Q34) 52 or 7.32% (n=710) (Q34) 33 or 4.65% (n=710)	(Q15) 15 or 2.79% (n=537)	N/A	N/A	N/A
Need for high quality staff including consistent services being provided	(Q14) 29 or 9.93% (n=292) (Q15) 63 or 7.47% (n=843) (Q28) 33 or 3.85% (n=857) (Q48) 6 or 1.75% (n=343)	N/A	N/A	N/A	N/A
Need for increased family involvement or visits	(Q15) 18 or 2.14% (n=843)	N/A	N/A	N/A	N/A
Need therapy/counseling (not specific to MH/IDD/SUD) includes individual, group and couples	(Q14) 20 or 6.85% (n=292) (Q15) 41 or 4.86% (n=843)	N/A	N/A		
Need more services, providers and resources for adults/adolescents and children including therapy/counseling and specialized consultative services	N/A	(Q8) 21 or 12.65% (n=1,307) (Q8) 8 or 4.82% (n=1,307) (Q15) 49 or 9.12% (n=537) (Q15) 10 or 1.86% (n=537) (Q17) 12 or 5.22% (n=230)	N/A	N/A	N/A
Occupational therapy	(Q14) 7 or 2.40% (n=292) (Q15) 8 or 0.95% (n=843)	(Q15) 9 or 1.68% (n=537)	N/A	N/A	N/A
Peer support specialist	(Q32) 88 or 28.48% (n=309)	(Q15) 13 or 2.42% (n=537) (Q17) 7 or 3.04% (n=230)	N/A	N/A	N/A
Personal assistance including in-home care/supervision	(Q14) 16 or 5.48% (n=292) (Q15) 25 or 2.97% (n=843)	N/A	N/A	N/A	N/A

Needs and Gaps	SFY2018 Trillium Member/Family Survey ¹ (n=1,921)	SFY2018 Trillium Stakeholder Survey ² (n= 1,310)	2018 Trillium Adult/Child ECHO Survey ³ (n=180)	2018 Trillium Provider Satisfaction Survey ⁴ (n=248)	2018 Trillium Adult/Youth/Child-Family Perceptions of Care ⁵ (n=1,502)
Physical therapy	(Q14) 5 or 1.71% (n=292) (Q15) 5 or 0.59% (n=843)	(Q15) 7 or 1.30% (n=537)	N/A	N/A	N/A
Psychological/psychiatric services including assessment and therapy (<i>talk therapy</i>)	(Q34) 120 or 16.90% (n=710)	(Q14) 7 or 3.04% (n=230) (Q14) 5 or 2.17% (n=230) (Q15) 25 or 4.66% (n=537) ((Q15) 14 or 2.61% (n=537) (Q17) 9 or 3.91% (n=230)	N/A	N/A	N/A
Residential services and placement including all levels of group homes (<i>adult/adolescent/child</i>)	(Q28) 40 or 4.67% (n=857) (Q28) 77 or 8.89% (n=857)	(Q14) 21 or 9.13% (n=230) (Q15) 58 or 10.80% (n=537) (Q17) 7 or 3.04% (n=230)	N/A	N/A	N/A
Respite services	(Q14) 34 or 11.64% (n=292) (Q15) 35 or 4.15% (n=843) (Q28) 147 or 17.27% (n=857)	(Q14) 9 or 3.91% (n=230) (Q15) 31 or 5.77% (n=537)	N/A	N/A	N/A
Response	N/A	N/A	(AQ47) 5 or 17.9% (n=28) (CQ50) 3 or 10.7% (n=28)	(Q7) 53 or 22.9% (n=231) (Q8) 35 or 18.9% (n=185)	N/A
Restrictive policies and policies on increasing the number of contractors	(Q14) 7 or 2.40% (n=292) (Q15) 17 or 2.02% (n=843)	(Q8) 24 or 14.46% (n=1,307)	N/A	N/A	N/A
School-based services and supports including student services	(Q48) 6 or 1.75% (n=343)	(Q8) 22 or 13.25% (n=1,307)	N/A	N/A	N/A

Needs and Gaps	SFY2018 Trillium Member/Family Survey ¹ (n=1,921)	SFY2018 Trillium Stakeholder Survey ² (n= 1,310)	2018 Trillium Adult/Child ECHO Survey ³ (n=180)	2018 Trillium Provider Satisfaction Survey ⁴ (n=248)	2018 Trillium Adult/Youth/Child-Family Perceptions of Care ⁵ (n=1,502)
		(Q14) 15 or 6.52% (n=230) (Q15) 45 or 8.38% (n=537) (Q17) 33 or 14.35% (n=230)			
Services for blind or visually impaired	(Q15) 3 or 0.36% (n=843)	(Q14) 20 or 8.70% (n=230)	N/A	N/A	N/A
Services for deaf and hard of hearing	(Q15) 3 or 0.36% (n=843)	(Q14) 23 or 10.00% (n=230)	N/A	N/A	N/A
Sex offender services	N/A	(Q15) 11 or 2.05% (n=537)	N/A	N/A	N/A
Social activities, recreational activities and community activities	(Q14) 12 or 4.11% (n=292) (Q15) 23 or 2.73% (n=843) (Q28) 17 or 1.98% (n=857) (Q34) 13 or 1.83% (n=710)	N/A	N/A	N/A	N/A
Spanish-speaking services and resources	N/A	(Q15) 15 or 2.79% (n=537)	N/A	N/A	N/A
Speech therapy	(Q14) 13 or 4.45% (n=292) (Q15) 14 or 1.66% (n=843)	(Q14) 5 or 2.17% (n=230) (Q15) 6 or 1.18% (n=537)	N/A	N/A	N/A
SUD services and supports	(Q14) 4 or 1.37% (n=292) (Q48) 5 or 1.46% (n=343)	(Q8) 11 or 6.63% (n=1,307) (Q14) 6 or 2.61% (n=230) (Q15) 56 or 10.43% (n=537) (Q17) 9 or 3.91% (n=230)	N/A	N/A	N/A
Supported employment services	(Q28) 115 or 13.42% (n=857)	(Q15) 14 or 2.61% (n=537)	N/A	N/A	N/A

Needs and Gaps	SFY2018 Trillium Member/Family Survey ¹ (n=1,921)	SFY2018 Trillium Stakeholder Survey ² (n= 1,310)	2018 Trillium Adult/Child ECHO Survey ³ (n=180)	2018 Trillium Provider Satisfaction Survey ⁴ (n=248)	2018 Trillium Adult/Youth/Child-Family Perceptions of Care ⁵ (n=1,502)
	(Q34) 91 or 12.82% (n=710)				
Too few support service hours	(Q28) 124 or 14.47% (n=857)	N/A	N/A	N/A	4% or 60
Transportation including care and getting a driver's license	(Q14) 13 or 4.45% (n=292) (Q15) 80 or 9.49% (n=843) (Q28) 10 or 1.17% (n=857) (Q48) 10 or 2.92% (n=343)	(Q8) 5 or 3.01% (n=1,307) (Q14) 9 or 3.91% (n=230) (Q15) 60 or 11.17% (n=537)	N/A	N/A	13% or 195
Vocational/employment services and supports (<i>Adult</i>)	(Q28) 104 or 12.14% (n=857) (Q48) 7 or 2.04% (n=343)	N/A	N/A	N/A	N/A
Wait listed (<i>excluding Innovations Waiver</i>)	(Q14) 4 or 1.37% (n=292) (Q15) 7 or 0.83% (n=843) (Q26) 41 or 3.56% (n=1,151) (Q26) 47 or 4.08% (n=1,151)	(8) 7 or 4.22% (n=1,307)	N/A	N/A	N/A
Wait lists for Innovations Waiver	(Q24) 122 or 10.45% (n=1,167) (Q24) 172 or 14.74% (n=1,167)	N/A	N/A	N/A	N/A

The following chart shows which surveys identified each of the following populations.

Trillium Populations Identified by Survey Instrument

Special Populations	SFY2018 Trillium Member/Family Survey1 (n=1,921)	SFY2018 Trillium Stakeholder Survey 2 (n=1,310)	2018 Trillium Adult/Child ECHO Survey (n=180)	2018 Trillium Provider Satisfaction Survey (n=248)	2018 Trillium Adult/Youth/ Child-Family Perceptions of Care3 (n=1,502)
Mental health issues	(Q20) 759 or 19.37% (n=4,049)	N/A	N/A	N/A	N/A
IDD	(Q20) 777 or 19.83% (n=4,049)	(Q9) 22 or 12.50% (n=176)	N/A	N/A	N/A
Autism/Autism Spectrum Disorder/ Asperger's Syndrome	(Q20) 358 or 9.14% (n=4,049)	(Q6) 1 or 0.04% (n=2,845) (Q9) 22 or 12.50% (n=176)	N/A	N/A	N/A
Substance use issue	(Q20) 266 or 6.79% (n=4,049)	N/A	N/A	N/A	N/A
Physical or sensory disabilities	(Q20) 283 or 7.22% (n=4,049)	(Q6) 1 or 0.04% (n=2,845) (Q9) 1 or 0.57% (n=176)	N/A	N/A	N/A
Experienced domestic violence (e.g., sexual assault/rape, physical and/or emotional)	(Q20) 185 or 4.72% (n=4,049) (Q20) 20 or 0.51% (n=4,049)	(Q6) 3 or 0.11% (n=2,845)	N/A	N/A	N/A
Experienced homelessness	(Q20) 189 or 4.82% (n=4,049)	(Q6) 2 or 0.07% (n=2,845) (Q9) 9 or 5.11% (n=176)	N/A	N/A	N/A
Jail or prison experience	(Q20) 149 or 3.80% (n=4,049)	N/A	N/A	N/A	N/A
Military family member	(Q20) 124 or 3.16% (n=4,049)	(Q9) 1 or 0.57% (n=176)	N/A	N/A	N/A
Foster parent/child	(Q20) 90 or 2.30% (n=4,049)	(Q9) 8 or 4.55% (n=176)	N/A	N/A	N/A
Adoptive parent/child	(Q20) 56 or 1.43% (n=4,049)	N/A	N/A	N/A	N/A
Experienced natural disaster	(Q20) 185 or 4.72% (n=4,049)	N/A	N/A	N/A	N/A
Blind/visually impaired	(Q20) 87 or 2.22% (n=4,049)	(Q9) 3 or 1.70% (n=176)	N/A	N/A	N/A
Juvenile justice experience	(Q20) 52 or 1.33% (n=4,049)	N/A	N/A	N/A	N/A
LGBT community	(Q20) 46 or 1.17% (n=4,049)	(Q9) 1 or 0.57% (n=176)	N/A	N/A	N/A

Special Populations	SFY2018 Trillium Member/Family Survey1 (n=1,921)	SFY2018 Trillium Stakeholder Survey 2 (n=1,310)	2018 Trillium Adult/Child ECHO Survey (n=180)	2018 Trillium Provider Satisfaction Survey (n=248)	2018 Trillium Adult/Youth/ Child-Family Perceptions of Care3 (n=1,502)
Deaf or hard of hearing	(Q20) 50 or 1.28% (n=4,049)	(Q9) 9 or 5.11% (n=176)	N/A	N/A	N/A
Traumatic brain injuries	(Q20) 71 or 1.81% (n=4,049)	N/A	N/A	N/A	N/A
Served in the military	(Q20) 40 or 1.02% (n=4,049)	(Q9) 2 or 1.14% (n=176)	N/A	N/A	N/A
Sexually aggressive	(Q20) 22 or 0.56% (n=4,049)	(Q6) 2 or 0.07% (n=2,845)	N/A	N/A	N/A
Pregnant woman	(Q20) 29 or 0.74% (n=4,049)	N/A	N/A	N/A	N/A
Experienced mass shooting	(Q20) 12 or 0.31% (n=4,049)	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-The total number of respondents who indicated a certain barrier combines the results from the Adult, Youth and Child-Family Perceptions of Care surveys.

The following chart shows a comparison of identified barriers and challenges between all the survey instruments.

Trillium Barriers and Challenges Identified by Survey Instrument

Barriers/ Challenges	SFY2018 Trillium Member/Family Survey ¹ (n=1,921)	SFY 18 Trillium Stakeholder Survey ² (n=1,310)	2018 Trillium Adult/Child ECHO Survey ³ (n=180)	2018 Trillium Provider Satisfaction Survey ⁴ (n=248)	2018 Trillium Adult/Youth/ Child-Family Perceptions of Care ⁵ (n=1,502)
Transportation	(Q14) 13 or 4.45% (n=292) (Q15) 80 or 9.49% (n=843) (Q28) 10 or 0.70% (n=857) (Q35) 273 or 33.75% (n=809) (Q48) 10 or 2.92% (n=343)	(Q8) 5 or 3.01% (n=166) (Q14) 9 or 3.91% (n=166) (Q15) 60 or 11.17% (n=537)	N/A	N/A	195 or 13%
Wait too long for appointments/services	(Q28) 124 or 14.47% (n=857) (Q35) 96 or 11.87% (n=809)	N/A	(QA41/QC40) 22 or 57.89% (n=38)	N/A	N/A
On a waiting list for services	(Q14) 4 or 1.37% (n=292) (Q15) 7 or 0.83% (n=843)	(Q8) 7 or 4.22% (n=166)	N/A	N/A	N/A
Cost of medications	(Q35) 106 or 13.10% (n=809)	N/A	N/A	N/A	120 or 8%
Inconvenient hours	(Q35) 60 or 7.42% (n=809)	N/A	N/A	N/A	60 or 4%
Lack of insurance	(Q35) 90 or 11.12% (n=809)	N/A	N/A	N/A	75 or 5%
Don't want friends/family members to know about my condition	(Q35) 70 or 8.65% (n=809)	N/A	N/A	N/A	N/A
Access to local services	(Q14) 32 or 10.96% (n=292) (Q15) 86 or 10.20% (n=843) (Q35) 32 or 3.96% (n=809)	(Q8) 93 or 56.02% (n=166)	N/A	(Q5) 49 or 21.8% (n=225)	60 or 4% 75 or 5%
Financial assistance	(Q14) 8 or 2.74% (n=292) (Q15) 48 or 5.69% (n=843)	N/A	N/A	N/A	N/A

Barriers/ Challenges	SFY2018 Trillium Member/Family Survey ¹ (n=1,921)	SFY 18 Trillium Stakeholder Survey ² (n=1,310)	2018 Trillium Adult/Child ECHO Survey ³ (n=180)	2018 Trillium Provider Satisfaction Survey ⁴ (n=248)	2018 Trillium Adult/Youth/ Child-Family Perceptions of Care ⁵ (n=1,502)
Experienced stigma dues to diagnosis	(Q19) 666 or 38.12% (n=1,747)	(Q16) 628 or 51.52% (n=230)	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 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-The number of respondents who indicated a certain barrier is the total number of respondents who indicated “A Big Problem” and “A Small Problem” for the survey question. The percentage is calculated by taking the number of respondents who reported a certain barrier and dividing it by the total number of respondents for that survey question.

4-The number of respondents who indicated a certain barrier is the total of respondents who indicated “Disagree” and “Strongly Disagree” for that survey question. The percentage is calculated by taking the number of respondents who reported a certain barrier and dividing it by the total number of respondents for that survey question.

5-The total number of respondents who indicated a certain barrier combines the results from the Adult, Youth and Child-Family Perceptions of Care surveys.

The following chart shows gaps and needs identified by cultural and ethnic groups.

Trillium Gaps and Needs by Cultural/Ethnic Groups

Needs and Gaps	Physically disabled (1 or 0.57%)	Older adults (1 or 0.57%)	Military kids (1 or 0.57%)	Lumbee Indians (1 or 0.57%)	LGBTQ (1 or 0.57%)	Islamic (1 or 0.57%)	Caregivers (1 or 0.57%)	Burmese (1 or 0.57%)	Asian Americans (1 or 0.57%)	American Indians (1 or 0.57%)	Parents (2 or 1.14%)	Military/Veterans (2 or 1.14%)	Young adults 16-22 years of age (3 or 1.70%)	Blind (3 or 1.70%)	Non-English speaking (4 or 2.27%)	All (4 or 2.27%)	Caucasians (5 or 2.84%)	Foster Care (8 or 4.55%)	Homeless (9 or 5.11%)	Deaf and hard of hearing (9 or 5.11%)	Adults (10 or 5.68%)	Students (10 or 5.68%)	Children, adolescents, youth (11 or 6.25%)	All persons of color (12 or 6.82%)	Individuals with IDD or ASD (22 or 12.50%)	Low income/rural (24 or 13.64%)	African-Americans (43 or 24.43%)	Spanish-speaking (67 or 38.07%)	
Ability to provide adult and child MH and SUD services	?				?																	?	?						
Adequate/better medical care		?																				?							
All needs are not being met																?													
All services				?											?		?										?	?	
ABA therapy																								?					
Access to health care																									?				
Access to medical care and medications																?			?										

Needs and Gaps	Physically disabled (1 or 0.57%)																		
	Older adults (1 or 0.57%)																		
	Military kids (1 or 0.57%)																		
	Lumbee Indians (1 or 0.57%)																		
	LGBTQ (1 or 0.57%)																		
	Islamic (1 or 0.57%)																		
	Caregivers (1 or 0.57%)	?																	
	Burmese (1 or 0.57%)																		
	Asian Americans (1 or 0.57%)																		
	American Indians (1 or 0.57%)																		
	Parents (2 or 1.14%)																		
	Military/Veterans (2 or 1.14%)																		
	Young adults 16-22 years of age (3 or 1.70%)																		
	Blind (3 or 1.70%)																		
	Non-English speaking (4 or 2.27%)		?																
	All (4 or 2.27%)	?																	
	Caucasians (5 or 2.84%)																		
	Foster Care (8 or 4.55%)																		
	Homeless (9 or 5.11%)	?		?															
Deaf and hard of hearing (9 or 5.11%)																			
Adults (10 or 5.68%)																			
Students (10 or 5.68%)																			
Children, adolescents, youth (11 or 6.25%)	?																		
All persons of color (12 or 6.82%)																			
Individuals with IDD or ASD (22 or 12.50%)																			
Low income/rural (24 or 13.64%)																			
African-Americans (43 or 24.43%)				?															
Spanish-speaking (67 or 38.07%)		?																	
Access to programs																			
Additional options other than home-based intensive services	?																		
Affordable housing	?																		
Affordable medical care	?	?																	
African-American therapists		?																	
African-American trauma therapists		?																	
Afterschool programs	?	?																	
Agencies	?	?																	
Applying for disability and Medicaid																			

Needs and Gaps	Physically disabled (1 or 0.57%)									
	Older adults (1 or 0.57%)									
	Military kids (1 or 0.57%)									
	Lumbee Indians (1 or 0.57%)									
	LGBTQ (1 or 0.57%)									
	Islamic (1 or 0.57%)									
	Caregivers (1 or 0.57%)									
	Burmese (1 or 0.57%)									
	Asian Americans (1 or 0.57%)									
	American Indians (1 or 0.57%)									
	Parents (2 or 1.14%)									
	Military/Veterans (2 or 1.14%)									
	Young adults 16-22 years of age (3 or 1.70%)									
Blind (3 or 1.70%)										
Non-English speaking (4 or 2.27%)										
All (4 or 2.27%)										
Caucasians (5 or 2.84%)										
Foster Care (8 or 4.55%)										
Homeless (9 or 5.11%)										
Deaf and hard of hearing (9 or 5.11%)										
Adults (10 or 5.68%)										
Students (10 or 5.68%)										
Children, adolescents, youth (11 or 6.25%)										
All persons of color (12 or 6.82%)										
Individuals with IDD or ASD (22 or 12.50%)										
Low income/rural (24 or 13.64%)										
African-Americans (43 or 24.43%)										
Spanish-speaking (67 or 38.07%)										
ASL interpreters										
Behavior Therapy/Behavioral support plan providers										
Behavioral services for teens with severe MH diagnoses										
Behavioral support										
Bilingual service providers										
Bullying and social media										
Care/case management for resources										
Care supplies										
Childcare										

Needs and Gaps	Physically disabled (1 or 0.57%)							
	Older adults (1 or 0.57%)							
	Military kids (1 or 0.57%)							
	Lumbee Indians (1 or 0.57%)							
	LGBTQ (1 or 0.57%)							
	Islamic (1 or 0.57%)							
	Caregivers (1 or 0.57%)							
	Burmese (1 or 0.57%)							
	Asian Americans (1 or 0.57%)							
	American Indians (1 or 0.57%)							
	Parents (2 or 1.14%)							
	Military/Veterans (2 or 1.14%)							
	Young adults 16-22 years of age (3 or 1.70%)							
	Blind (3 or 1.70%)	?	?	?	?	?	?	?
	Non-English speaking (4 or 2.27%)							
	All (4 or 2.27%)	?	?		?			
	Caucasians (5 or 2.84%)							
	Foster Care (8 or 4.55%)							
	Homeless (9 or 5.11%)	?	?					
	Deaf and hard of hearing (9 or 5.11%)	?	?	?	?	?	?	?
Adults (10 or 5.68%)								
Students (10 or 5.68%)								
Children, adolescents, youth (11 or 6.25%)								
All persons of color (12 or 6.82%)	?	?						
Individuals with IDD or ASD (22 or 12.50%)						?		
Low income/rural (24 or 13.64%)	?	?						
African-Americans (43 or 24.43%)	?	?						
Spanish-speaking (67 or 38.07%)	?							
Clinicians of color with LGBTQ community background								
Collaborative care with medical/mental health providers	?	?						
Communal groups	?							
Community navigator providers	?							
Community services	?	?						
Community supports for agencies in handling behaviors and crises	?							
Counseling	?							

Needs and Gaps	Physically disabled (1 or 0.57%)								
	Older adults (1 or 0.57%)								
	Military kids (1 or 0.57%)								
	Lumbee Indians (1 or 0.57%)								
	LGBTQ (1 or 0.57%)								
	Islamic (1 or 0.57%)								
	Caregivers (1 or 0.57%)								
	Burmese (1 or 0.57%)								
	Asian Americans (1 or 0.57%)								
	American Indians (1 or 0.57%)								
	Parents (2 or 1.14%)								
	Military/Veterans (2 or 1.14%)								
	Young adults 16-22 years of age (3 or 1.70%)								
	Blind (3 or 1.70%)								
	Non-English speaking (4 or 2.27%)								
	All (4 or 2.27%)								
Caucasians (5 or 2.84%)									
Foster Care (8 or 4.55%)									
Homeless (9 or 5.11%)									
Deaf and hard of hearing (9 or 5.11%)									
Adults (10 or 5.68%)									
Students (10 or 5.68%)									
Children, adolescents, youth (11 or 6.25%)									
All persons of color (12 or 6.82%)									
Individuals with IDD or ASD (22 or 12.50%)									
Low income/rural (24 or 13.64%)									
African-Americans (43 or 24.43%)									
Spanish-speaking (67 or 38.07%)									
Crisis intervention									
Cultural paradigm shift to be open to mental, behavioral and substance services									
Culturally appropriate (includes beliefs for healing and appropriate language)									
Daycare									
Day programs									
Day programming (aged out of school or close to aging out of school)									
Day treatment									

Needs and Gaps	Physically disabled (1 or 0.57%)								
	Older adults (1 or 0.57%)								
	Military kids (1 or 0.57%)								
	Lumbee Indians (1 or 0.57%)								
	LGBTQ (1 or 0.57%)								
	Islamic (1 or 0.57%)								
	Caregivers (1 or 0.57%)								
	Burmese (1 or 0.57%)								
	Asian Americans (1 or 0.57%)								
	American Indians (1 or 0.57%)								
	Parents (2 or 1.14%)								
	Military/Veterans (2 or 1.14%)								
	Young adults 16-22 years of age (3 or 1.70%)		?	?	?	?			
	Blind (3 or 1.70%)								
	Non-English speaking (4 or 2.27%)								
	All (4 or 2.27%)								
	Caucasians (5 or 2.84%)								
Foster Care (8 or 4.55%)						?	?	?	
Homeless (9 or 5.11%)									
Deaf and hard of hearing (9 or 5.11%)									
Adults (10 or 5.68%)	?	?	?	?					
Students (10 or 5.68%)		?	?	?					
Children, adolescents, youth (11 or 6.25%)		?							
All persons of color (12 or 6.82%)								?	
Individuals with IDD or ASD (22 or 12.50%)				?					
Low income/rural (24 or 13.64%)							?	?	
African-Americans (43 or 24.43%)		?							
Spanish-speaking (67 or 38.07%)		?							
Dialectical Behavioral Therapy									
Education (including accessibility, community, school, substance abuse)		?							
Extracurricular activities									
Face-to-face interactions with Care Coordinators					?				
Facility services									
Family-centered treatment (FCT)									
Food									
Foster care supports									

Needs and Gaps	Physically disabled (1 or 0.57%)																		
	Older adults (1 or 0.57%)																		
	Military kids (1 or 0.57%)																		
	Lumbee Indians (1 or 0.57%)																		
	LGBTQ (1 or 0.57%)																		
	Islamic (1 or 0.57%)																		
	Caregivers (1 or 0.57%)																		
	Burmese (1 or 0.57%)																		
	Asian Americans (1 or 0.57%)																		
	American Indians (1 or 0.57%)																		
	Parents (2 or 1.14%)																		
	Military/Veterans (2 or 1.14%)																		
Young adults 16-22 years of age (3 or 1.70%)																			
Blind (3 or 1.70%)																			
Non-English speaking (4 or 2.27%)																			
All (4 or 2.27%)																			
Caucasians (5 or 2.84%)																			
Foster Care (8 or 4.55%)																			
Homeless (9 or 5.11%)																			
Deaf and hard of hearing (9 or 5.11%)																			
Adults (10 or 5.68%)																			
Students (10 or 5.68%)																			
Children, adolescents, youth (11 or 6.25%)																			
All persons of color (12 or 6.82%)																			
Individuals with IDD or ASD (22 or 12.50%)																			
Low income/rural (24 or 13.64%)																			
African-Americans (43 or 24.43%)																			
Spanish-speaking (67 or 38.07%)																			
Group homes																			
IDD services																			
Interpreters/translators																			
In-home therapy																			
Individual Placement and Support (IPS)																			
Informational sessions at their location																			
Innovations waiver																			
Inpatient services																			
Intensive in-home																			
Jobs/employment																			

Needs and Gaps	Physically disabled (1 or 0.57%)				
	Older adults (1 or 0.57%)				?
	Military kids (1 or 0.57%)				?
	Lumbee Indians (1 or 0.57%)				
	LGBTQ (1 or 0.57%)				?
	Islamic (1 or 0.57%)				?
	Caregivers (1 or 0.57%)				?
	Burmese (1 or 0.57%)		?	?	
	Asian Americans (1 or 0.57%)				
	American Indians (1 or 0.57%)				
	Parents (2 or 1.14%)				
	Military/Veterans (2 or 1.14%)				
	Young adults 16-22 years of age (3 or 1.70%)				
	Blind (3 or 1.70%)		?	?	?
	Non-English speaking (4 or 2.27%)				?
	All (4 or 2.27%)		?	?	
	Caucasians (5 or 2.84%)		?	?	
Foster Care (8 or 4.55%)				?	
Homeless (9 or 5.11%)		?	?	?	
Deaf and hard of hearing (9 or 5.11%)		?	?	?	
Adults (10 or 5.68%)				?	
Students (10 or 5.68%)				?	
Children, adolescents, youth (11 or 6.25%)				?	
All persons of color (12 or 6.82%)		?	?	?	
Individuals with IDD or ASD (22 or 12.50%)				?	
Low income/rural (24 or 13.64%)		?	?	?	
African-Americans (43 or 24.43%)		?	?	?	
Spanish-speaking (67 or 38.07%)		?		?	
Healthcare <i>(includes appropriate follow-up and undocumented workers)</i>					
Housing <i>(including assistance)</i>					
Knowledge of options within and outside of Trillium					
Mental health treatment and services <i>(includes preschool age children, child, adolescents, adult, counseling and providers to</i>					

Needs and Gaps	Physically disabled (1 or 0.57%)																		
	Older adults (1 or 0.57%)																		
	Military kids (1 or 0.57%)																		
	Lumbee Indians (1 or 0.57%)																		
	LGBTQ (1 or 0.57%)																		
	Islamic (1 or 0.57%)																		
	Caregivers (1 or 0.57%)																		
	Burmese (1 or 0.57%)																		
	Asian Americans (1 or 0.57%)																		
	American Indians (1 or 0.57%)																		
	Parents (2 or 1.14%)																		
	Military/Veterans (2 or 1.14%)																		
	Young adults 16-22 years of age (3 or 1.70%)																		
	Blind (3 or 1.70%)																		
	Non-English speaking (4 or 2.27%)																		
	All (4 or 2.27%)																		
	Caucasians (5 or 2.84%)																		
Foster Care (8 or 4.55%)																			
Homeless (9 or 5.11%)																			
Deaf and hard of hearing (9 or 5.11%)																			
Adults (10 or 5.68%)																			
Students (10 or 5.68%)																			
Children, adolescents, youth (11 or 6.25%)																			
All persons of color (12 or 6.82%)																			
Individuals with IDD or ASD (22 or 12.50%)																			
Low income/rural (24 or 13.64%)																			
African-Americans (43 or 24.43%)																			
Spanish-speaking (67 or 38.07%)																			
take new patients)																			
Mobile crisis																			
More sessions than allotted																			
Multi-Systemic Therapy (MST)																			
Occupational therapy																			
Outpatient services (includes MH, IDD, SUD)																			
Paid/reimbursed, non-paid services for Peer support,																			

Needs and Gaps	Physically disabled (1 or 0.57%)							
	Older adults (1 or 0.57%)							
	Military kids (1 or 0.57%)							
	Lumbee Indians (1 or 0.57%)							
	LGBTQ (1 or 0.57%)							
	Islamic (1 or 0.57%)							
	Caregivers (1 or 0.57%)							
	Burmese (1 or 0.57%)							
	Asian Americans (1 or 0.57%)							
	American Indians (1 or 0.57%)							
	Parents (2 or 1.14%)		?					
	Military/Veterans (2 or 1.14%)							
	Young adults 16-22 years of age (3 or 1.70%)							
	Blind (3 or 1.70%)							
	Non-English speaking (4 or 2.27%)							
	All (4 or 2.27%)						?	?
	Caucasians (5 or 2.84%)							?
Foster Care (8 or 4.55%)								
Homeless (9 or 5.11%)								
Deaf and hard of hearing (9 or 5.11%)								
Adults (10 or 5.68%)							?	
Students (10 or 5.68%)								
Children, adolescents, youth (11 or 6.25%)								
All persons of color (12 or 6.82%)								
Individuals with IDD or ASD (22 or 12.50%)								
Low income/rural (24 or 13.64%)								
African-Americans (43 or 24.43%)								
Spanish-speaking (67 or 38.07%)								
	Recreational Therapy/Therapeutic Recreation, other Wellness, Whole Health and/or Prevention programs							
	Parenting (trainings and nurturing parenting skills)							
	Partial hospitalization (includes those with MH needs)							
	Pediatric services							
	Peer supports and services							
	Physical therapy							

Needs and Gaps	Physically disabled (1 or 0.57%)						
	Older adults (1 or 0.57%)						
	Military kids (1 or 0.57%)						
	Lumbee Indians (1 or 0.57%)						
	LGBTQ (1 or 0.57%)						
	Islamic (1 or 0.57%)						
	Caregivers (1 or 0.57%)						
	Burmese (1 or 0.57%)						
	Asian Americans (1 or 0.57%)						
	American Indians (1 or 0.57%)						
	Parents (2 or 1.14%)						
	Military/Veterans (2 or 1.14%)						
	Young adults 16-22 years of age (3 or 1.70%)						
	Blind (3 or 1.70%)						
	Non-English speaking (4 or 2.27%)				?	?	
	All (4 or 2.27%)						
	Caucasians (5 or 2.84%)	?	?				
Foster Care (8 or 4.55%)	?	?					
Homeless (9 or 5.11%)							
Deaf and hard of hearing (9 or 5.11%)							
Adults (10 or 5.68%)	?	?					
Students (10 or 5.68%)							
Children, adolescents, youth (11 or 6.25%)							
All persons of color (12 or 6.82%)		?		?			
Individuals with IDD or ASD (22 or 12.50%)	?	?				?	
Low income/rural (24 or 13.64%)		?		?			
African-Americans (43 or 24.43%)			?	?		?	
Spanish-speaking (67 or 38.07%)	?			?		?	
Placement assistance	?						
Prescription monitoring/psychiatry	?						
Preventative health	?	?					
Psychiatric services (includes medication management)	?	?	?				
Psychoeducation around mental/behavioral/substance	?	?	?				
Psychoeducational testing	?	?					
Referral assistance to service providers	?	?					

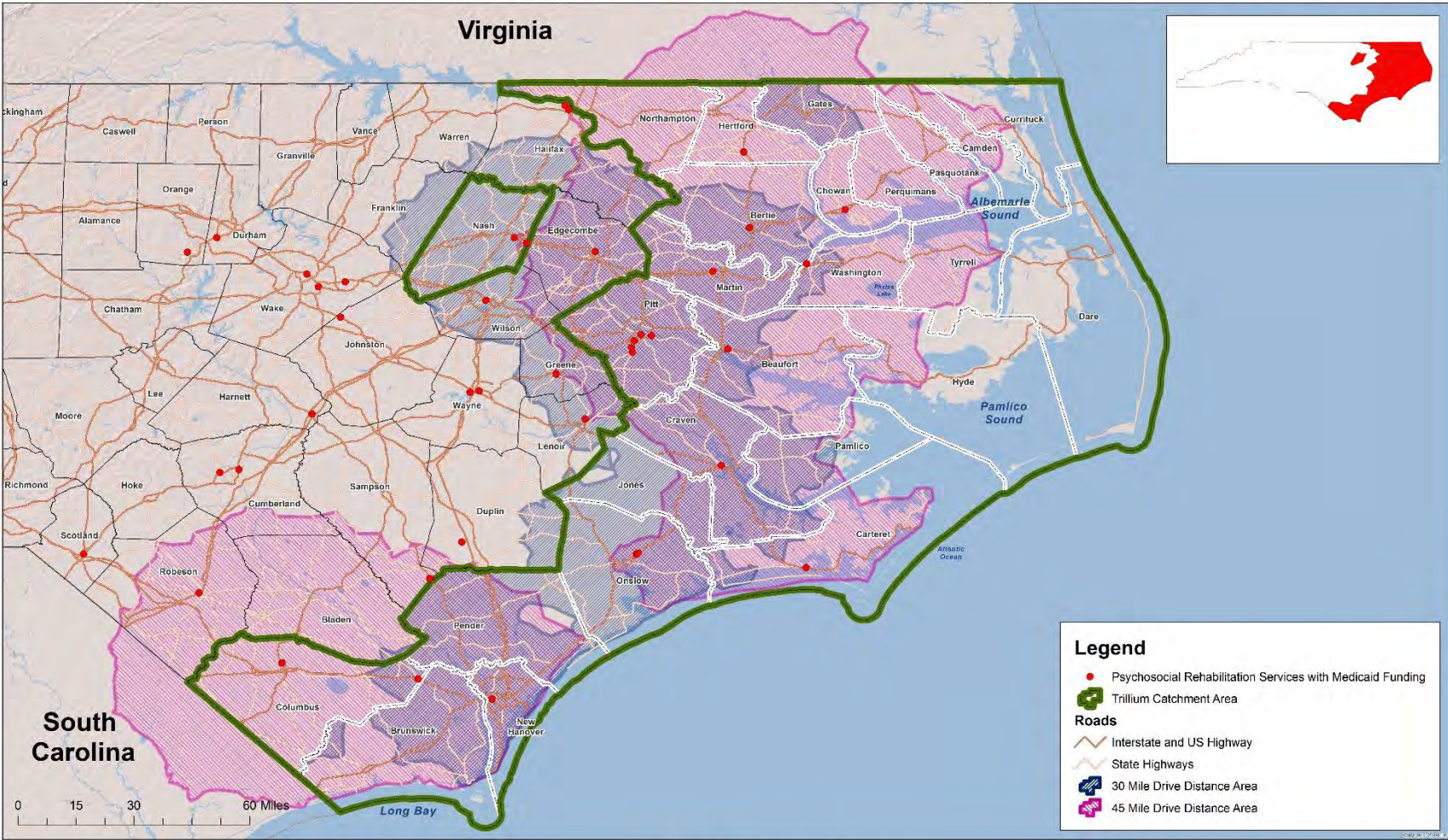
Needs and Gaps	Physically disabled (1 or 0.57%)								
	Older adults (1 or 0.57%)								
	Military kids (1 or 0.57%)								
	Lumbee Indians (1 or 0.57%)								
	LGBTQ (1 or 0.57%)								
	Islamic (1 or 0.57%)								
	Caregivers (1 or 0.57%)								
	Burmese (1 or 0.57%)		?						
	Asian Americans (1 or 0.57%)		?						
	American Indians (1 or 0.57%)								
	Parents (2 or 1.14%)								
	Military/Veterans (2 or 1.14%)								
	Young adults 16-22 years of age (3 or 1.70%)								
	Blind (3 or 1.70%)								
	Non-English speaking (4 or 2.27%)								?
	All (4 or 2.27%)								
Caucasians (5 or 2.84%)	?		?						
Foster Care (8 or 4.55%)			?						
Homeless (9 or 5.11%)		?							
Deaf and hard of hearing (9 or 5.11%)								?	
Adults (10 or 5.68%)									
Students (10 or 5.68%)									
Children, adolescents, youth (11 or 6.25%)			?						
All persons of color (12 or 6.82%)									
Individuals with IDD or ASD (22 or 12.50%)			?					?	
Low income/rural (24 or 13.64%)			?						
African-Americans (43 or 24.43%)	?	?							
Spanish-speaking (67 or 38.07%)	?								
Residential services	?								
Residential supports	?	?							
Residential treatment (includes Treatment Foster Care, therapeutic foster care, PRTF, for IDD and MH needs)	?		?						
Respite	?	?	?						
School liaisons	?	?	?						
School counseling service providers	?	?	?						
Social opportunities			?						
Spanish-speaking providers	?								

Needs and Gaps	Physically disabled (1 or 0.57%)					
	Older adults (1 or 0.57%)				?	?
	Military kids (1 or 0.57%)					
	Lumbee Indians (1 or 0.57%)					
	LGBTQ (1 or 0.57%)				?	?
	Islamic (1 or 0.57%)					
	Caregivers (1 or 0.57%)				?	
	Burmese (1 or 0.57%)					
	Asian Americans (1 or 0.57%)					
	American Indians (1 or 0.57%)					
	Parents (2 or 1.14%)					
	Military/Veterans (2 or 1.14%)				?	?
	Young adults 16-22 years of age (3 or 1.70%)					
	Blind (3 or 1.70%)			?	?	?
	Non-English speaking (4 or 2.27%)			?	?	?
	All (4 or 2.27%)			?		
	Caucasians (5 or 2.84%)					
Foster Care (8 or 4.55%)				?	?	
Homeless (9 or 5.11%)						
Deaf and hard of hearing (9 or 5.11%)			?	?	?	
Adults (10 or 5.68%)				?	?	
Students (10 or 5.68%)						
Children, adolescents, youth (11 or 6.25%)				?	?	
All persons of color (12 or 6.82%)						
Individuals with IDD or ASD (22 or 12.50%)				?	?	
Low income/rural (24 or 13.64%)				?	?	
African-Americans (43 or 24.43%)				?	?	
Spanish-speaking (67 or 38.07%)	?			?	?	

Needs and Gaps	Physically disabled (1 or 0.57%)					
	Older adults (1 or 0.57%)	?				
	Military kids (1 or 0.57%)					
	Lumbee Indians (1 or 0.57%)					
	LGBTQ (1 or 0.57%)					
	Islamic (1 or 0.57%)					
	Caregivers (1 or 0.57%)					
	Burmese (1 or 0.57%)					
	Asian Americans (1 or 0.57%)					
	American Indians (1 or 0.57%)					
	Parents (2 or 1.14%)					
	Military/Veterans (2 or 1.14%)	?				
	Young adults 16-22 years of age (3 or 1.70%)	?				
	Blind (3 or 1.70%)	?				
	Non-English speaking (4 or 2.27%)	?				
	All (4 or 2.27%)					
	Caucasians (5 or 2.84%)					
	Foster Care (8 or 4.55%)	?		?		
	Homeless (9 or 5.11%)					
	Deaf and hard of hearing (9 or 5.11%)	?				
Adults (10 or 5.68%)	?		?	?		
Students (10 or 5.68%)						
Children, adolescents, youth (11 or 6.25%)			?	?		
All persons of color (12 or 6.82%)		?				
Individuals with IDD or ASD (22 or 12.50%)	?				?	
Low income/rural (24 or 13.64%)	?	?	?	?		
African-Americans (43 or 24.43%)	?	?		?		
Spanish-speaking (67 or 38.07%)	?	?	?	?		
Transitional services						
Transportation	?					
Trauma-focused therapy, treatment and services (includes CBT and childhood trauma)		?				
Treatment without having to be in a higher level of care		?				
Vocational services					?	

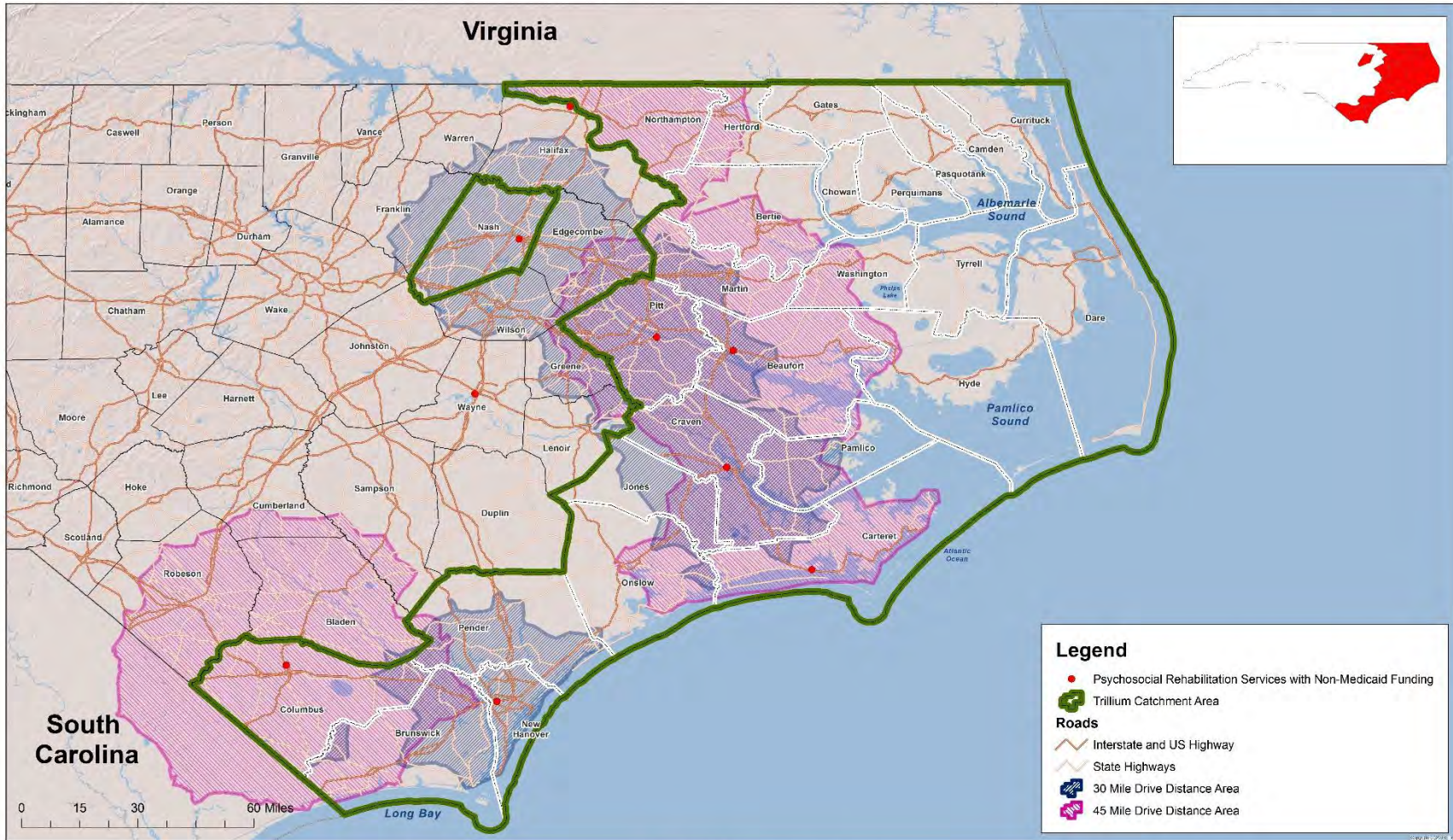
Appendix C: Trillium Service Maps

Trillium Health Resources Psychosocial Rehabilitation Medicaid Funded Services SFY18



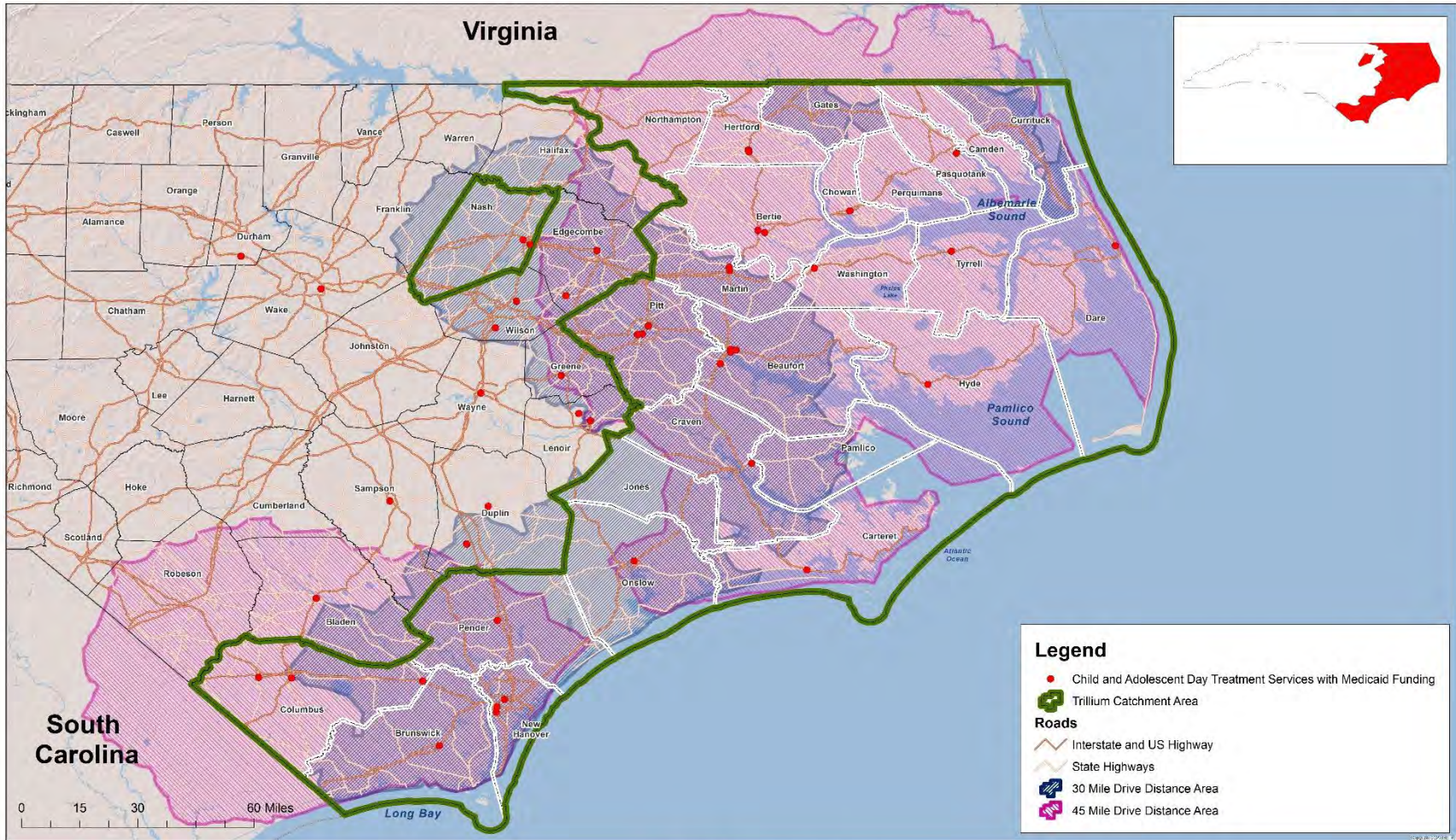
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Trillium Health Resources Psychosocial Rehabilitation Non-Medicaid Funded Services SFY18

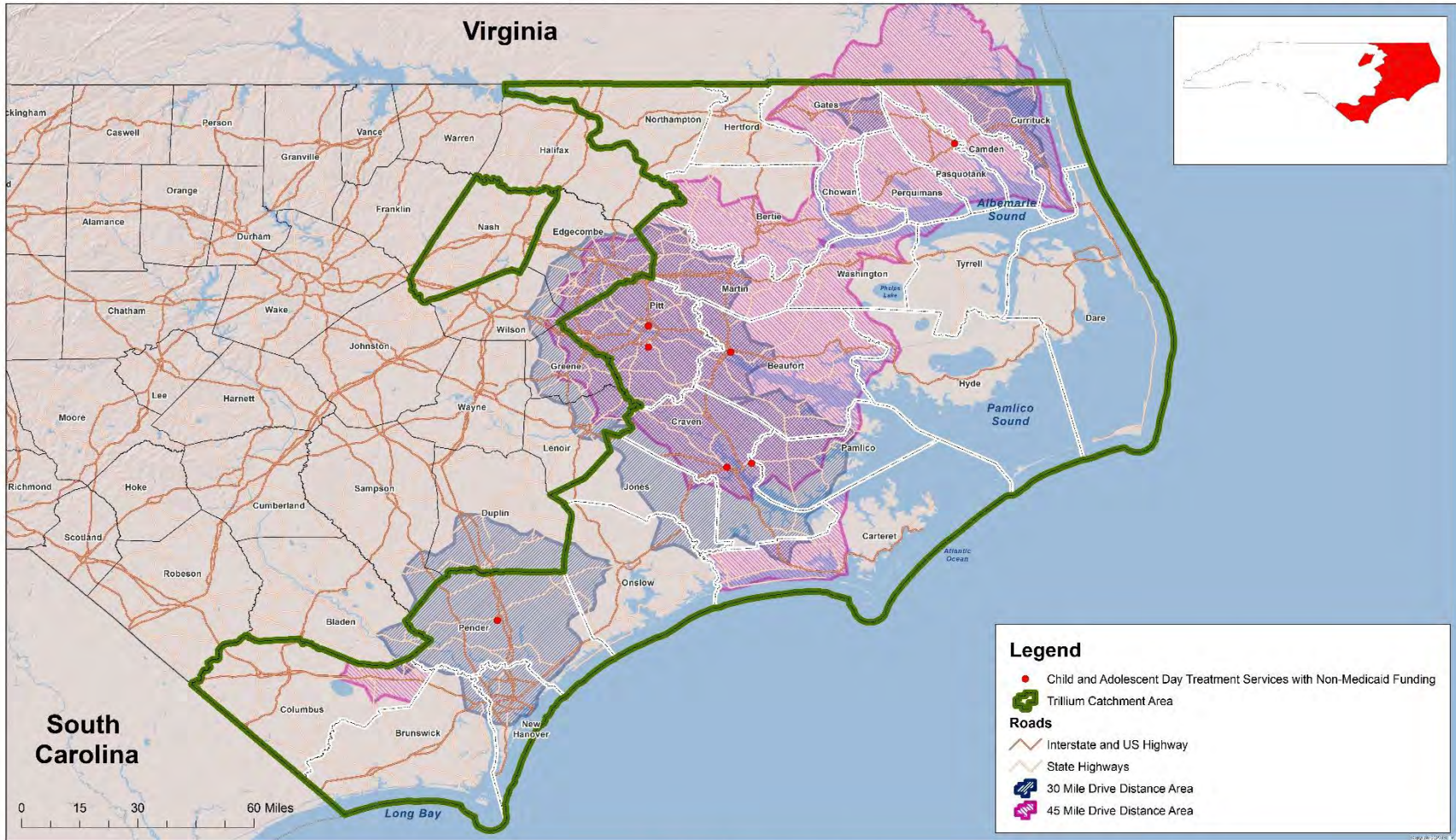


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CONSULTING ASSOCIATES

Trillium Health Resources LME/MCO Child and Adolescent Day Treatment Medicaid Funded Services SFY18

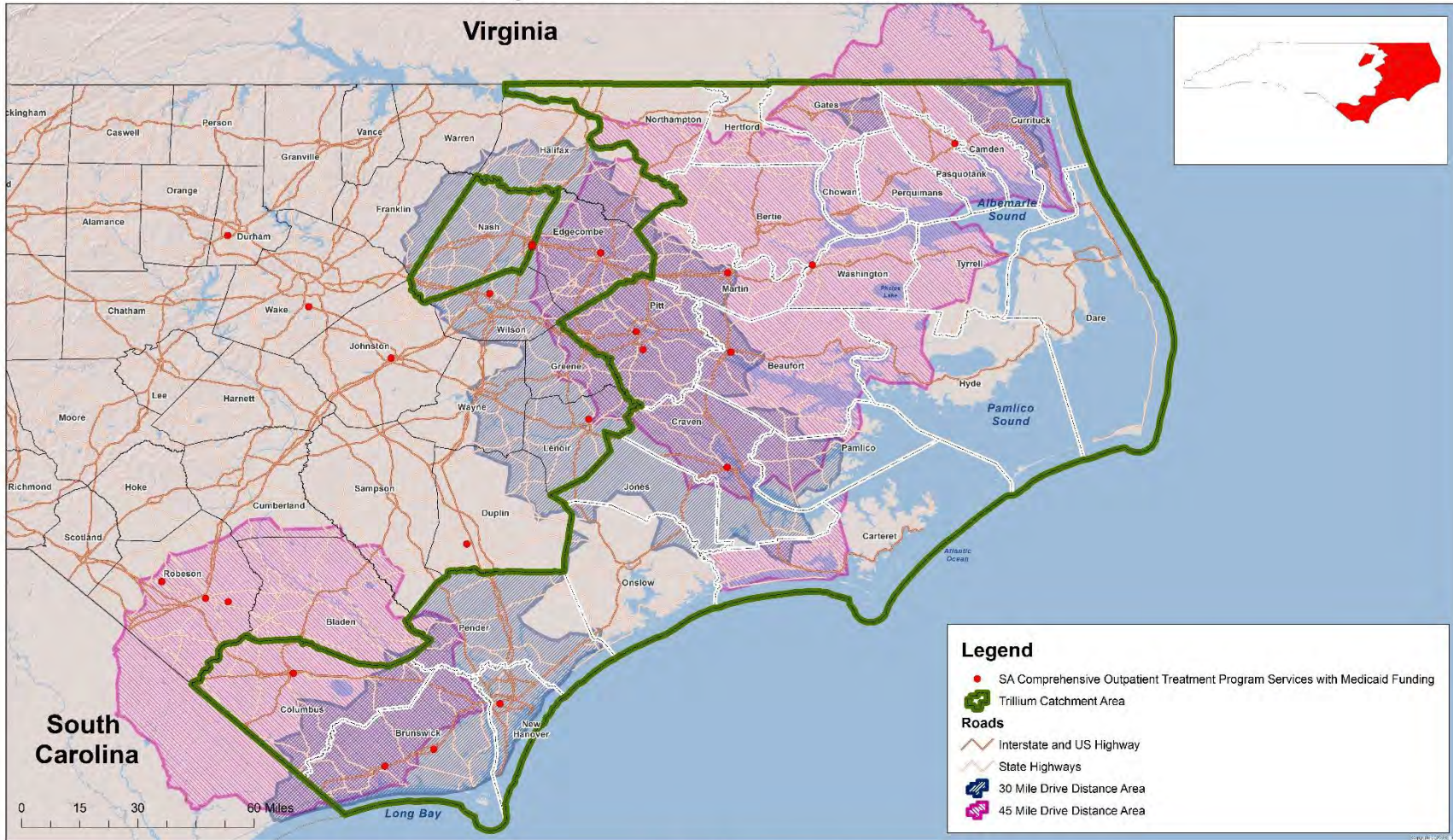


Trillium Health Resources LME/MCO Child and Adolescent Day Treatment Non-Medicaid Funded Services SFY18

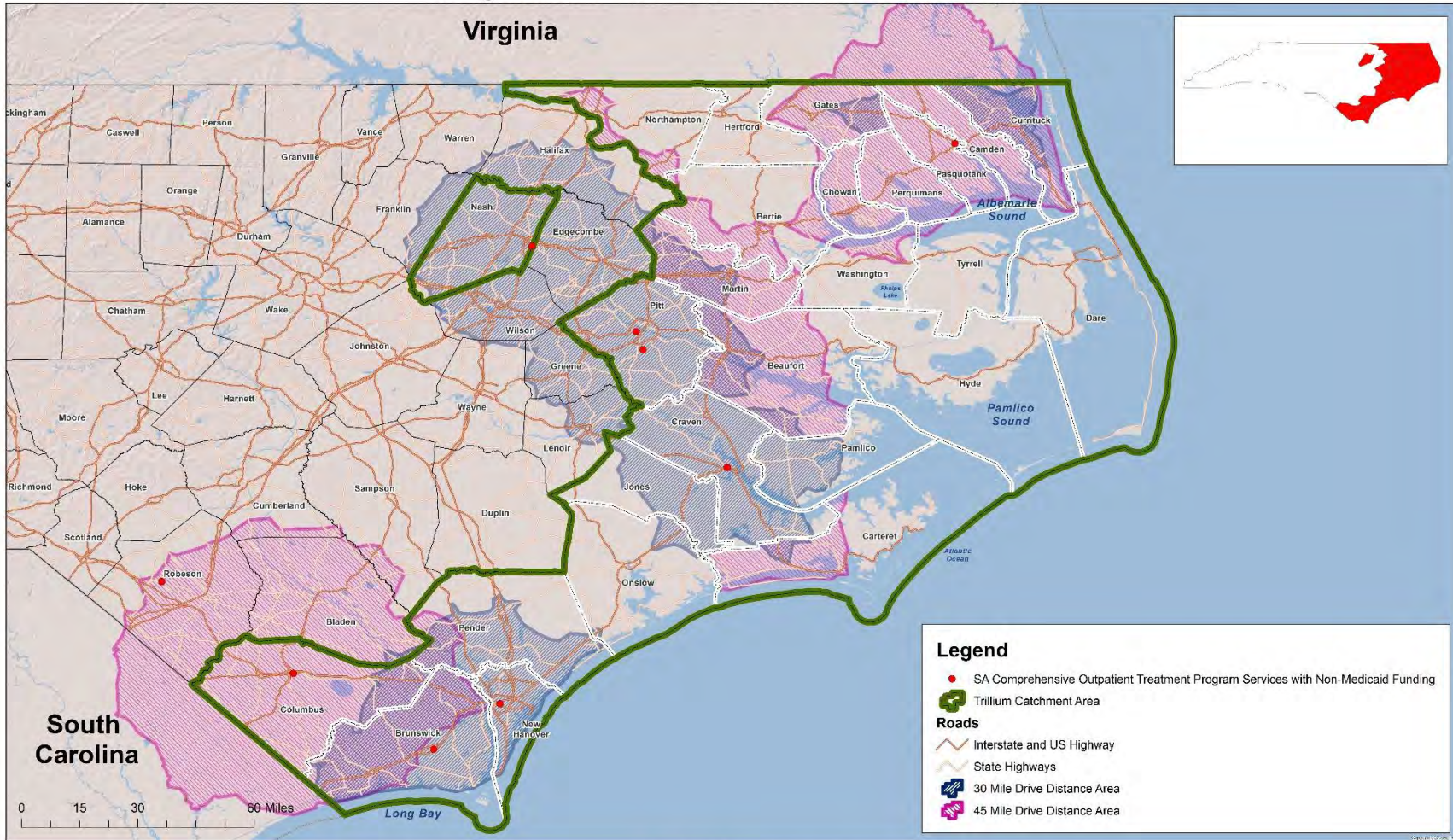


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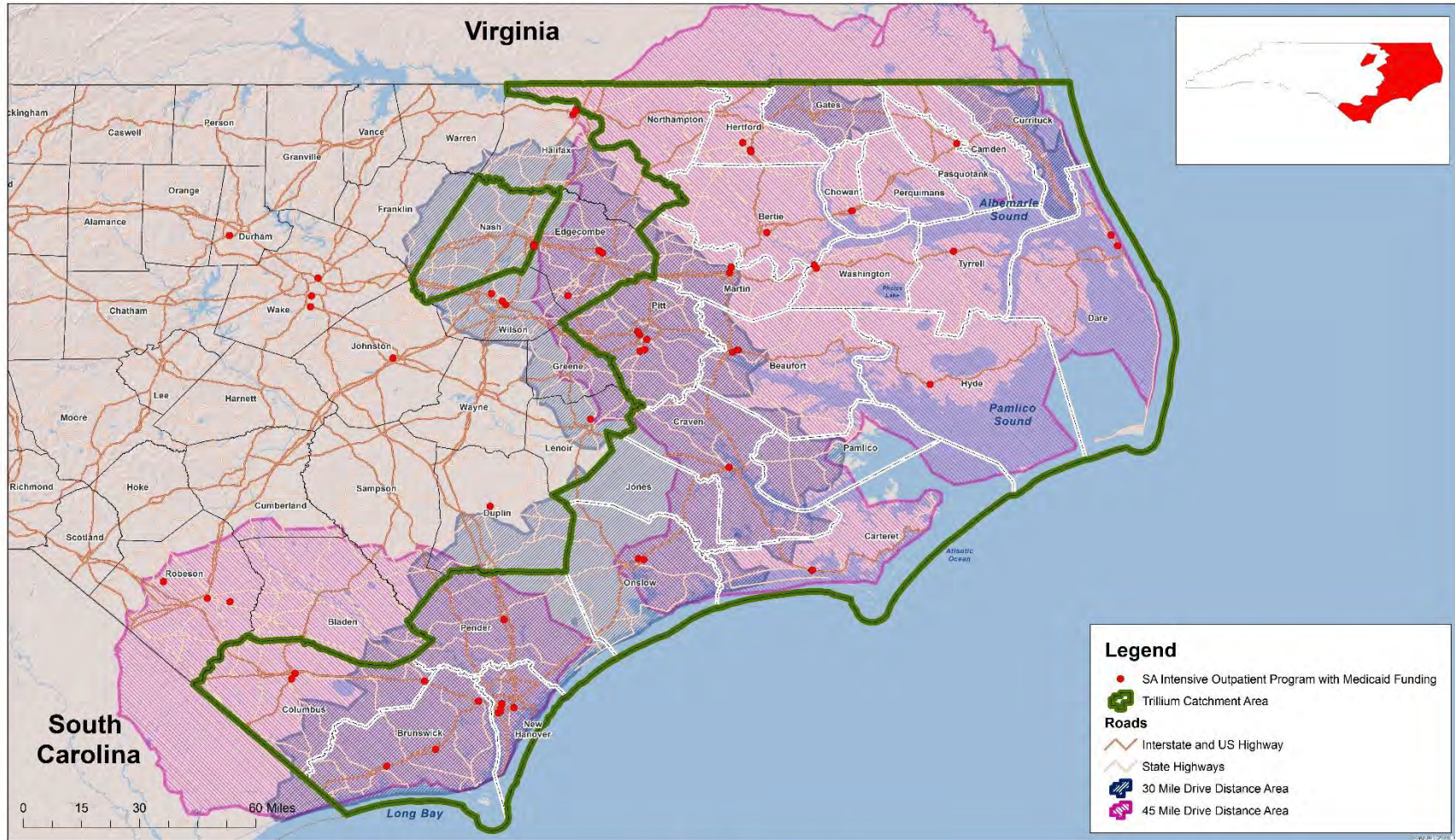
Trillium Health Resources LME/MCO SA Comprehensive Outpatient Treatment Program Medicaid Funded Services SFY18



Trillium Health Resources LME/MCO SA Comprehensive Outpatient Treatment Program Non-Medicaid Funded Services SFY18

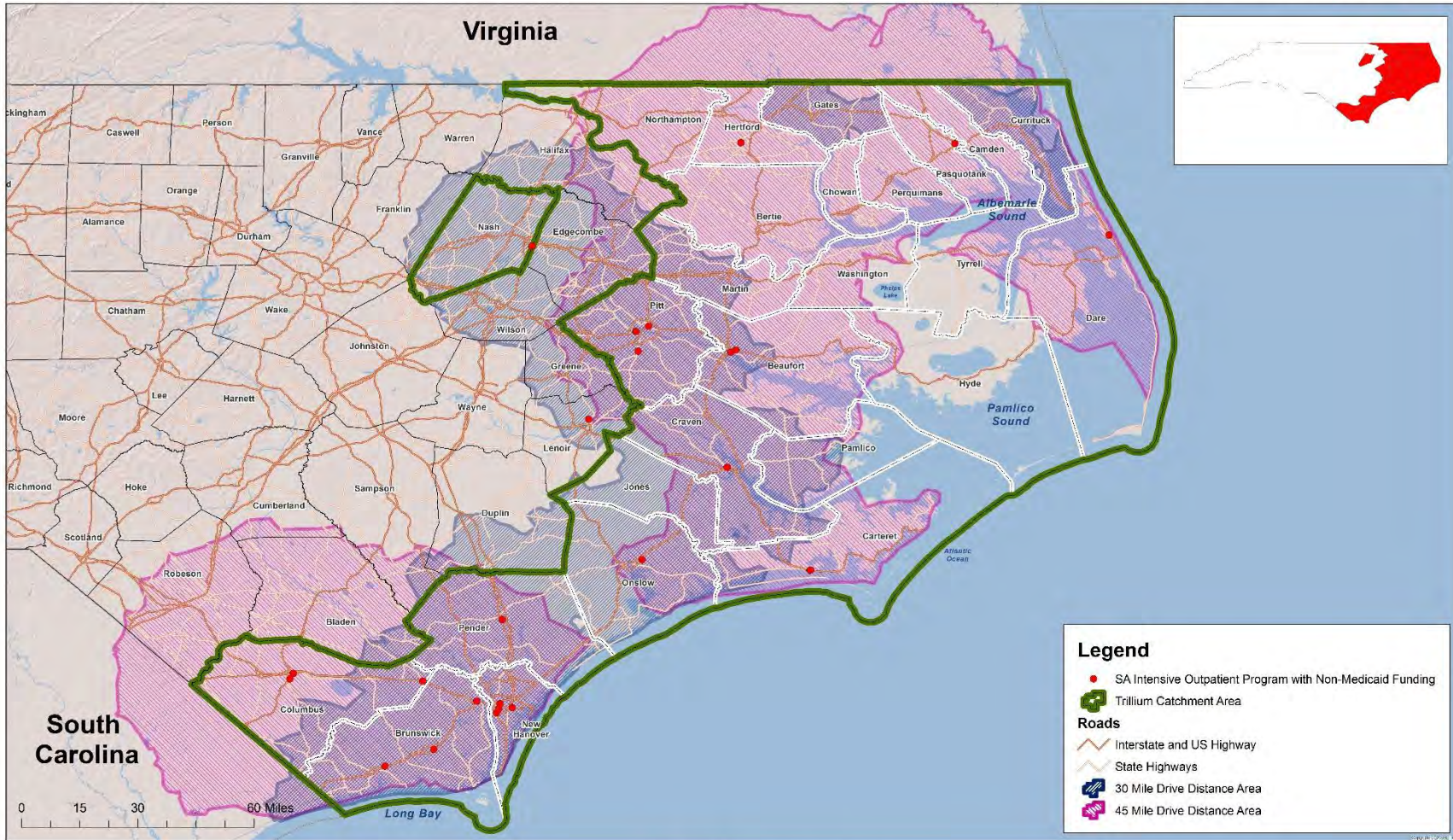


Trillium Health Resources LME/MCO SA Intensive Outpatient Program Medicaid Funded Services SFY18

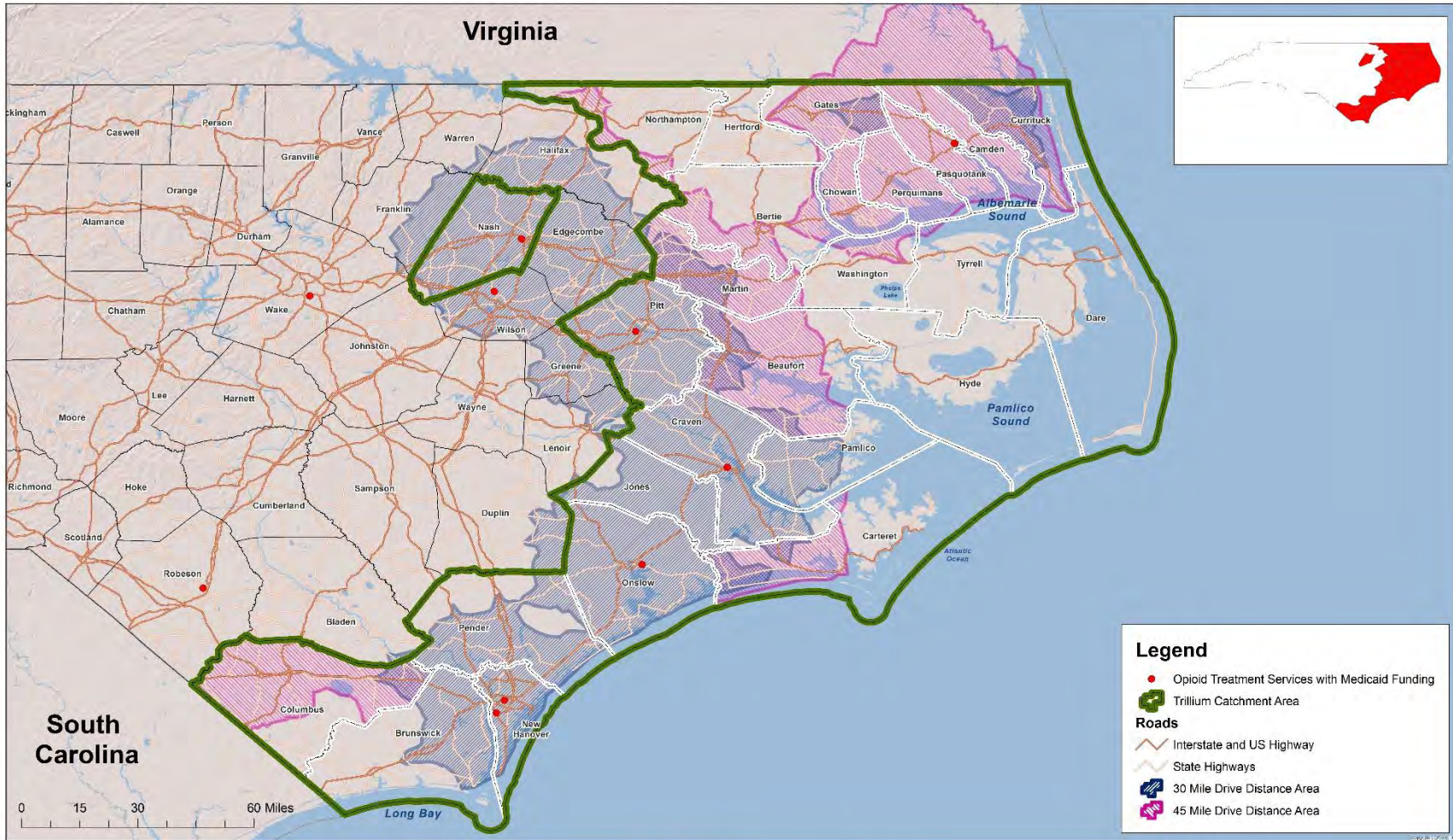


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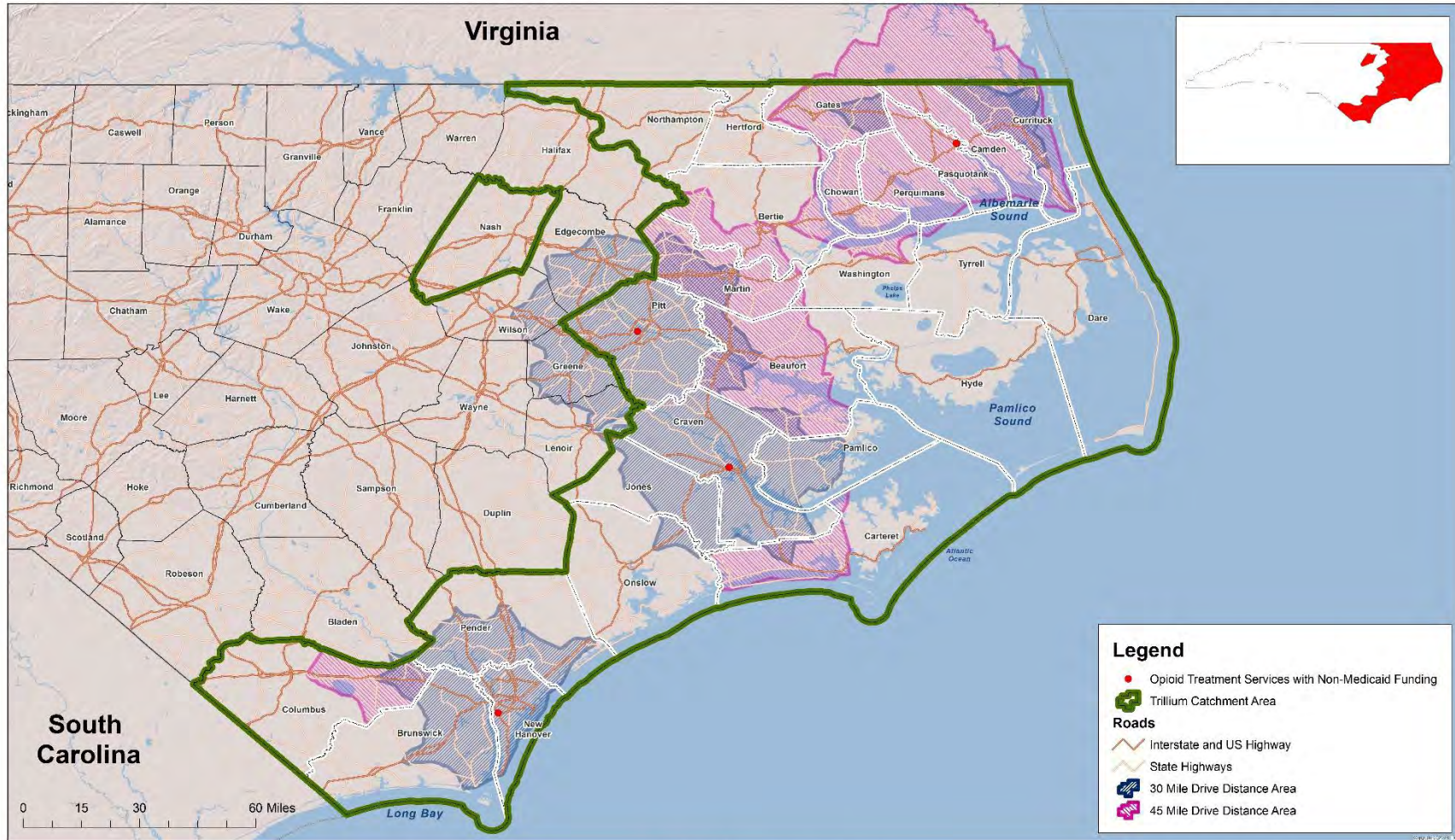
Trillium Health Resources LME/MCO SA Intensive Outpatient Program Non-Medicaid Funded Services SFY18



Trillium Health Resources LME/MCO Opioid Treatment Medicaid Funded Services SFY18

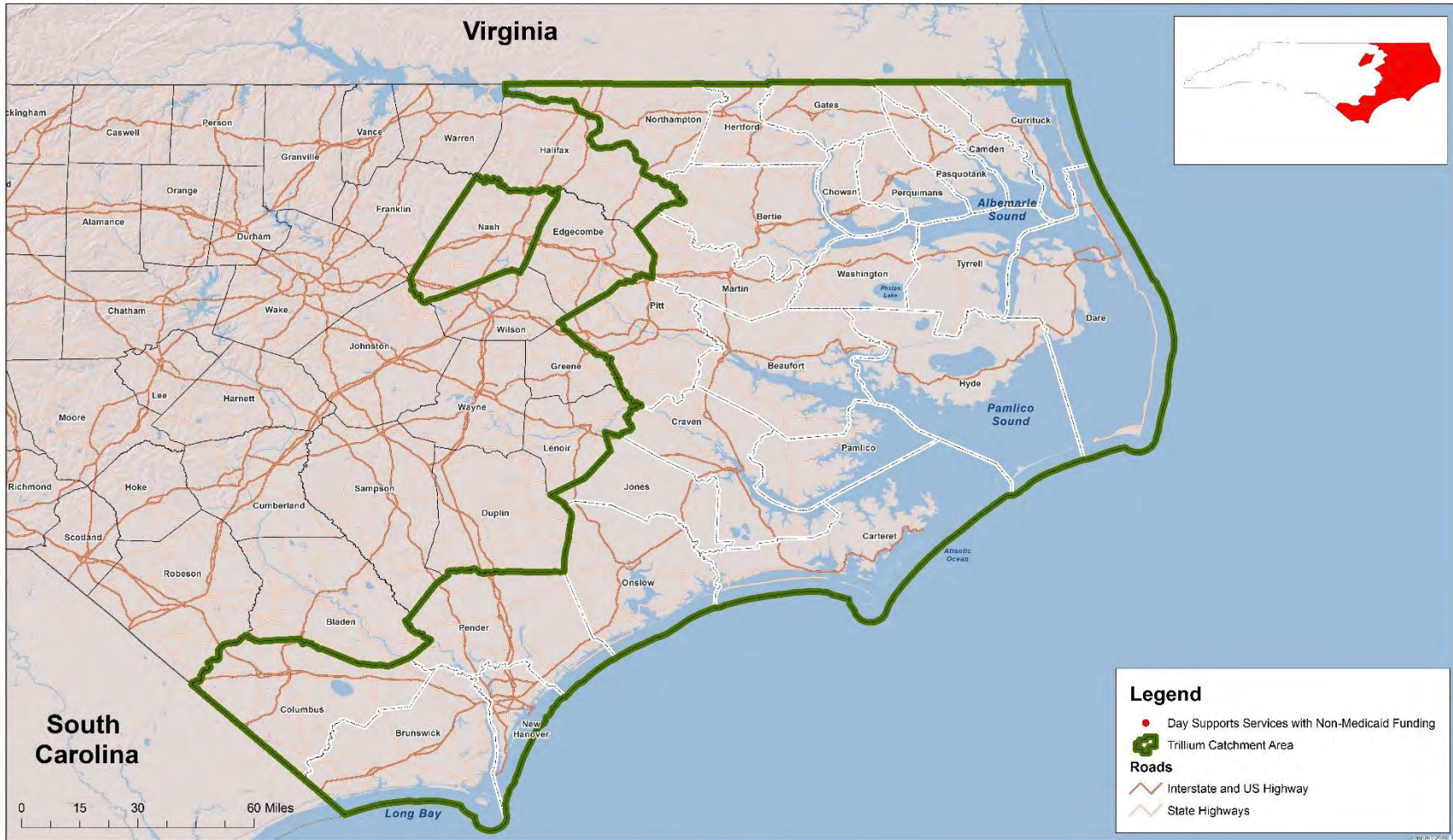


Trillium Health Resources LME/MCO Opioid Treatment Non-Medicaid Funded Services SFY18



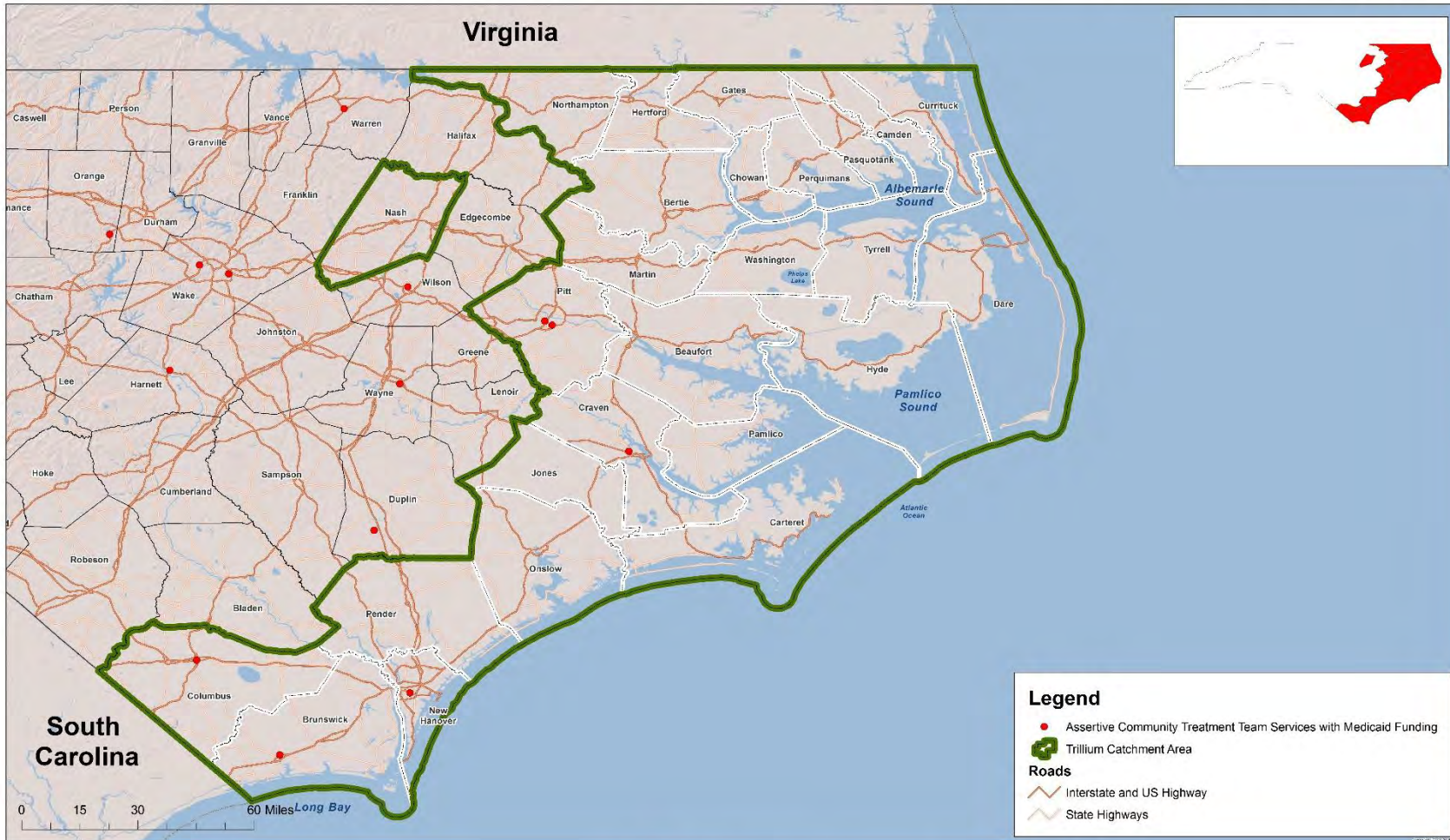
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Trillium Health Resources LME/MCO Day Supports Non-Medicaid Funded Services SFY18



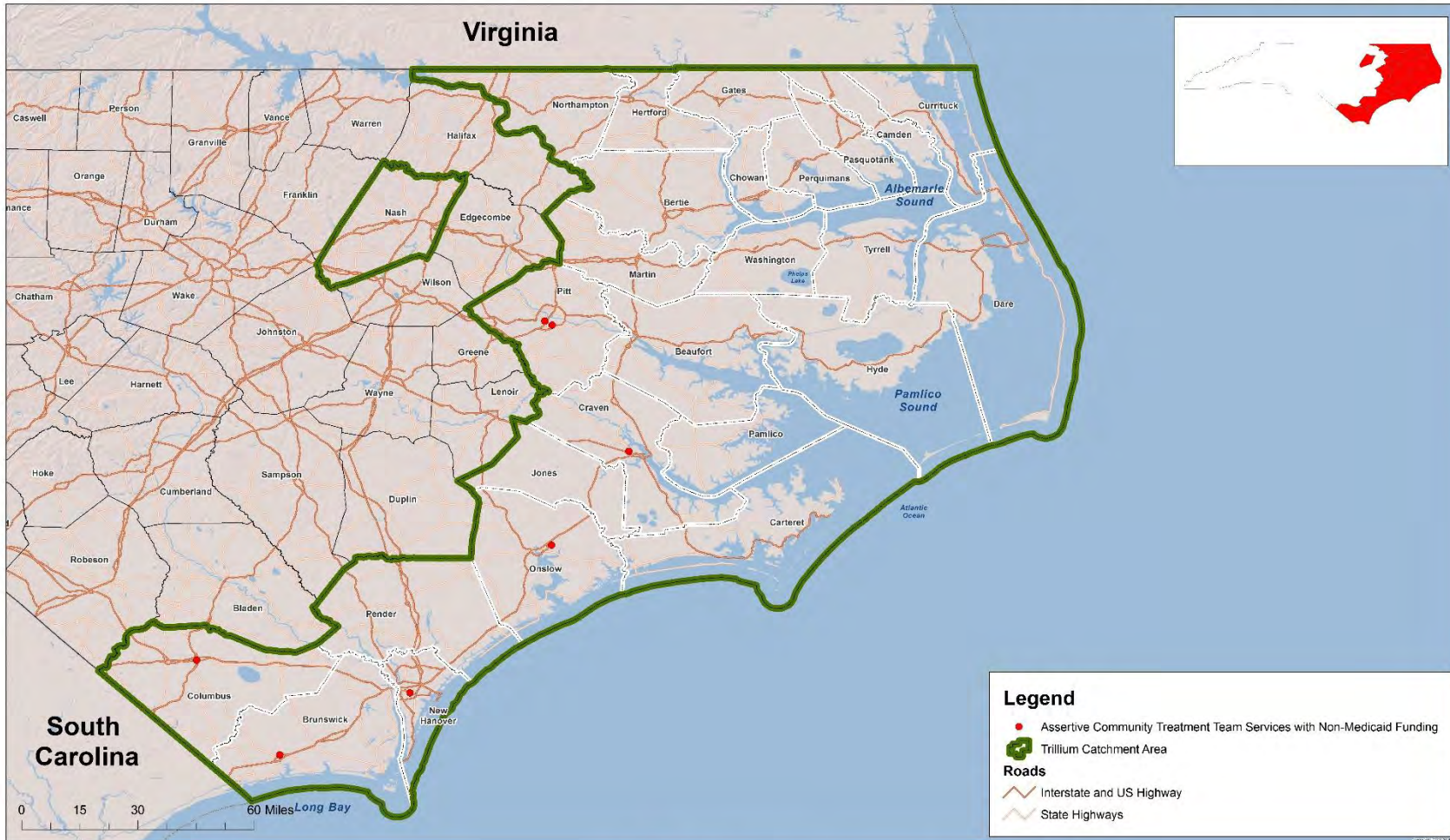
Note: There are no contracted providers for this service with this funding source.

Trillium Health Resources LME/MCO Assertive Community Treatment Team Medicaid Funded Services SFY18



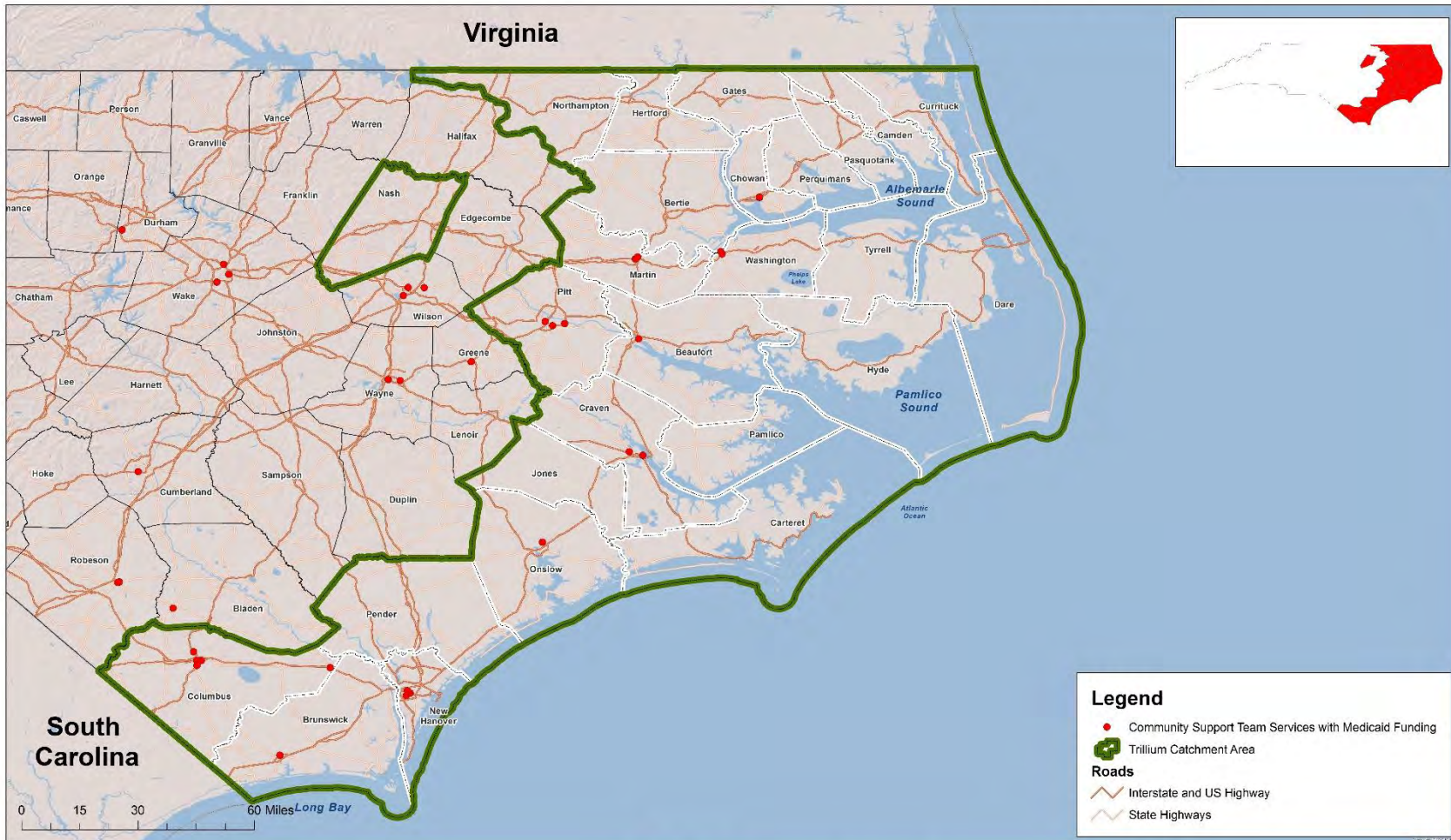
Note: This is a home-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any Member in the catchment area and every county in the catchment is covered.

Trillium Health Resources LME/MCO Assertive Community Treatment Team Non-Medicaid Funded Services SFY18



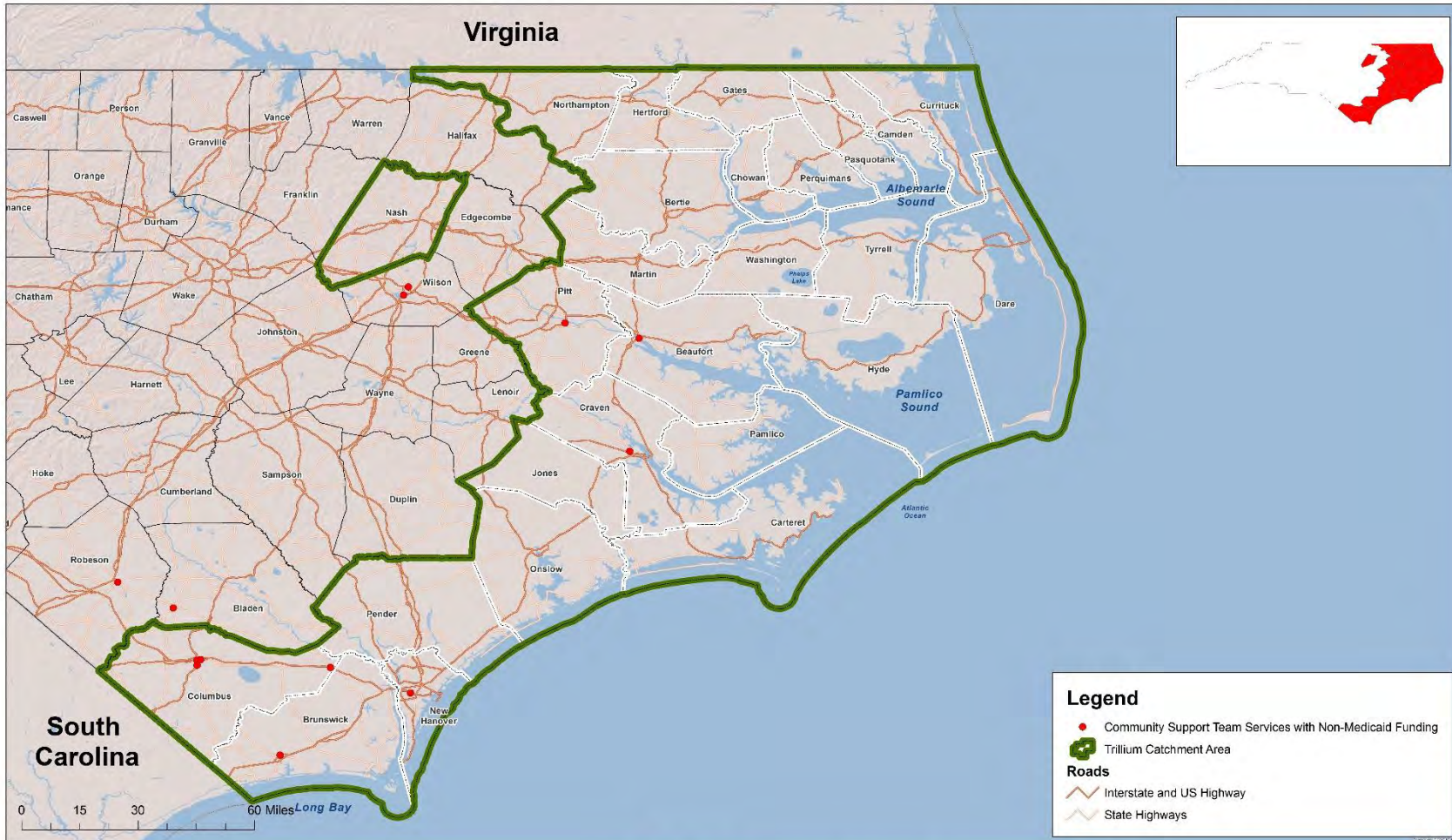
Note: This is a home-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any Member in the catchment area and every county in the catchment is covered.

Trillium Health Resources LME/MCO Community Support Team Medicaid Funded Services SFY18



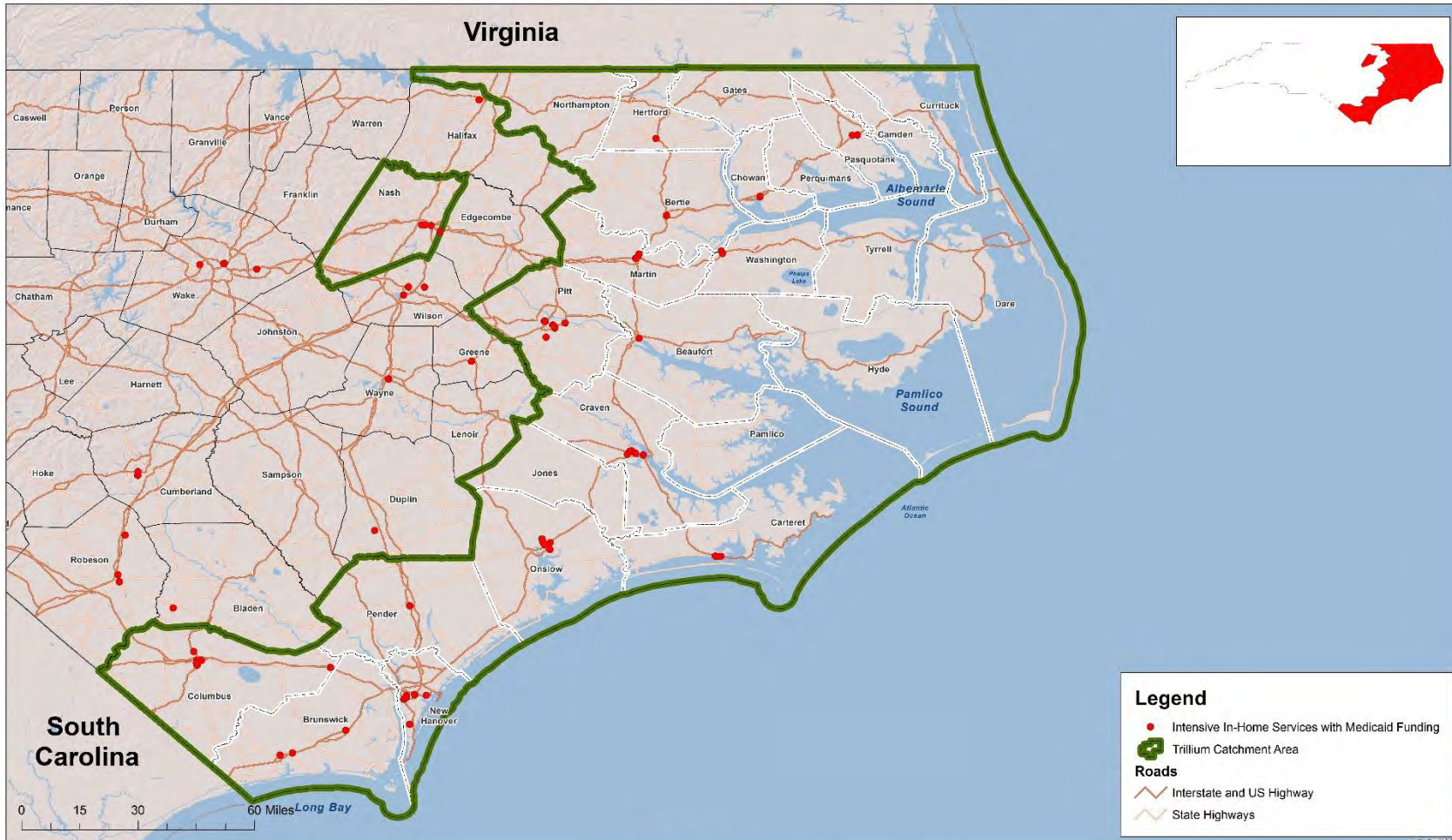
Note: This is a home-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any Member in the catchment area and every county in the catchment is covered.

Trillium Health Resources LME/MCO Community Support Team Non-Medicaid Funded Services SFY18



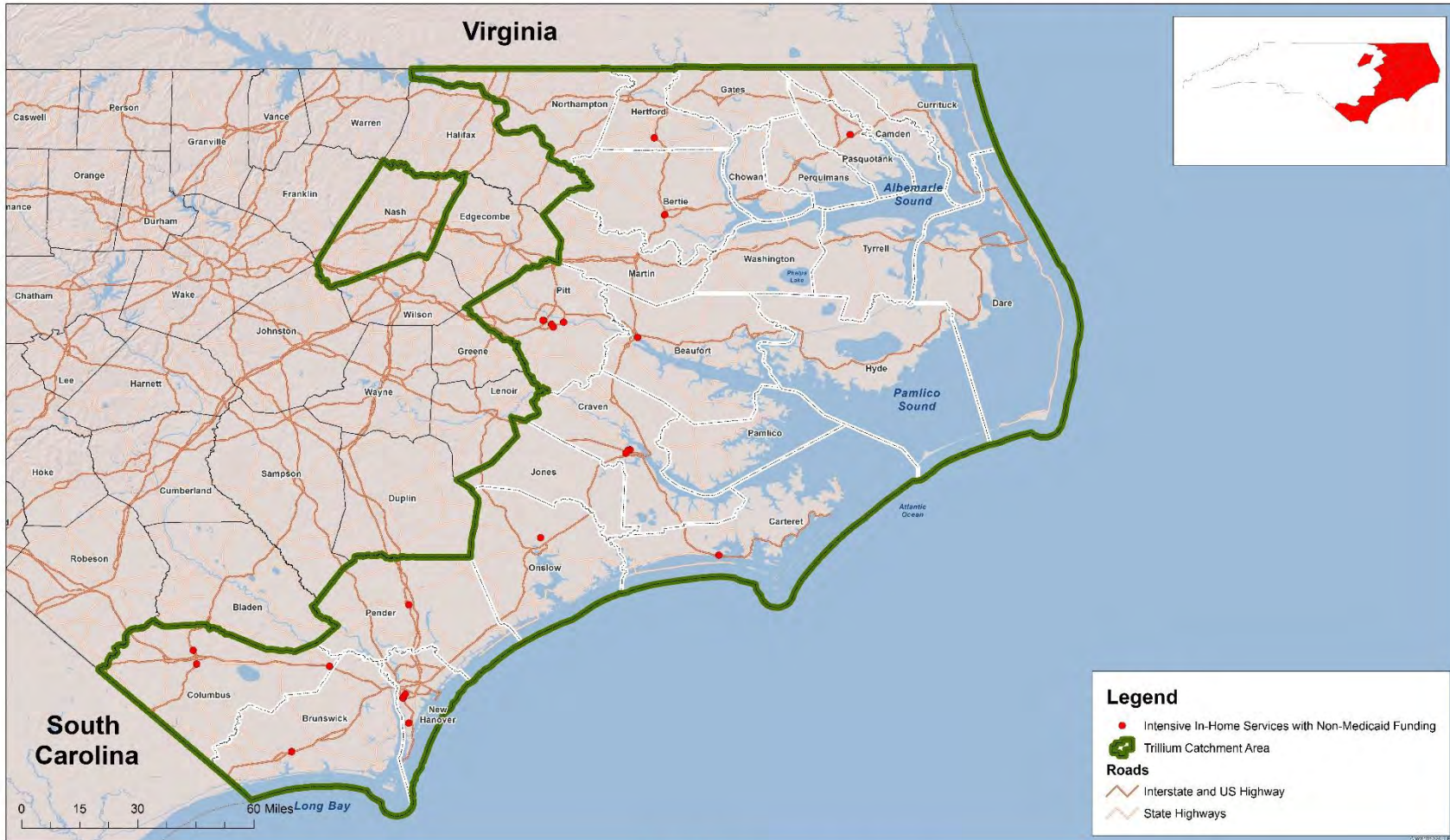
Note: This is a home-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any Member in the catchment area and every county in the catchment is covered.

Trillium Health Resources LME/MCO Intensive In-Home Medicaid Funded Services SFY18



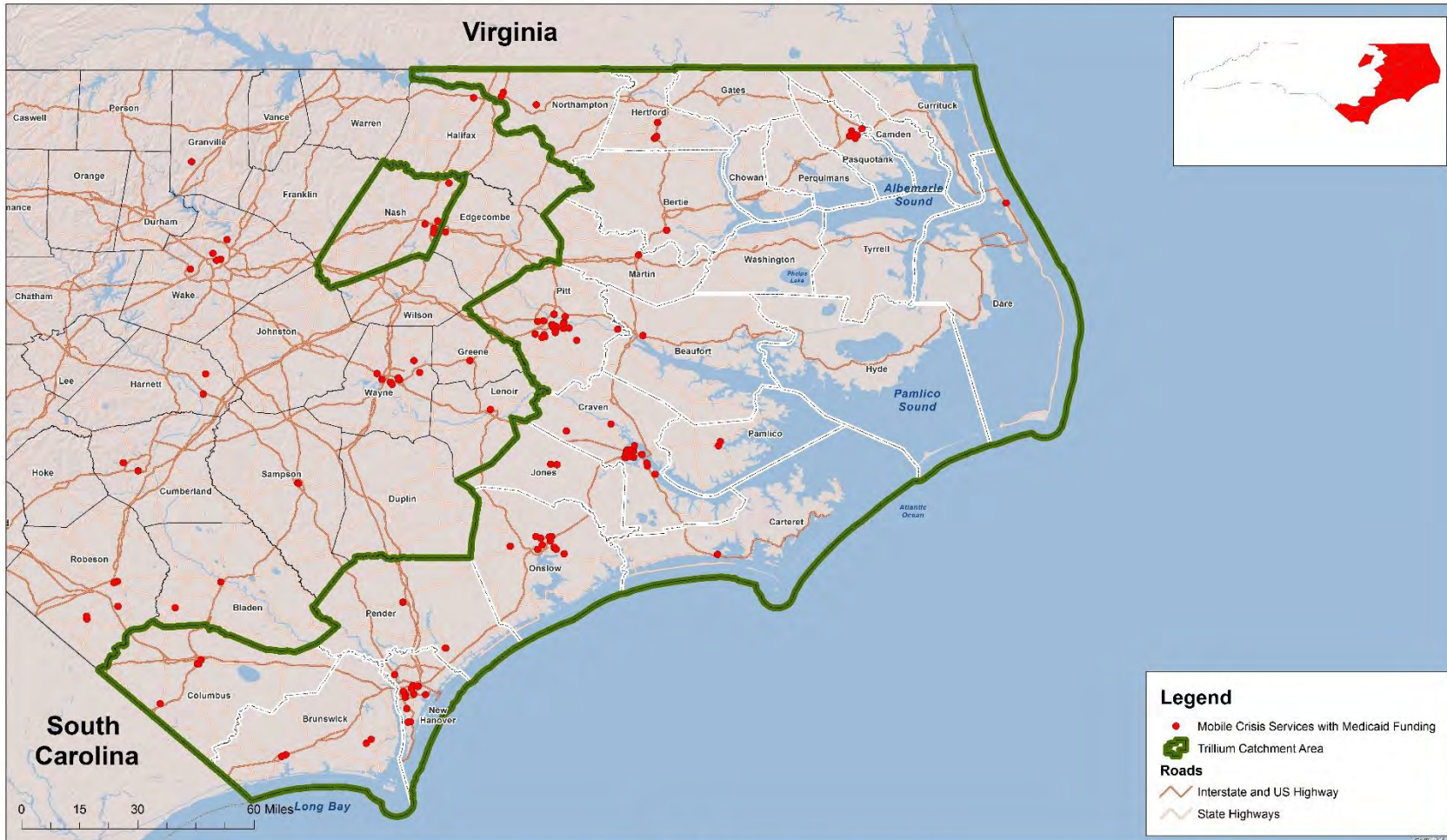
Note: This is a home-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any Member in the catchment area and every county in the catchment is covered.

Trillium Health Resources LME/MCO Intensive In-Home Non-Medicaid Funded Services SFY18



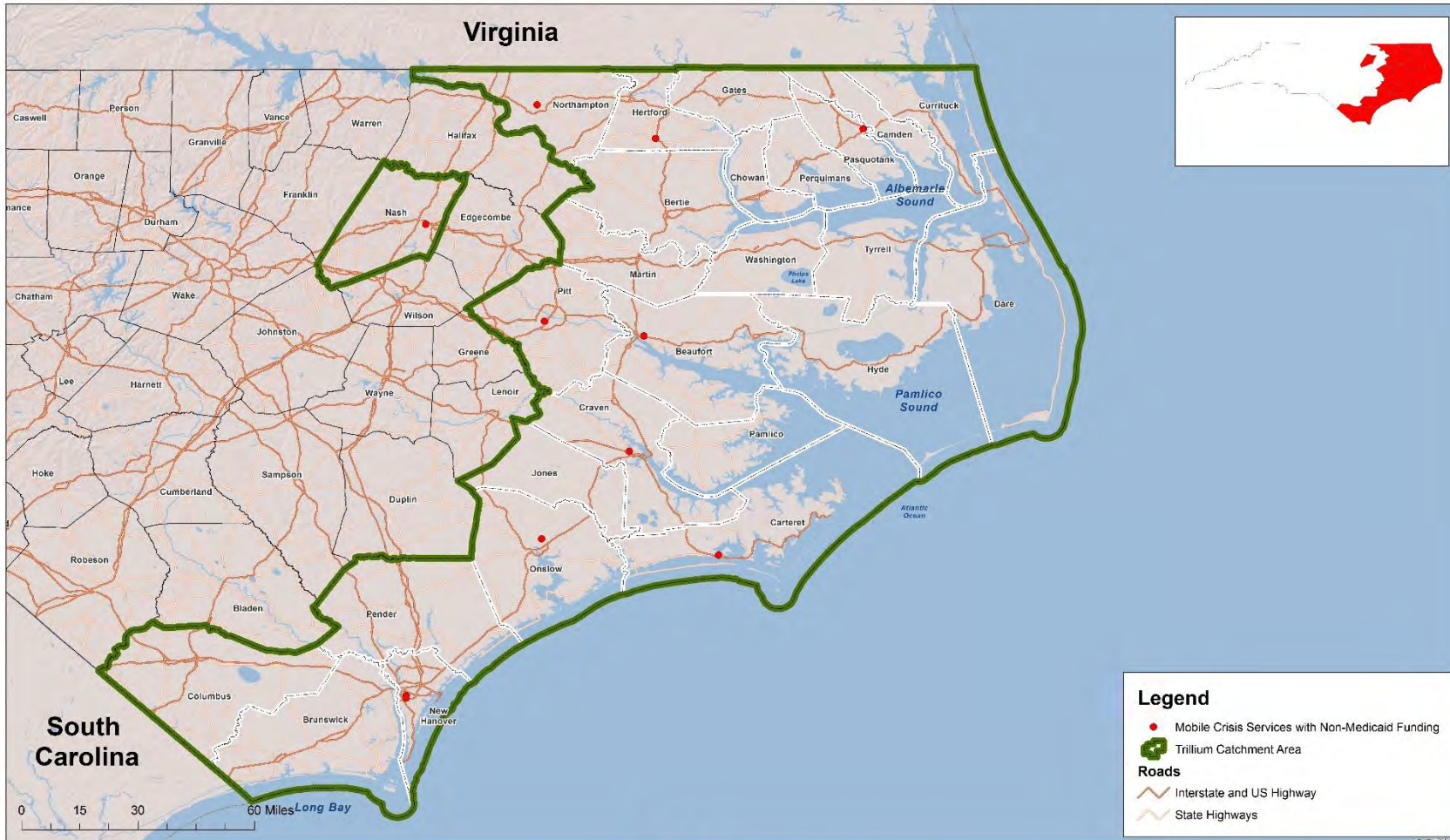
Note: This is a home-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any Member in the catchment area and every county in the catchment is covered.

Trillium Health Resources LME/MCO Mobile Crisis Medicaid Funded Services SFY18



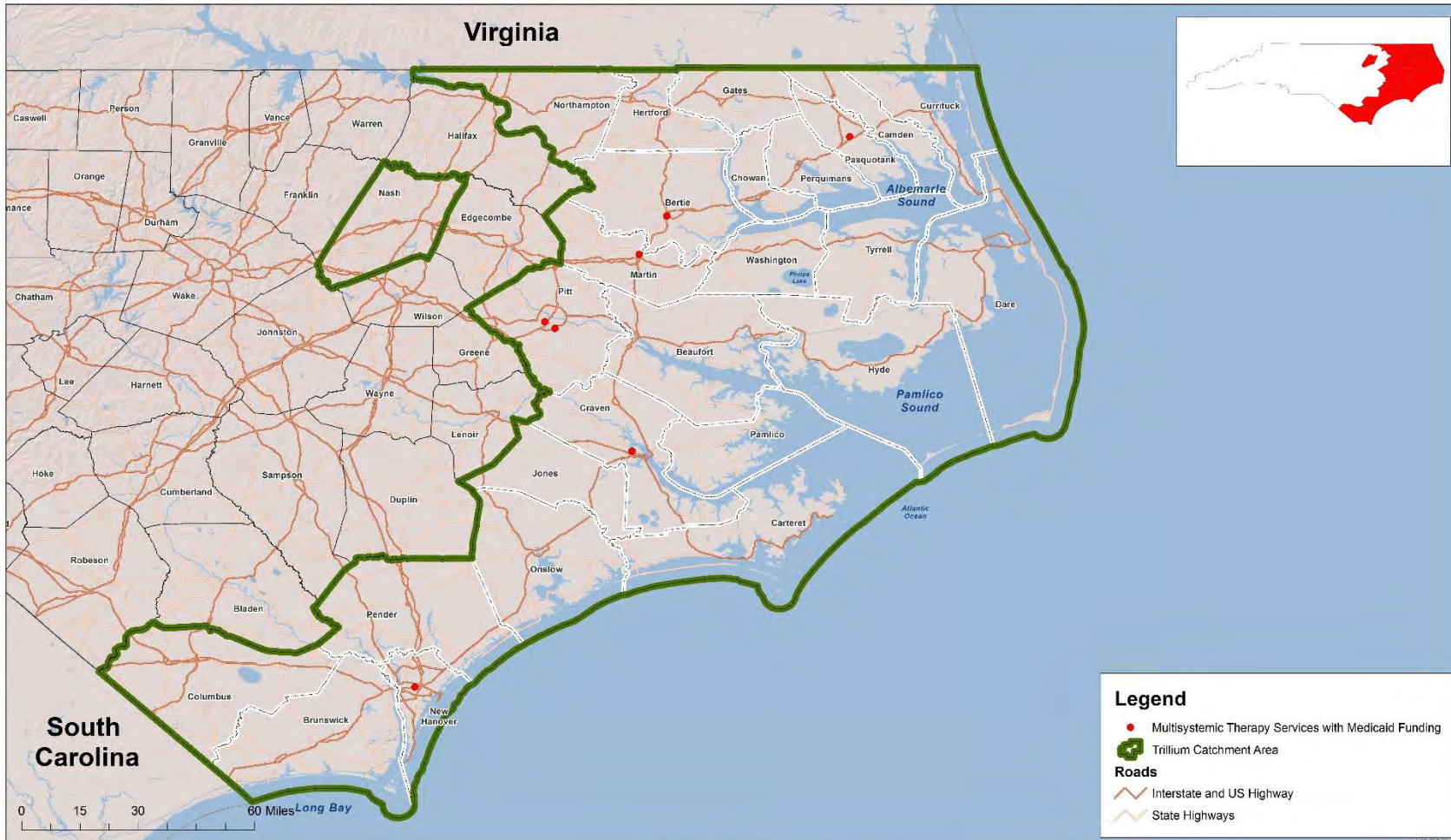
Note: This is a home-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any Member in the catchment area and every county in the catchment is covered.

Trillium Health Resources LME/MCO Mobile Crisis Non-Medicaid Funded Services SFY18



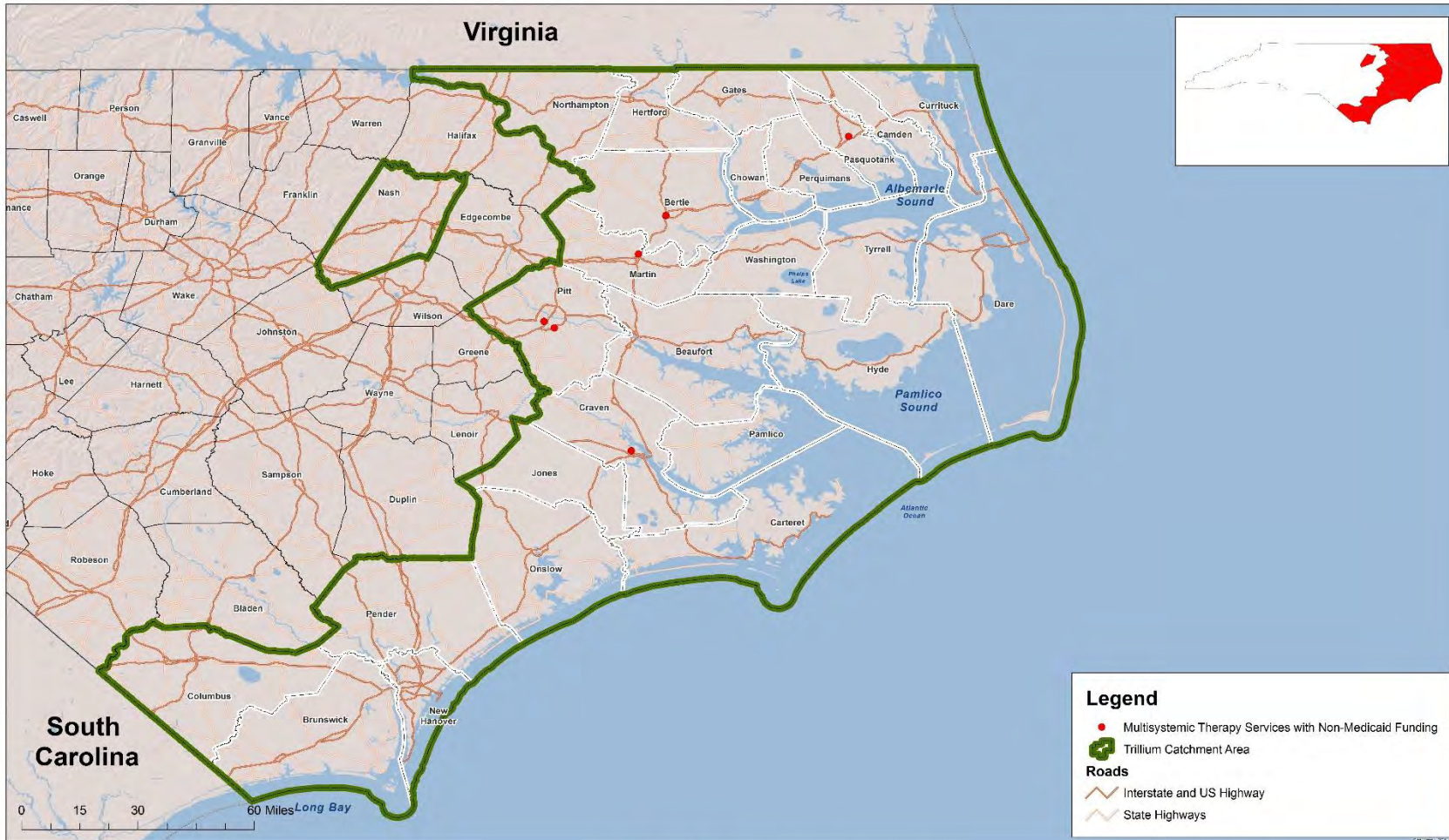
Note: This is a home-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any Member in the catchment area and every county in the catchment is covered.

Trillium Health Resources LME/MCO Multisystemic Therapy Medicaid Funded Services SFY18



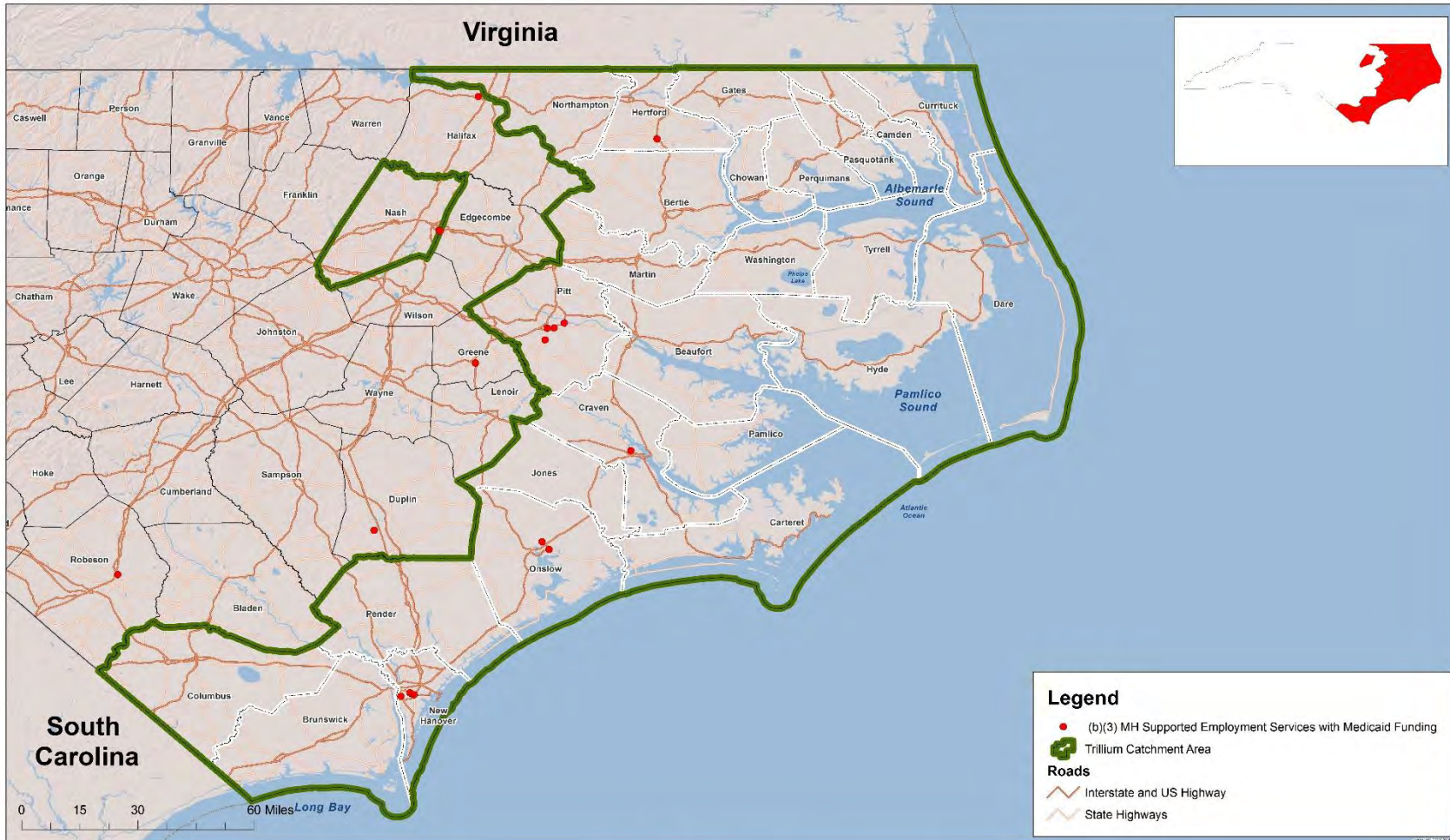
Note: This is a home-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any Member in the catchment area and every county in the catchment is covered.

Trillium Health Resources LME/MCO Multisystemic Therapy Non-Medicaid Funded Services SFY18



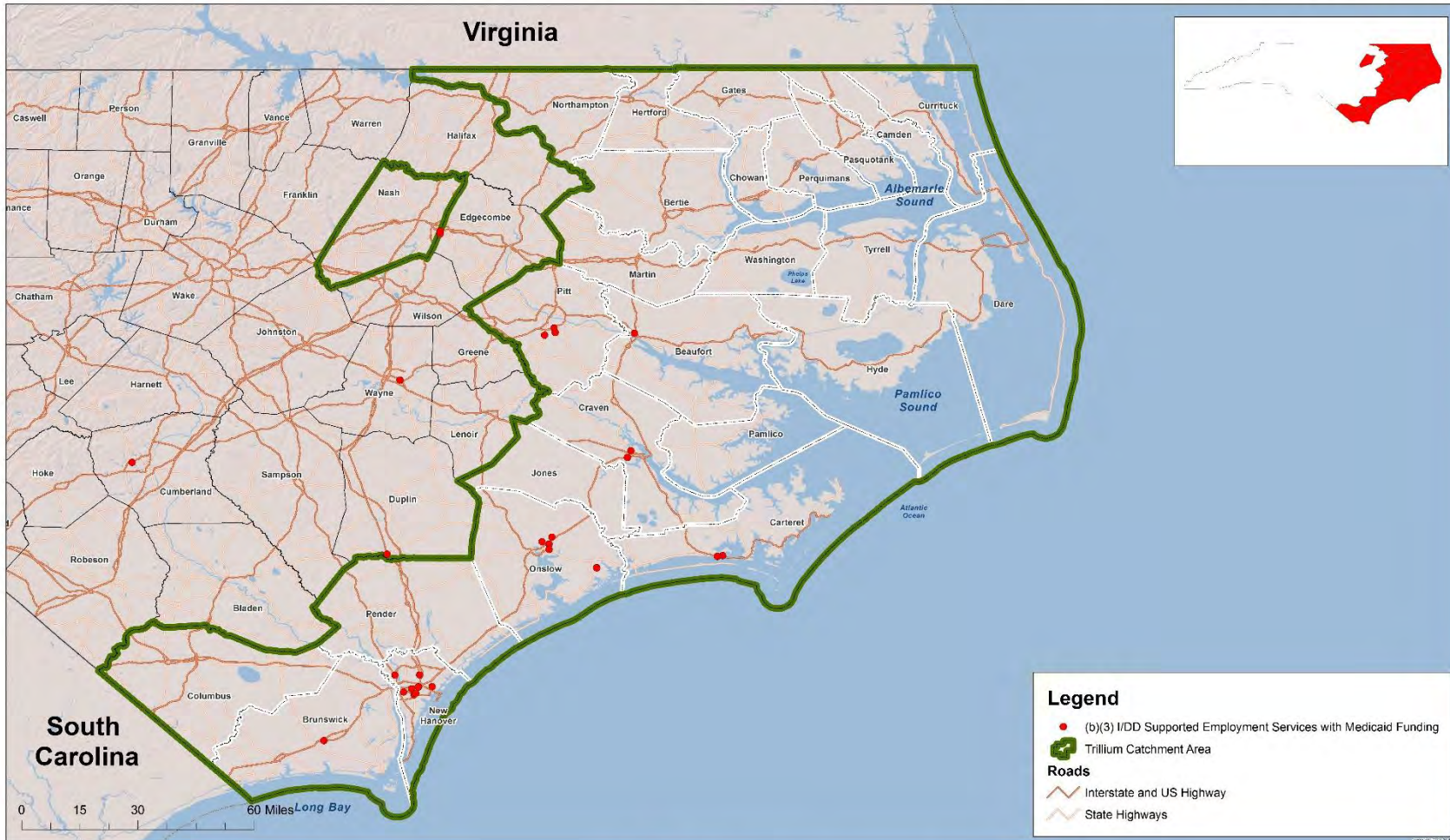
Note: This is a home-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any Member in the catchment area and every county in the catchment is covered.

Trillium Health Resources LME/MCO (b)(3) MH Supported Employment Services - Medicaid Funded Services SFY18



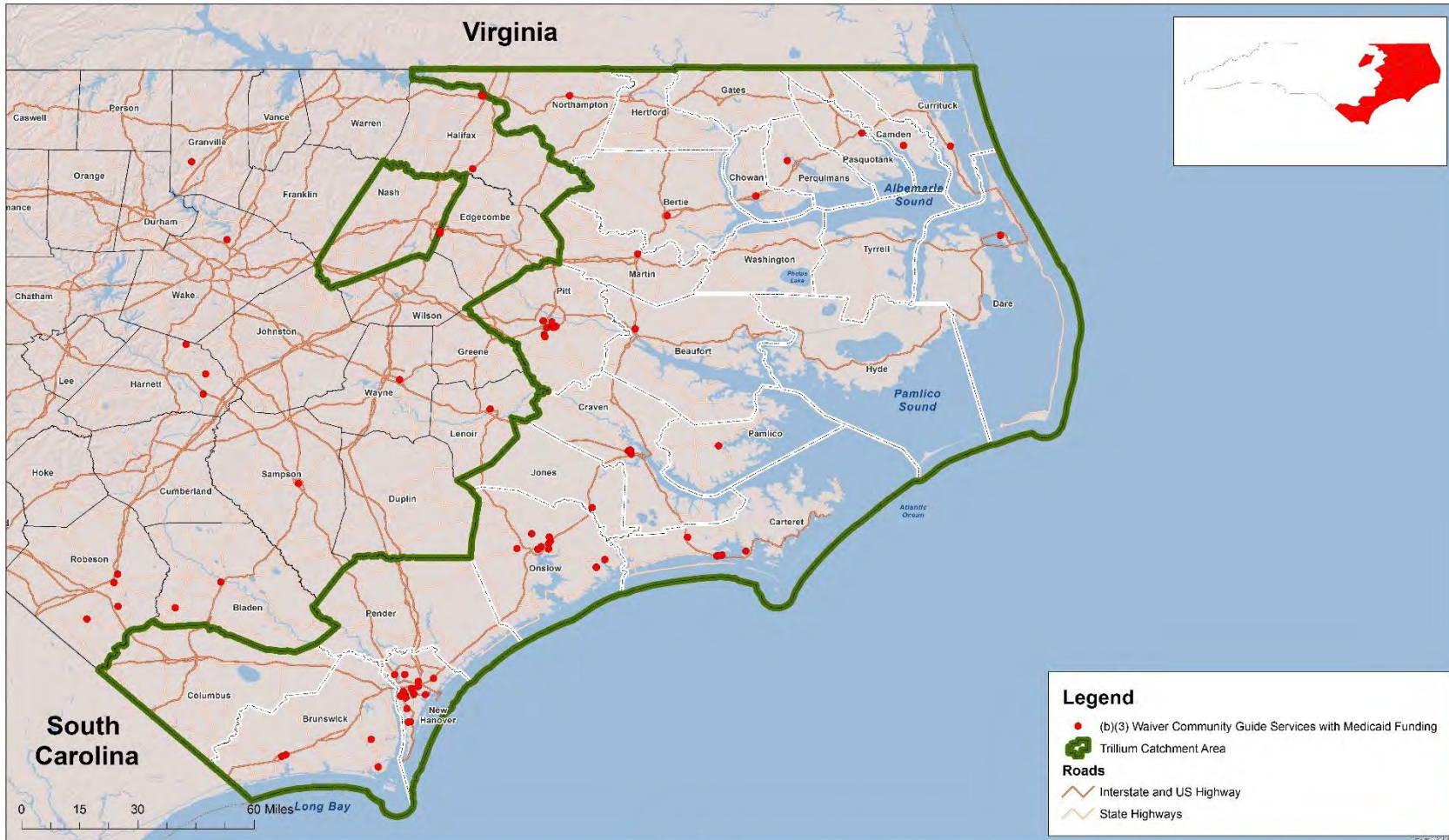
Note: This is a home-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any Member in the catchment area and every county in the catchment is covered.

Trillium Health Resources LME/MCO (b)(3) I/DD Supported Employment Services - Medicaid Funded Services SFY18



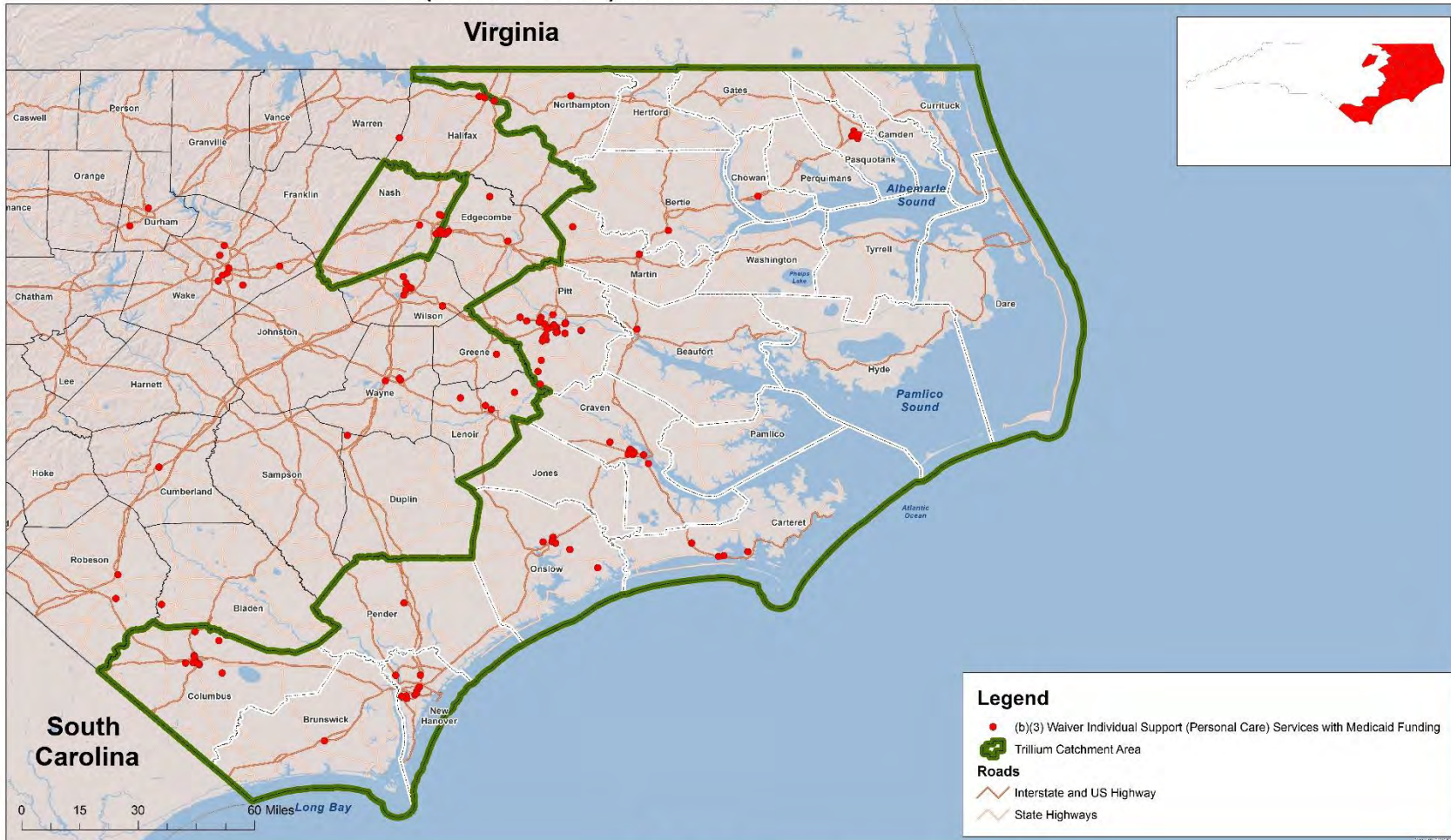
Note: This is a home-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any Member in the catchment area and every county in the catchment is covered.

Trillium Health Resources LME/MCO (b)(3) Waiver Community Guide Medicaid Funded Services SFY18



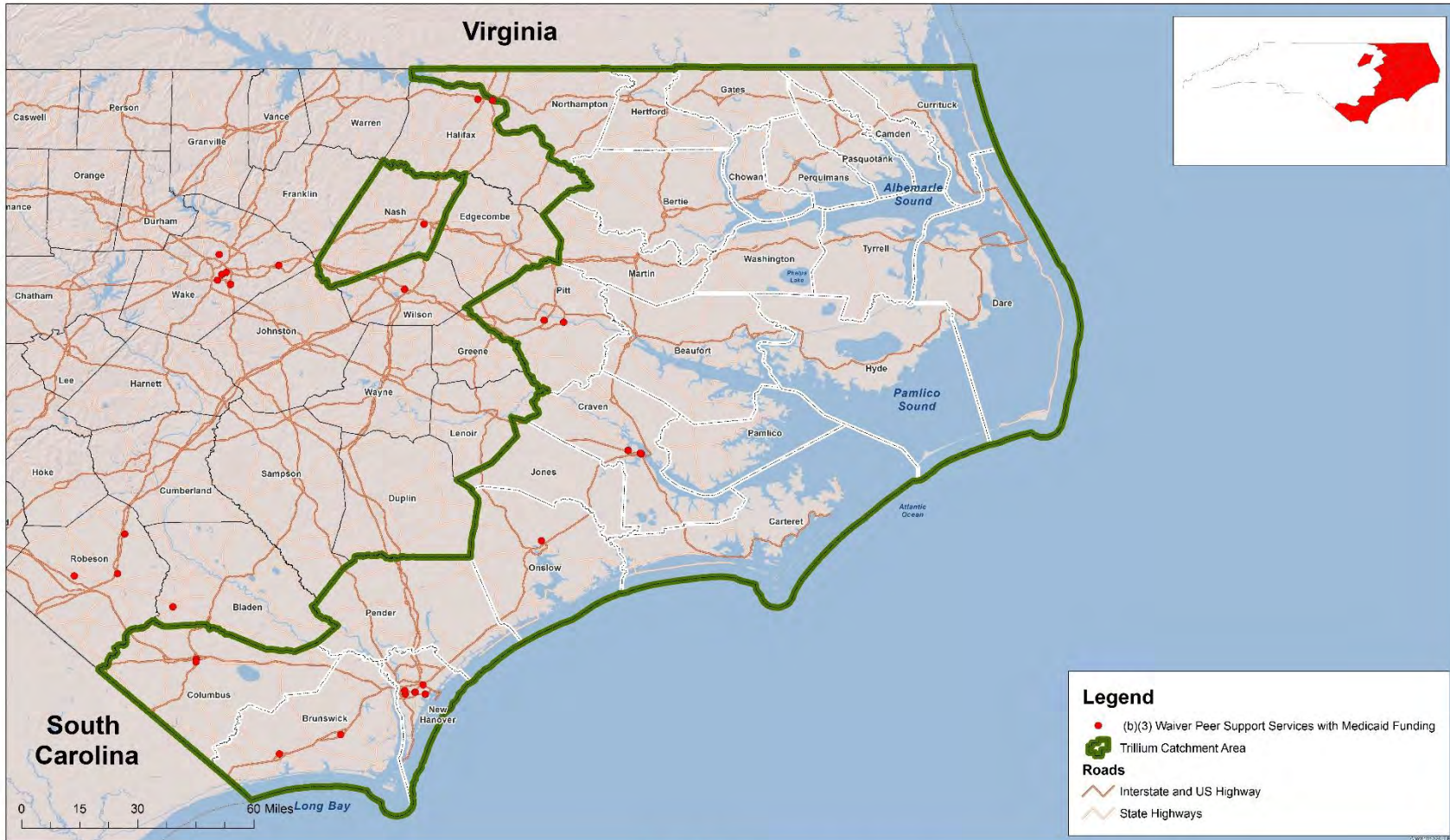
Note: This is a home-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any Member in the catchment area and every county in the catchment is covered.

**Trillium Health Resources LME/MCO (b)(3) Waiver Individual Support
(Personal Care) Medicaid Funded Services SFY18**



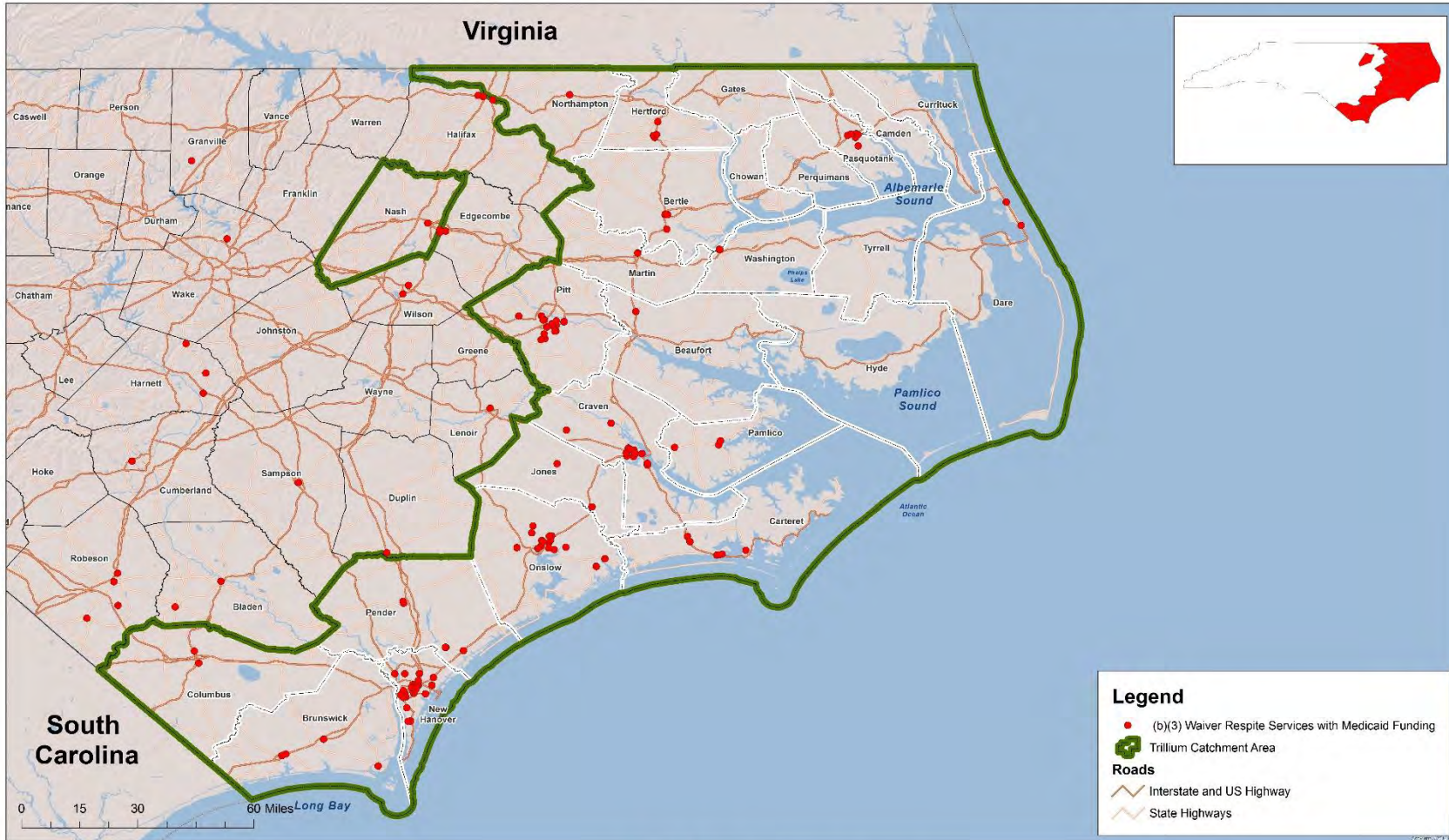
Note: This is a home-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any Member in the catchment area and every county in the catchment is covered.

Trillium Health Resources LME/MCO (b)(3) Waiver Peer Support Medicaid Funded Services SFY18



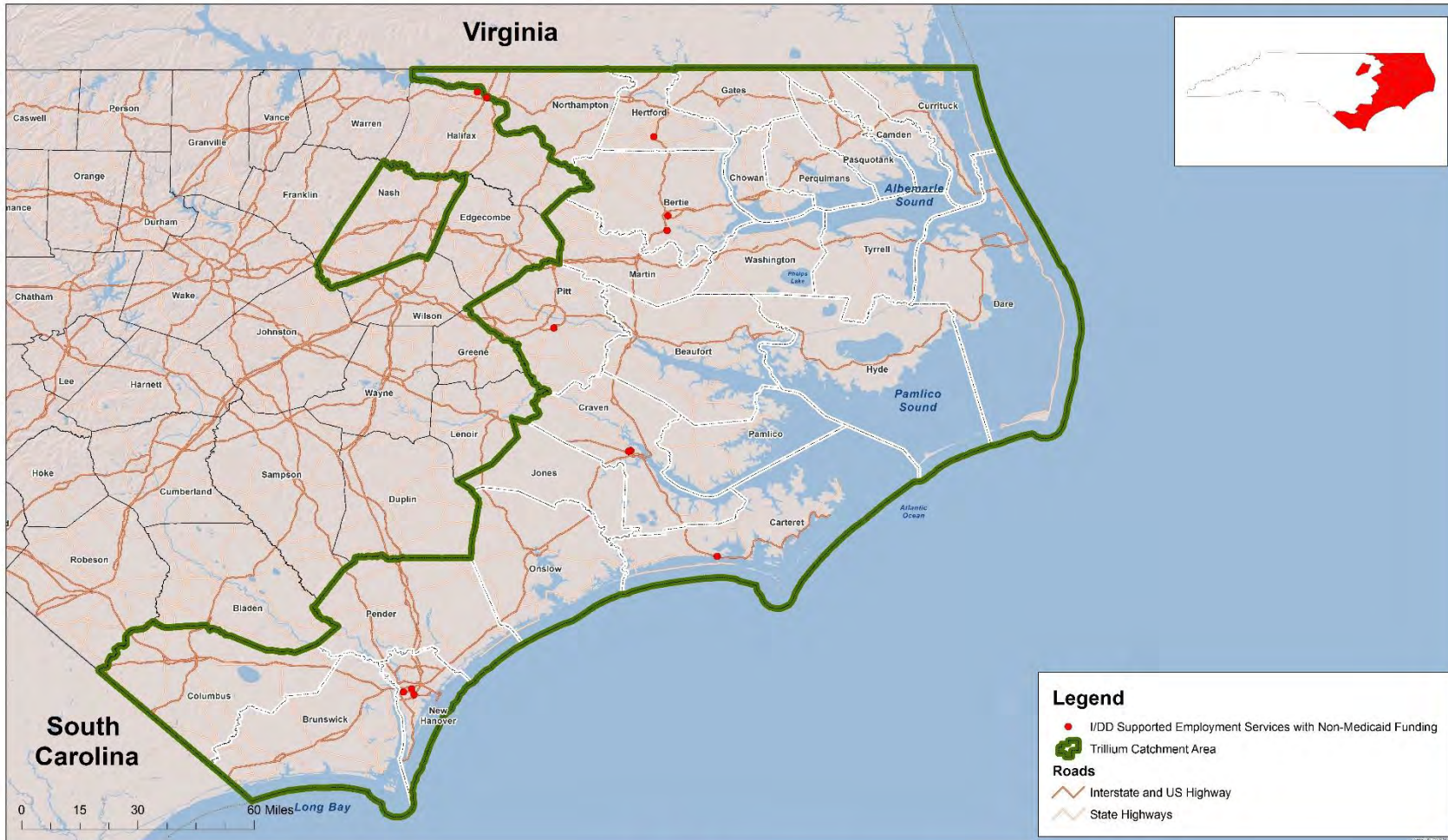
Note: This is a home-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any Member in the catchment area and every county in the catchment is covered.

Trillium Health Resources LME/MCO (b)(3) Waiver Respite Medicaid Funded Services SFY18



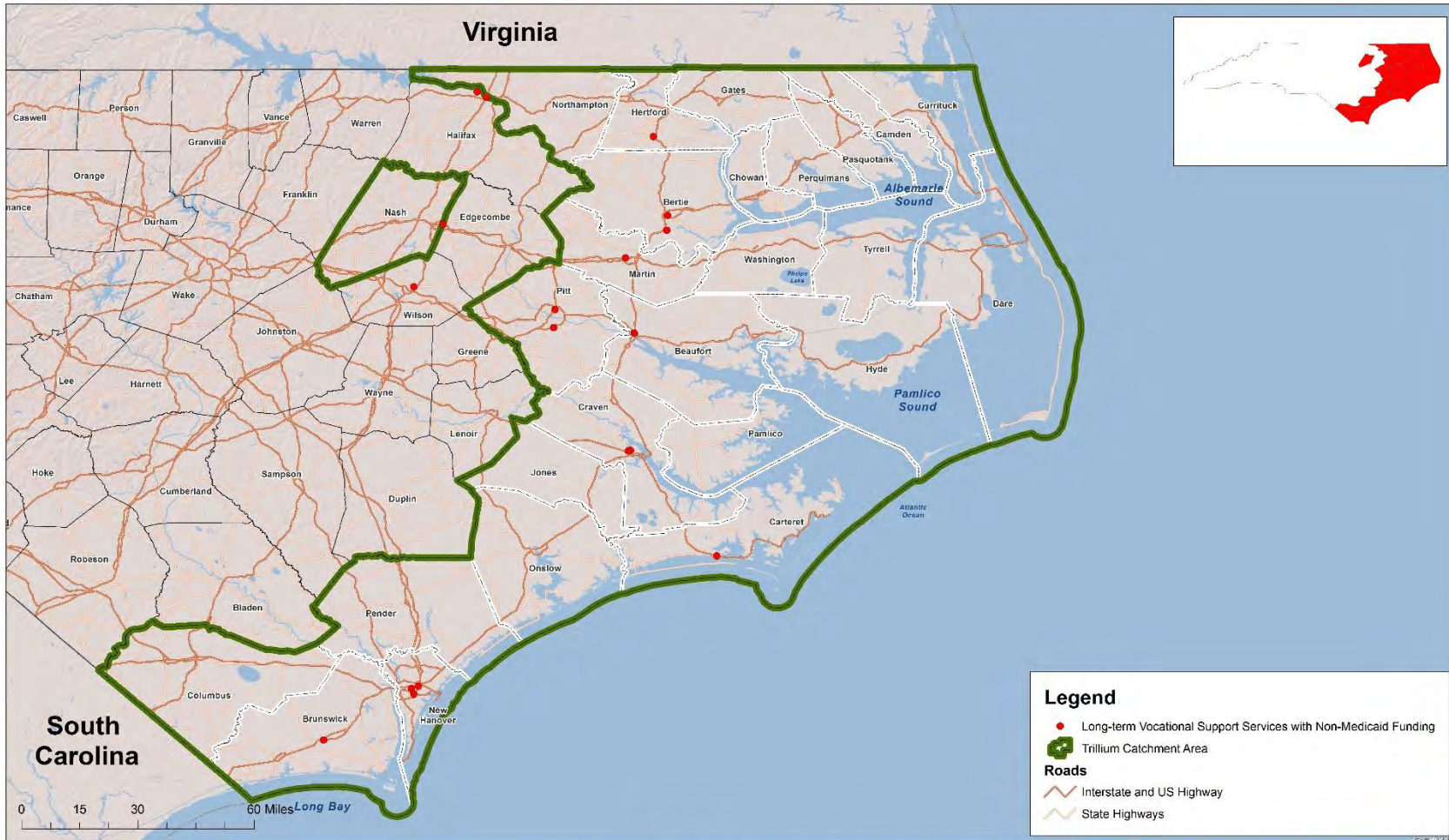
Note: This is a home-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any Member in the catchment area and every county in the catchment is covered.

Trillium Health Resources LME/MCO I/DD Supported Employment Services Non-Medicaid Funded Services SFY18



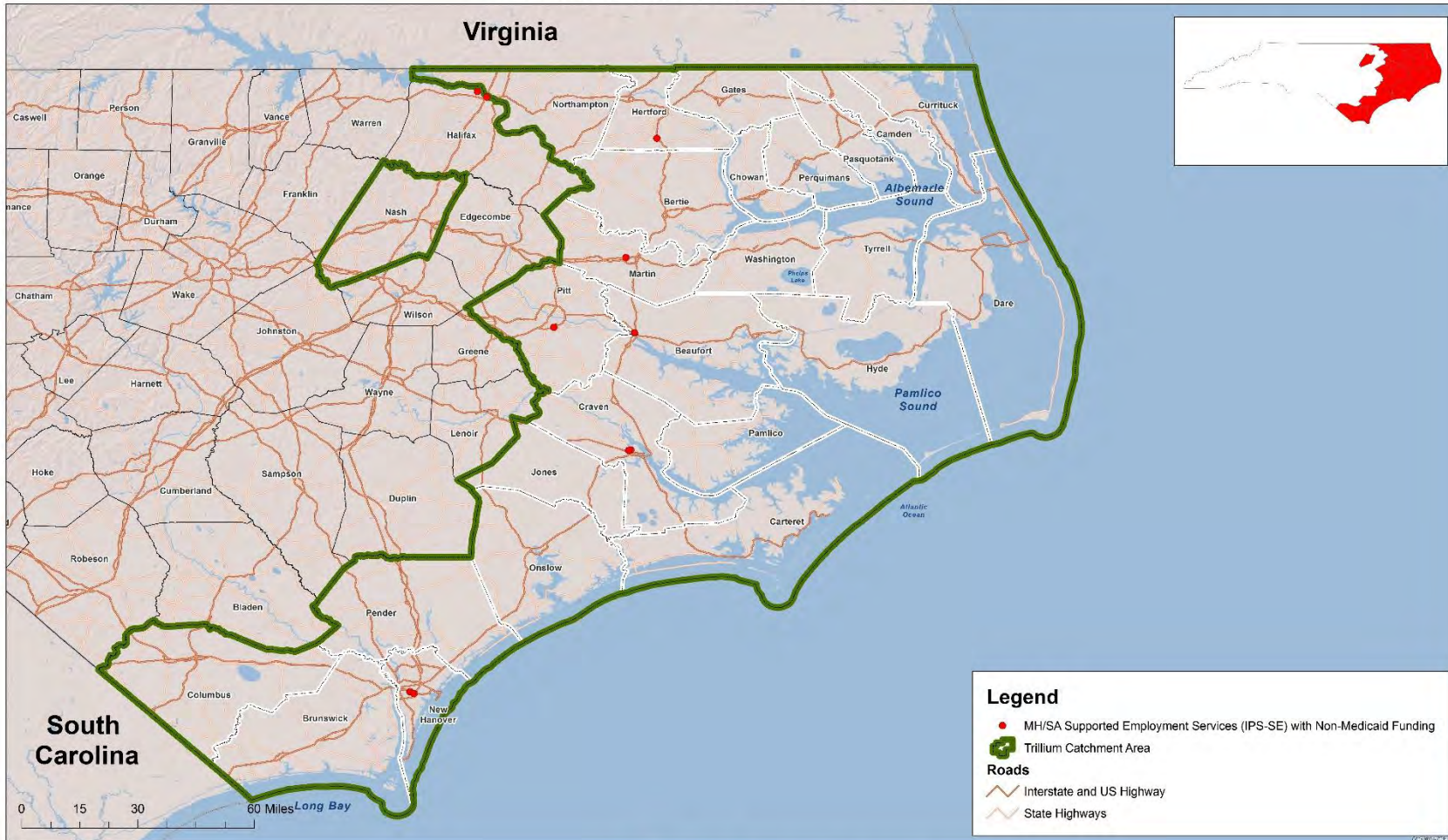
Note: This is a home-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any Member in the catchment area and every county in the catchment is covered.

Trillium Health Resources LME/MCO Long-term Vocational Supports Non-Medicaid Funded Services SFY18



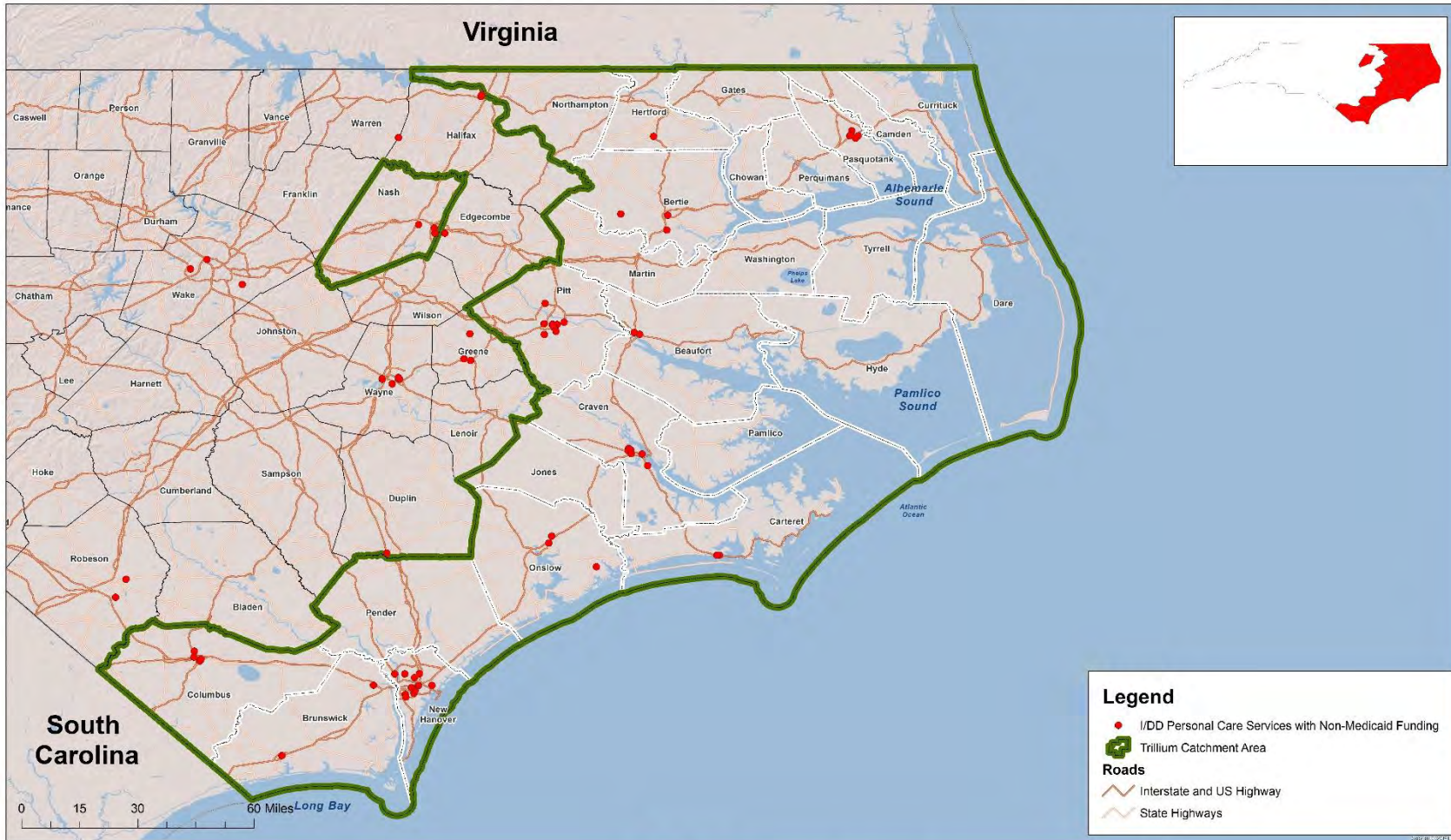
Note: This is a home-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any Member in the catchment area and every county in the catchment is covered.

**Trillium Health Resources LME/MCO MH/SA Supported Employment Services (IPS-SE)
Non-Medicaid Funded Services SFY18**



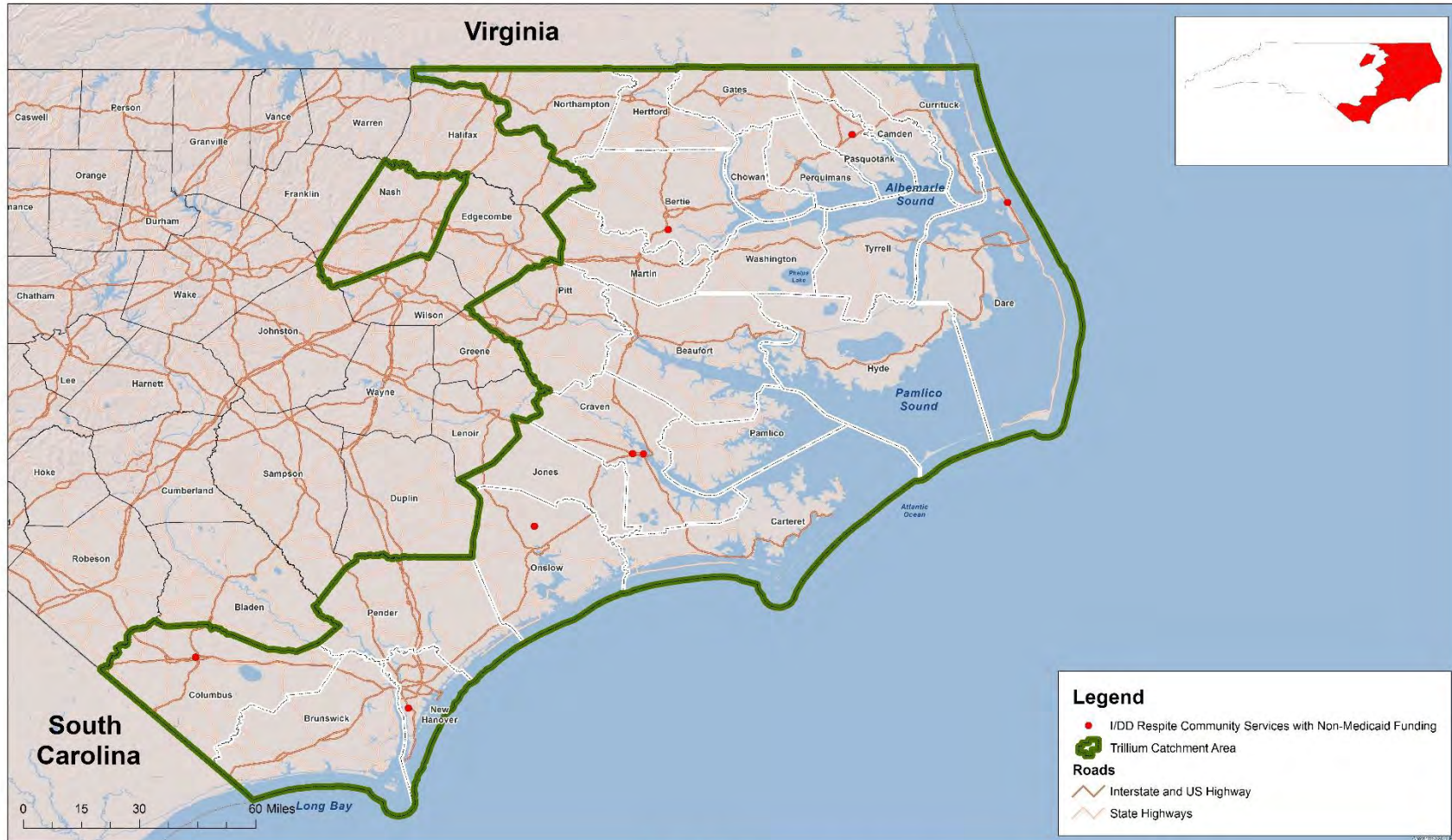
Note: This is a home-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any Member in the catchment area and every county in the catchment is covered.

Trillium Health Resources LME/MCO I/DD Personal Care Services Non-Medicaid Funded Services SFY18



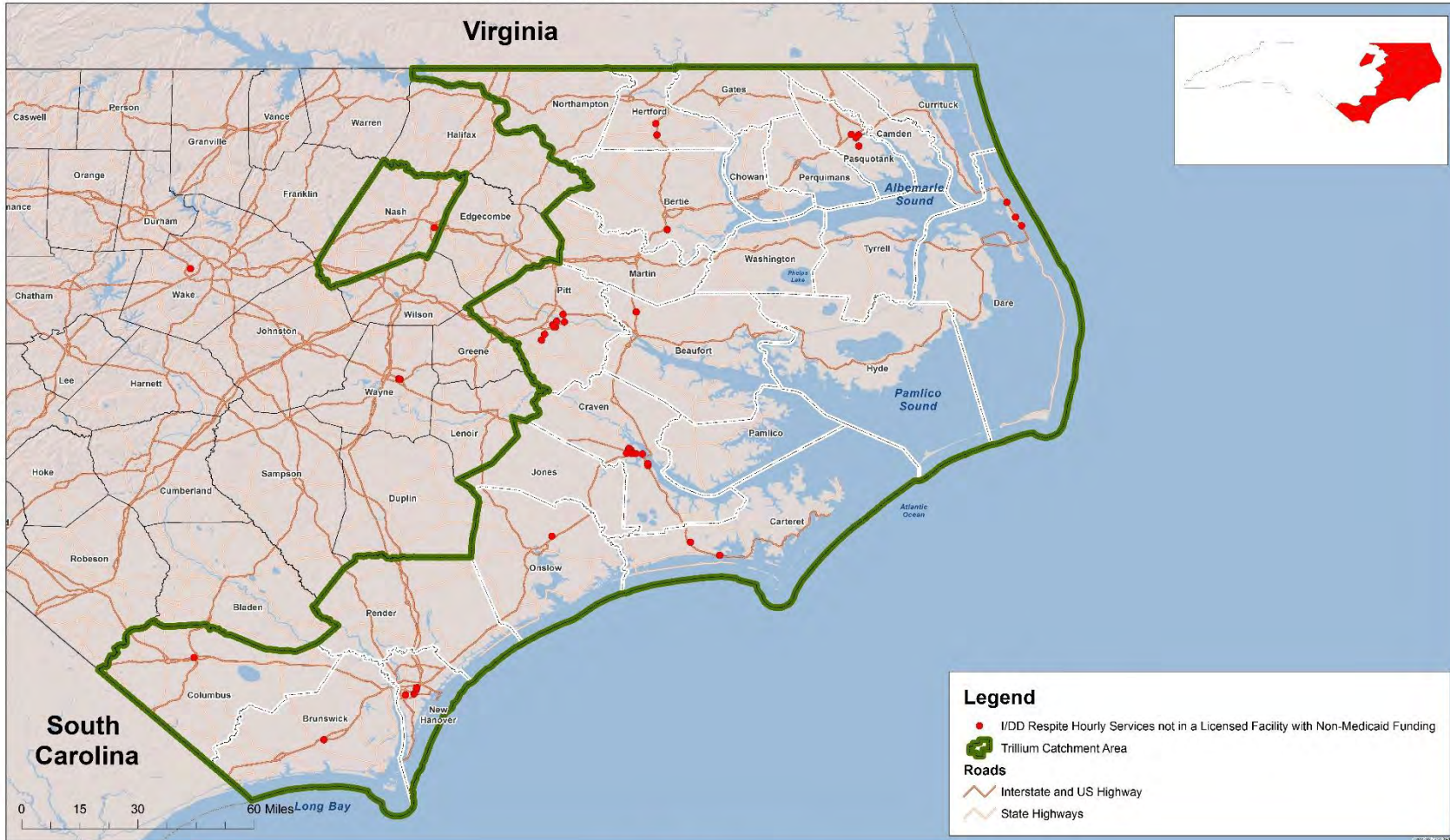
Note: This is a home-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any Member in the catchment area and every county in the catchment is covered.

Trillium Health Resources LME/MCO I/DD Respite Community Services Non-Medicaid Funded Services SFY18



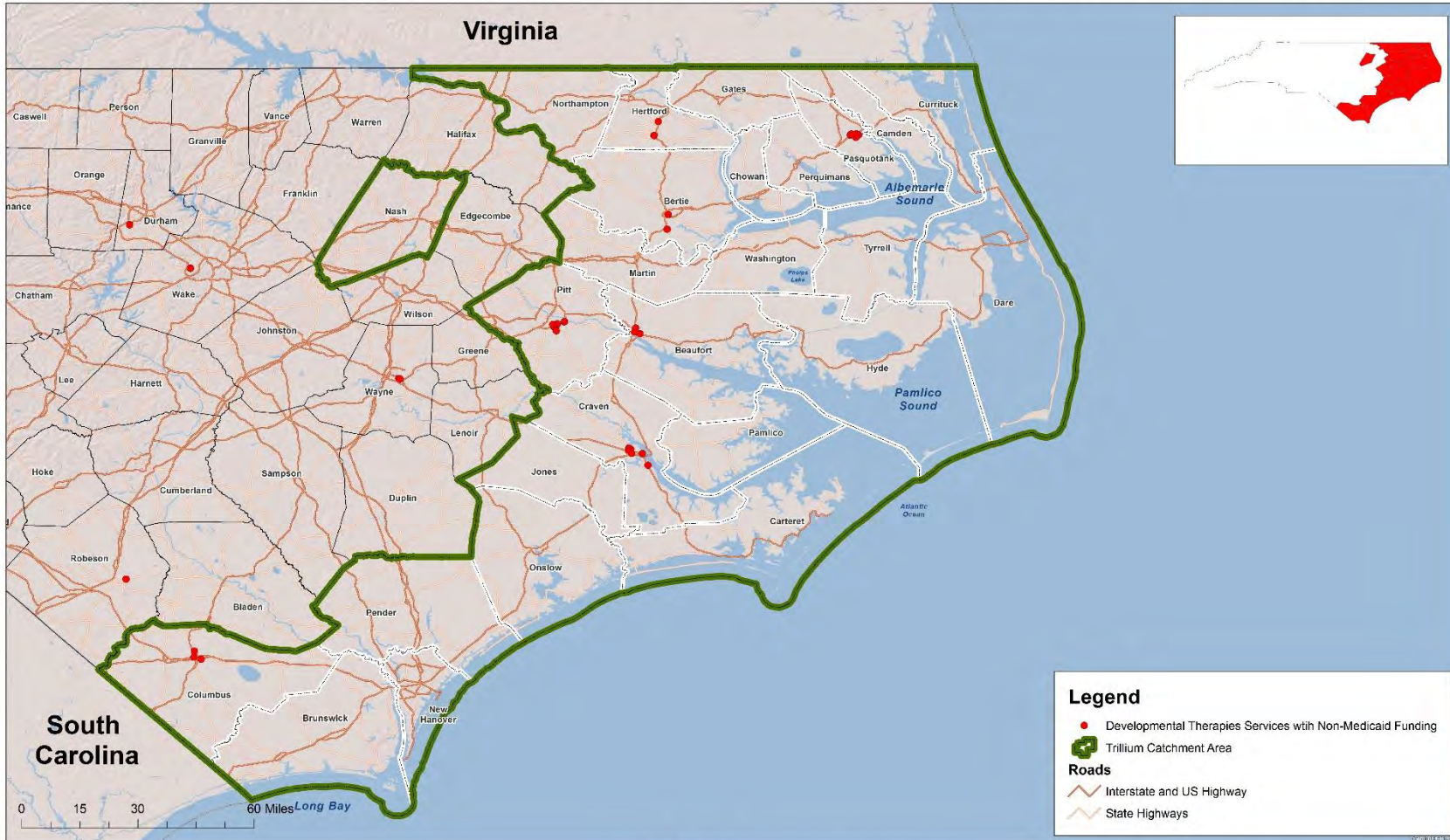
Note: This is a home-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any Member in the catchment area and every county in the catchment is covered.

Trillium Health Resources LME/MCO I/DD Respite Hourly Services not in a Licensed Facility Non-Medicaid Funded Services SFY18



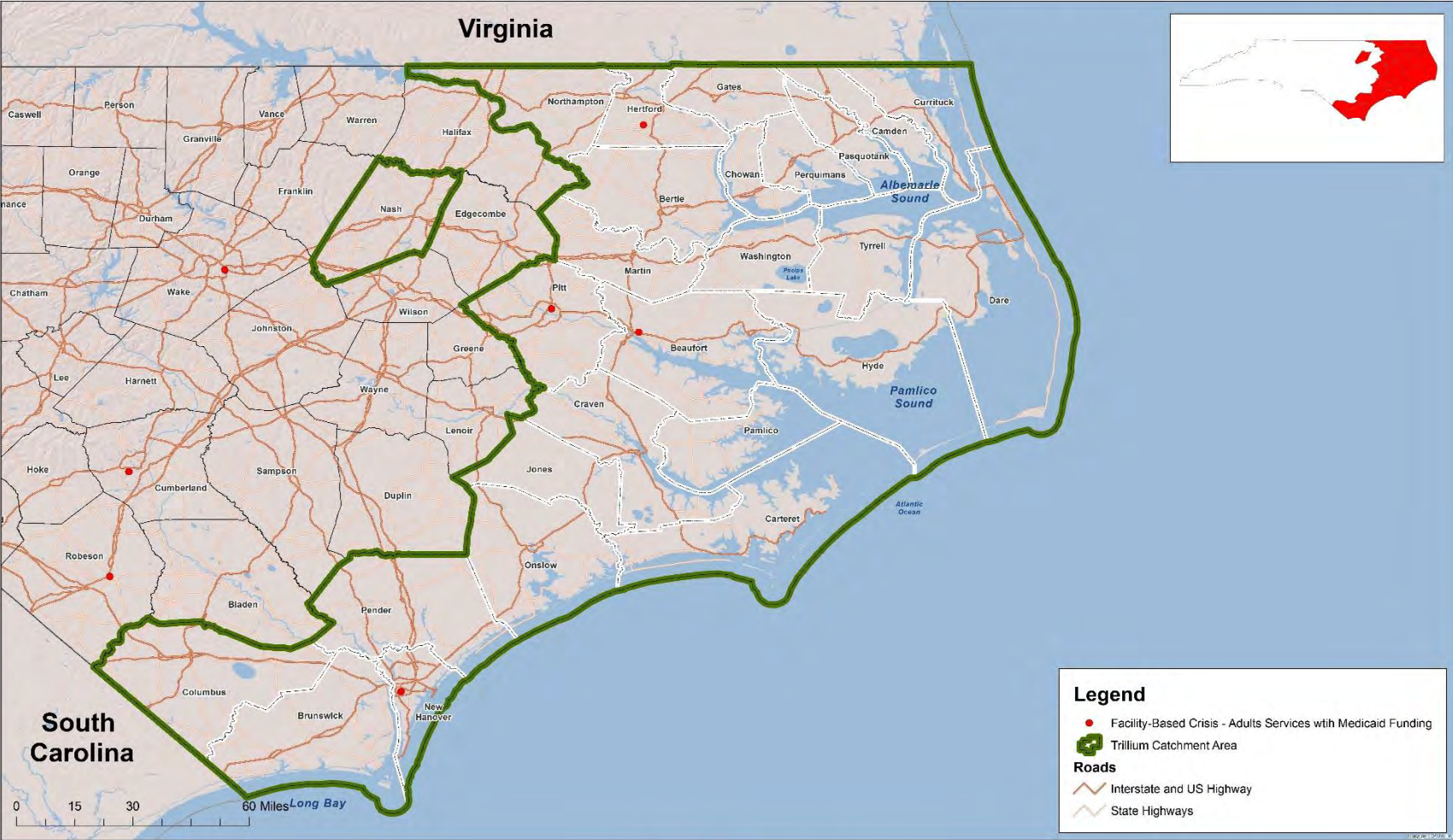
Note: This is a home-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any Member in the catchment area and every county in the catchment is covered.

Trillium Health Resources LME/MCO Developmental Therapies Non-Medicaid Funded Services SFY18

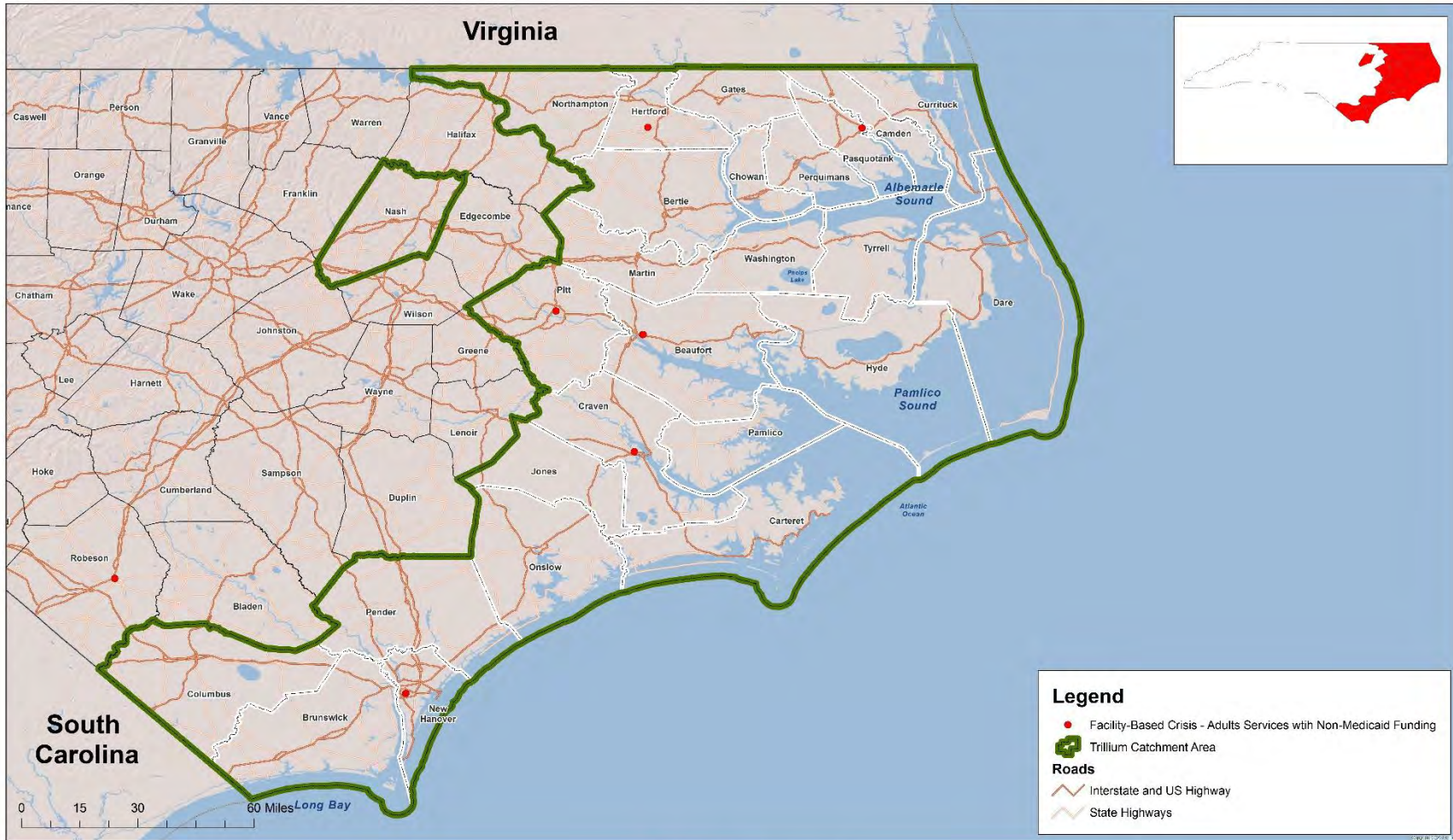


Note: This is a home-based service so the map reflects provider locations, not where the service is provided. All providers are responsible for serving the needs of any Member in the catchment area and every county in the catchment is covered.

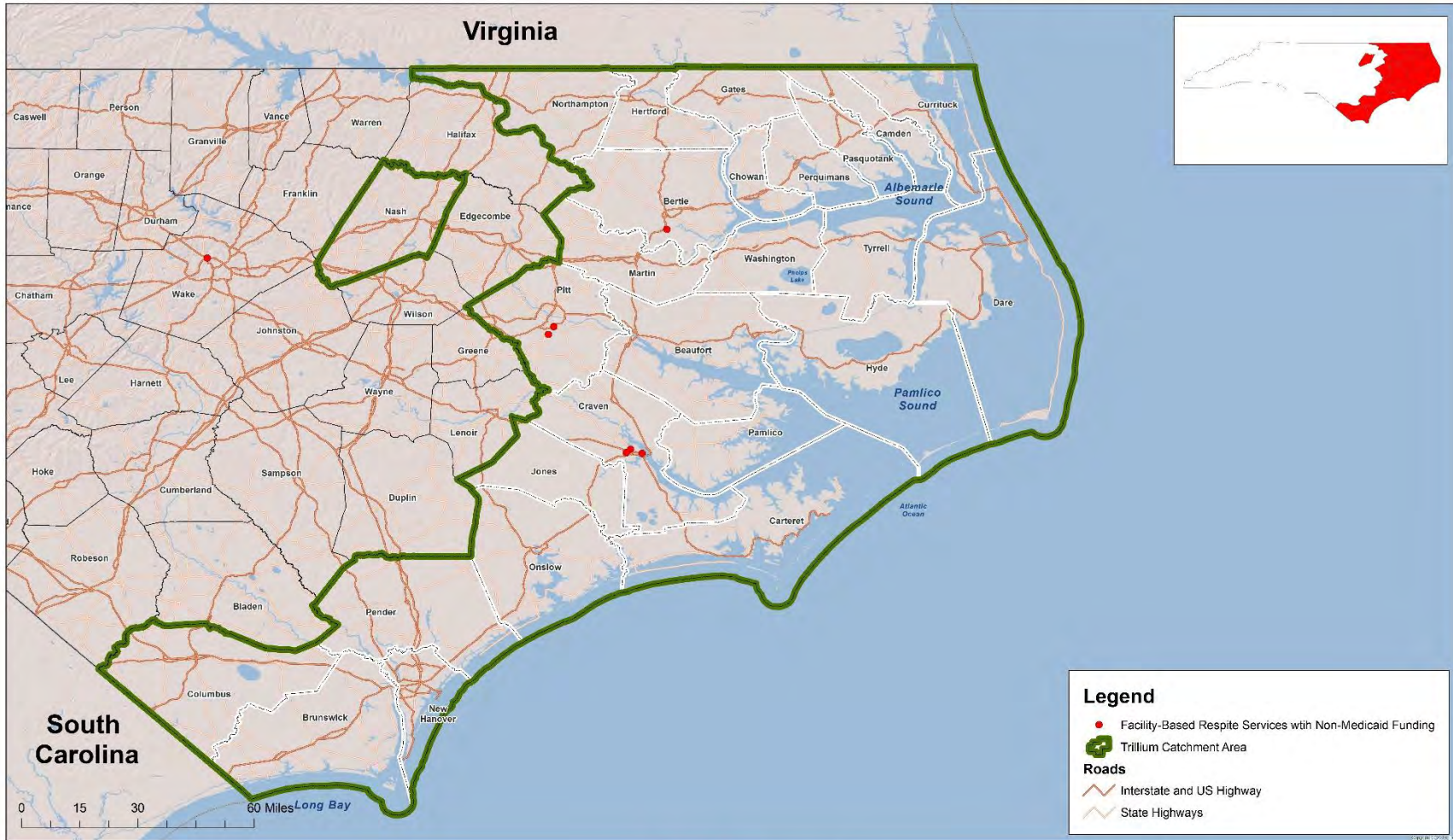
Trillium Health Resources LME/MCO Facility-Based Crisis - Adults Medicaid Funded Services SFY18



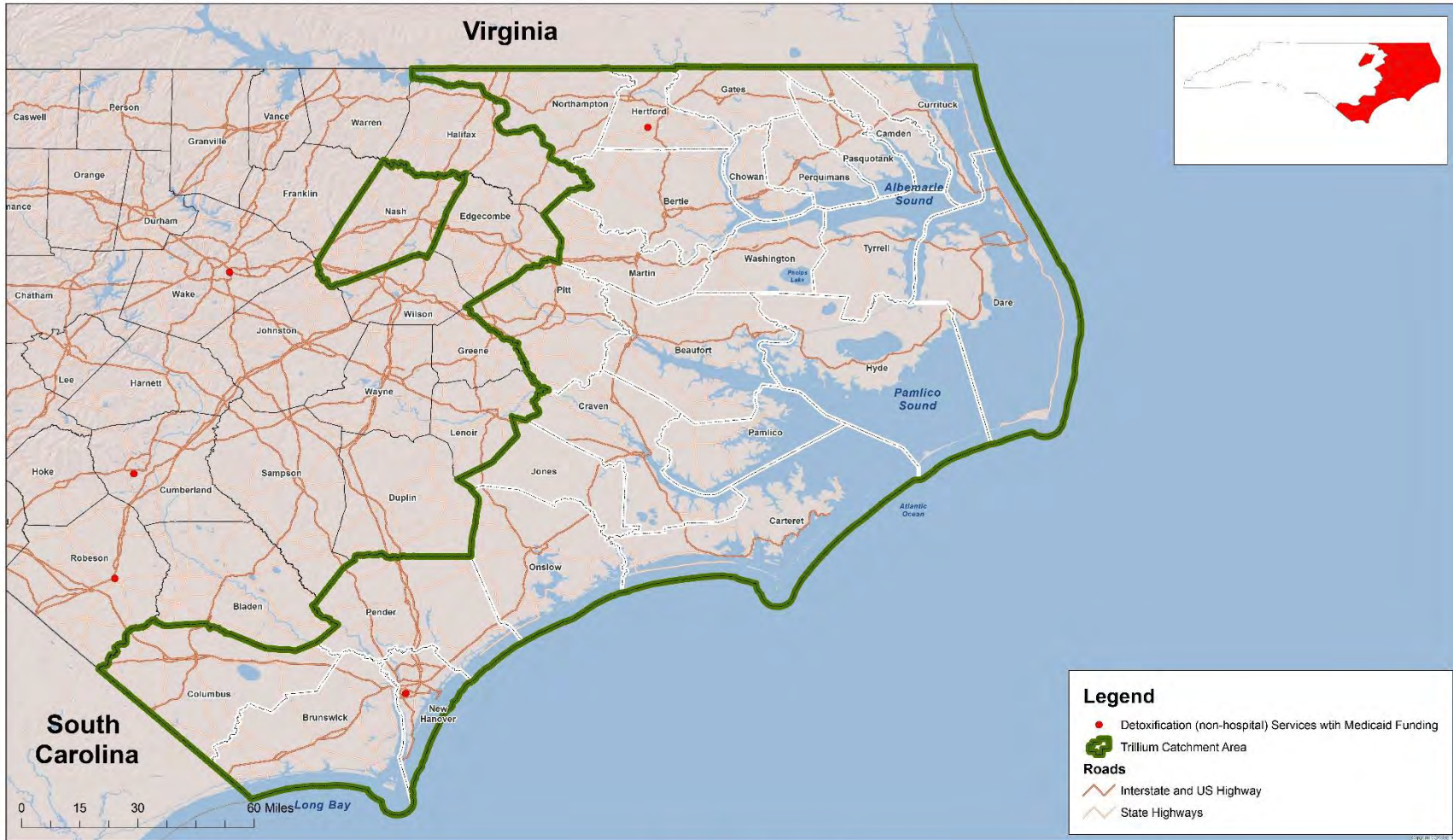
Trillium Health Resources LME/MCO Facility-Based Crisis - Adults Non-Medicaid Funded Services SFY18



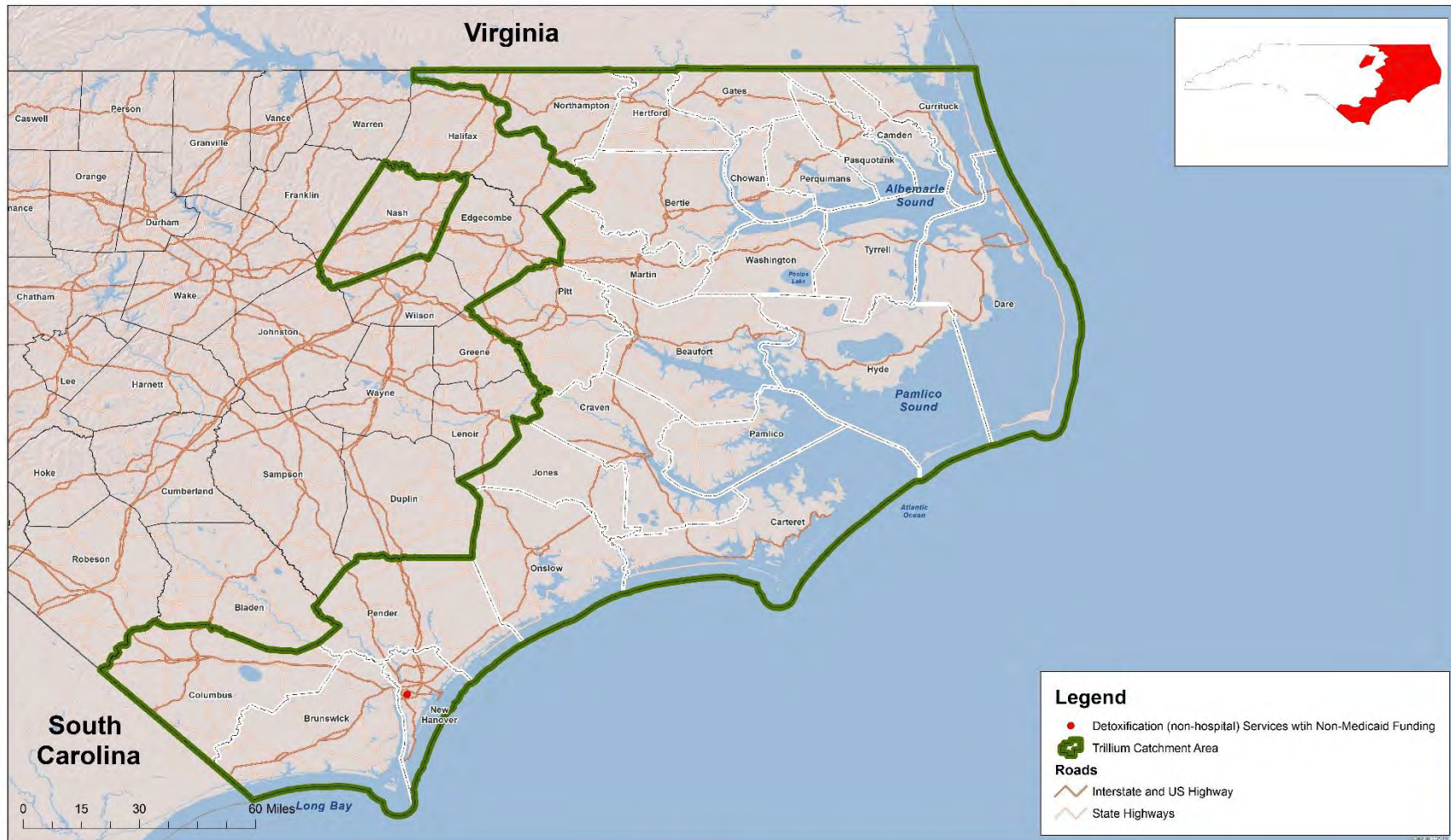
Trillium Health Resources LME/MCO Facility-Based Respite Non-Medicaid Funded Services SFY18



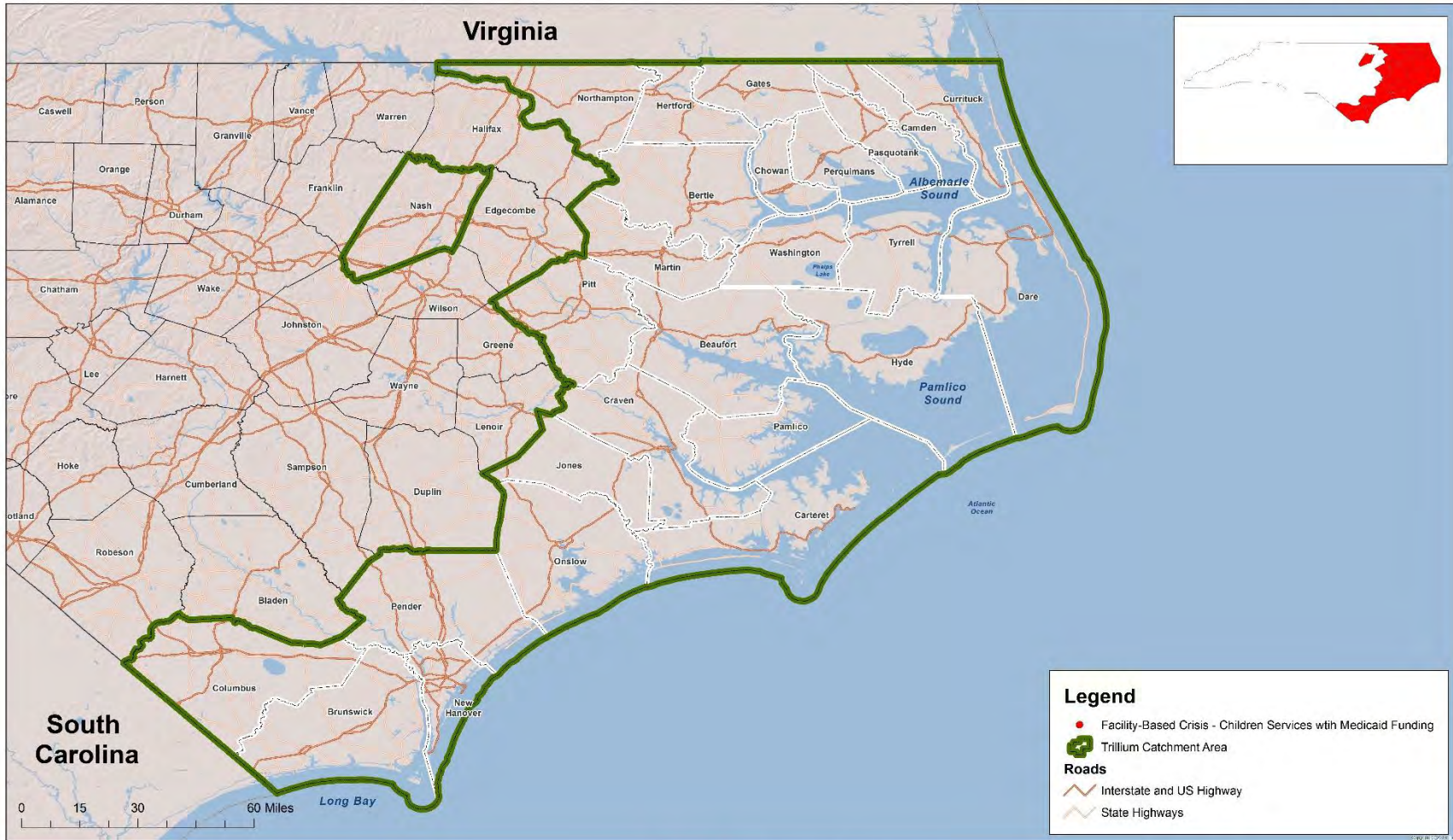
Trillium Health Resources LME/MCO Detoxification (non-hospital) Medicaid Funded Services SFY18



Trillium Health Resources LME/MCO Detoxification (non-hospital) Non-Medicaid Funded Services SFY18

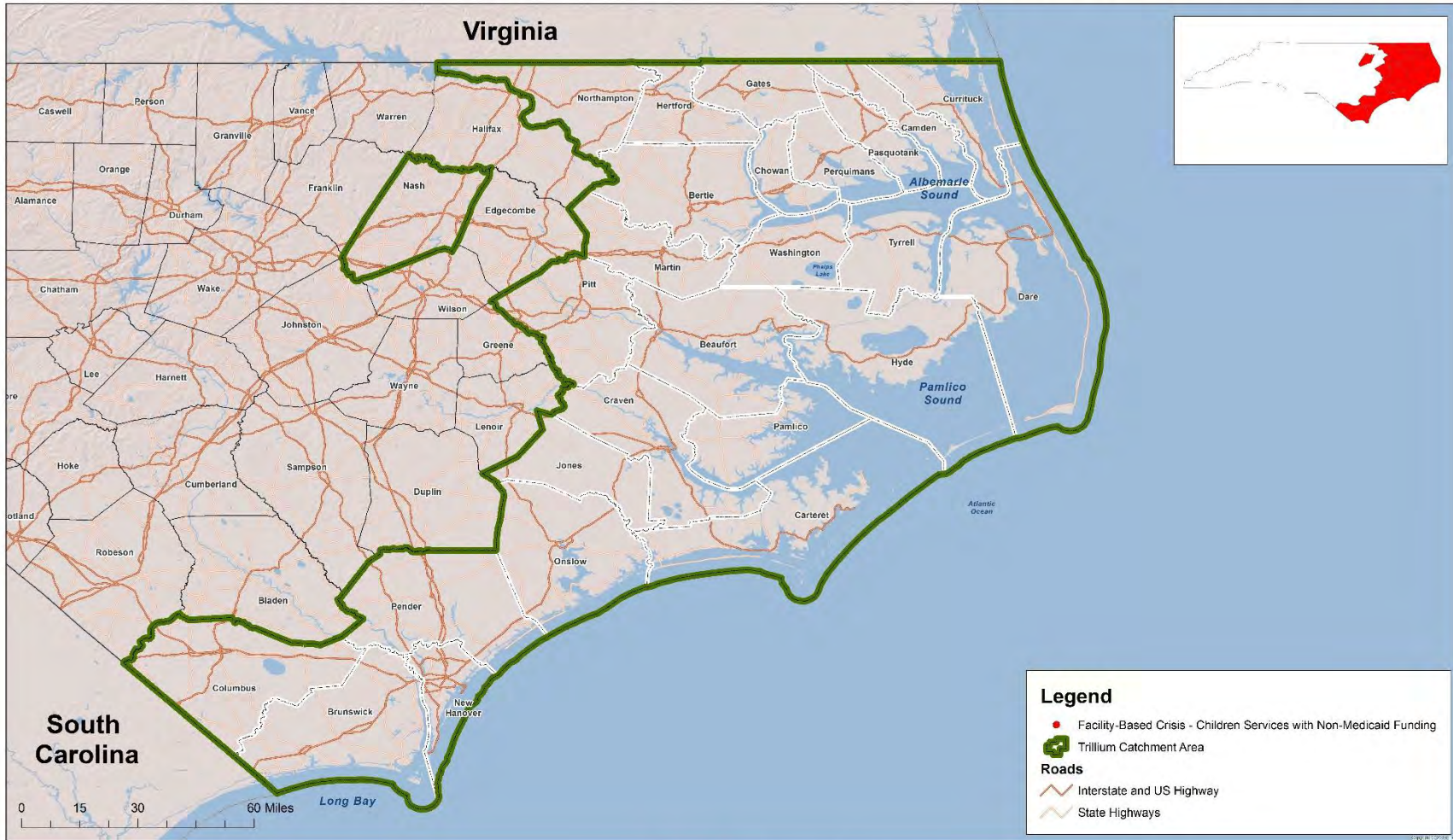


Trillium Health Resources LME/MCO Facility-Based Crisis - Children Medicaid Funded Services SFY18



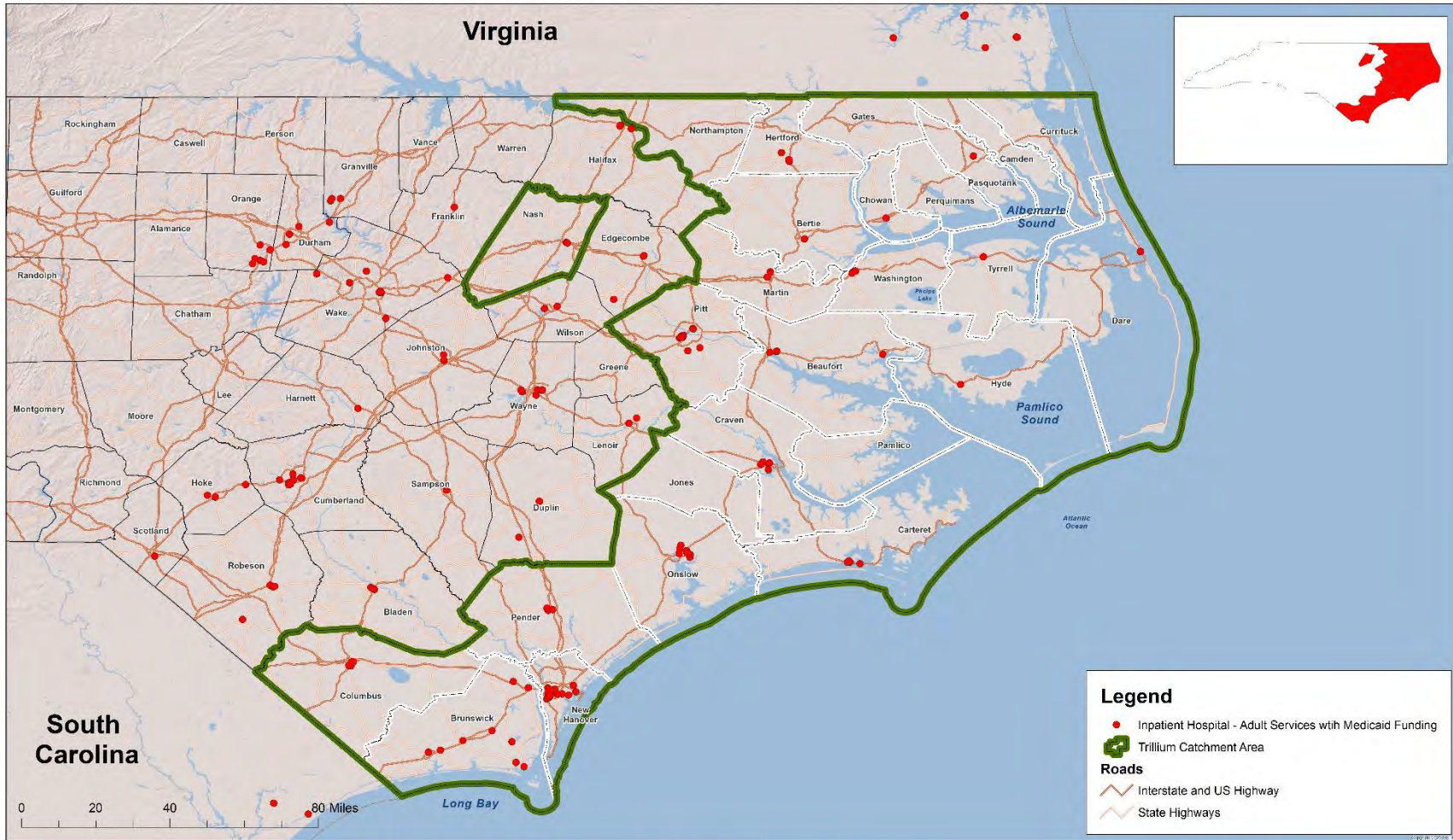
For Informational Purposes Only

Trillium Health Resources LME/MCO Facility-Based Crisis - Children Non-Medicaid Funded Services SFY18

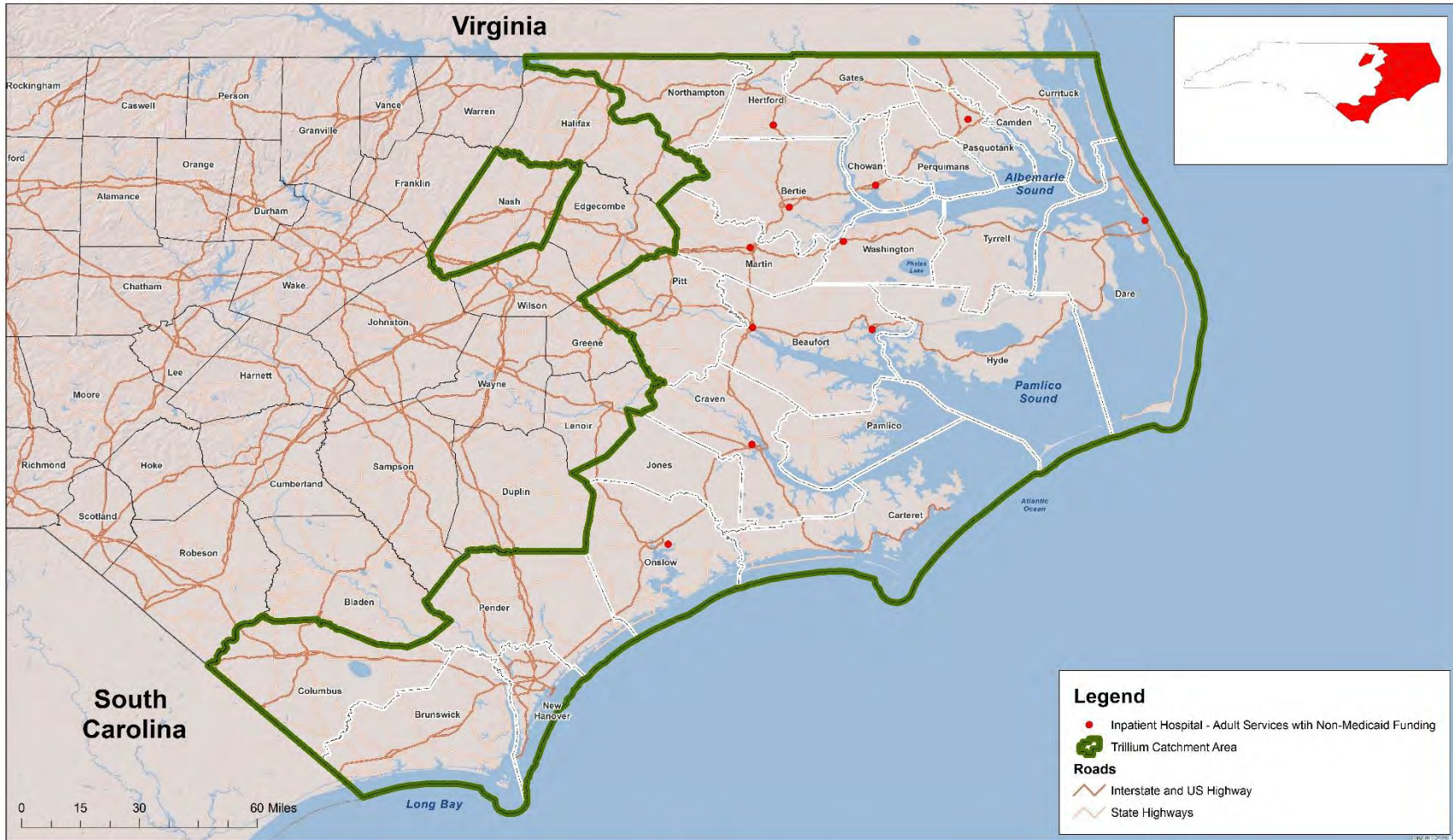


For Informational Purposes Only

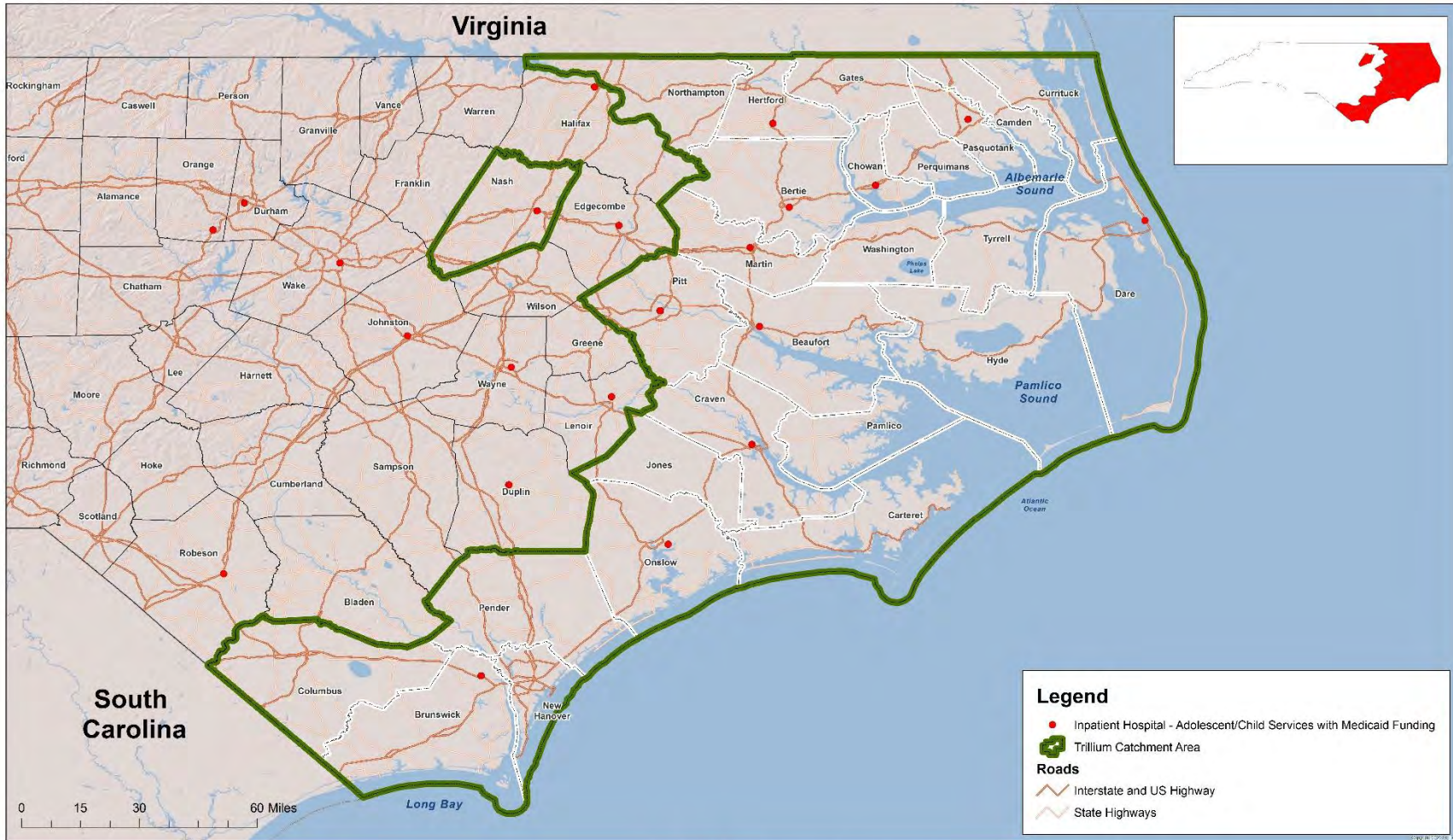
Trillium Health Resources LME/MCO Inpatient Hospital - Adult Medicaid Funded Services SFY18



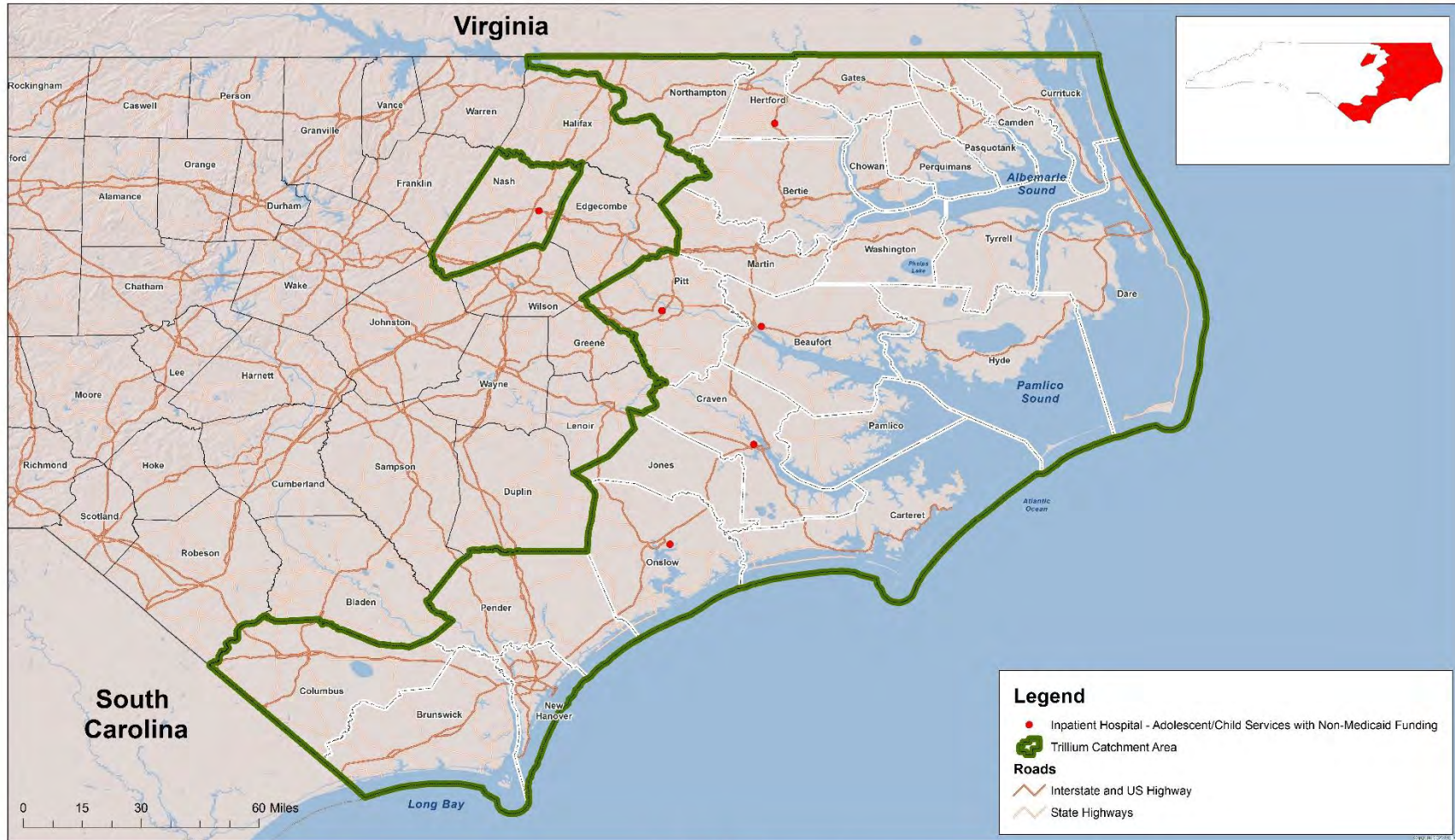
Trillium Health Resources LME/MCO Inpatient Hospital - Adult Non-Medicaid Funded Services SFY18



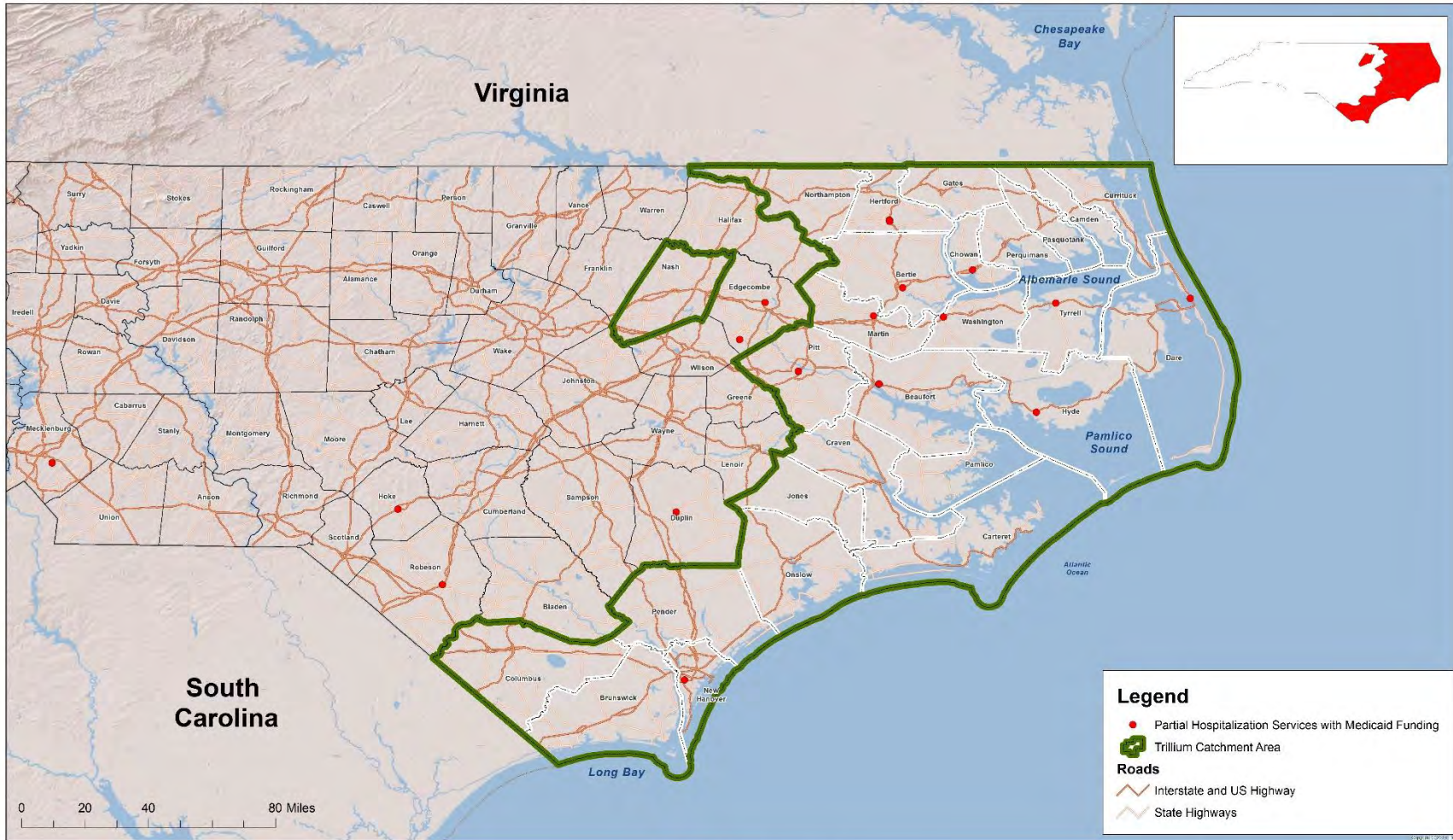
Trillium Health Resources LME/MCO Inpatient Hospital - Adolescent/Child Medicaid Funded Services SFY18



Trillium Health Resources LME/MCO Inpatient Hospital - Adolescent/Child Non-Medicaid Funded Services SFY18

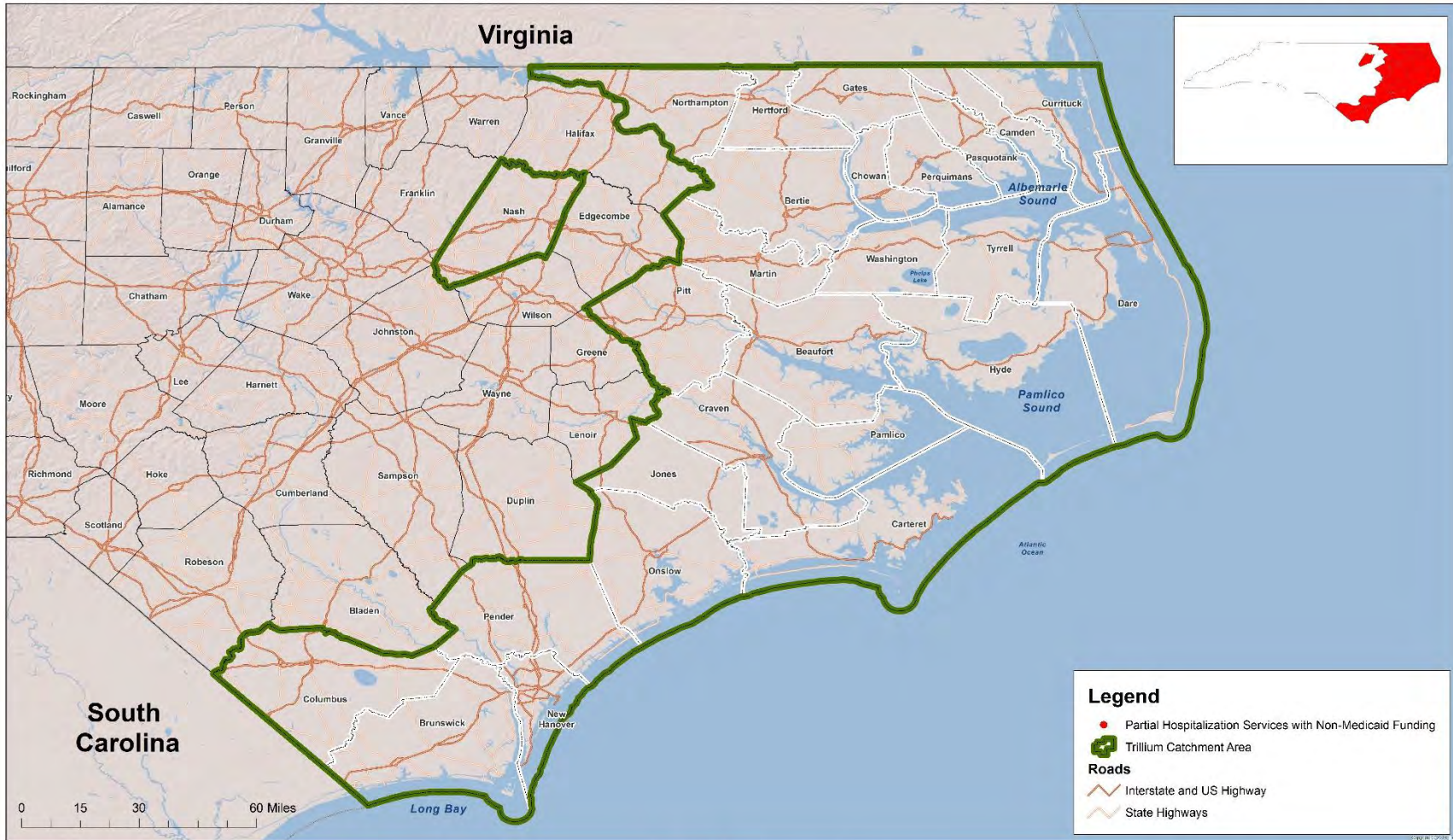


Trillium Health Resources LME/MCO Partial Hospitalization Medicaid Funded Services SFY18



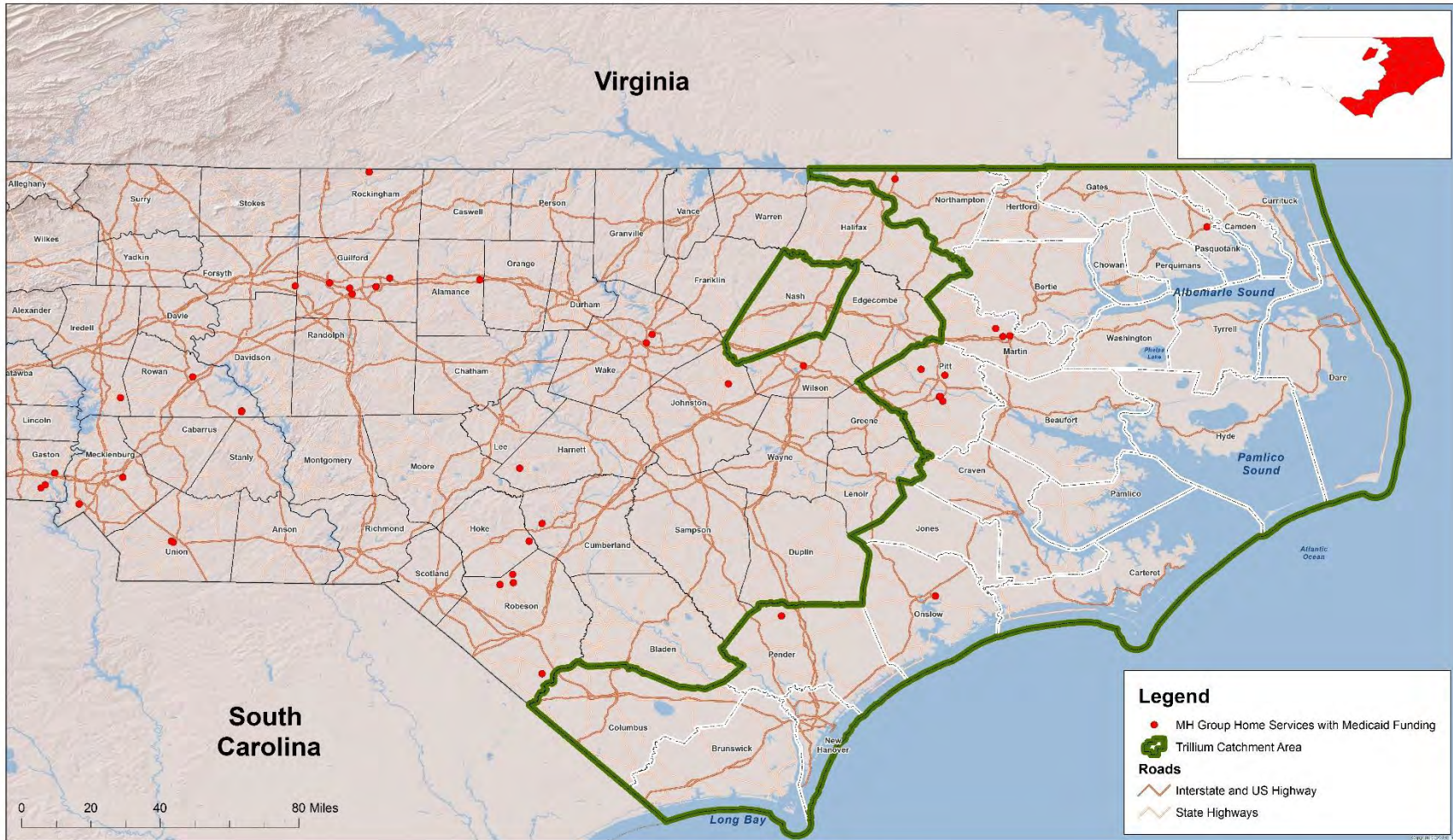
Note: All contracted agencies in NC are represented in the current map view.

Trillium Health Resources LME/MCO Partial Hospitalization Non-Medicaid Funded Services SFY18



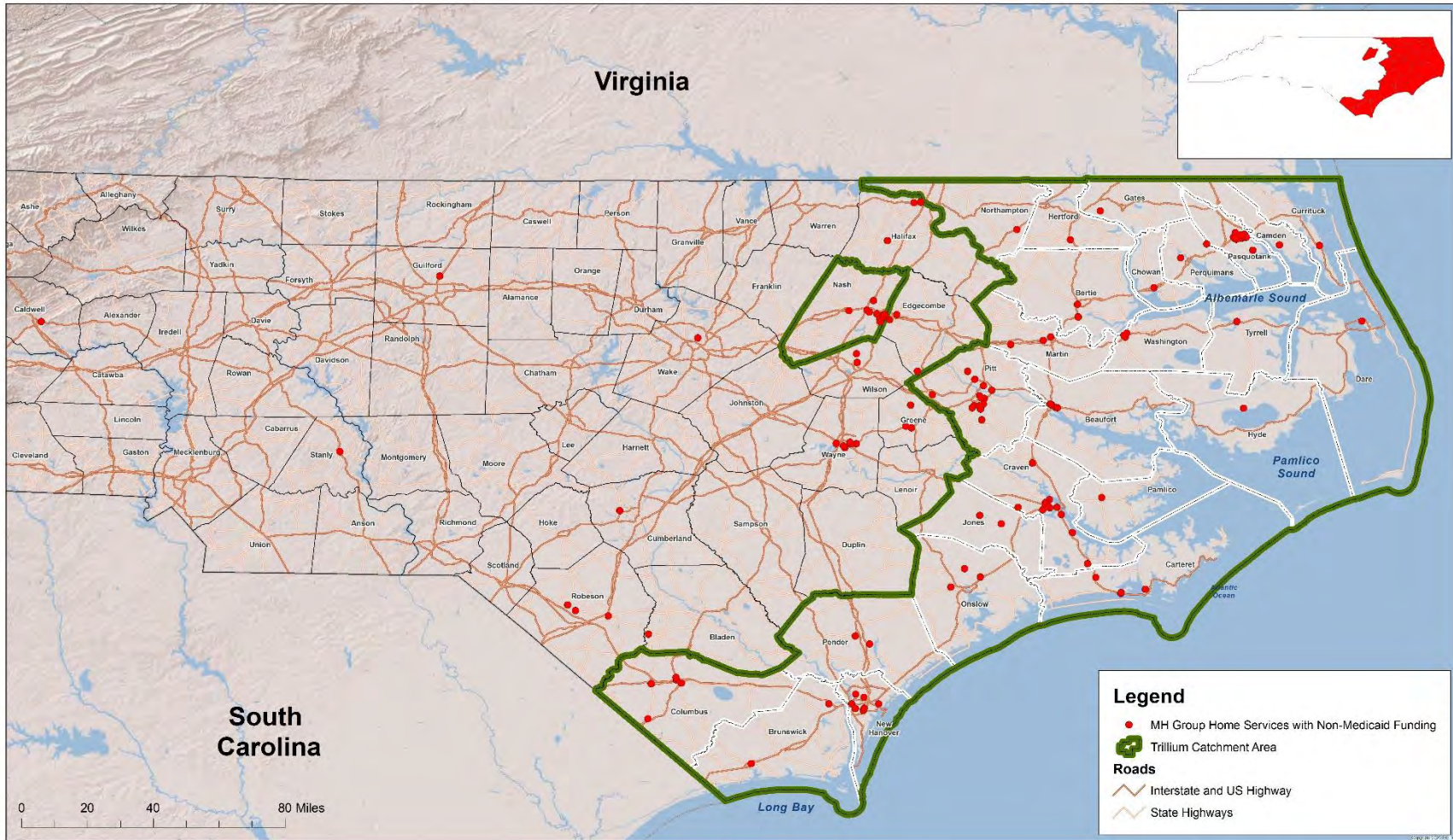
Note: There are no contracted providers for this service with this funding source.

Trillium Health Resources LME/MCO MH Group Homes Medicaid Funded Services SFY18



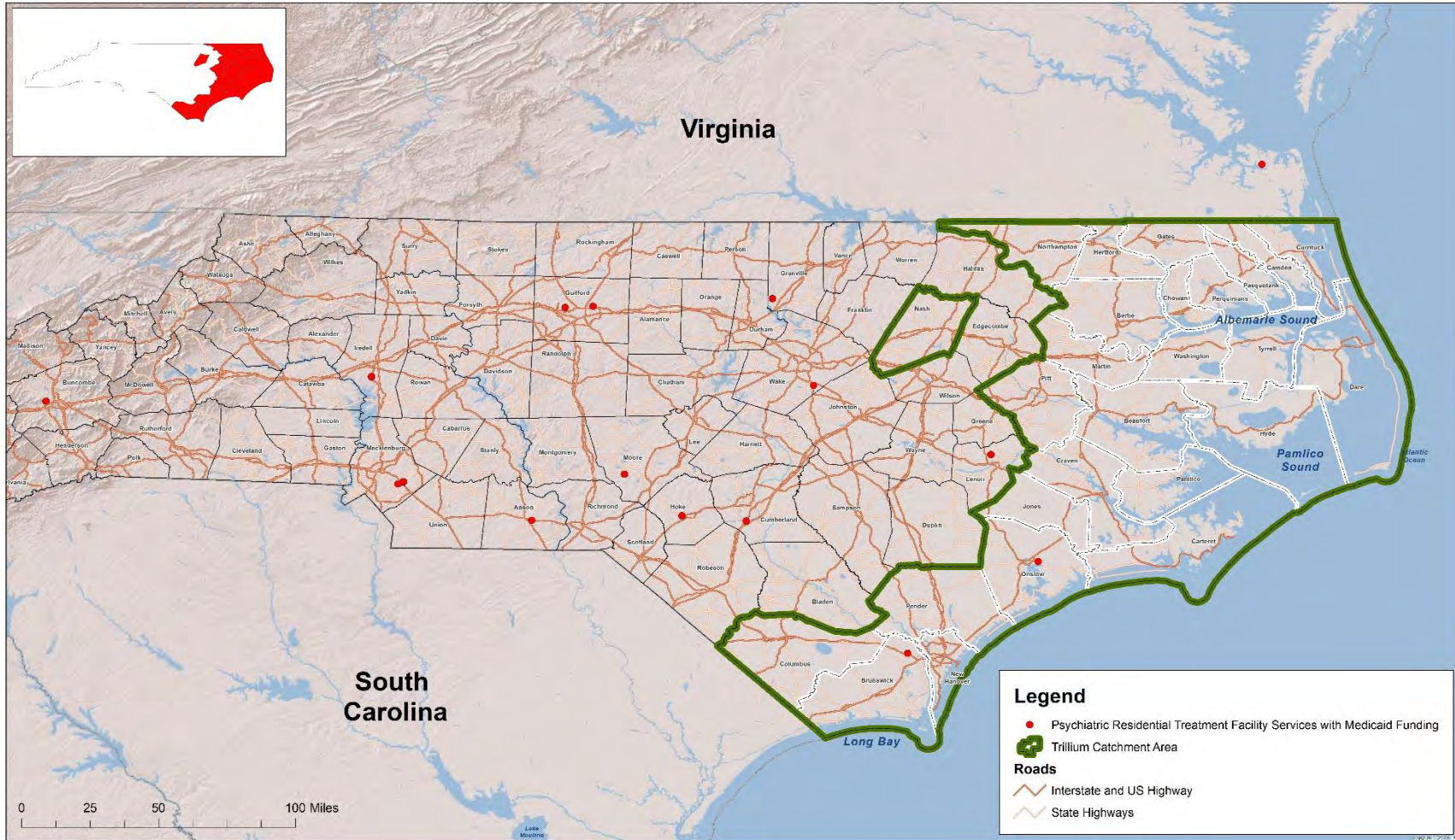
Note: All contracted agencies in NC are represented in the current map view.

Trillium Health Resources LME/MCO MH Group Homes Non-Medicaid Funded Services SFY18



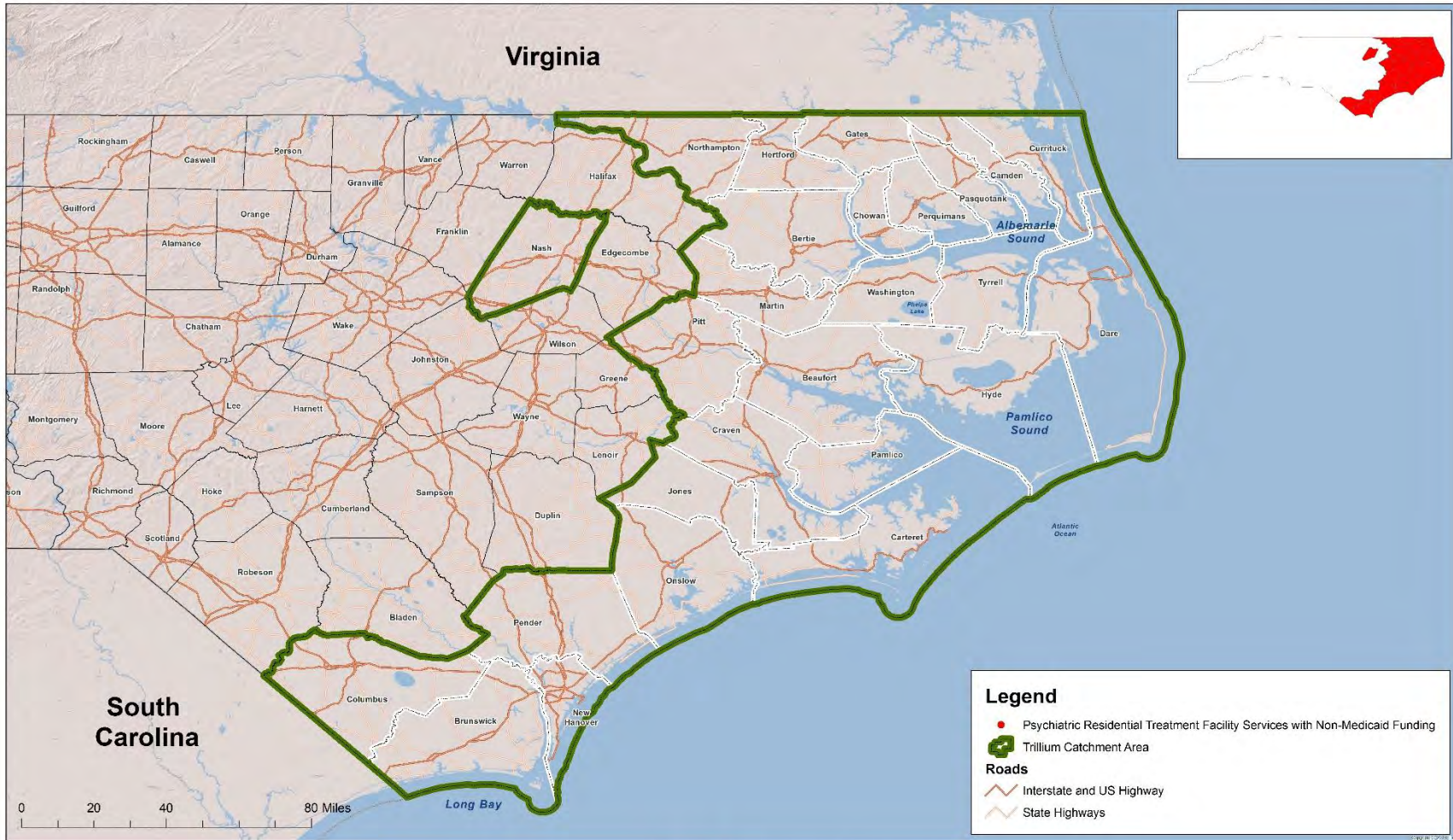
Note: All contracted agencies in NC are represented in the current map view.

Trillium Health Resources LME/MCO Psychiatric Residential Treatment Facility Medicaid Funded Services SFY18



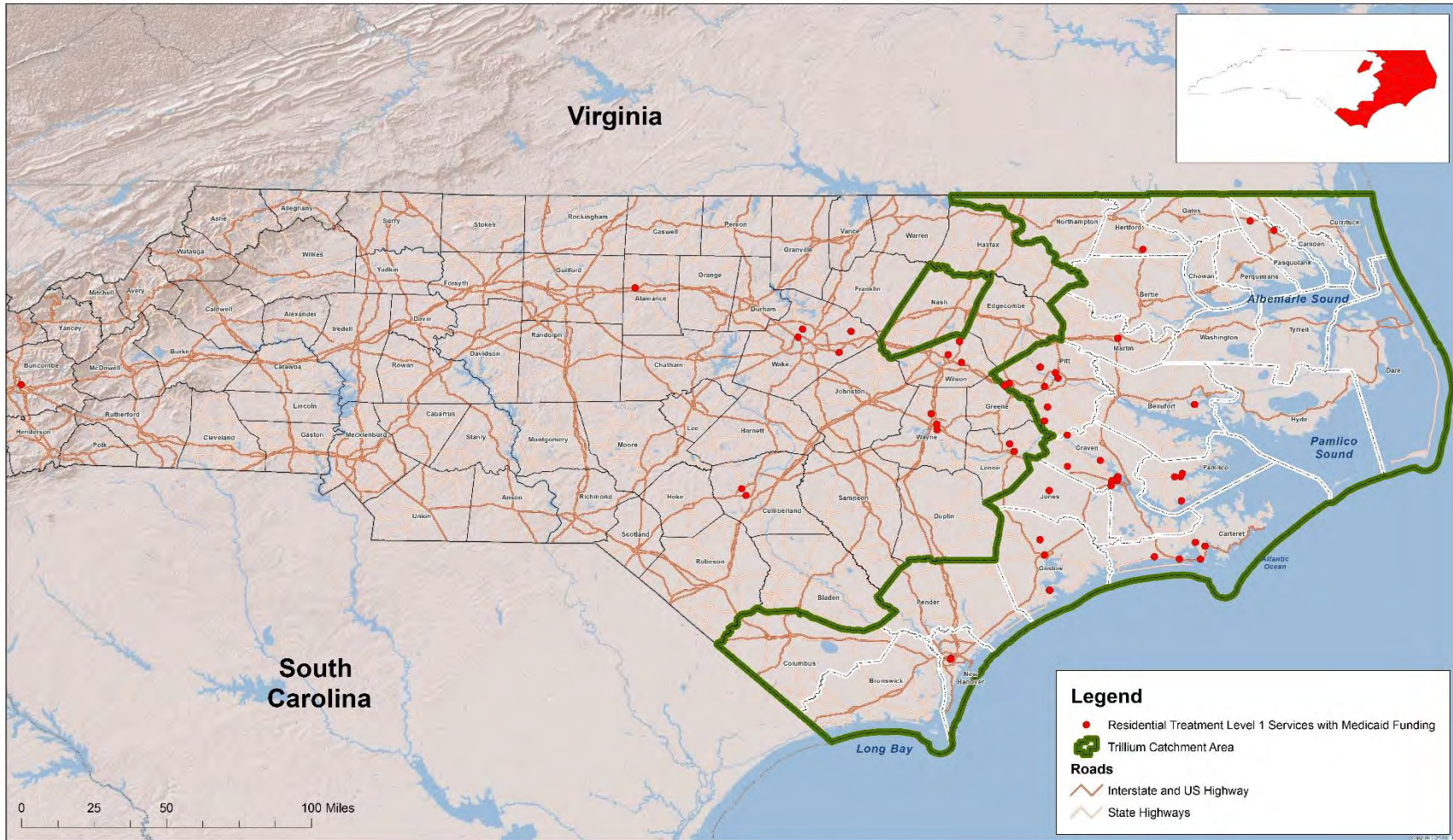
Note: All contracted agencies in NC are represented in the current map view.

Trillium Health Resources LME/MCO Psychiatric Residential Treatment Facility Non-Medicaid Funded Services SFY18



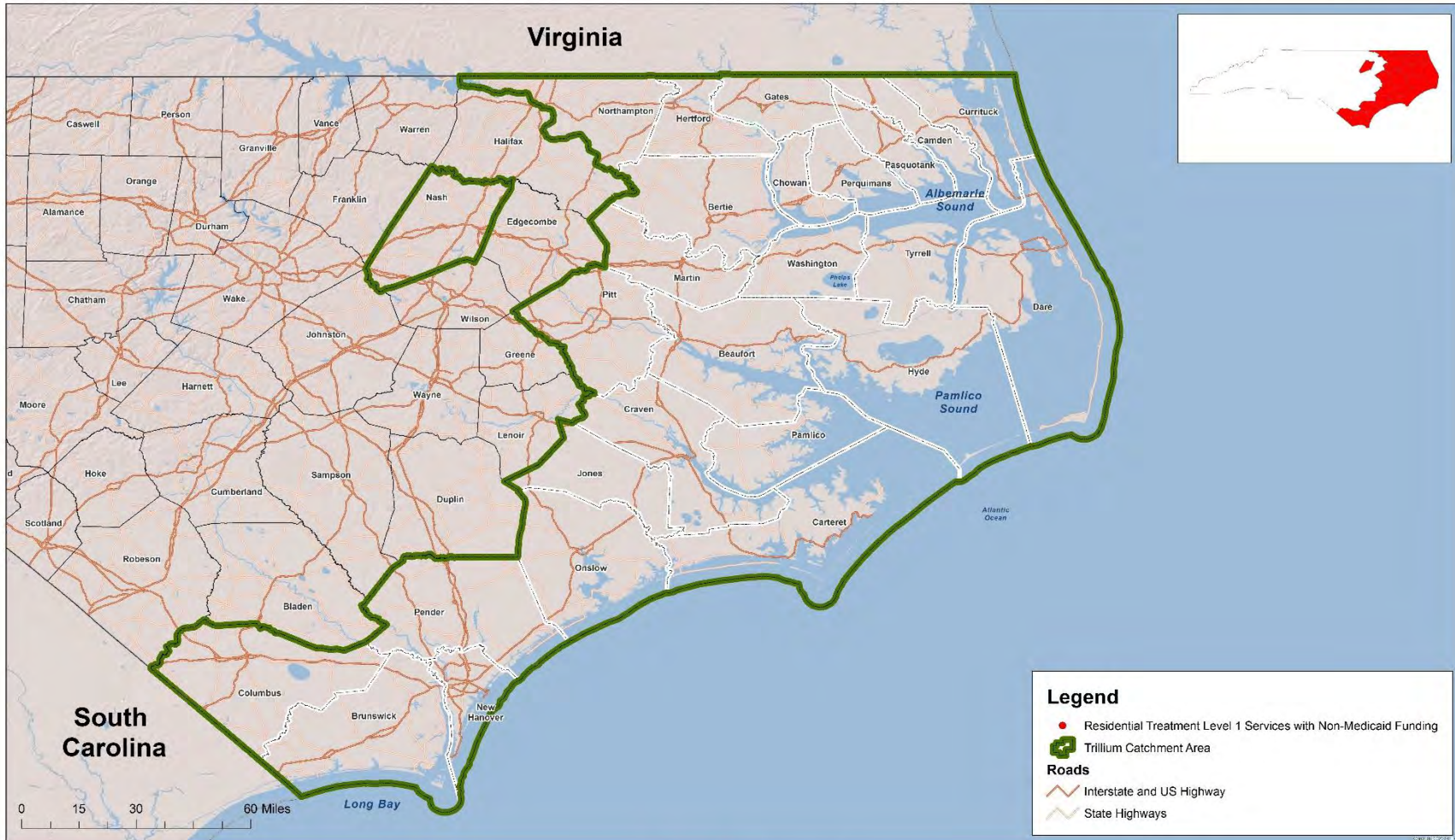
Note: There are no contracted providers for this service with this funding source.

Trillium Health Resources LME/MCO Residential Treatment Level 1 Medicaid Funded Services SFY18



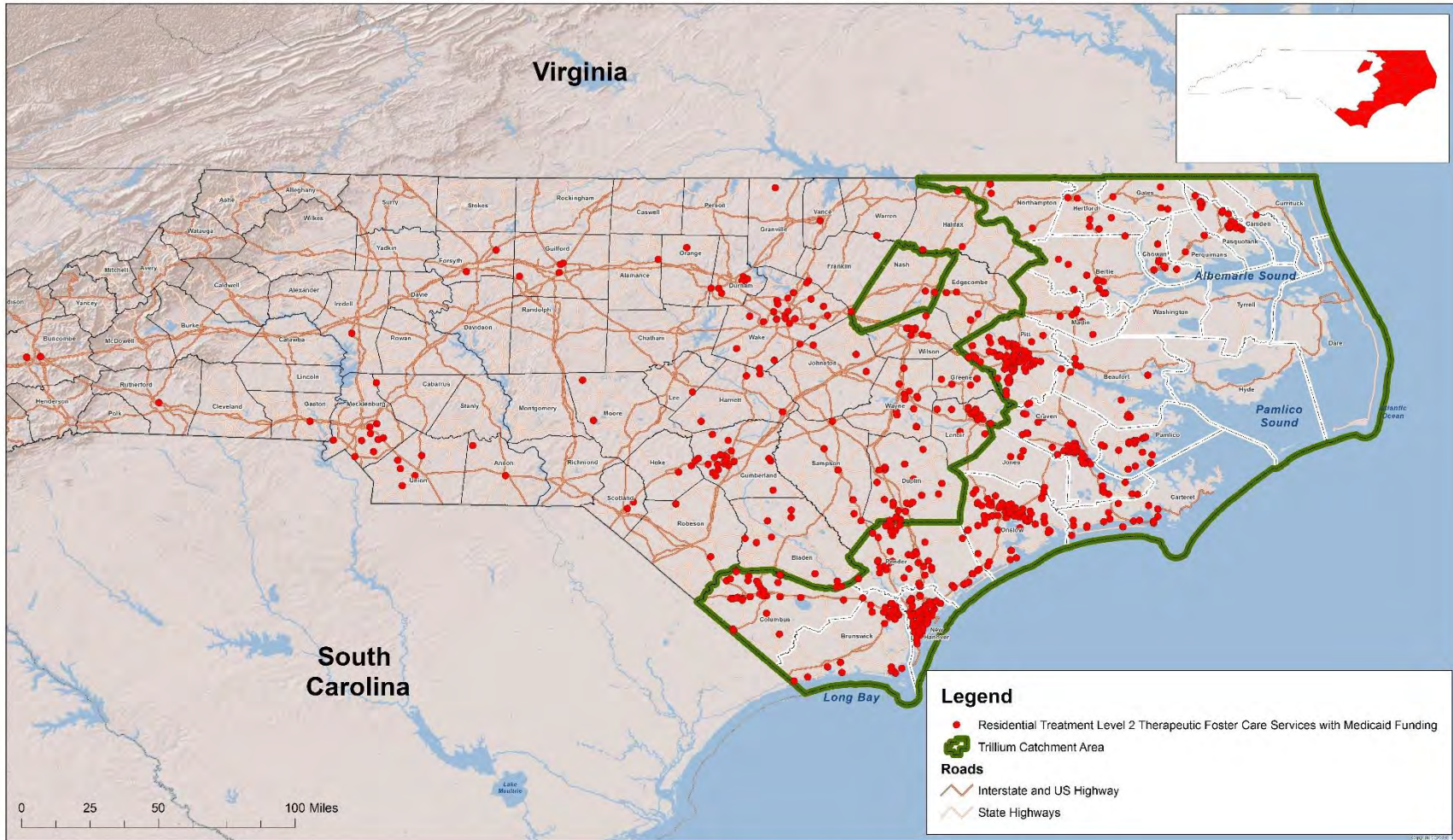
Note: All contracted agencies in NC are represented in the current map view.

Trillium Health Resources LME/MCO Residential Treatment Level 1 Non-Medicaid Funded Services SFY18



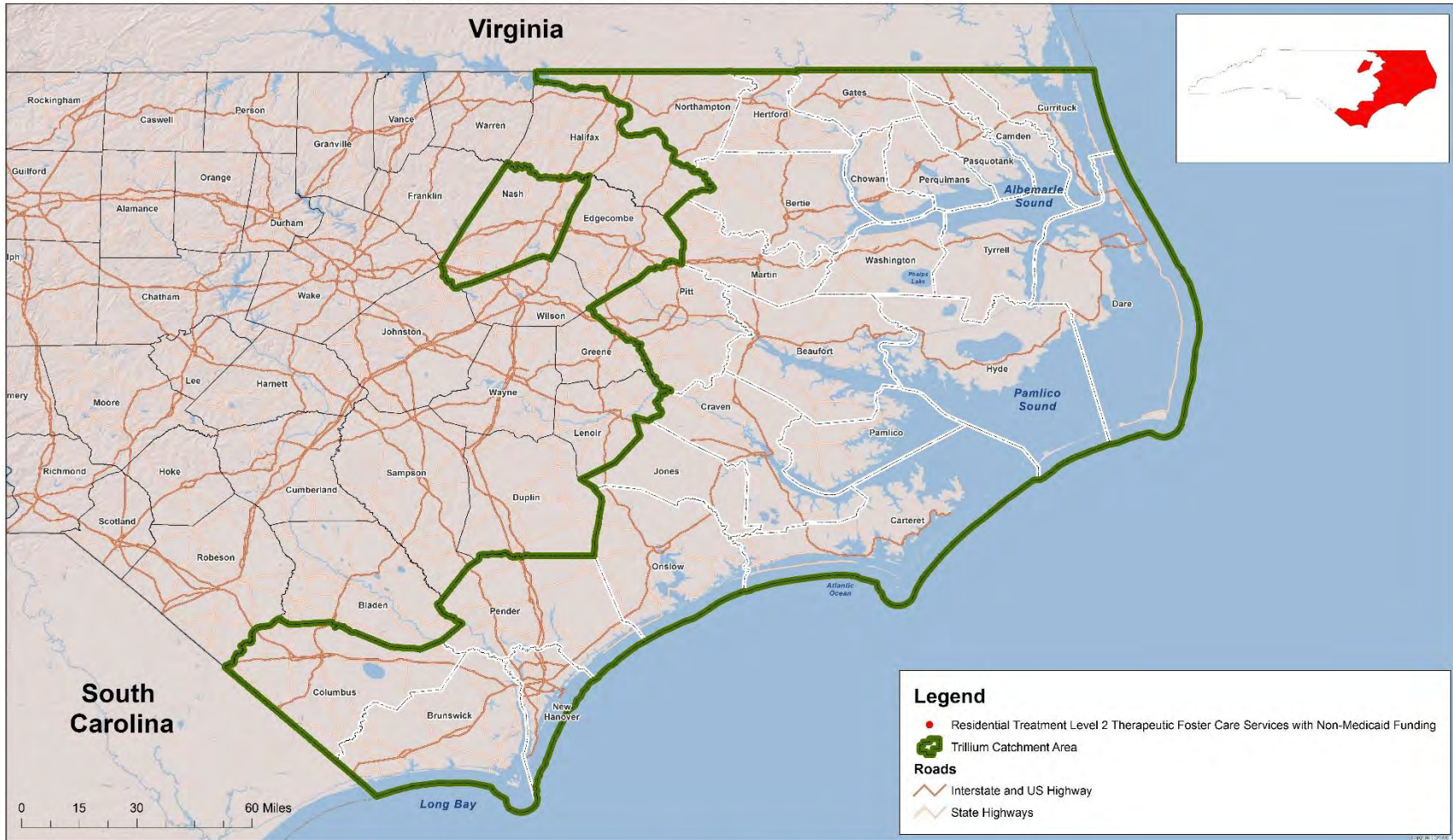
Note: There are no contracted providers for this service with this funding source.

Trillium Health Resources LME/MCO Residential Treatment Level 2: Therapeutic Foster Care Medicaid Funded Services SFY18



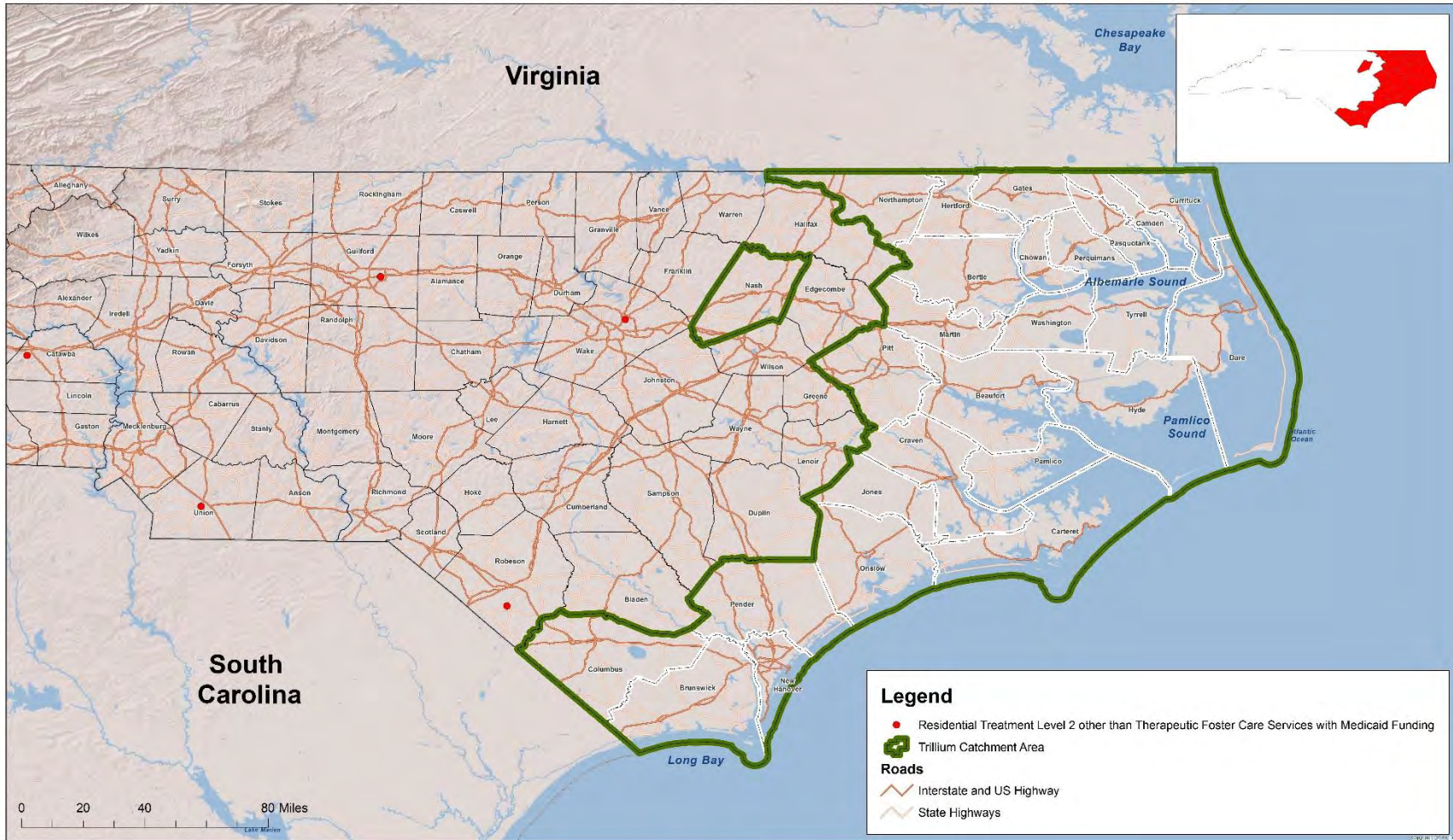
Note: All contracted agencies in NC are represented in the current map view.

Trillium Health Resources LME/MCO Residential Treatment Level 2: Therapeutic Foster Care Non-Medicaid Funded Services SFY18



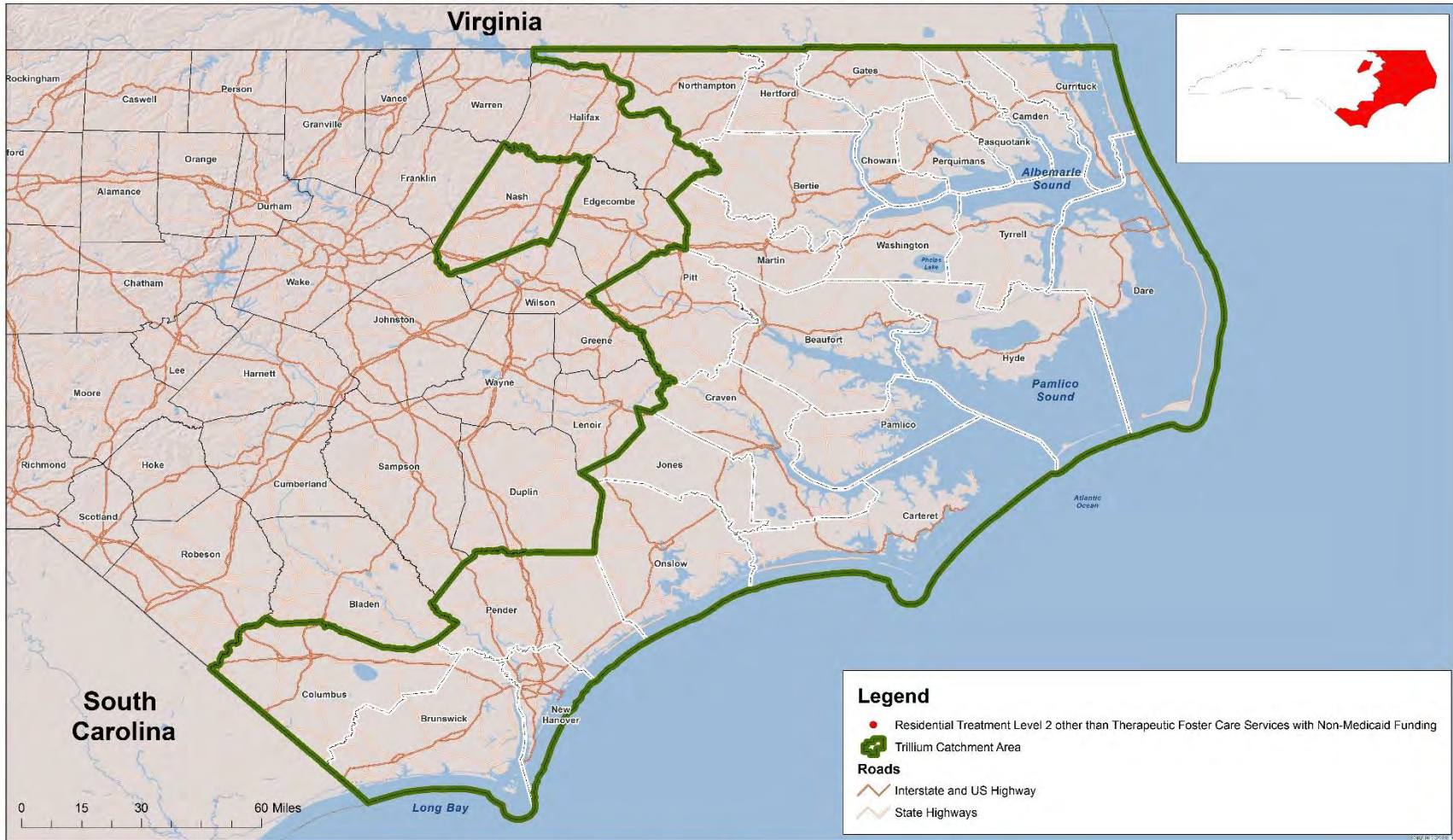
Note: There are no contracted providers for this service with this funding source.

Trillium Health Resources LME/MCO Residential Treatment Level 2: other than Therapeutic Foster Care Medicaid Funded Services SFY18



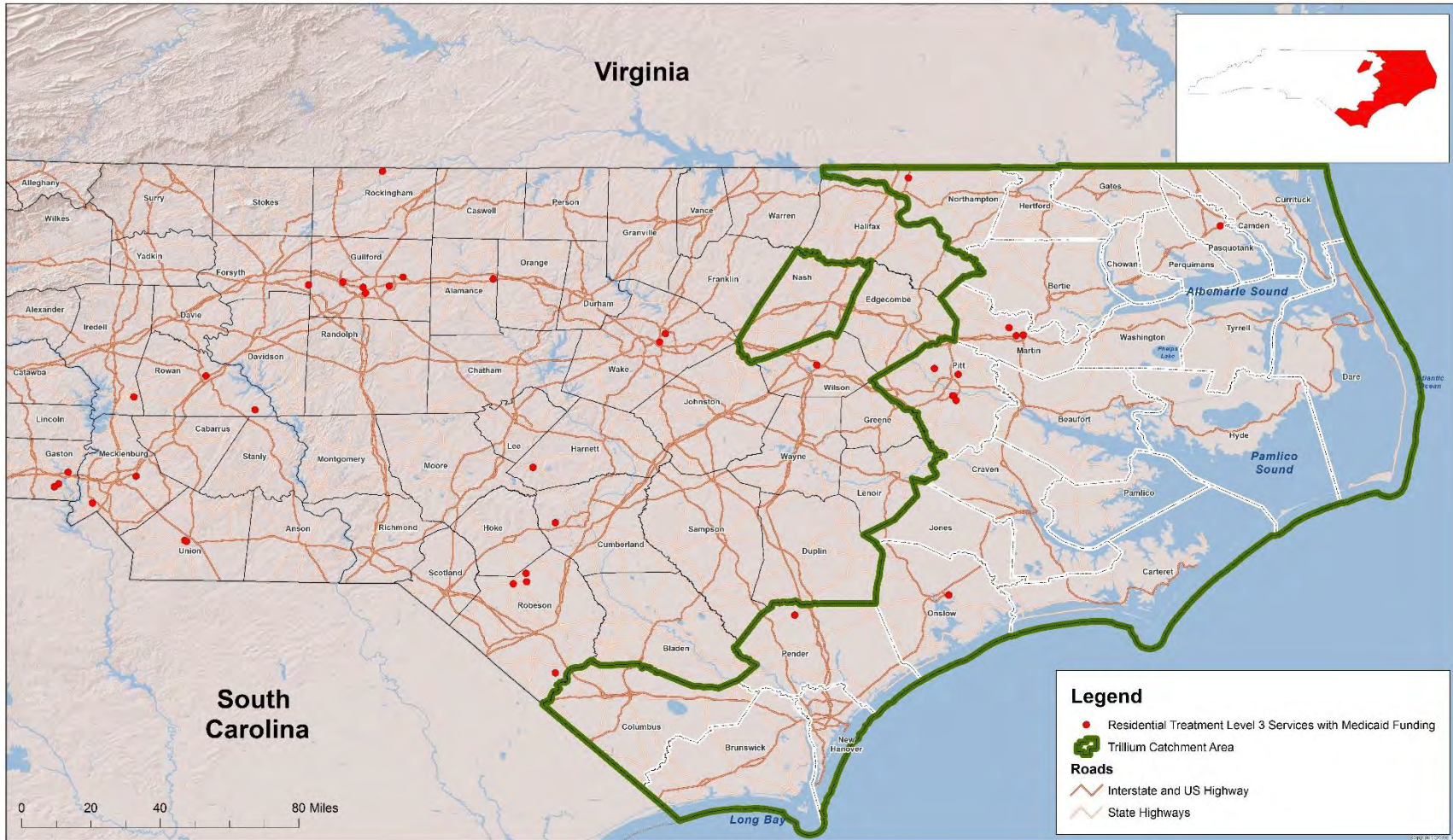
Note: All contracted agencies in NC are represented in the current map view.

**Trillium Health Resources LME/MCO Residential Treatment Level 2:
other than Therapeutic Foster Care Non-Medicaid Funded Services SFY18**



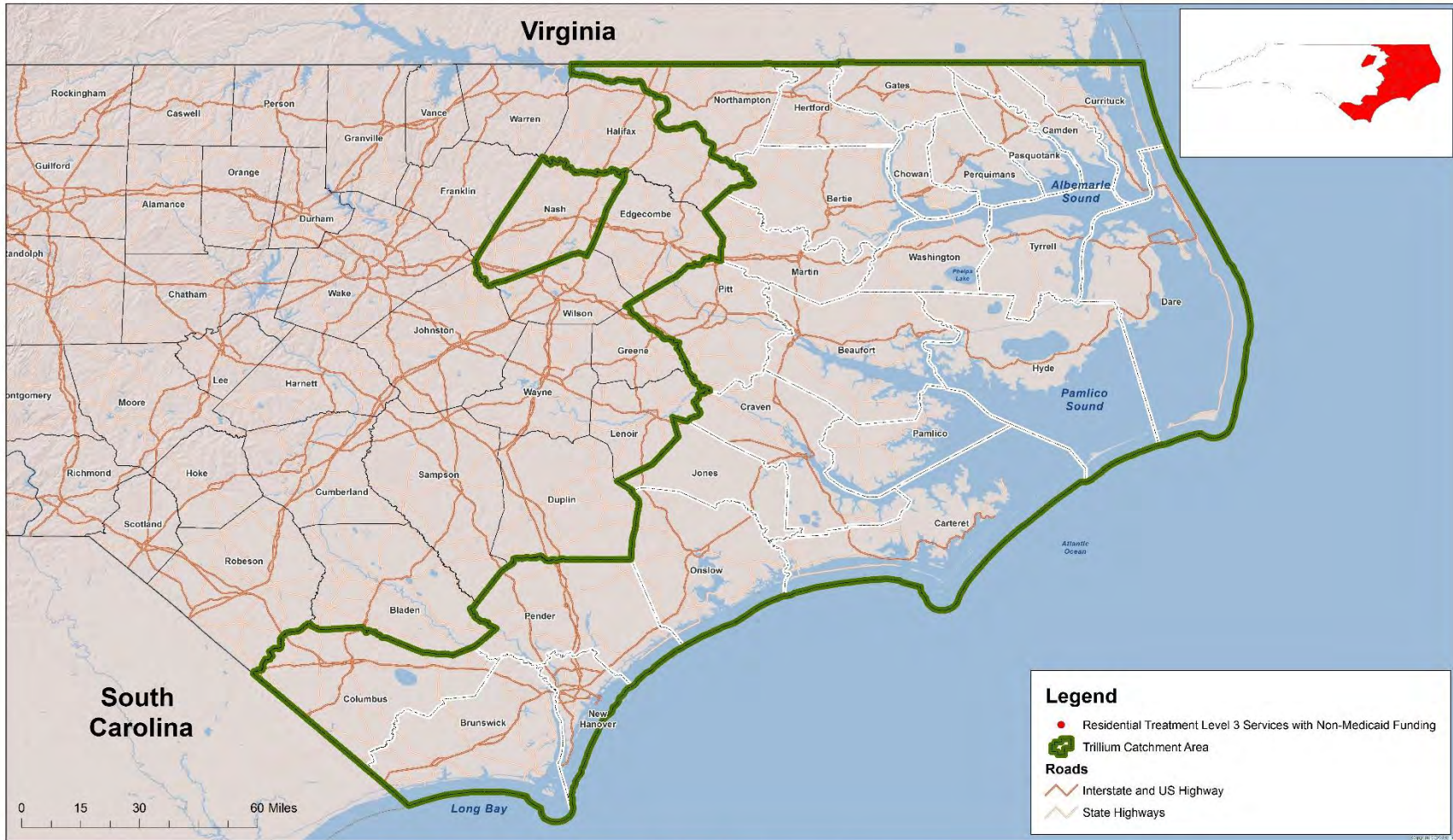
Note: There are no contracted providers for this service with this funding source.

Trillium Health Resources LME/MCO Residential Treatment Level 3 Medicaid Funded Services SFY18



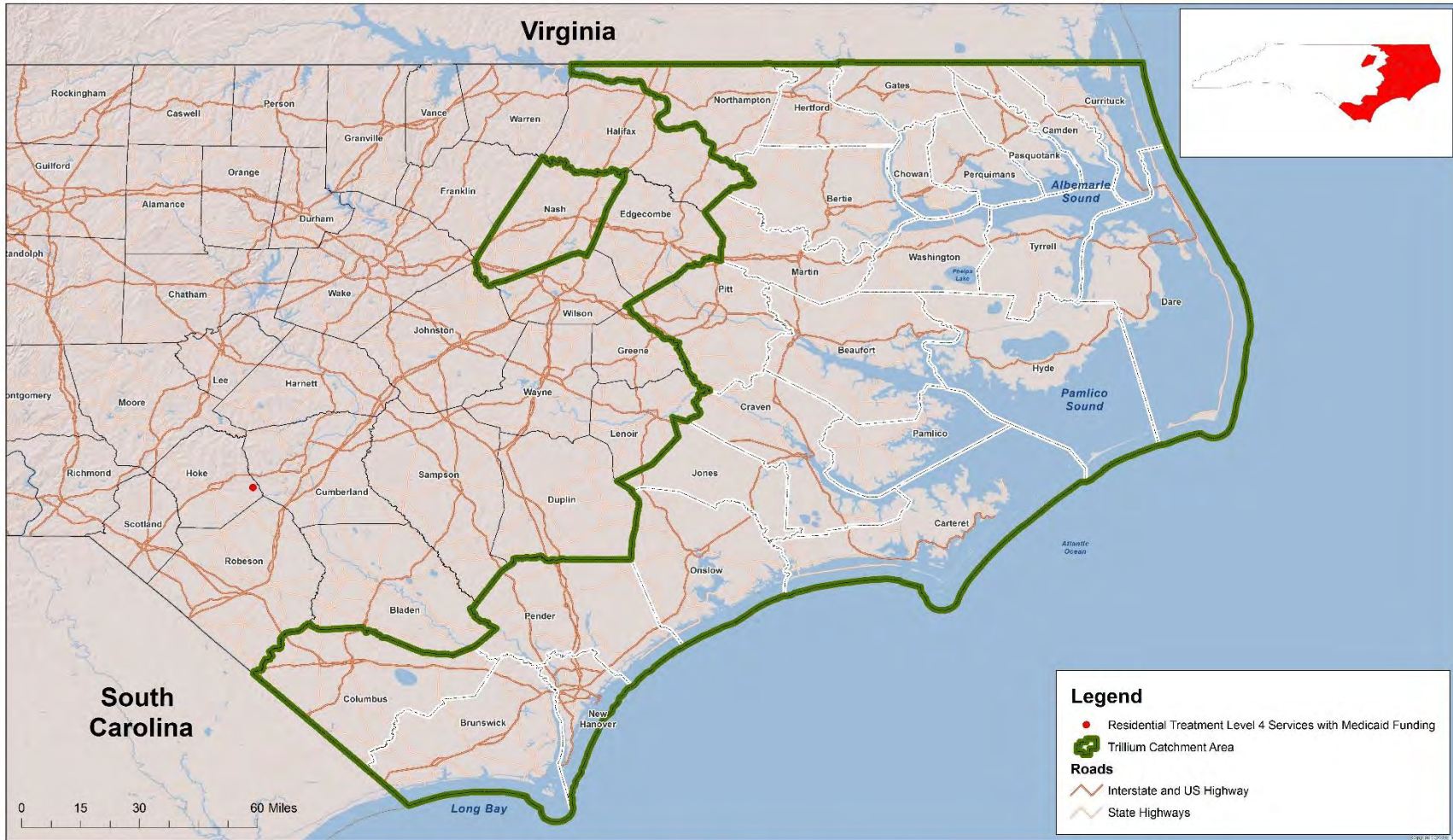
Note: All contracted agencies in NC are represented in the current map view.

Trillium Health Resources LME/MCO Residential Treatment Level 3 Non-Medicaid Funded Services SFY18



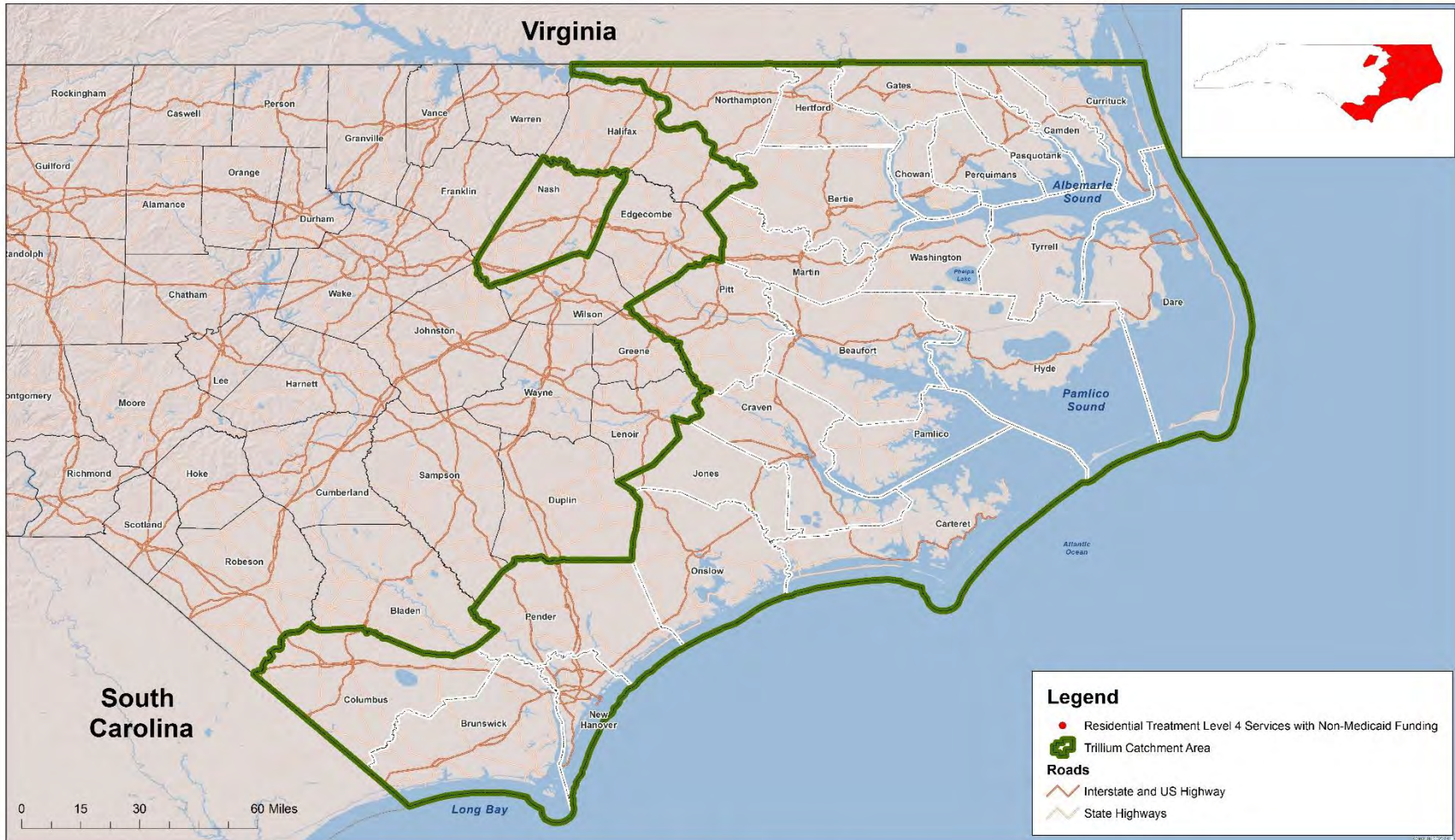
Note: There are no contracted providers for this service with this funding source.

Trillium Health Resources LME/MCO Residential Treatment Level 4 Medicaid Funded Services SFY18



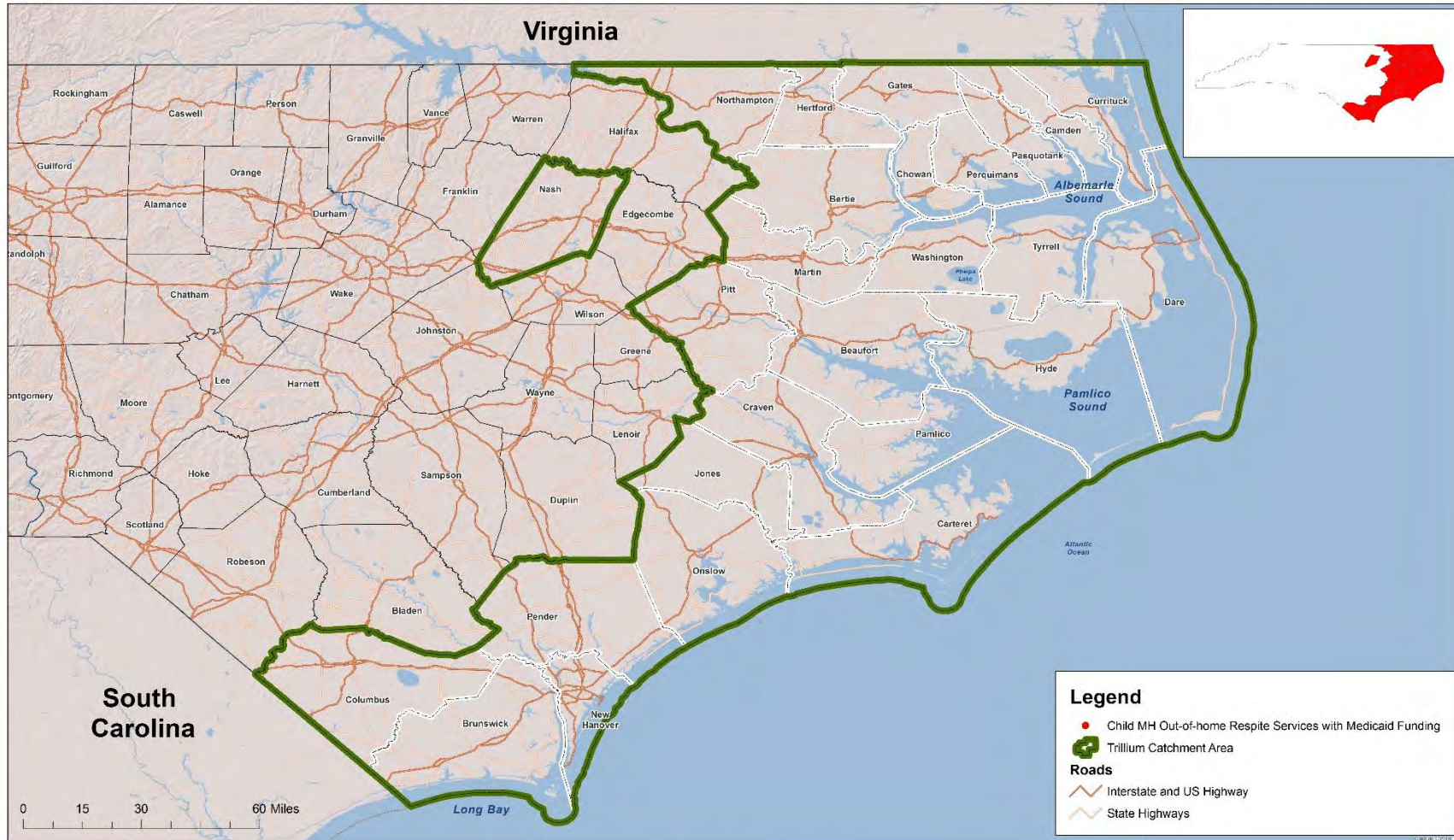
Note: All contracted agencies in NC are represented in the current map view.

Trillium Health Resources LME/MCO Residential Treatment Level 4 Non-Medicaid Funded Services SFY18



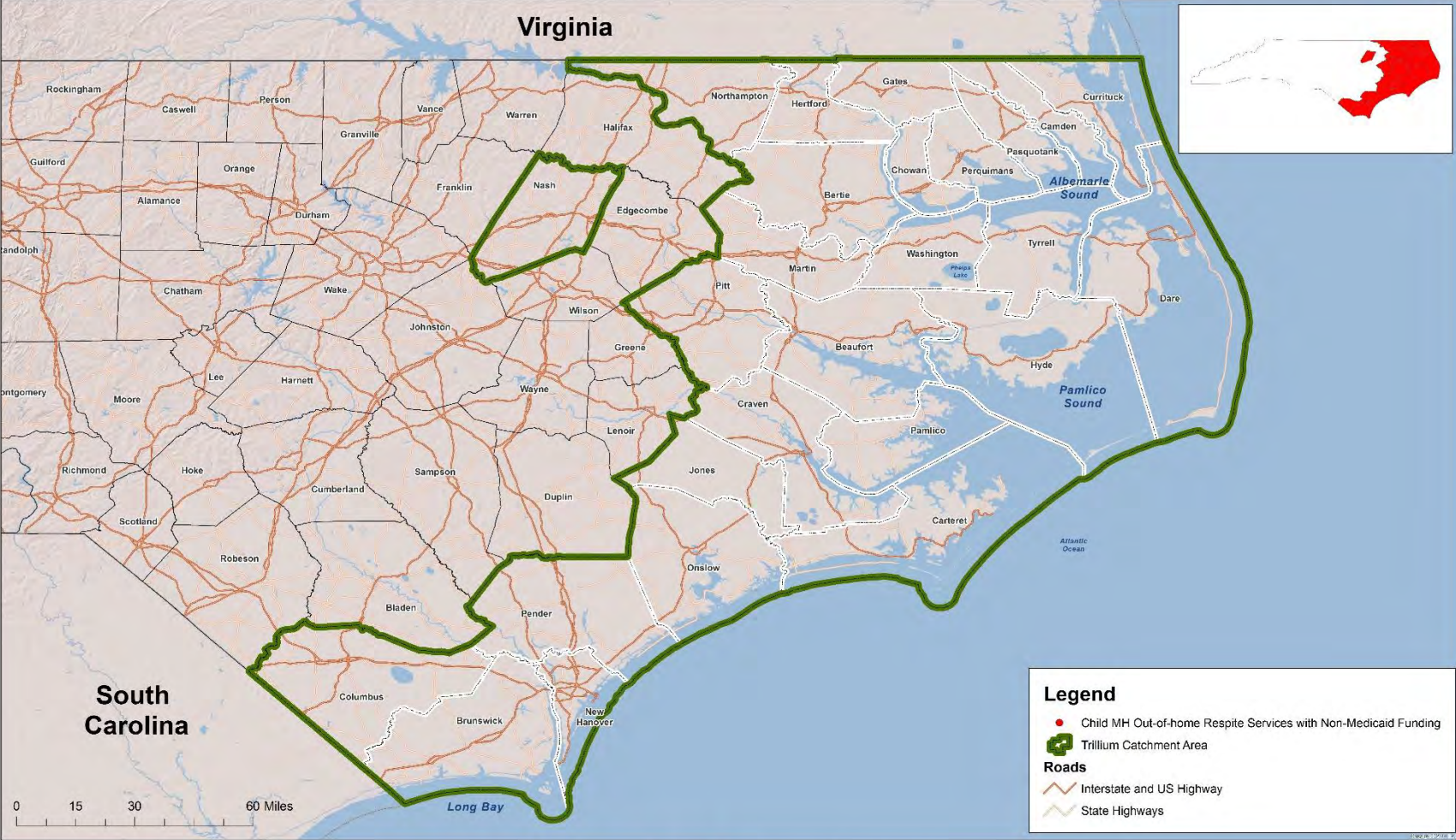
Note: There are no contracted providers for this service with this funding source.

Trillium Health Resources LME/MCO Child MH Out-of-home Respite Medicaid Funded Services SFY18



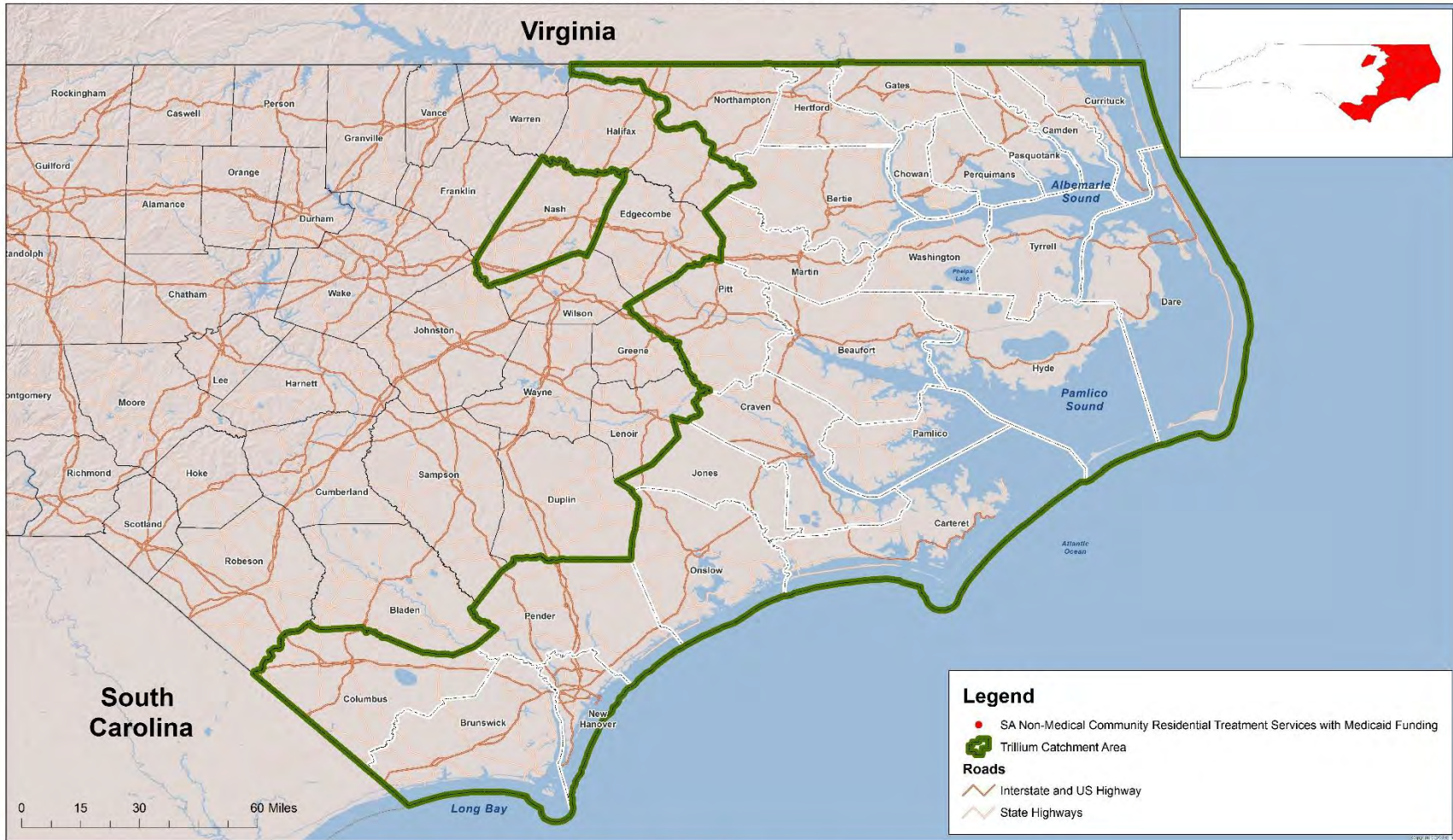
Note: There are no contracted providers for this service with this funding source.

Trillium Health Resources LME/MCO Child MH Out-of-home Respite Non-Medicaid Funded Services SFY18



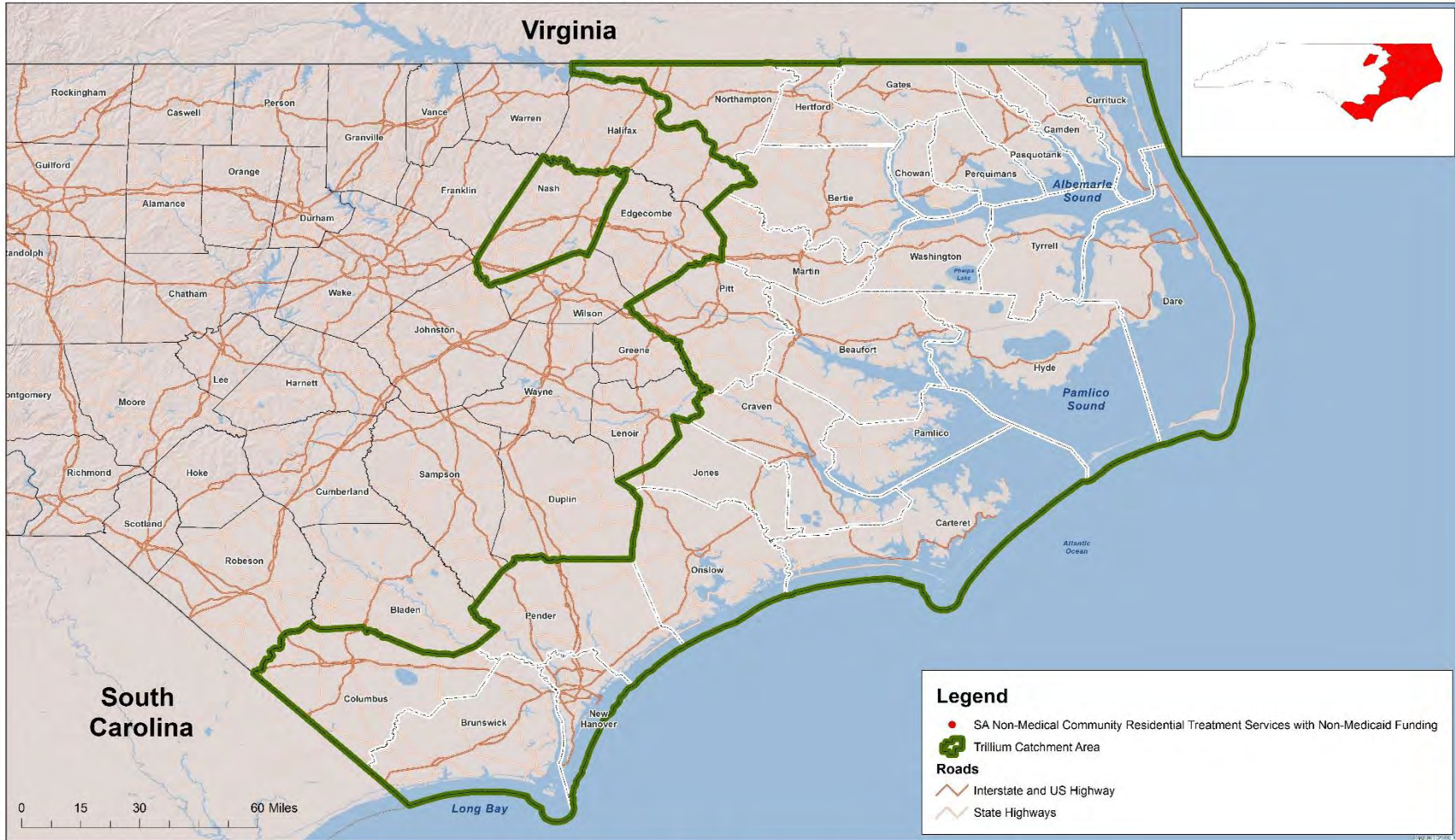
Note: There are no contracted providers for this service with this funding source.

Trillium Health Resources LME/MCO SA Non-Medical Community Residential Treatment Medicaid Funded Services SFY18



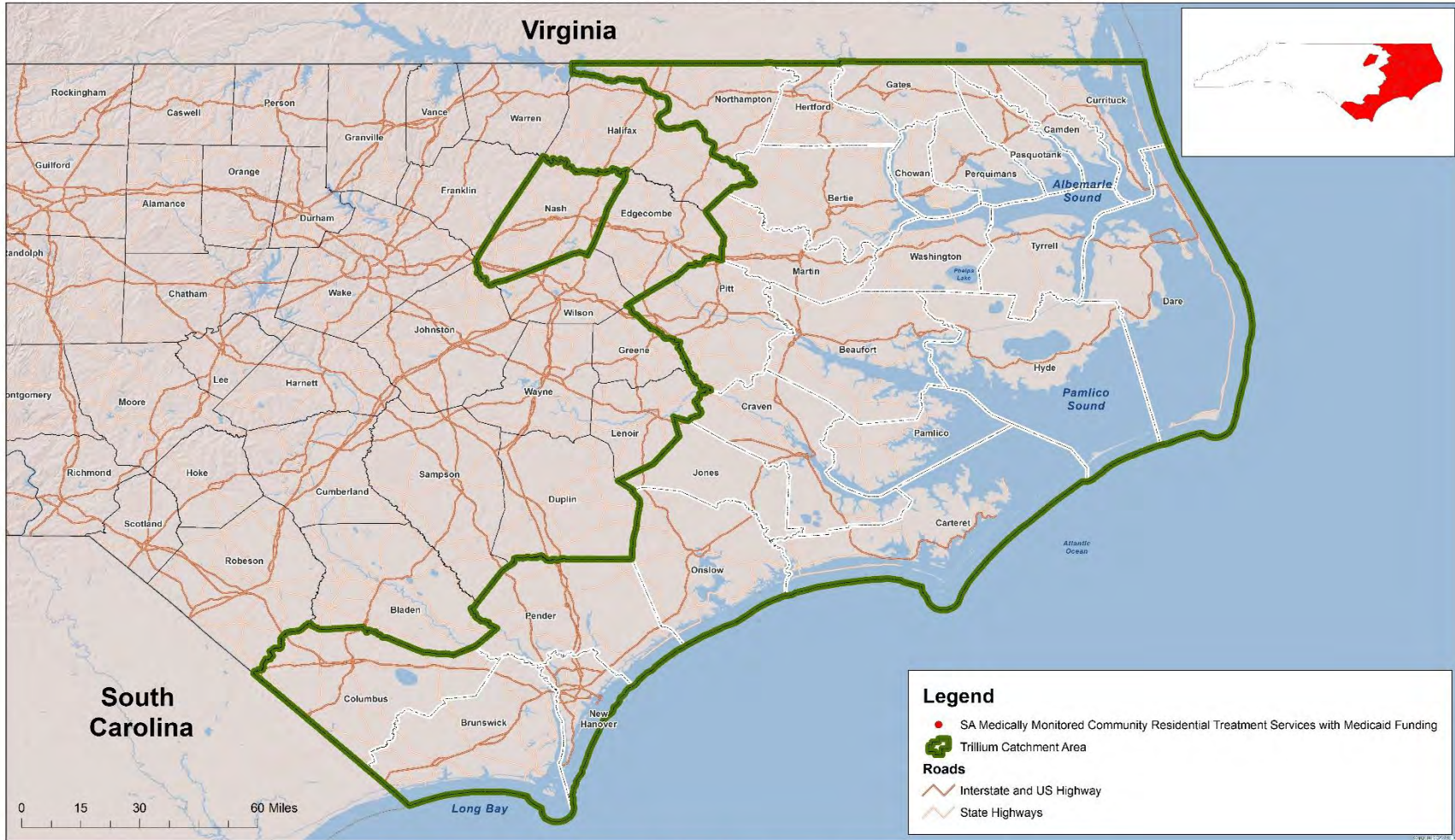
Note: There are no contracted providers for this service with this funding source.

Trillium Health Resources LME/MCO SA Non-Medical Community Residential Treatment Non-Medicaid Funded Services SFY18



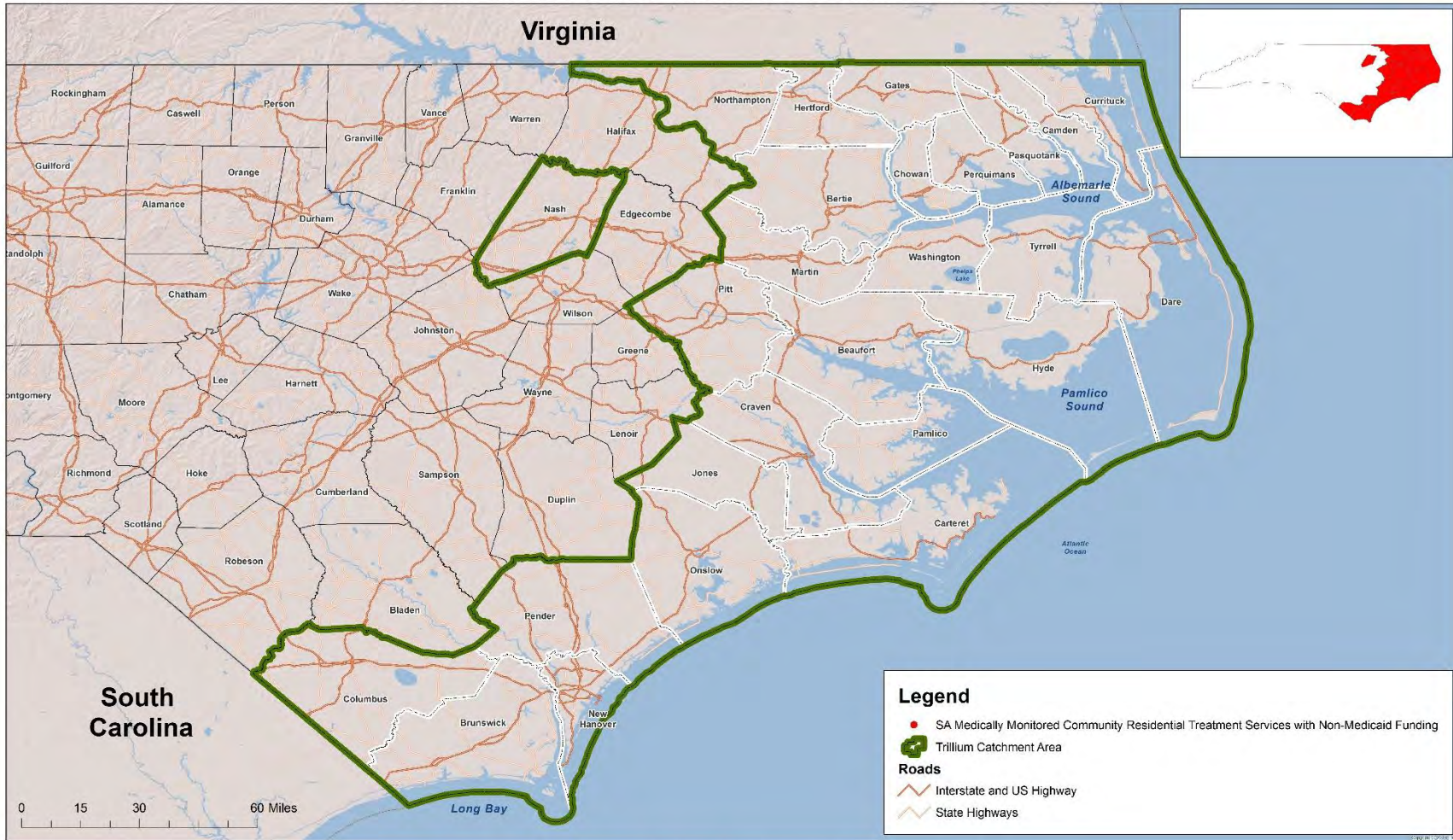
Note: There are no contracted providers for this service with this funding source.

Trillium Health Resources LME/MCO SA Medically Monitored Community Residential Treatment Medicaid Funded Services SFY18



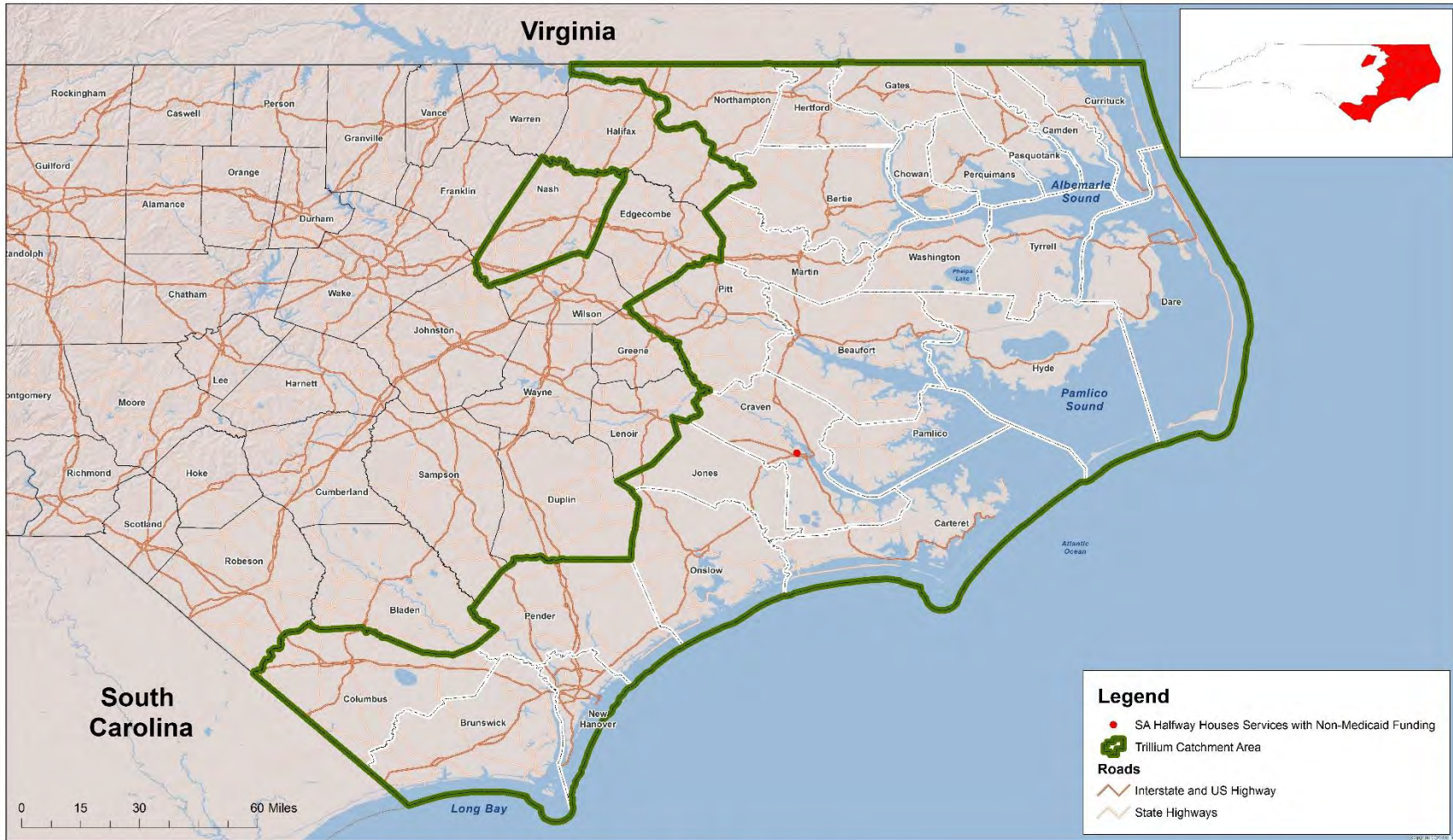
Note: There are no contracted providers for this service with this funding source.

**Trillium Health Resources LME/MCO SA Medically Monitored Community
Residential Treatment Non-Medicaid Funded Services SFY18**



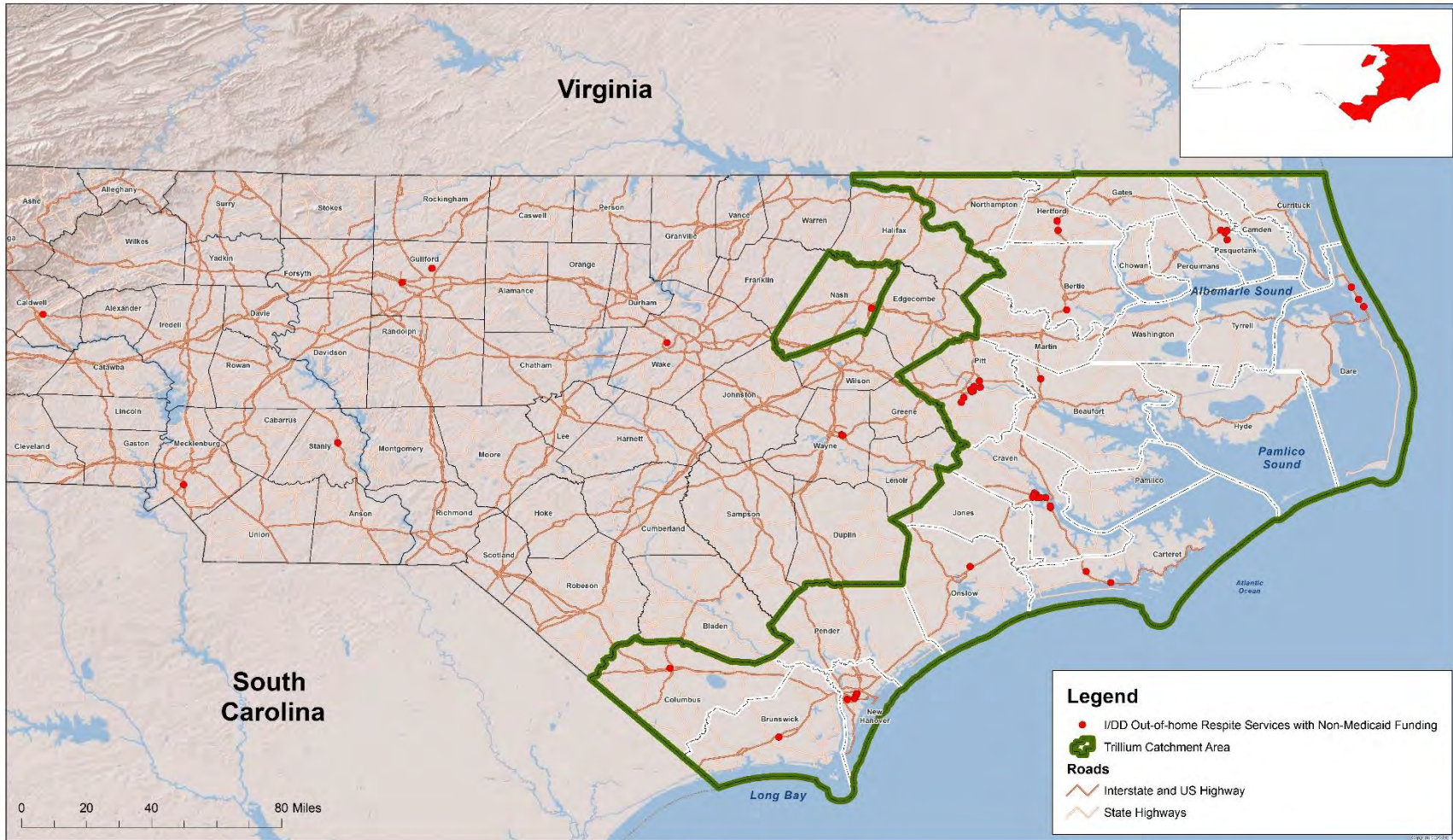
Note: There are no contracted providers for this service with this funding source.

Trillium Health Resources LME/MCO SA Halfway Houses Non-Medicaid Funded Services SFY18



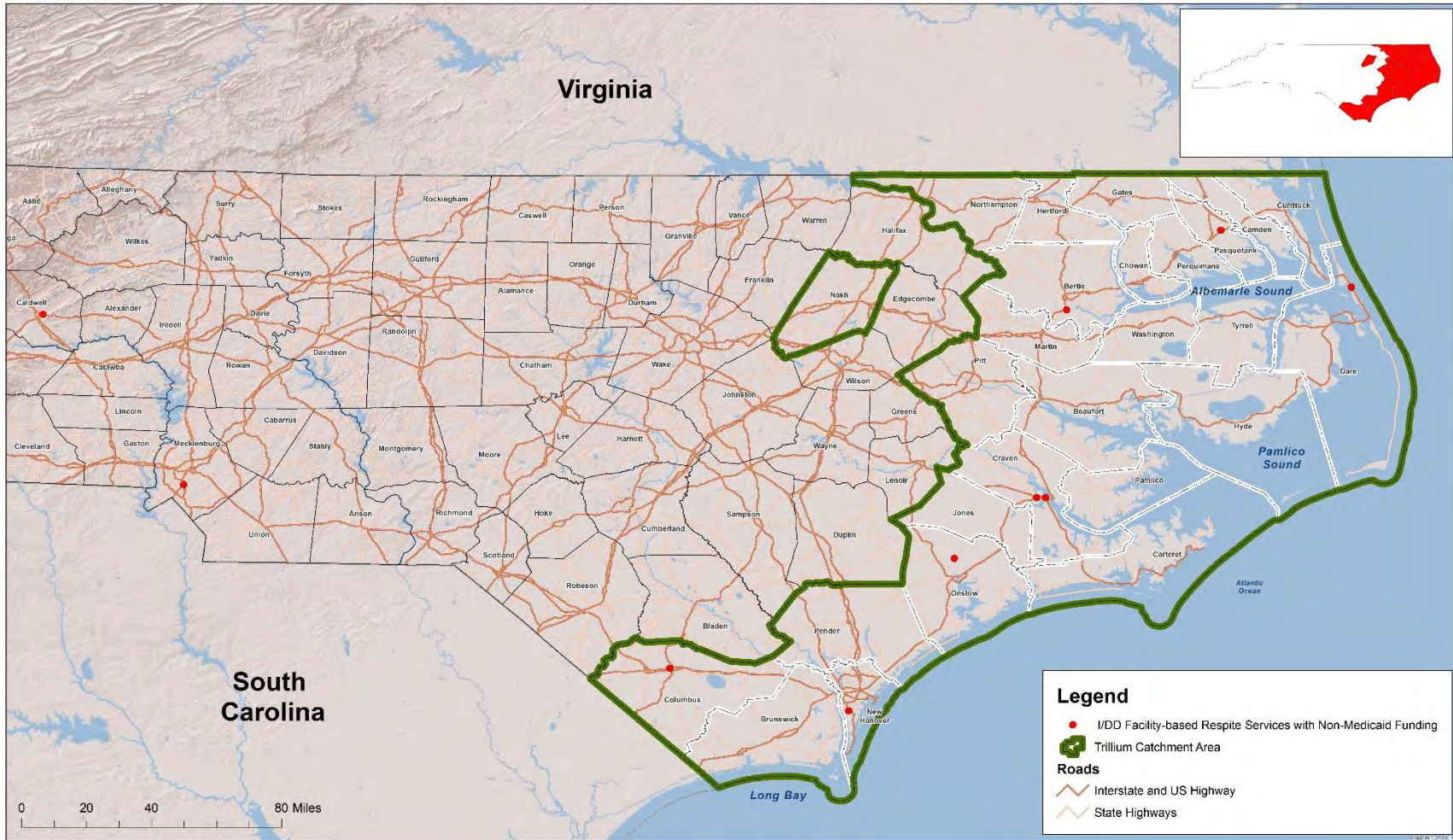
Note: All contracted agencies in NC are represented in the current map view.

Trillium Health Resources LME/MCO I/DD Out-of-home Respite Non-Medicaid Funded Services SFY18



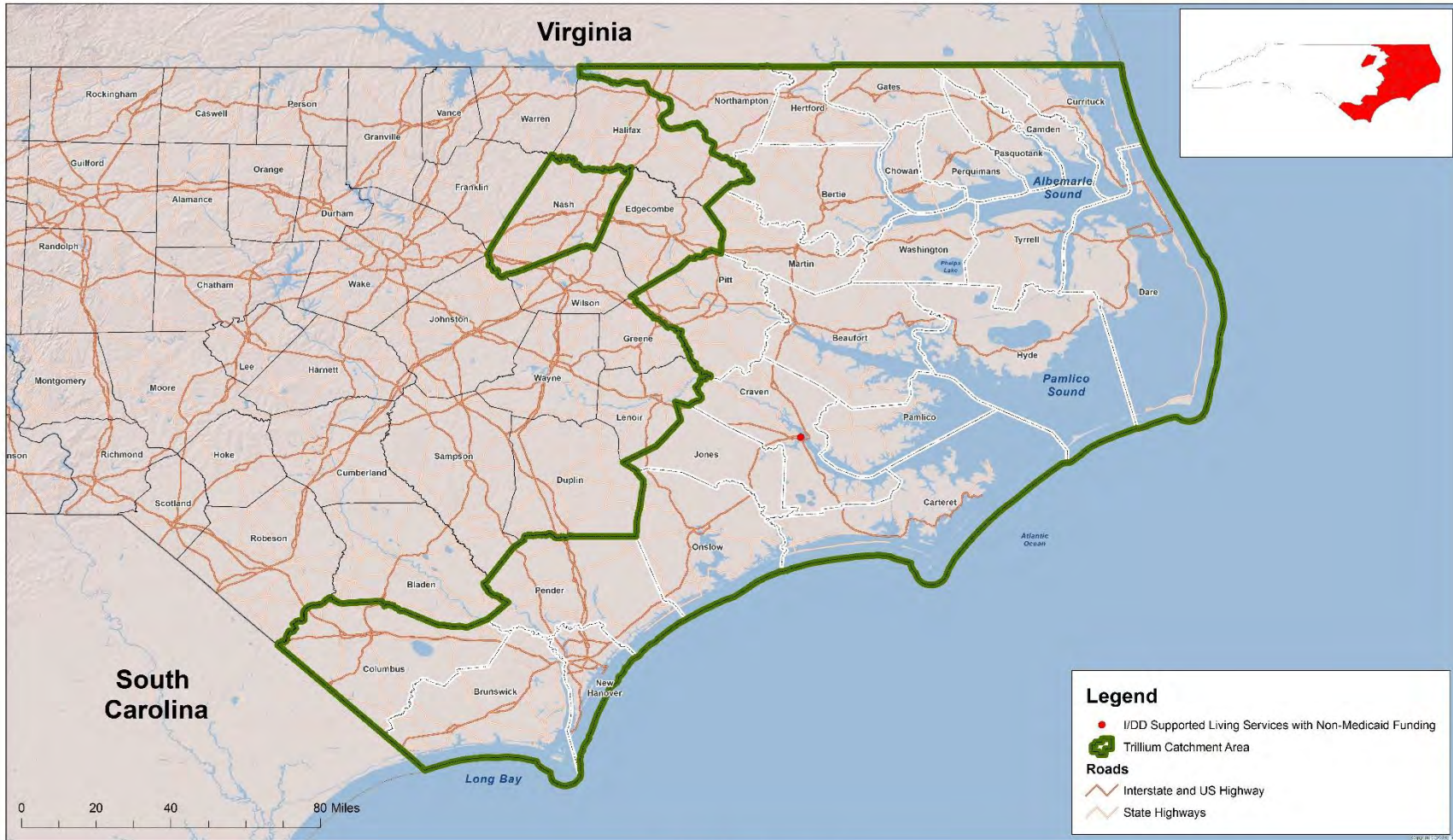
Note: All contracted agencies in NC are represented in the current map view.

Trillium Health Resources LME/MCO I/DD Facility-based Respite Non-Medicaid Funded Services SFY18



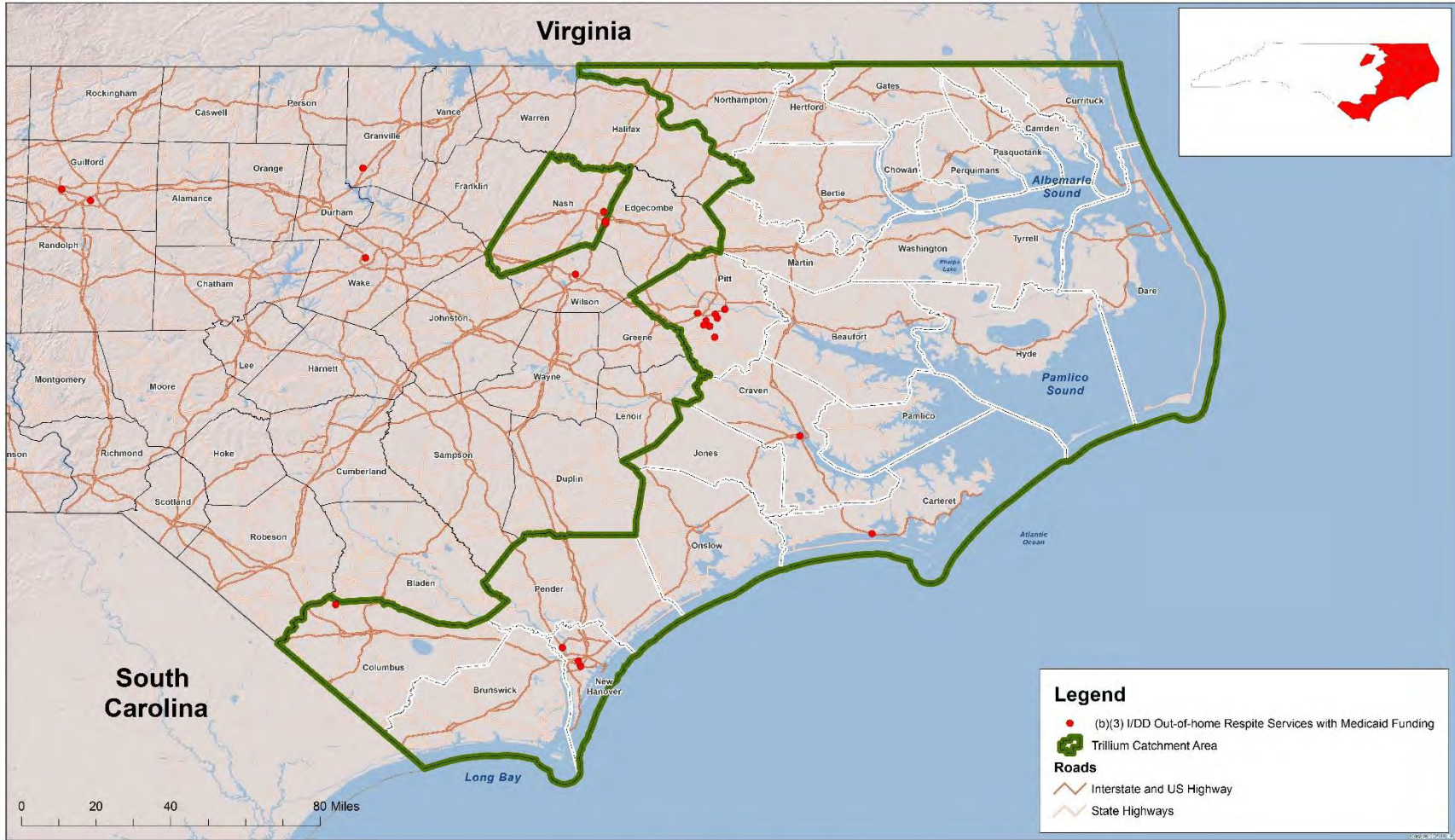
Note: All contracted agencies in NC are represented in the current map view.

Trillium Health Resources LME/MCO I/DD Supported Living Non-Medicaid Funded Services SFY18



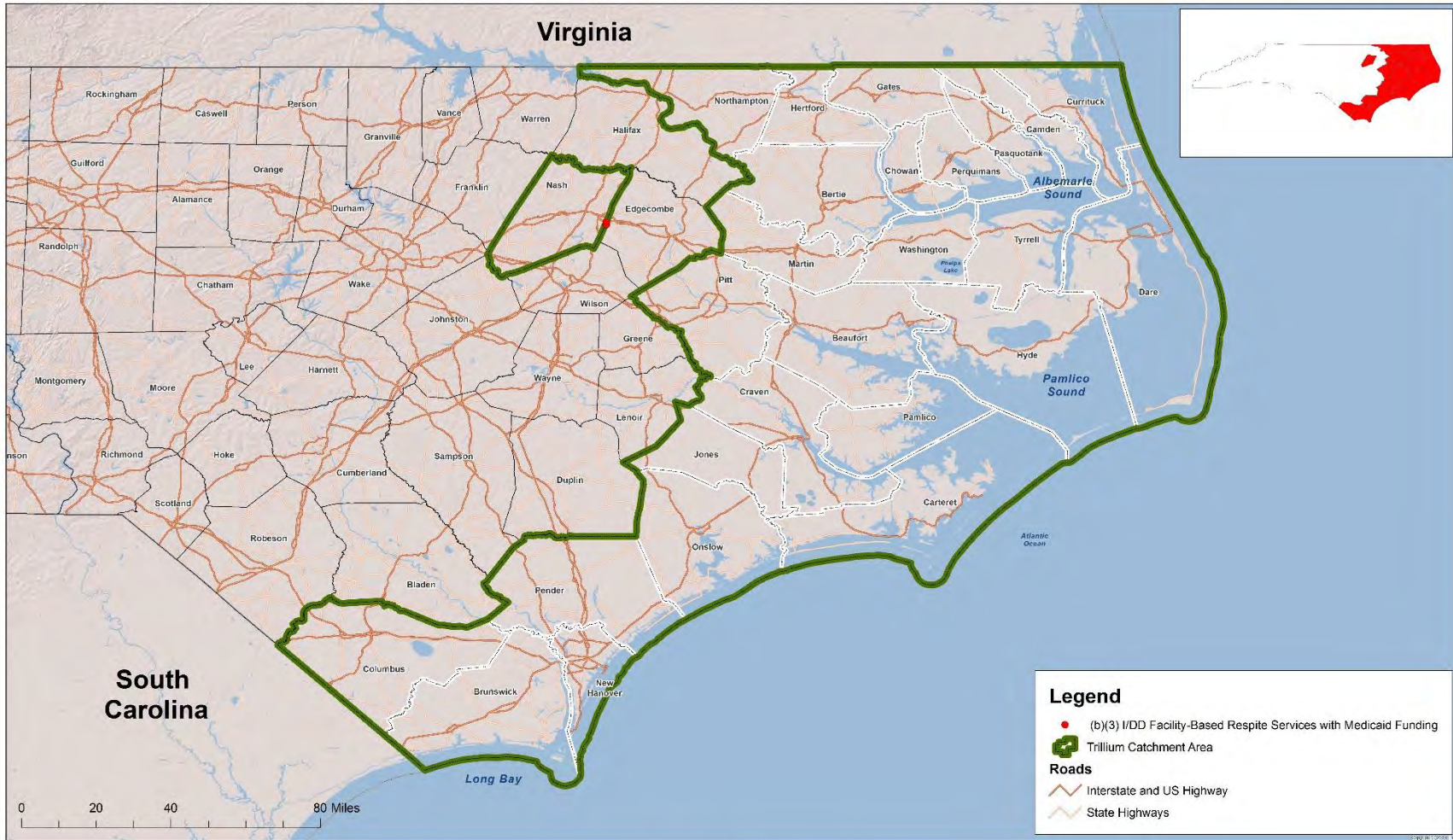
Note: All contracted agencies in NC are represented in the current map view.

Trillium Health Resources LME/MCO (b)(3) I/DD Out-of-home Respite Medicaid Funded Services SFY18



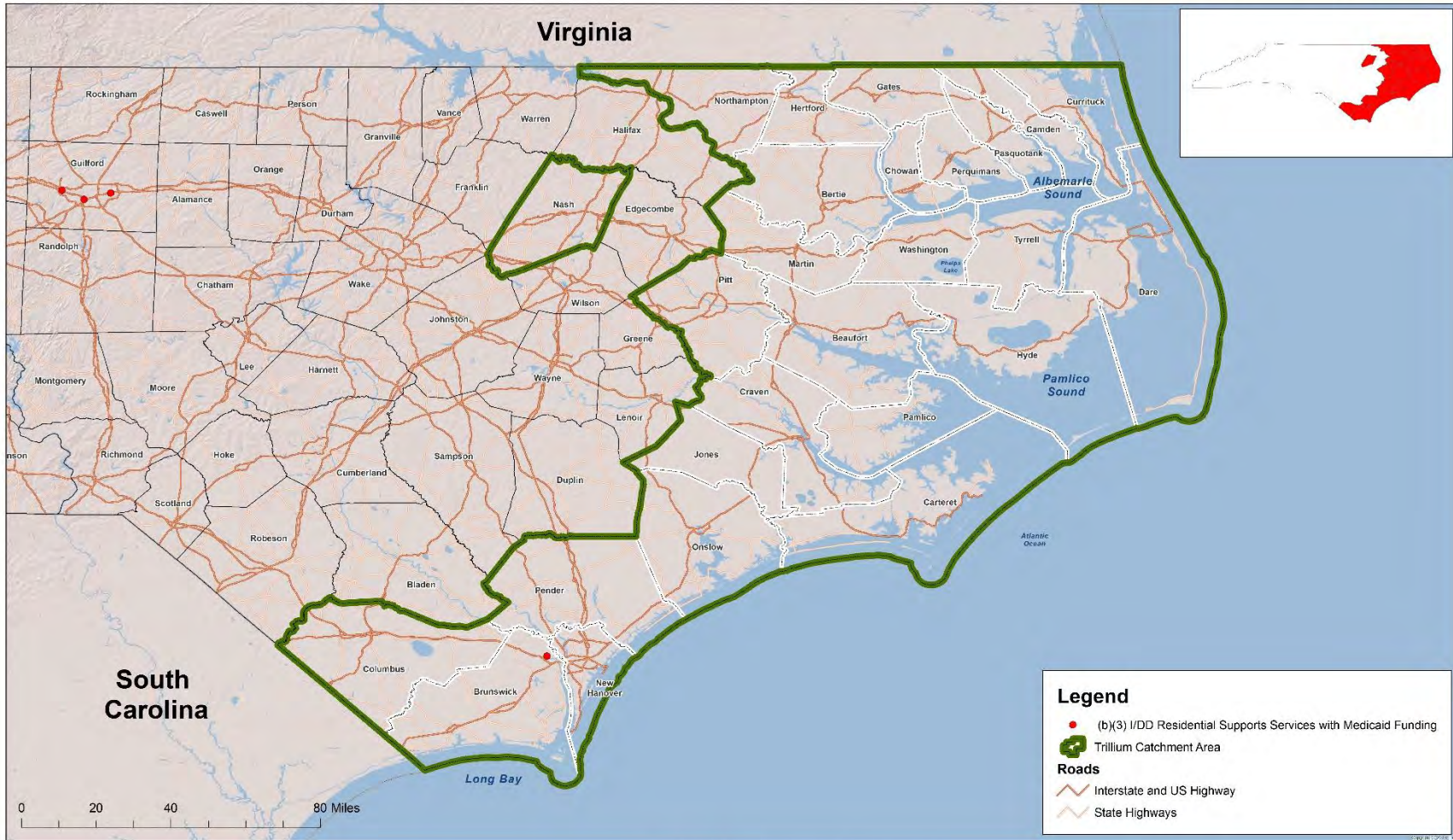
Note: All contracted agencies in NC are represented in the current map view.

Trillium Health Resources LME/MCO (b)(3) I/DD Facility-Based Respite Medicaid Funded Services SFY18



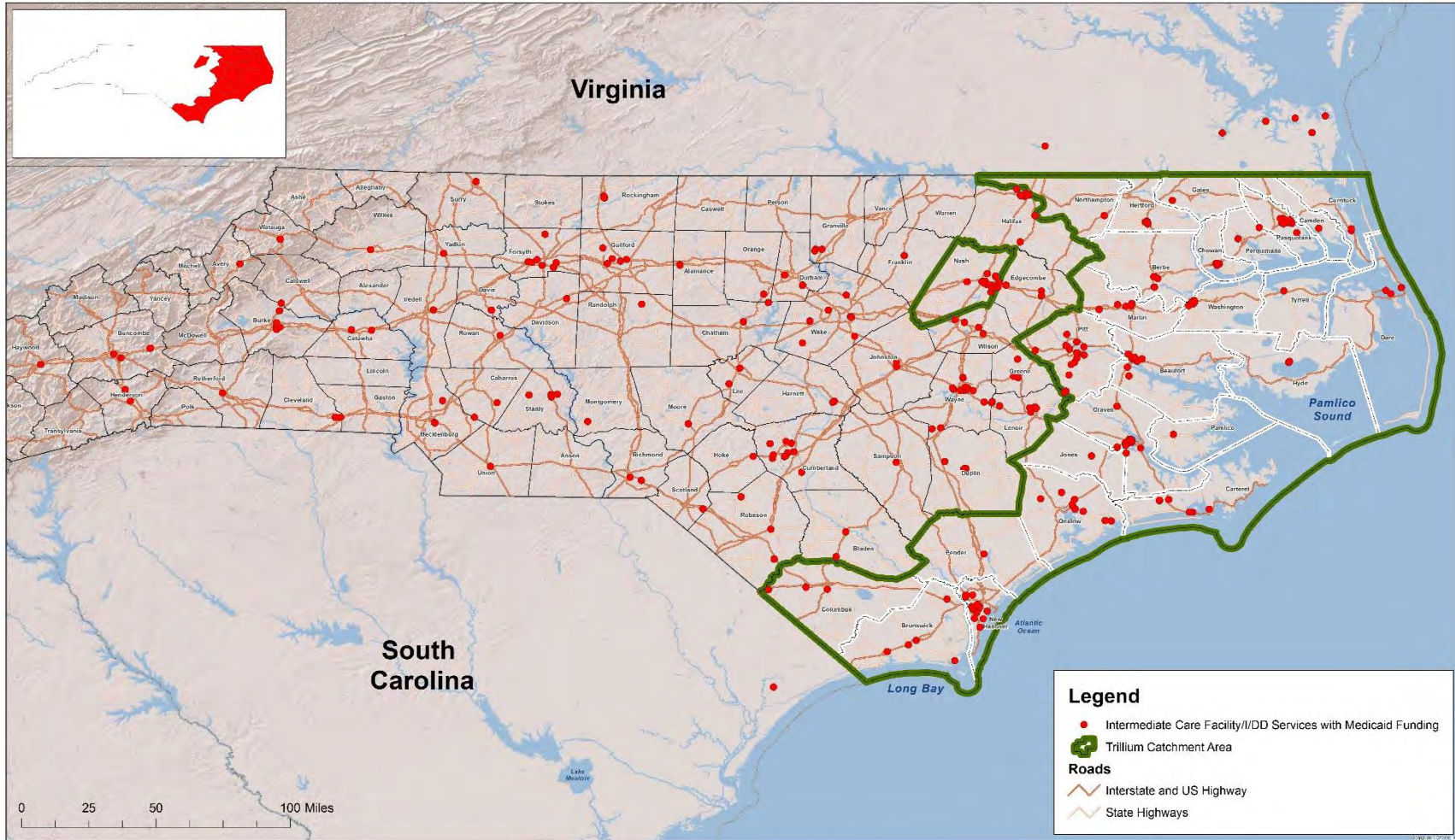
Note: All contracted agencies in NC are represented in the current map view.

Trillium Health Resources LME/MCO (b)(3) I/DD Residential Supports Medicaid Funded Services SFY18



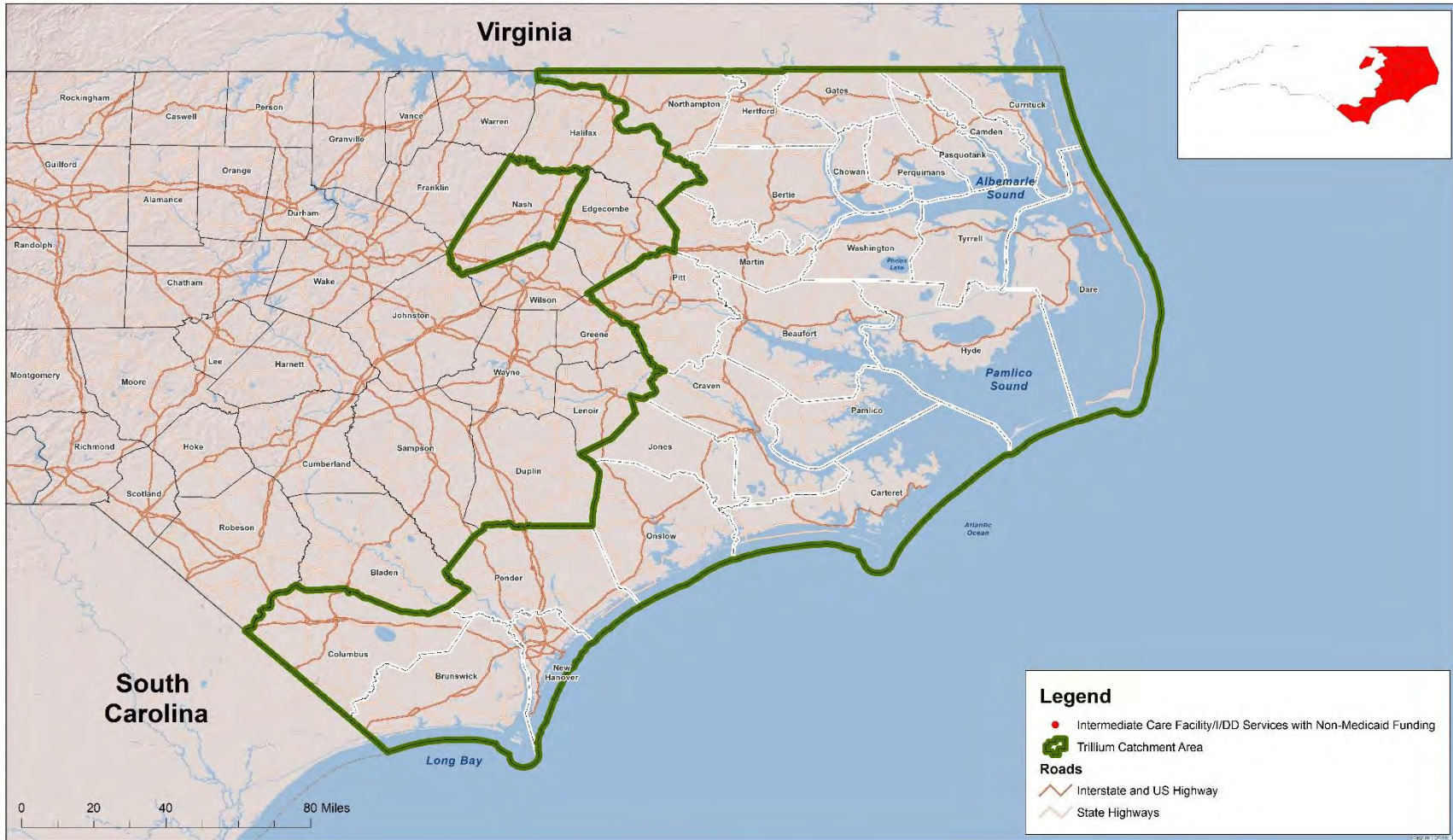
Note: All contracted agencies in NC are represented in the current map view.

Trillium Health Resources LME/MCO Intermediate Care Facility//DD Medicaid Funded Services SFY18



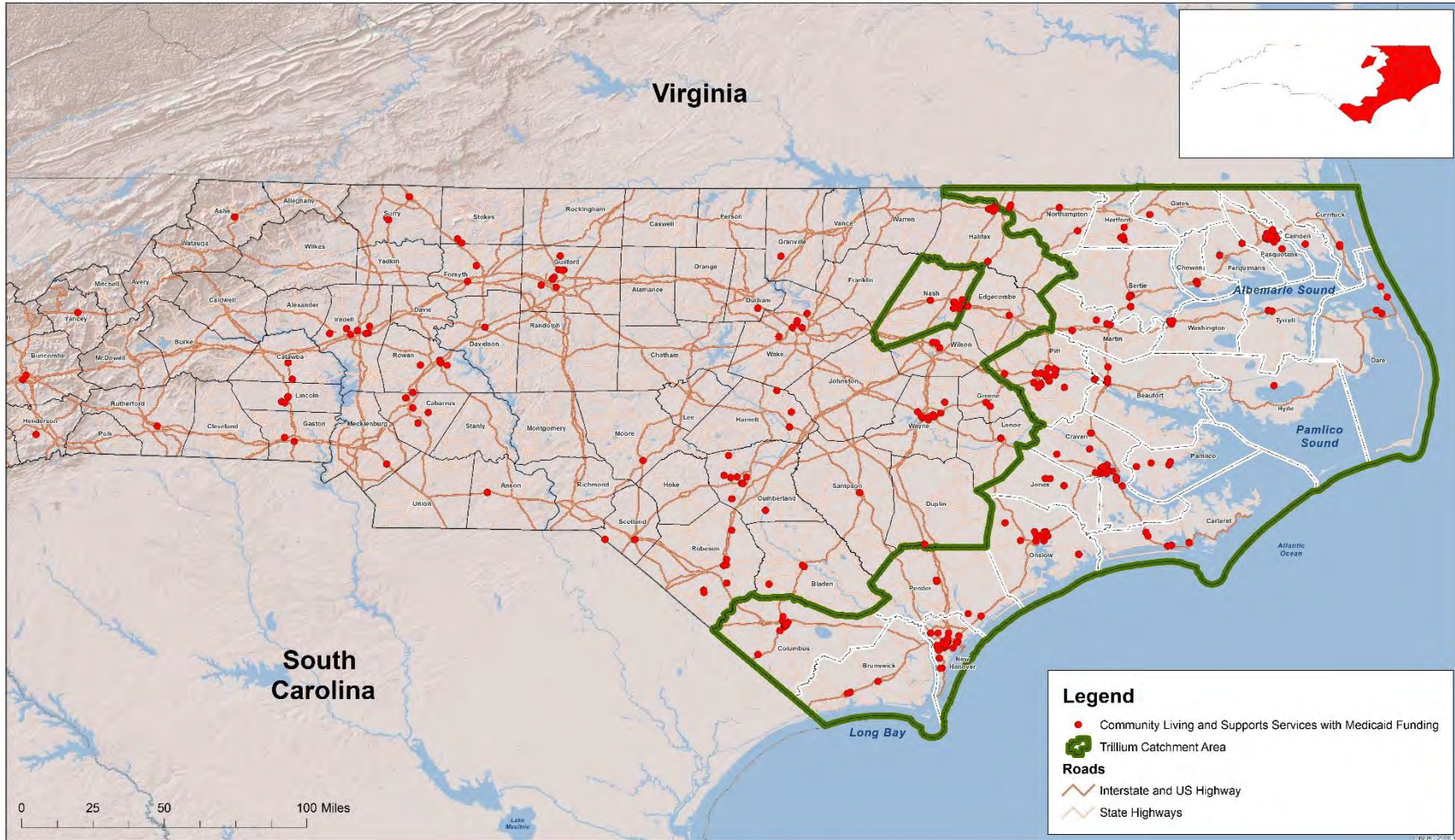
Note: All contracted agencies in NC are represented in the current map view.

Trillium Health Resources LME/MCO Intermediate Care Facility//DD Non-Medicaid Funded Services SFY18

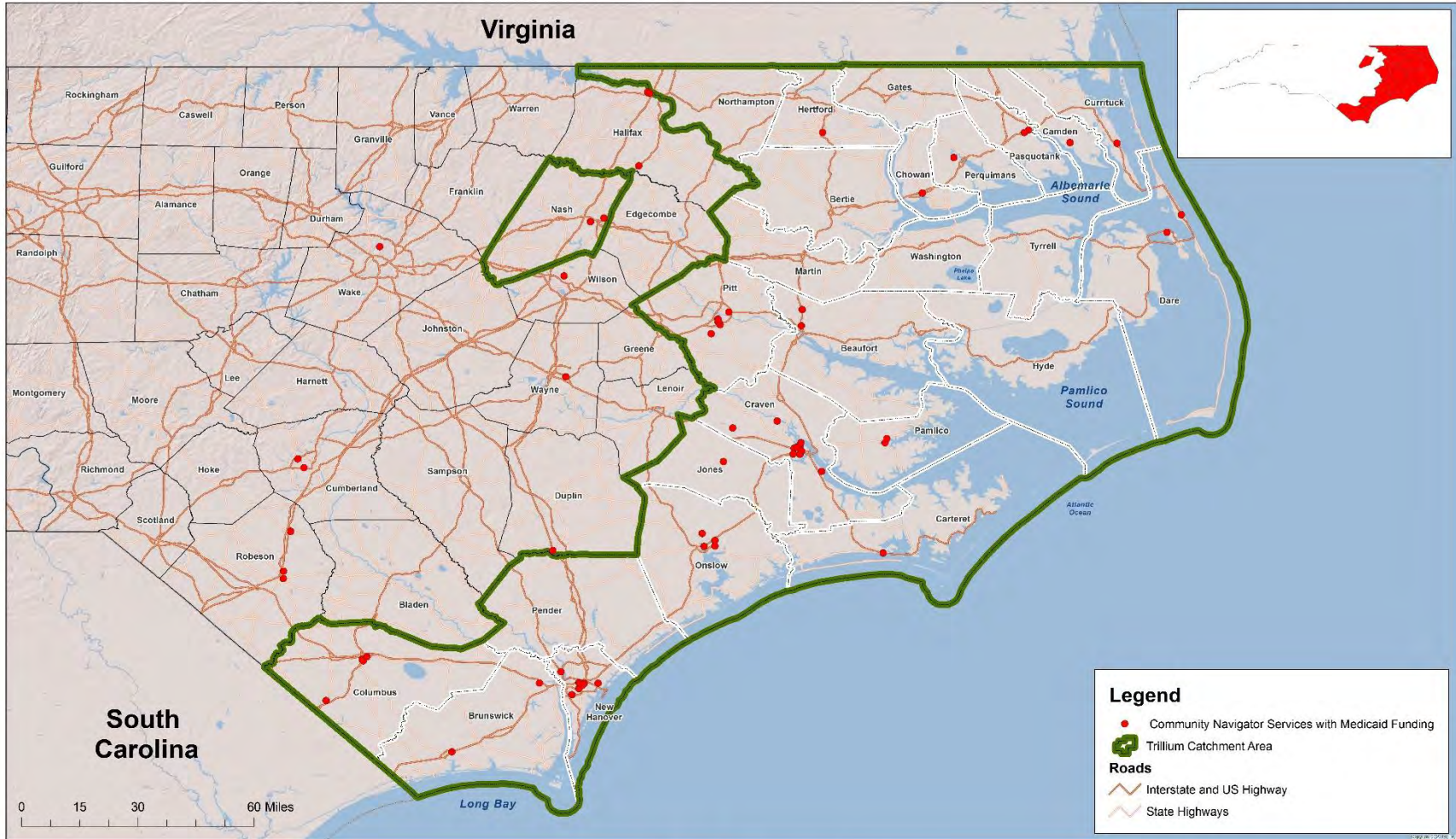


Note: There are no contracted providers for this service with this funding source.

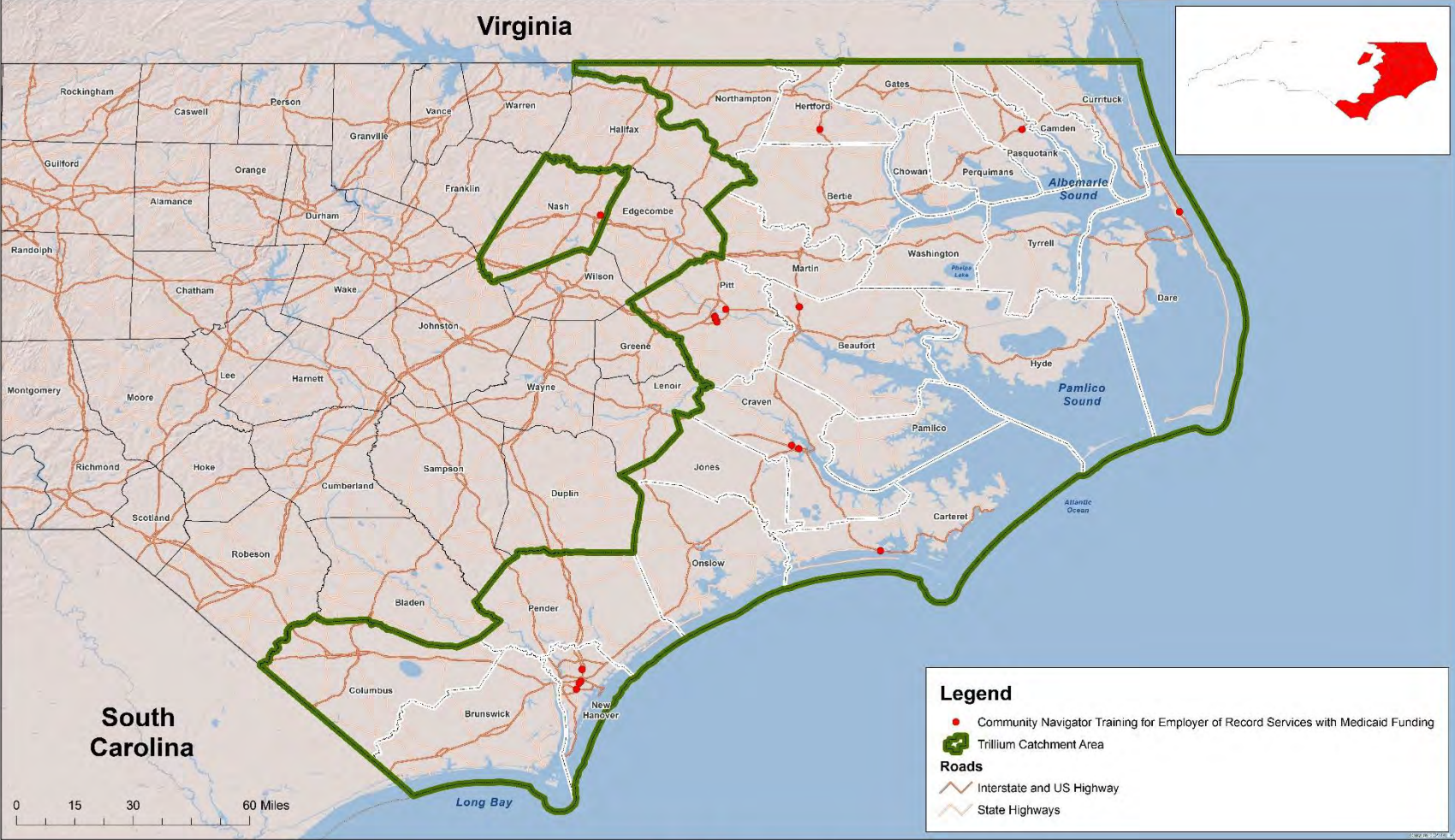
Trillium Health Resources LME/MCO Community Living and Supports Services Medicaid Funded C-Waiver Services SFY18



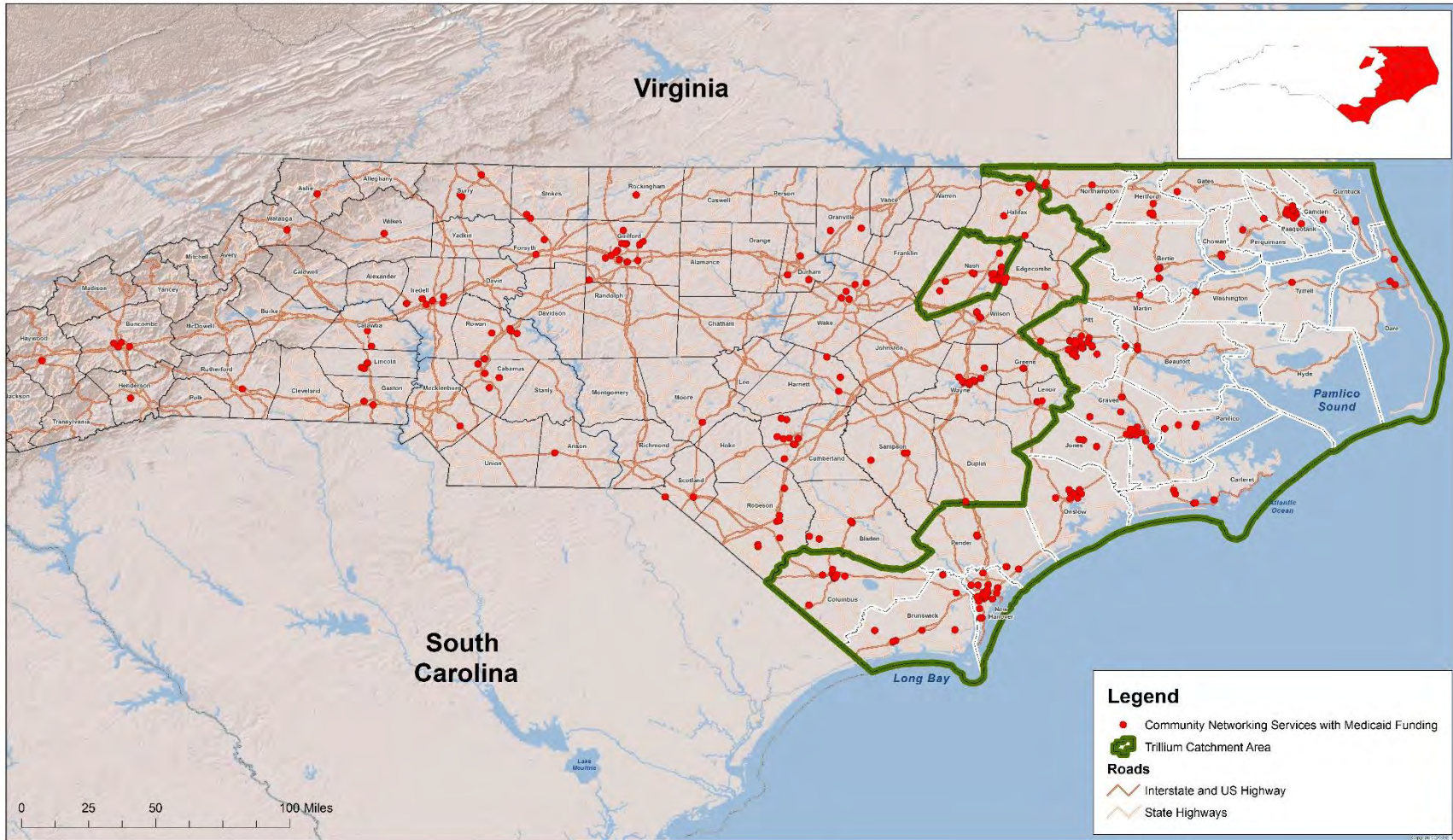
Trillium Health Resources LME/MCO Community Navigator Medicaid Funded C-Waiver Services SFY18



Trillium Health Resources LME/MCO Community Navigator Training for Employer of Record Medicaid Funded C-Waiver Services SFY18

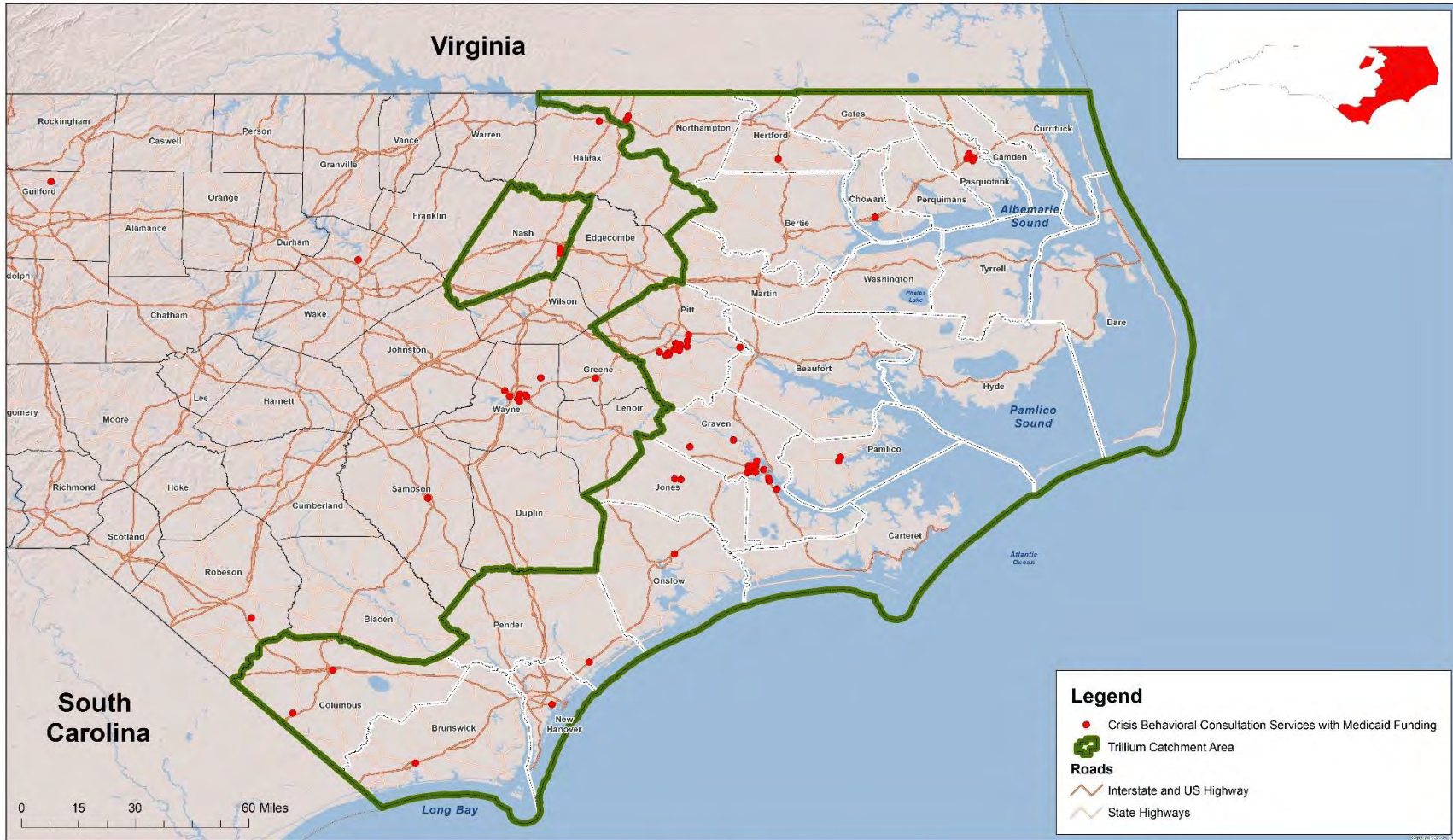


Trillium Health Resources LME/MCO Community Networking Medicaid Funded C-Waiver Services SFY18

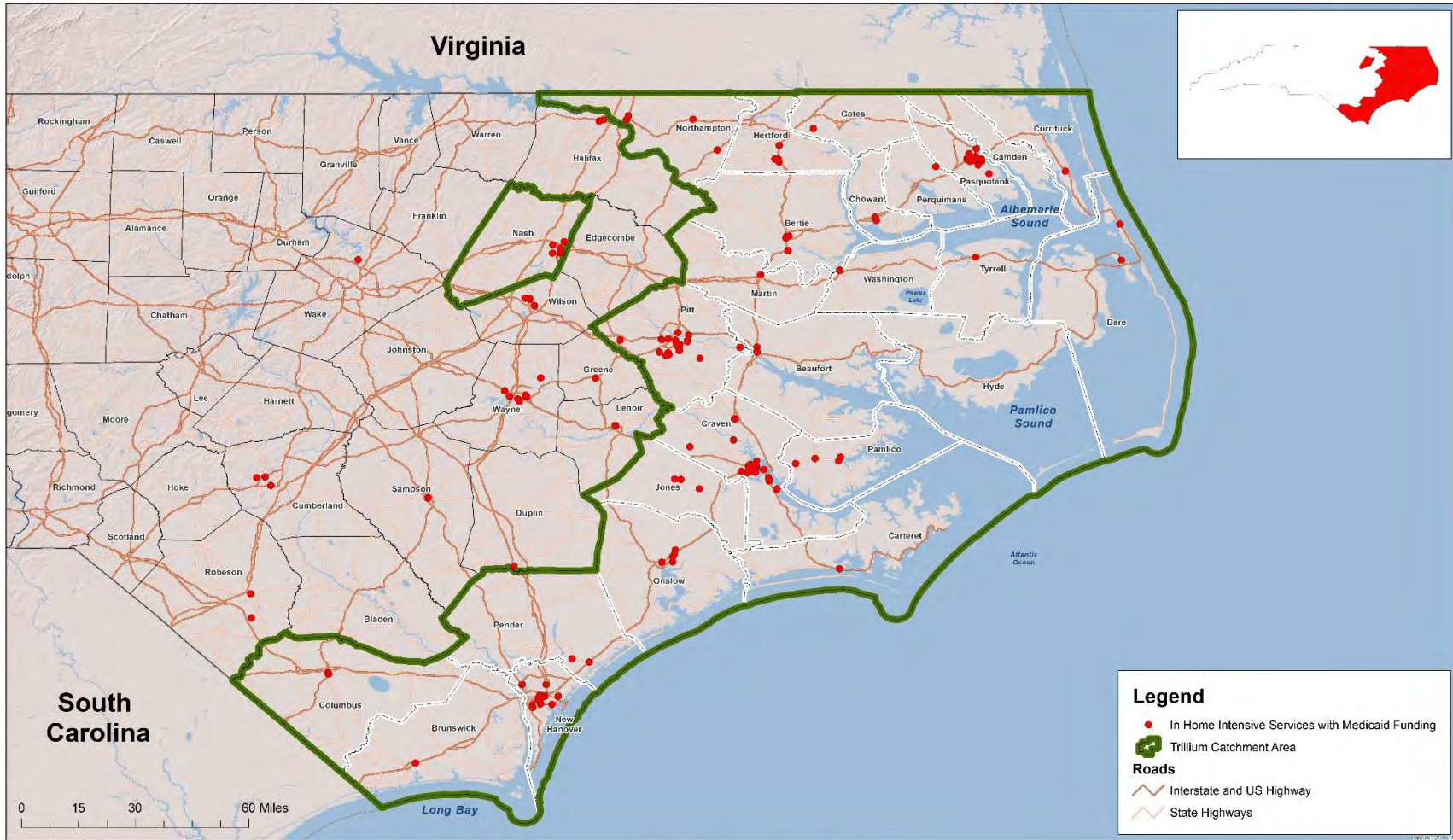


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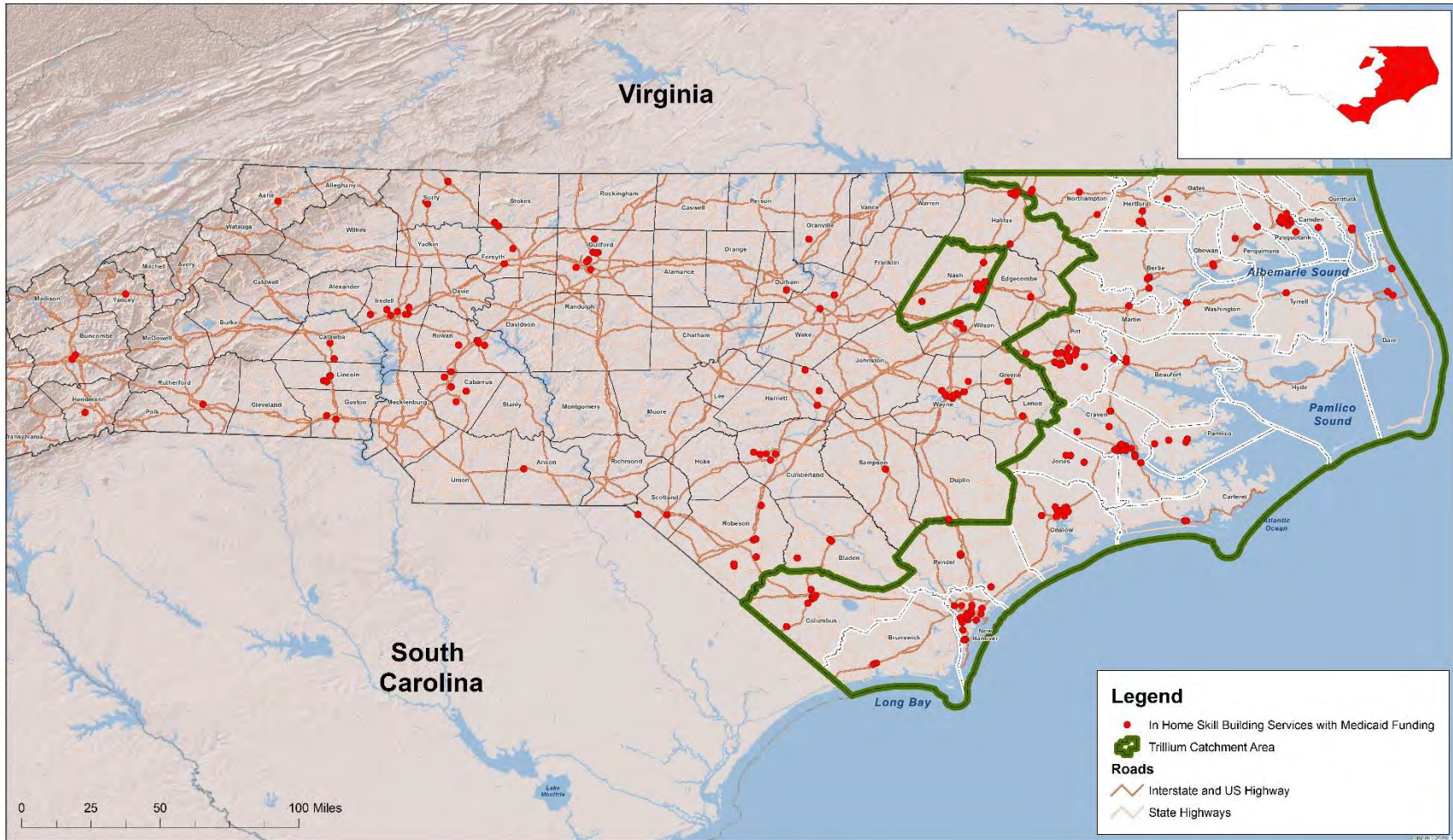
Trillium Health Resources LME/MCO Crisis Behavioral Consultation Medicaid Funded C-Waiver Services SFY18



Trillium Health Resources LME/MCO In Home Intensive Services Medicaid Funded C-Waiver Services SFY18



Trillium Health Resources LME/MCO In Home Skill Building Services Medicaid Funded C-Waiver Services SFY18



Legend

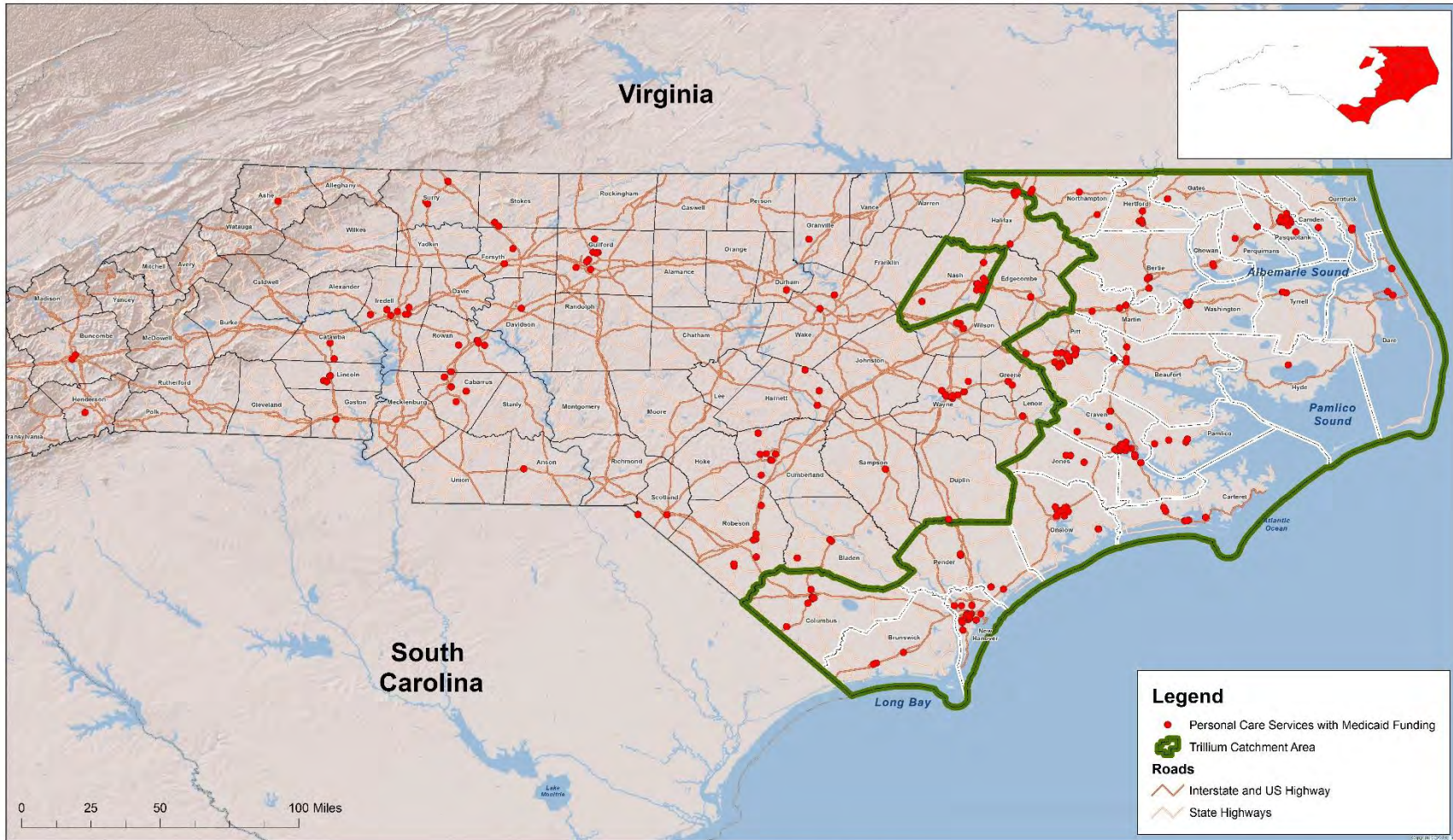
- In Home Skill Building Services with Medicaid Funding
- Trillium Catchment Area

Roads

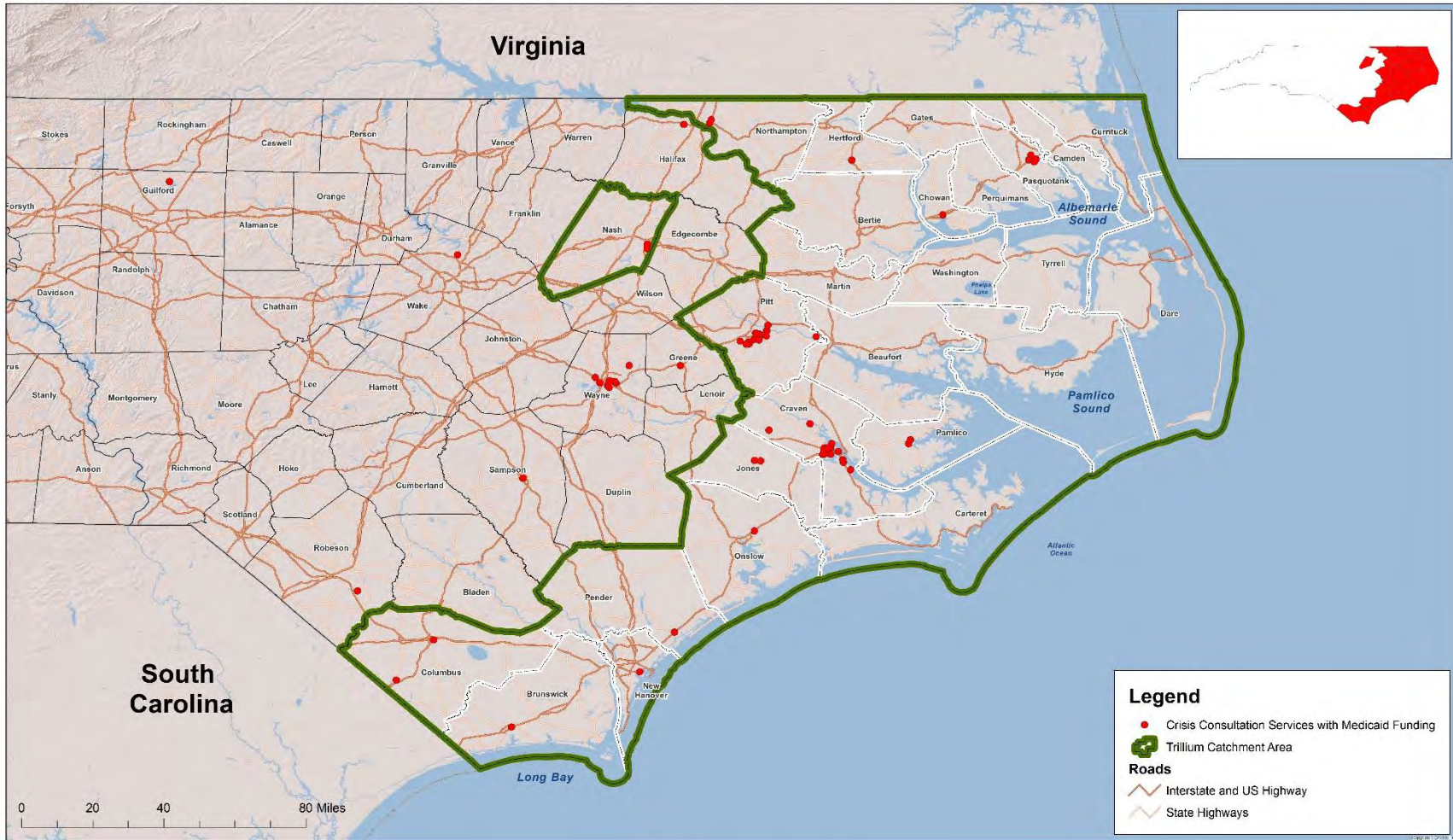
- Interstate and US Highway
- State Highways



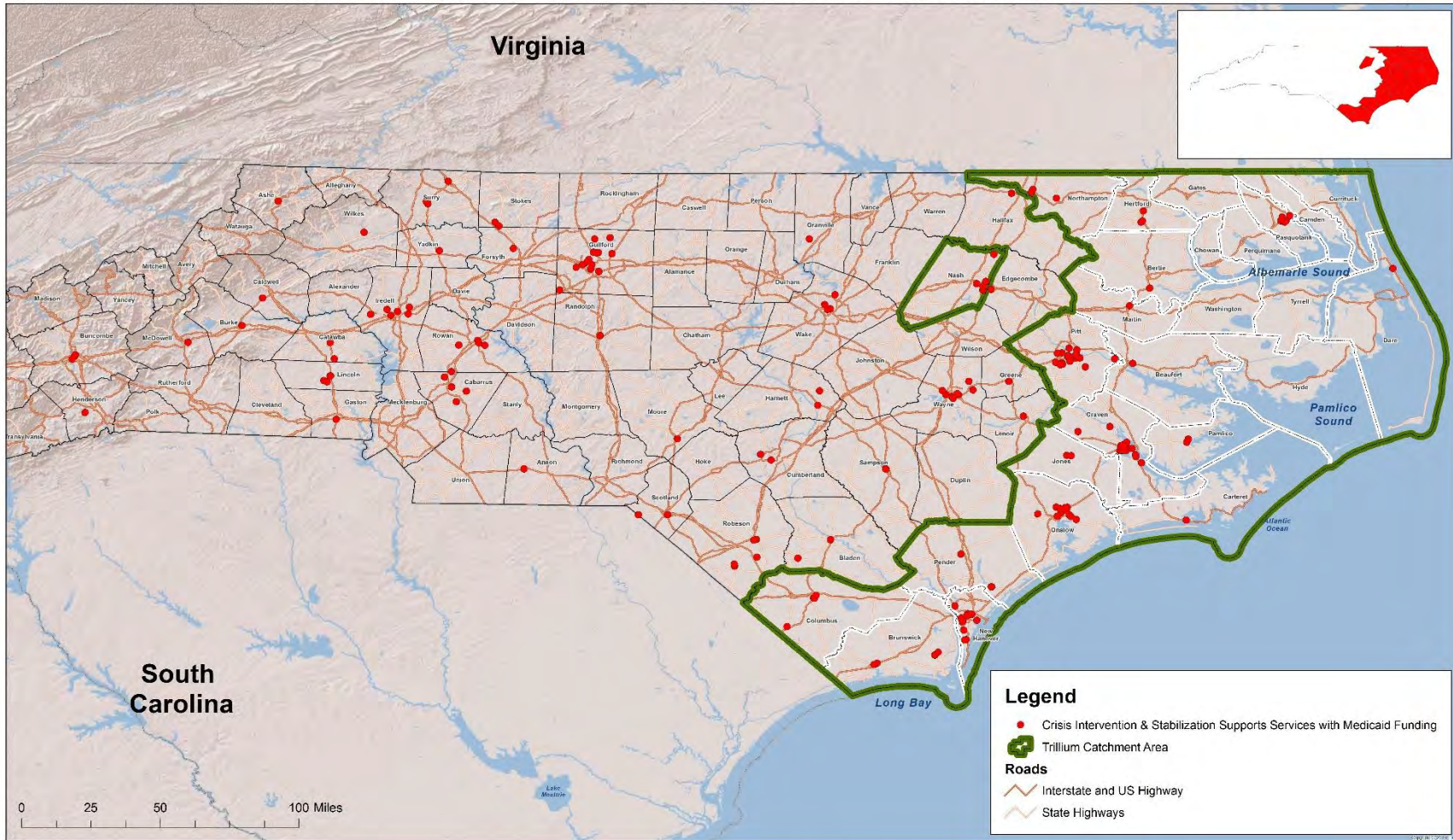
Trillium Health Resources LME/MCO Personal Care Services Medicaid Funded C-Waiver Services SFY18



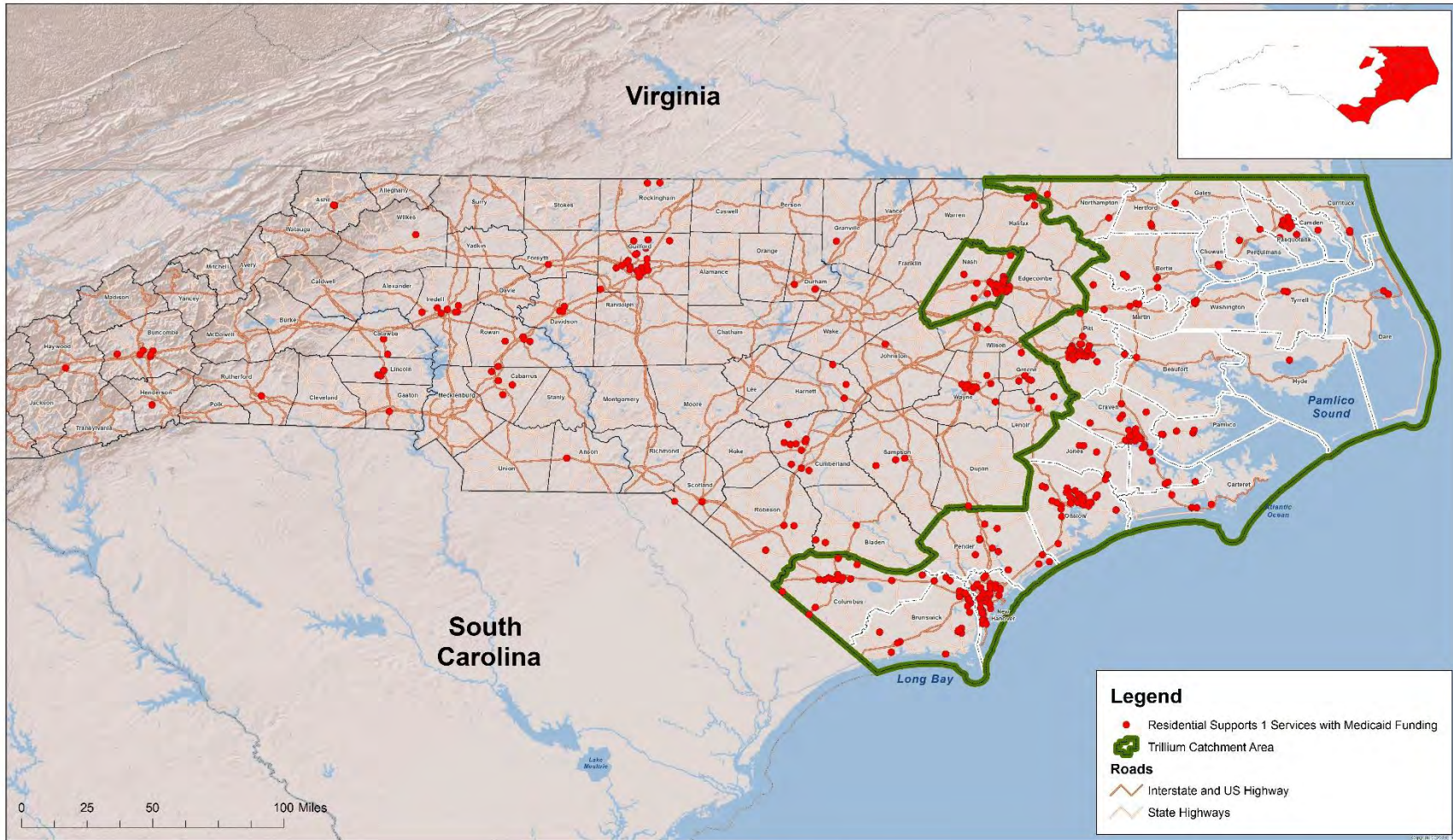
Trillium Health Resources LME/MCO Crisis Consultation Services Medicaid Funded C-Waiver Services SFY18



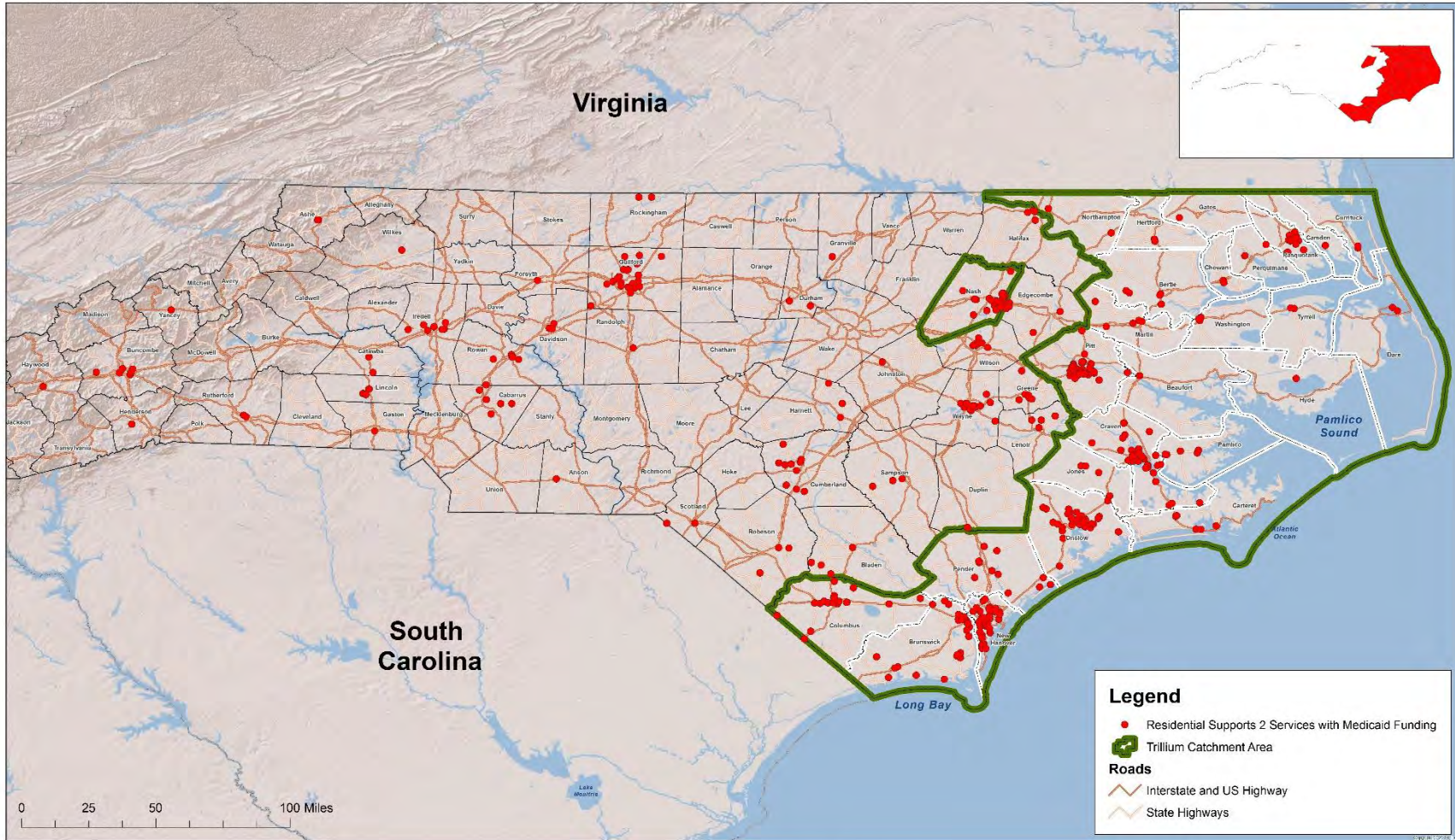
Trillium Health Resources LME/MCO Crisis Intervention & Stabilization Supports Medicaid Funded C-Waiver Services SFY18



Trillium Health Resources LME/MCO Residential Supports 1 Medicaid Funded C-Waiver Services SFY18

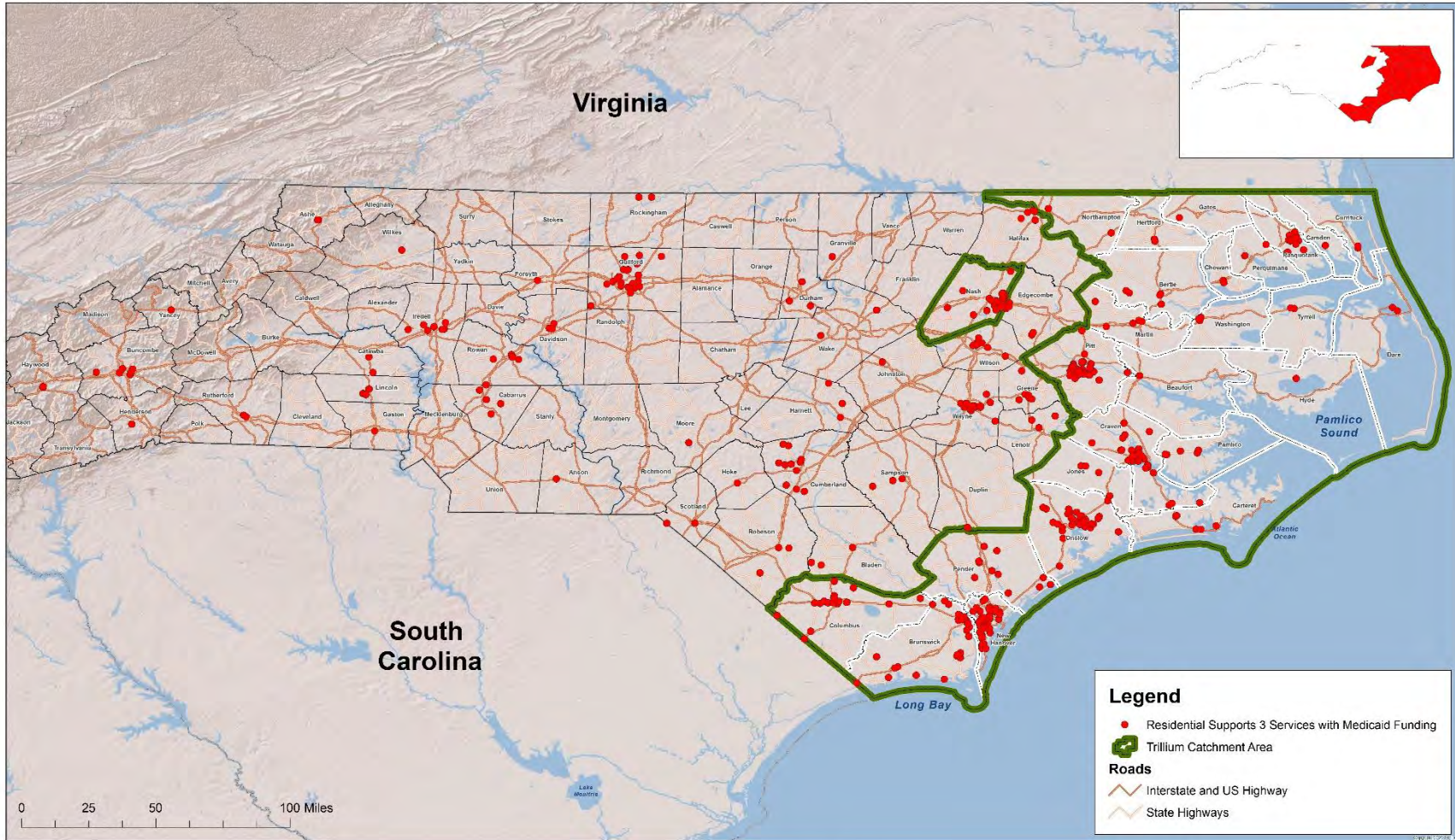


Trillium Health Resources LME/MCO Residential Supports 2 Medicaid Funded C-Waiver Services SFY18



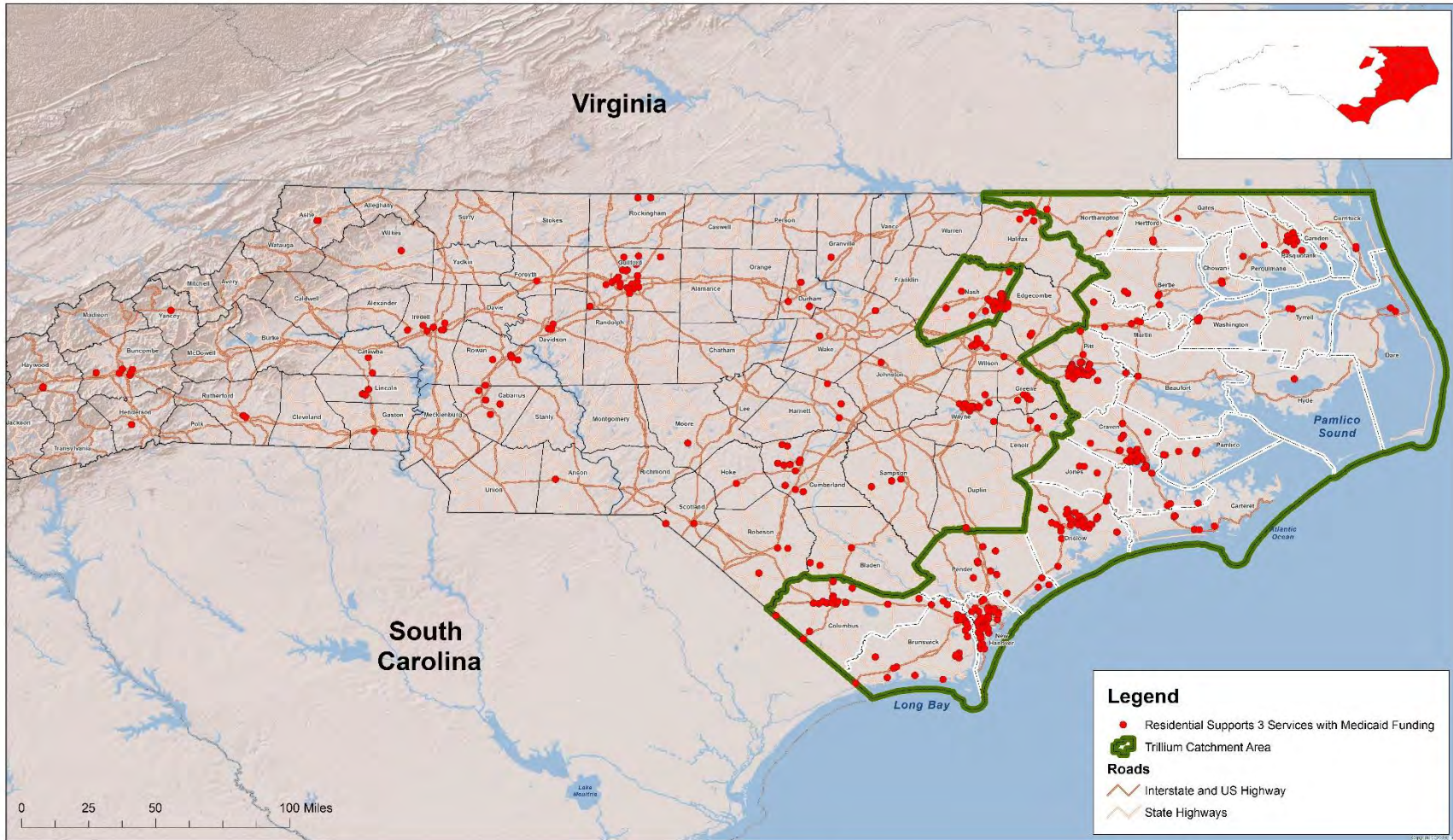
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Trillium Health Resources LME/MCO Residential Supports 3 Medicaid Funded C-Waiver Services SFY18

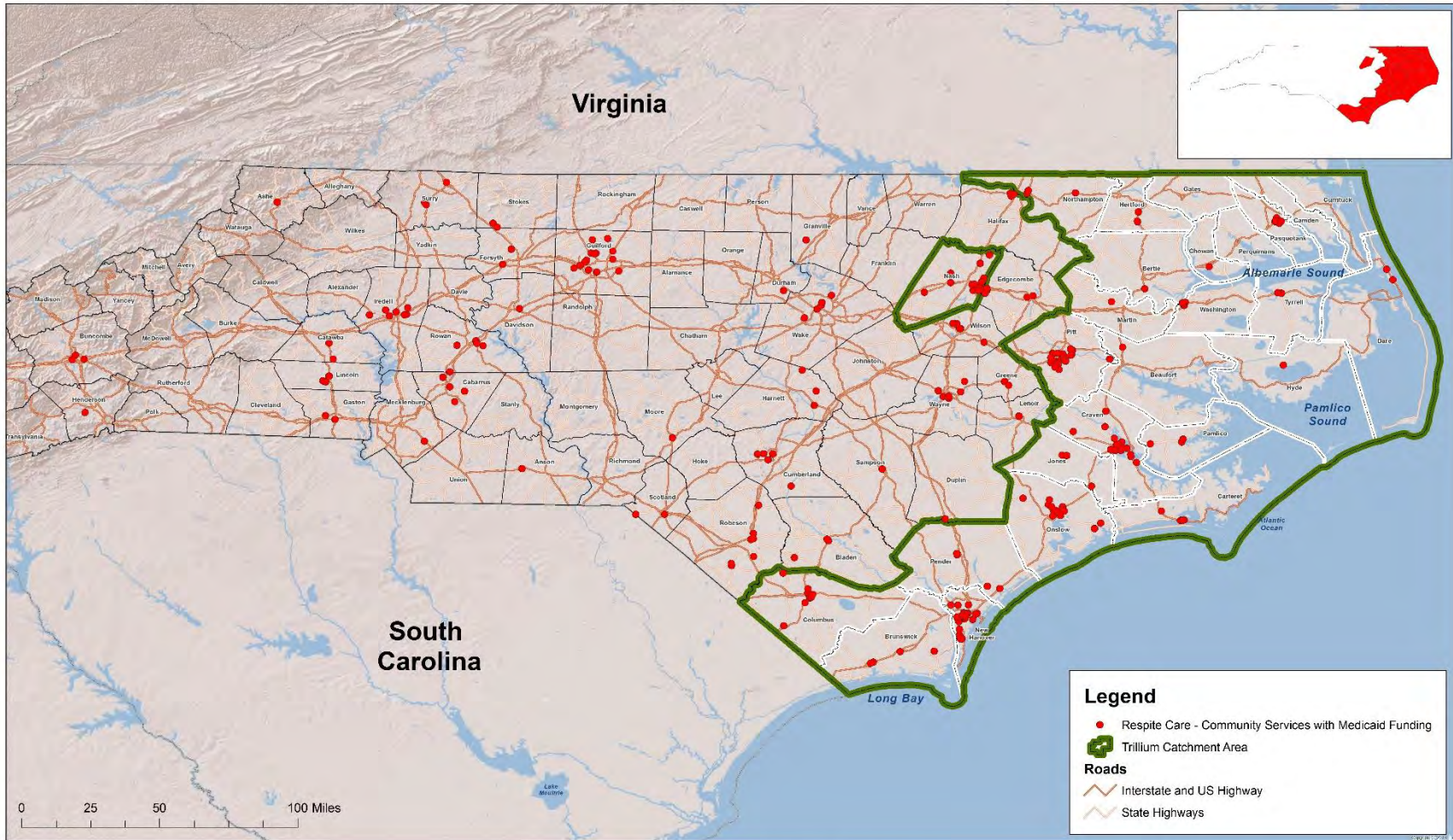


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Trillium Health Resources LME/MCO Residential Supports 4 Medicaid Funded C-Waiver Services SFY18



Trillium Health Resources LME/MCO Respite Care - Community Medicaid Funded C-Waiver Services SFY18



Legend

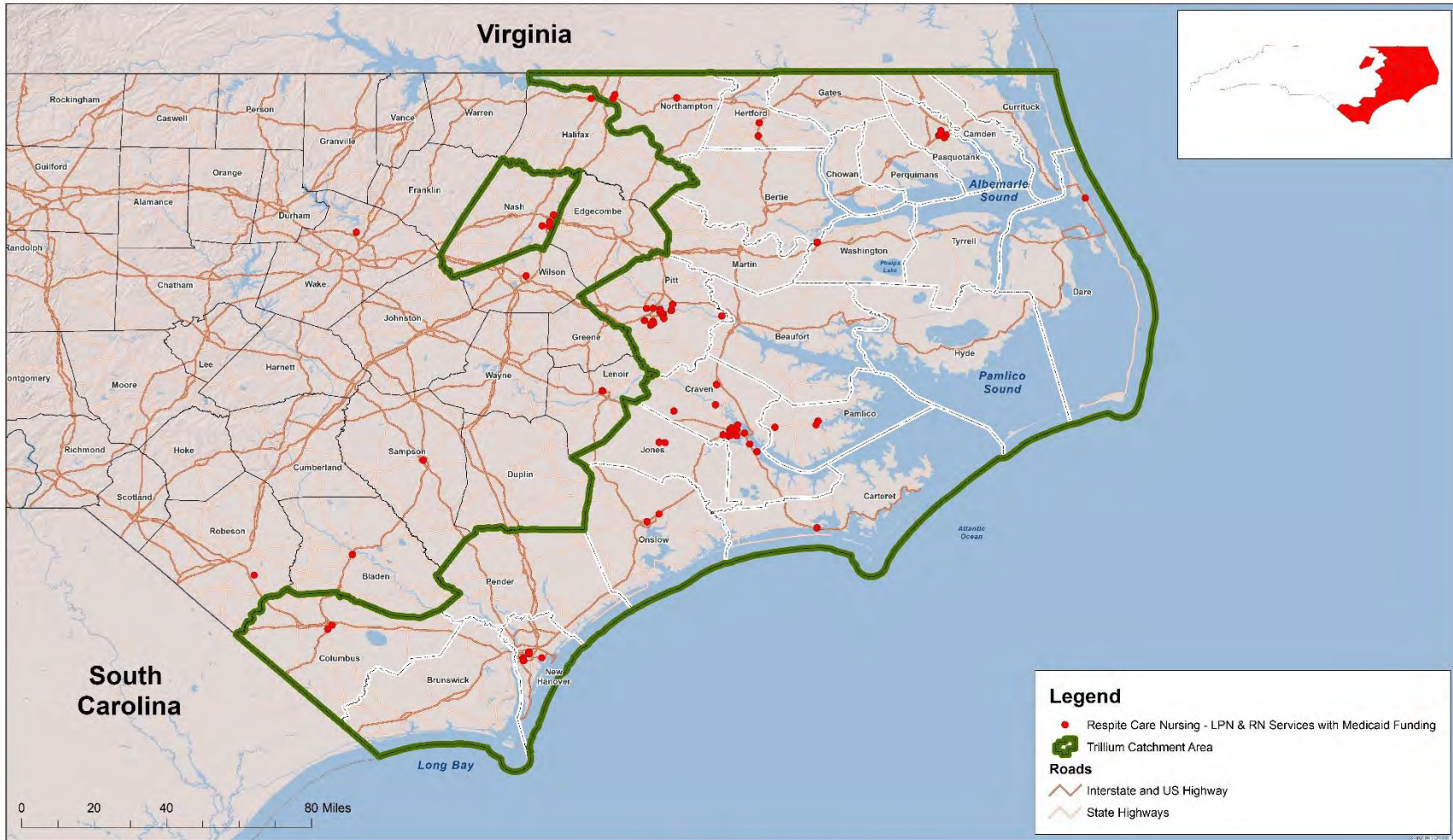
- Respite Care - Community Services with Medicaid Funding
- Trillium Catchment Area

Roads

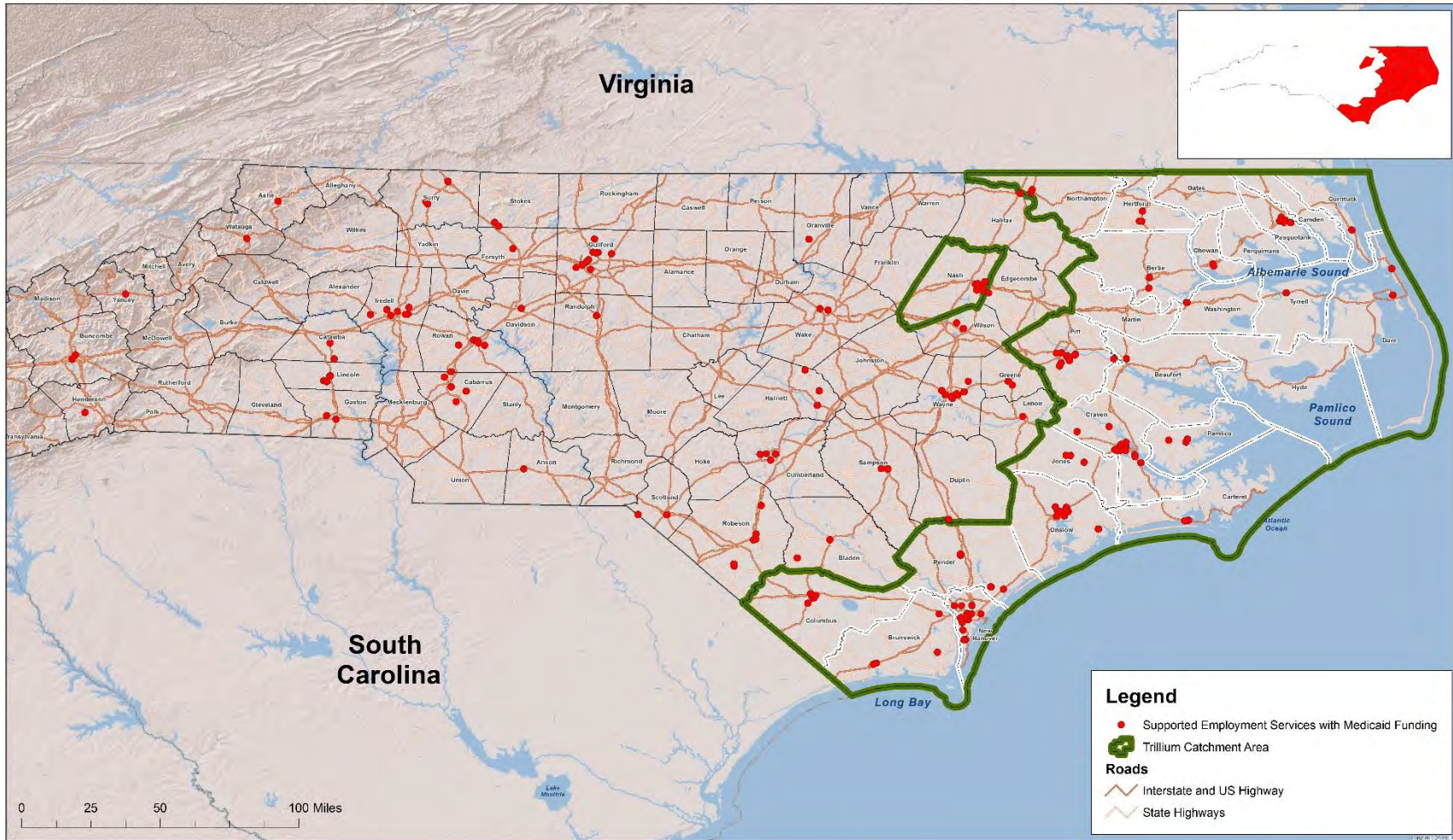
- Interstate and US Highway
- State Highways



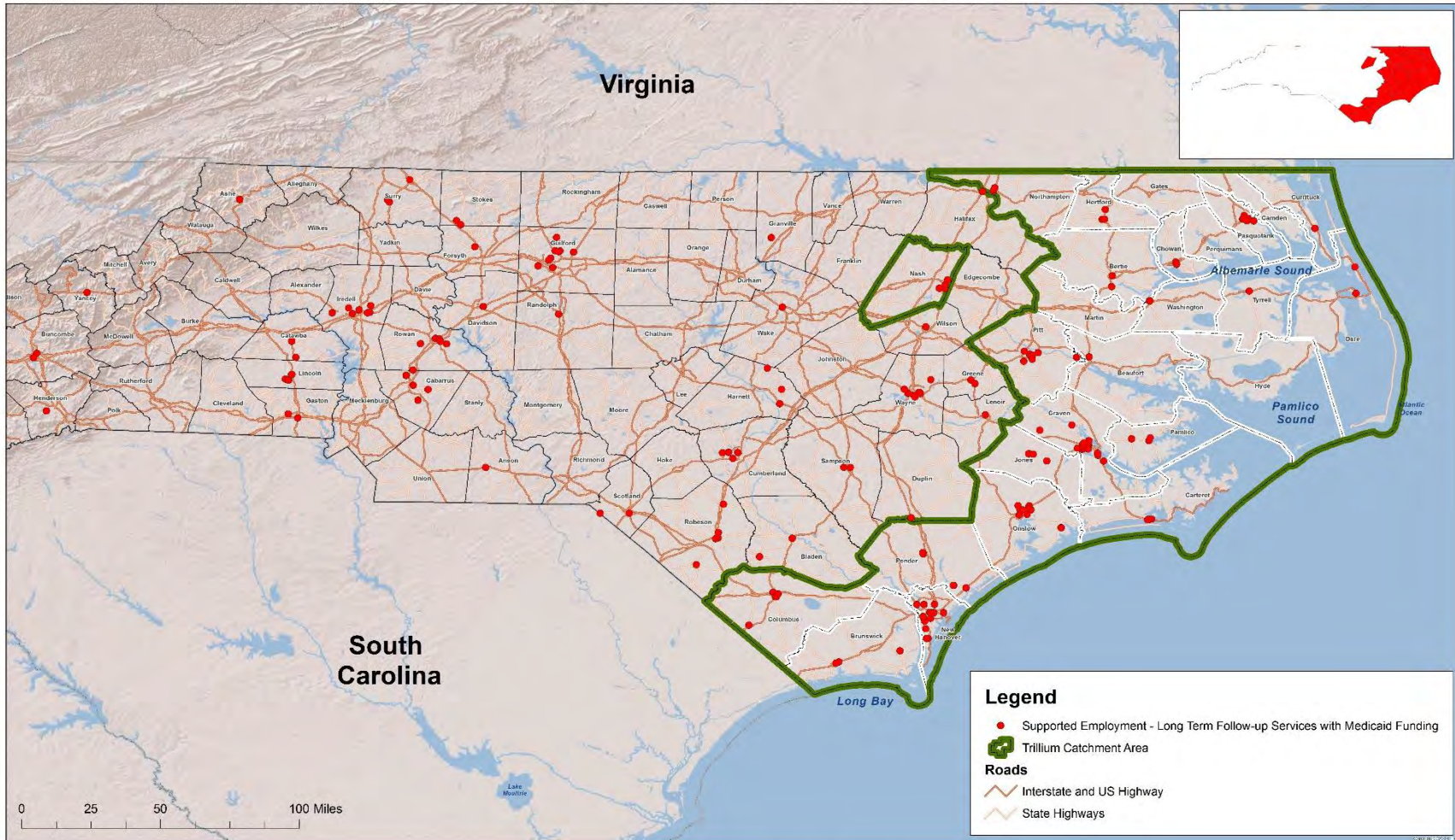
Trillium Health Resources LME/MCO Respite Care Nursing - LPN & RN Medicaid Funded C-Waiver Services SFY18



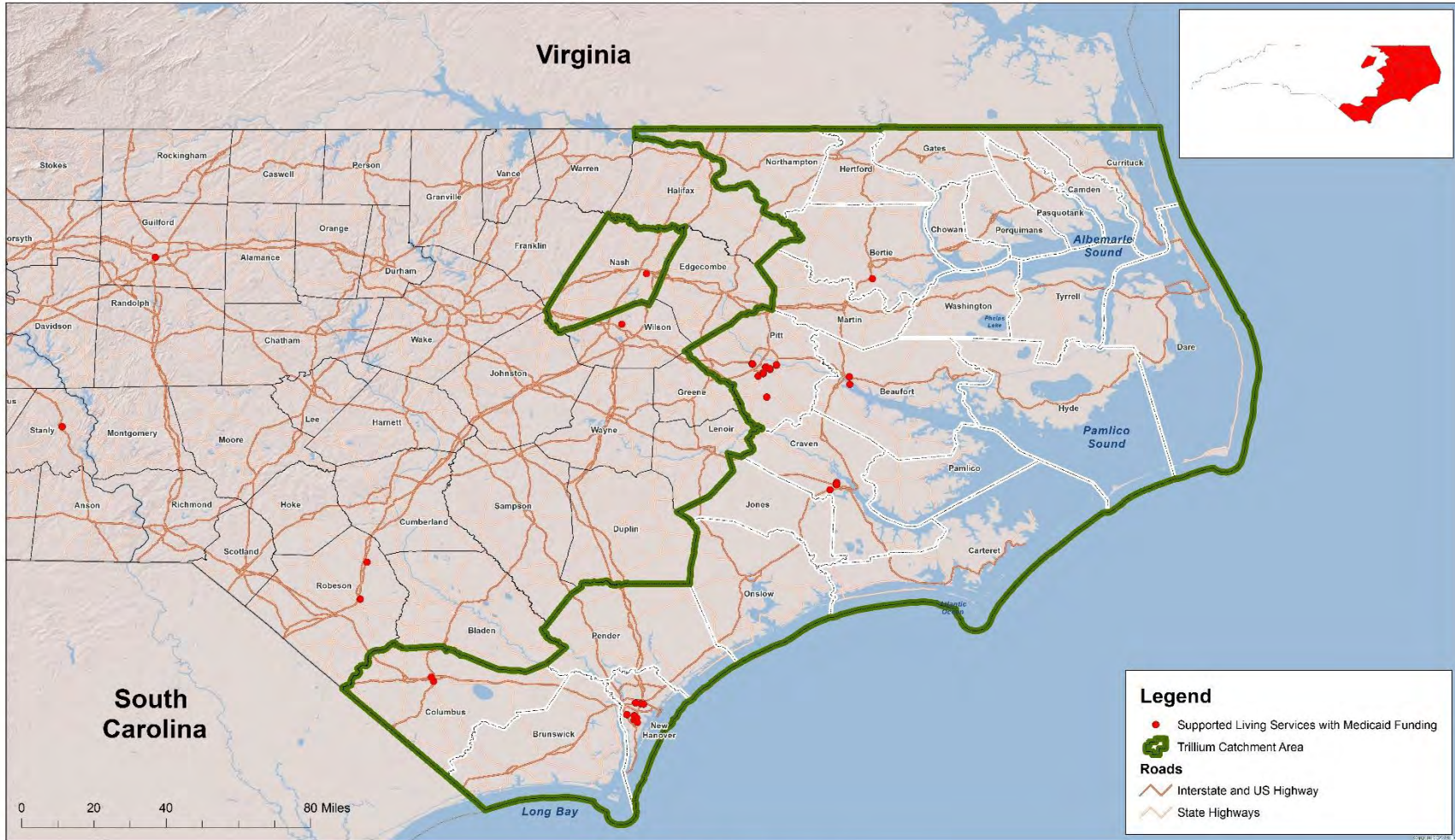
Trillium Health Resources LME/MCO Supported Employment Medicaid Funded C-Waiver Services SFY18



Trillium Health Resources LME/MCO Supported Employment - Long Term Follow-up Medicaid Funded C-Waiver Services SFY18

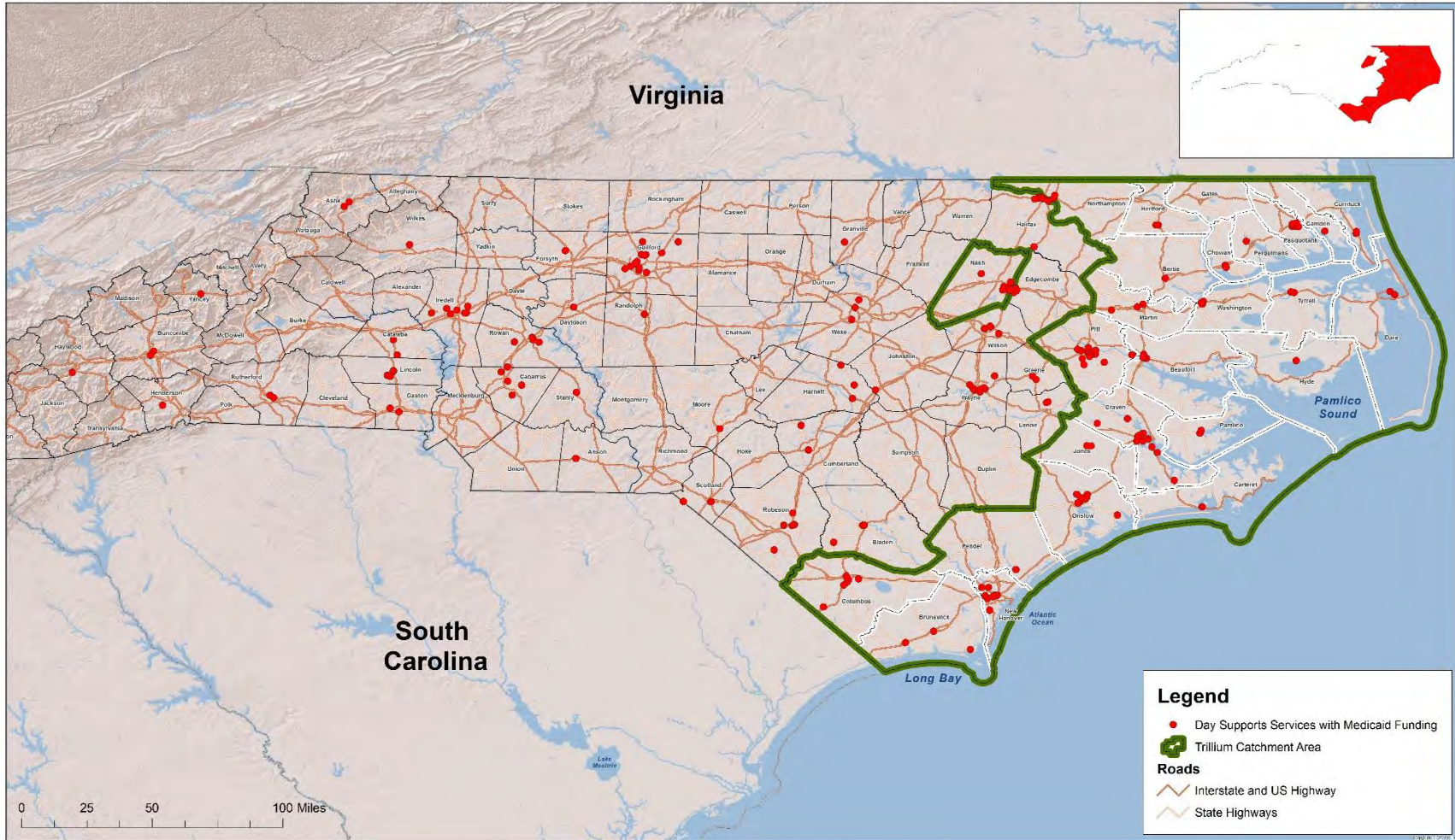


Trillium Health Resources LME/MCO Supported Living Medicaid Funded C-Waiver Services SFY18

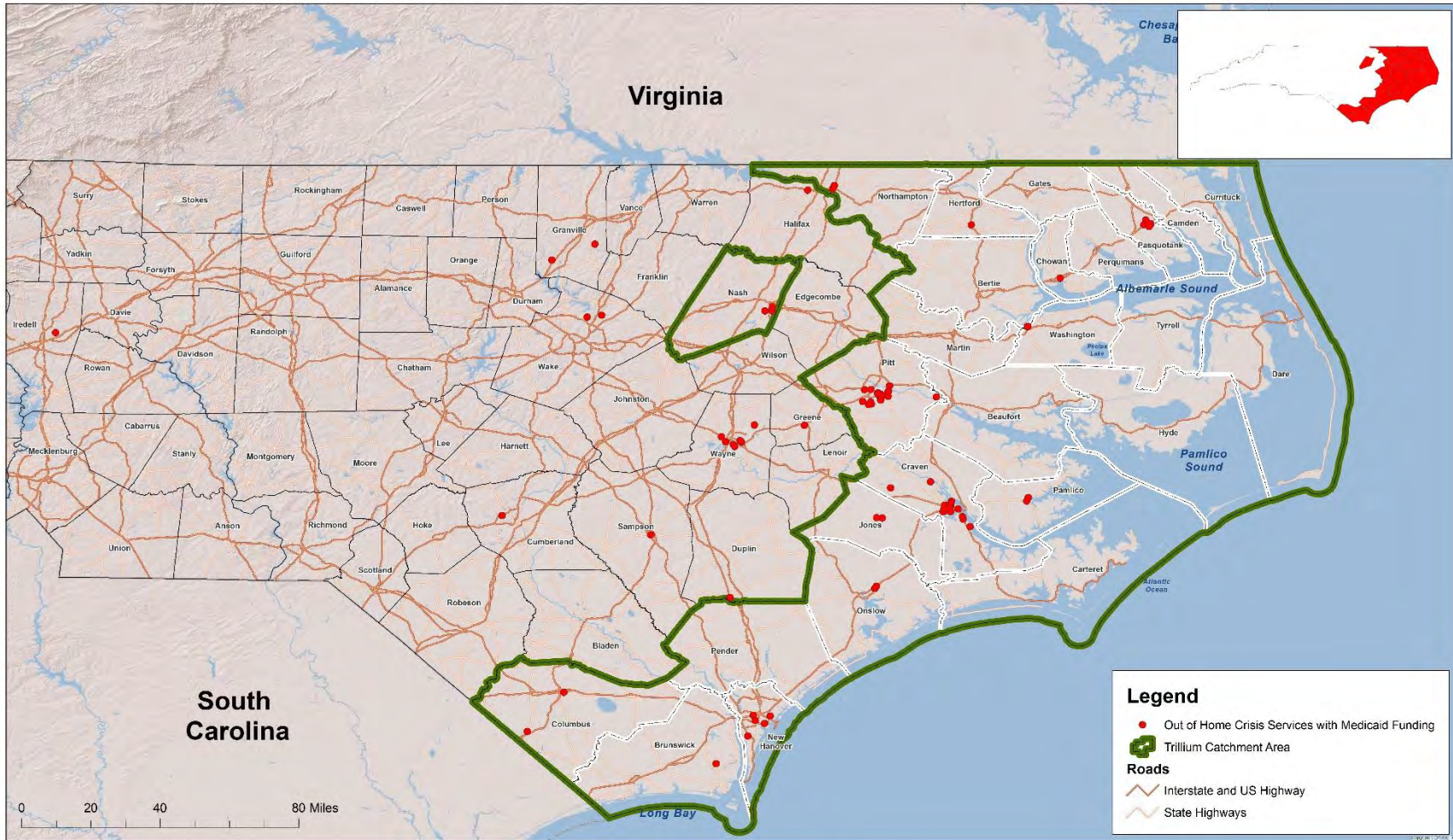


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Trillium Health Resources LME/MCO Day Supports Medicaid Funded C-Waiver Services SFY18

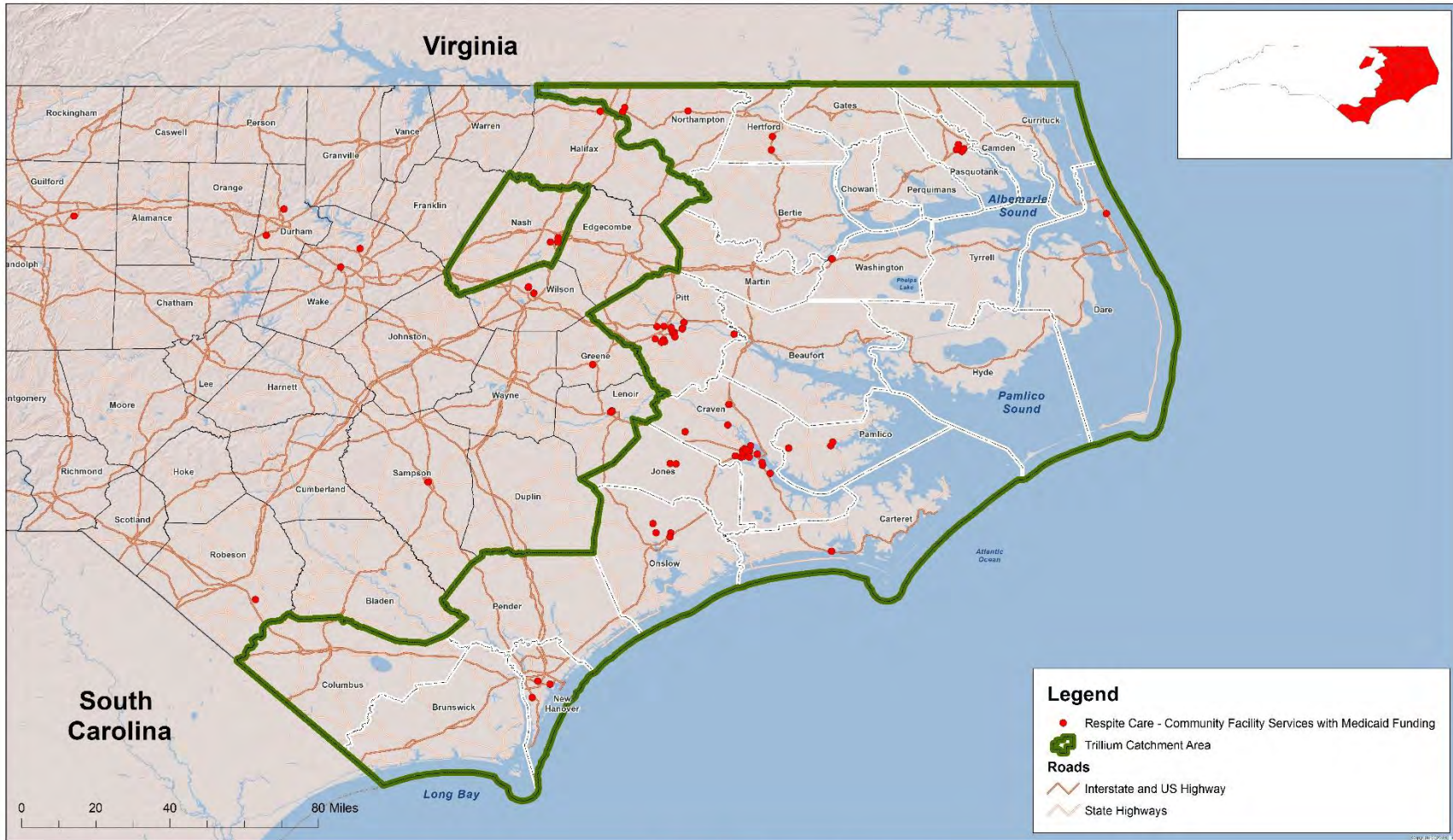


Trillium Health Resources LME/MCO Out of Home Crisis Medicaid Funded C-Waiver Services SFY18

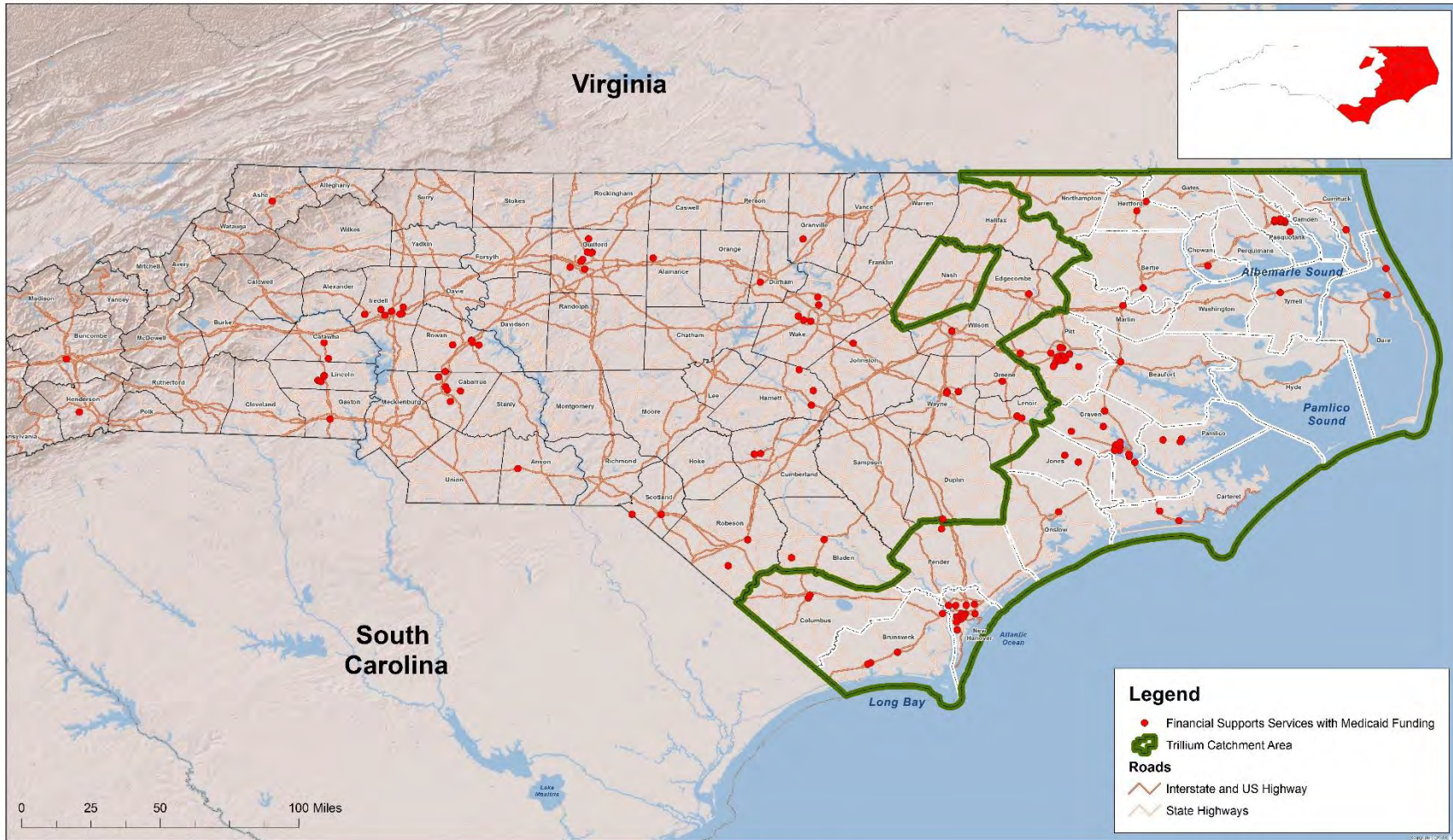


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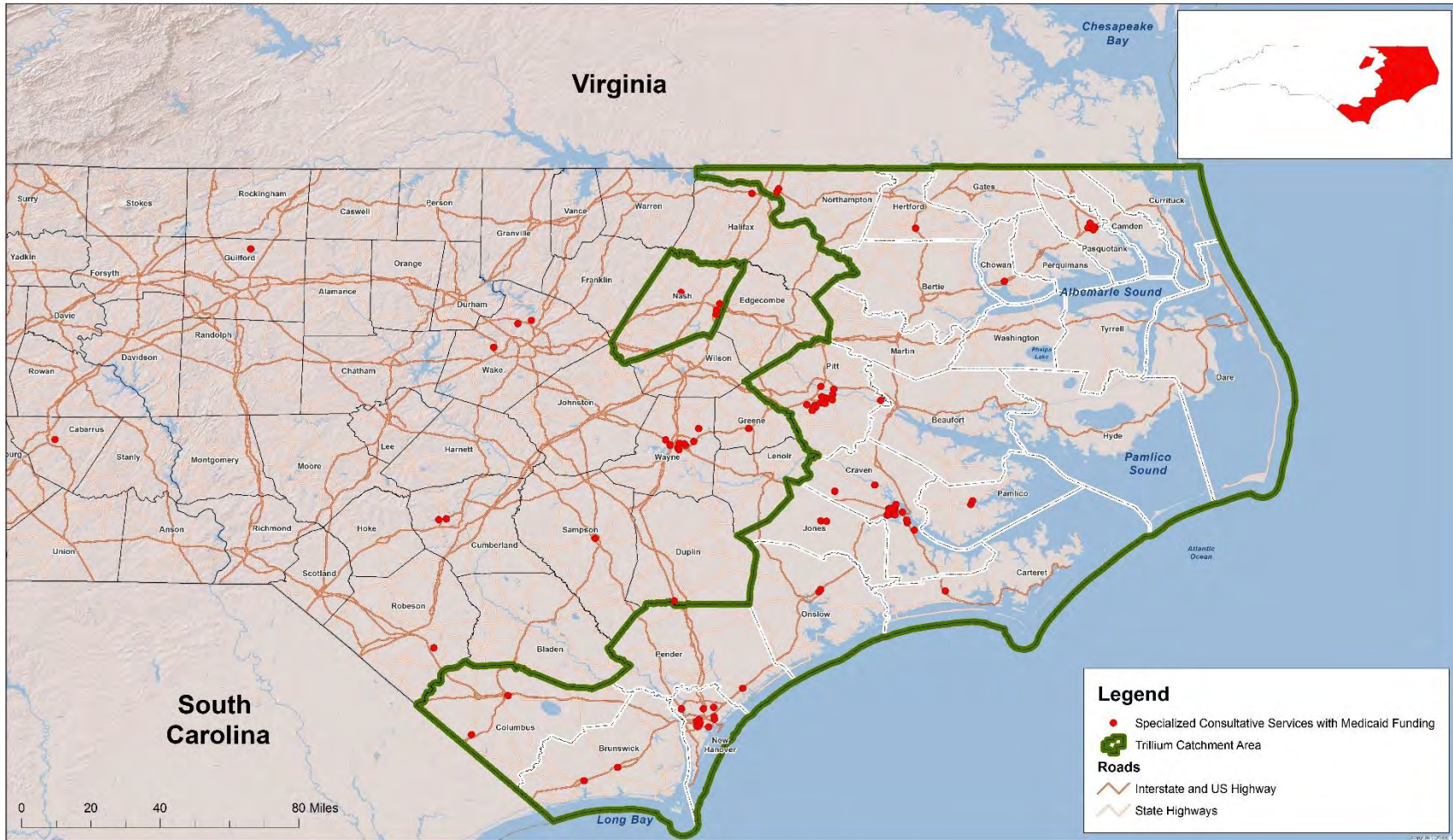
Trillium Health Resources LME/MCO Respite Care - Community Facility Medicaid Funded C-Waiver Services SFY18



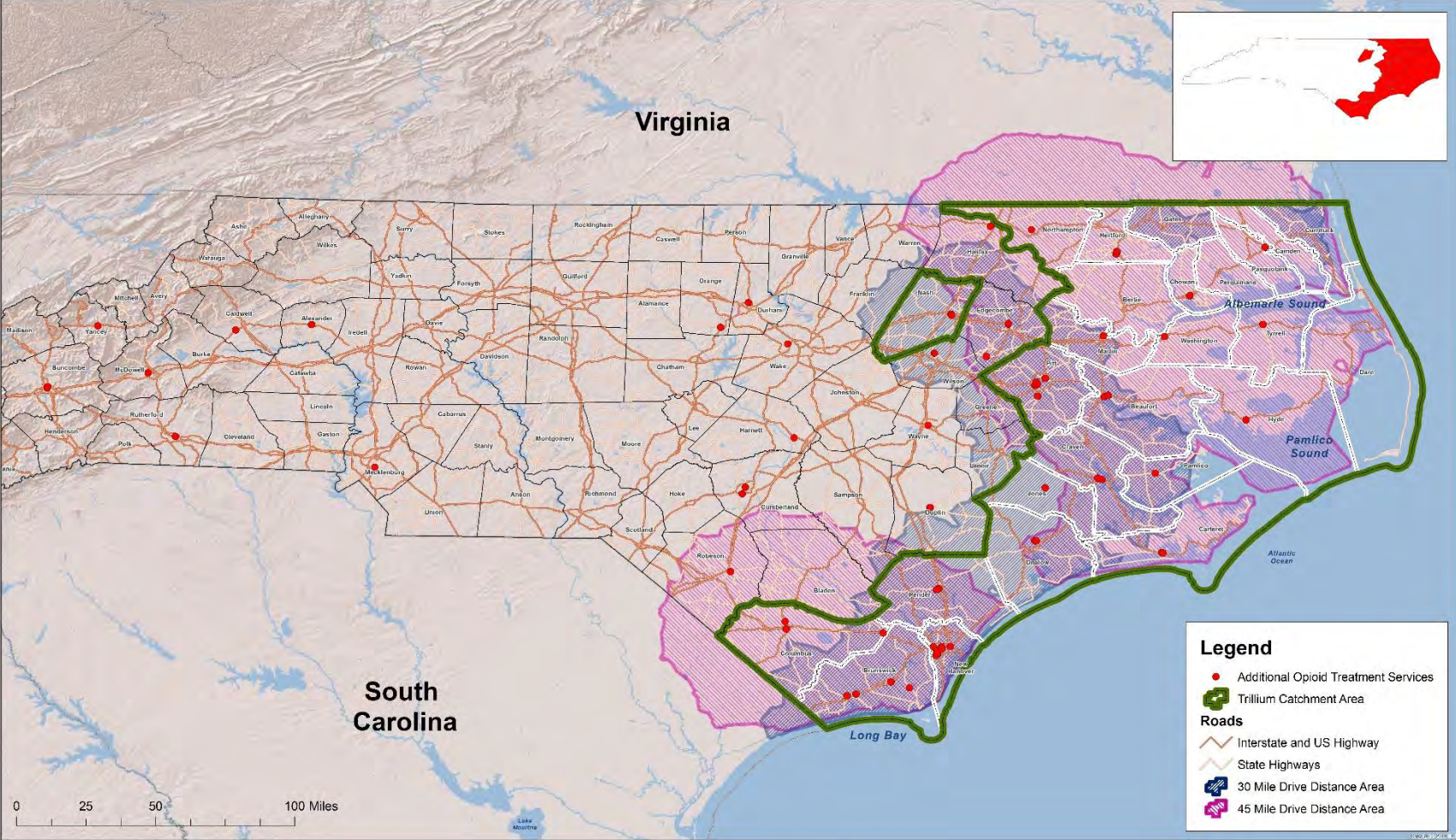
Trillium Health Resources LME/MCO Financial Supports Medicaid Funded C-Waiver Services SFY18



Trillium Health Resources LME/MCO Specialized Consultative Services Medicaid Funded C-Waiver Services SFY18



Trillium Health Resources LME/MCO Additional Opioid Treatment Services



Legend

- Additional Opioid Treatment Services
- Trillium Catchment Area

Roads

- Interstate and US Highway
- State Highways
- 30 Mile Drive Distance Area
- 45 Mile Drive Distance Area



Appendix D: Additional Opioid Services

Additional Opioid Services by Trillium Prescriber

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
ALBERT, AARON, MD	CAROLINA HEALTHCARE ASSOCIATES INC DBA CHA DIVISION OF PSYCHIATRY	2131 S 17TH ST	Wilmington	NC	28401	New Hanover	New Hanover
AMES, DAVID	EAST CAROLINA UNIVERSITY	905 JOHNS HOPKINS DR	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
AMES, DAVID	PORT HEALTH SERVICES	314 PROGRESS DRIVE	Burgaw	NC	28425	Pender	Pender
AMES, DAVID	PORT HEALTH SERVICES	316 PROGRESS DRIVE	Burgaw	NC	28425	Pender	Pender
AMES, DAVID	PORT HEALTH SERVICES	102 MEDICAL DR	Elizabeth City	NC	27909	Pasquotank	Pasquotank
AMES, DAVID	PORT HEALTH SERVICES	116 HEALTH DRIVE	Greenville	NC	27834	Pitt	Pitt
AMES, DAVID	PORT HEALTH SERVICES	203 GOVERNMENT CIR	Greenville	NC	27834	Pitt	Pitt
AMES, DAVID	PORT HEALTH SERVICES	2602 COURTIER DR	Greenville	NC	27834	Pitt	Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
AMES, DAVID	PORT HEALTH SERVICES	1309 TATUM DR	New Bern	NC	28560	Craven	Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Lenoir, Martin, Moore, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
AMES, DAVID	PORT HEALTH SERVICES	1507 MARTIN ST	Wilmington	NC	28401	New Hanover	New Hanover
AMES, DAVID	PORT HEALTH SERVICES	416 WALNUT ST	Wilmington	NC	28401	New Hanover	New Hanover
AMES, DAVID	PORT HEALTH SERVICES	154 BEACON DR	Winterville	NC	28590	Pitt	Pitt
ANAND, VIVEK MD	EAST CAROLINA UNIVERSITY	905 JOHNS HOPKINS DR	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
ANAND, VIVEK MD	PORT HEALTH SERVICES	102 MEDICAL DR	Elizabeth City	NC	27909	Pasquotank	Pasquotank
ANAND, VIVEK MD	PORT HEALTH SERVICES	2602 COURTIER DR	Greenville	NC	27834	Pitt	Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
ANAND, VIVEK MD	PORT HEALTH SERVICES	1309 TATUM DR	New Bern	NC	28560	Craven	Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Lenoir, Martin, Moore, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
ANAND, VIVEK MD	PORT HEALTH SERVICES	154 BEACON DR	Winterville	NC	28590	Pitt	Pitt
ANAND, VIVEK MD	RHA HEALTH SERVICES	17 CHURCH ST	Asheville	NC	28801	Buncombe	Buncombe
ANAND, VIVEK MD	RHA HEALTH SERVICES	90 ASHELAND AVENUE	Asheville	NC	28801	Buncombe	Buncombe
ANAND, VIVEK MD	RHA HEALTH SERVICES	72 BLUE RIDGE LANE	Burnsville	NC	28714	Yancey	Yancey
ANAND, VIVEK MD	RHA HEALTH SERVICES	4108 PARK ROAD	Charlotte	NC	28209	Mecklenburg	Mecklenburg
ANAND, VIVEK MD	RHA HEALTH SERVICES	2722 FORT BRAGG ROAD	Fayetteville	NC	28303	Cumberland	Beaufort, Craven, Hyde, Jones, Pamlico, Tyrrell, Washington
ANAND, VIVEK MD	RHA HEALTH SERVICES	132 COMMERCIAL DRIVE	Forest City	NC	28043	Rutherford	Rutherford
ANAND, VIVEK MD	RHA HEALTH SERVICES	2415 MORGANTON BLVD	Lenoir	NC	28645	Caldwell	Caldwell
ANAND, VIVEK MD	RHA HEALTH SERVICES	486 SPAULDING ROAD	Marion	NC	28752	McDowell	McDowell
ANAND, VIVEK MD	RHA HEALTH SERVICES	1405A S GLENBURNIE RD	New Bern	NC	28562	Craven	Alamance, Alexander, Anson, Ashe, Beaufort, Bladen, Brunswick, Buncombe, Burke, Cabarrus, Caldwell, Carteret, Catawba, Cleveland, Columbus, Craven, Cumberland, Davidson, Davie, Durham, Gaston, Guilford, Halifax, Harnett, Henderson, Hyde, Iredell, Jones, Lee, Lincoln, McDowell, New Hanover, Onslow, Pamlico, Pender, Robeson, Rowan, Rutherford, Scotland, Stanly, Tyrrell, Union,

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
							Wake, Washington, Yancey
ANAND, VIVEK MD	RHA HEALTH SERVICES	201 W. BOILING SPRINGS LANE	Southport	NC	28461	Brunswick	Brunswick
ANAND, VIVEK MD	RHA HEALTH SERVICES	393 3RD AVENUE SW	Taylorsville	NC	28681	Alexander	Alexander
ANAND, VIVEK MD	RHA HEALTH SERVICES	2023 S 17TH ST	Wilmington	NC	28401	New Hanover	New Hanover
ANAND, VIVEK MD	RHA HEALTH SERVICES	2023-1 B SOUTH 17TH ST	Wilmington	NC	28401	New Hanover	New Hanover
ANAND, VIVEK MD	RHA HEALTH SERVICES	503 COVIL AVENUE	Wilmington	NC	28403	New Hanover	New Hanover
ANAND, VIVEK MD	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	101 CLINIC DRIVE	Tarboro	NC	27886	Edgecombe	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
ASBURY, KATHY FNP	COASTAL SOUTHEASTERN UNITED CARE	10 REFERENDUM DR NE	Bolivia	NC	28422	Brunswick	Brunswick
ASBURY, KATHY FNP	COASTAL SOUTHEASTERN UNITED CARE	3640 EXPRESS DR	Shallotte	NC	28470	Brunswick	Brunswick
ASBURY, KATHY FNP	COASTAL SOUTHEASTERN UNITED CARE	100A MEMORY PLZ	Whiteville	NC	28472	Columbus	Columbus
ASBURY, KATHY FNP	COASTAL SOUTHEASTERN UNITED CARE	1201 S 16TH ST	Wilmington	NC	28401	New Hanover	Brunswick
Baksh, Masud	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	113-B HERTFORD COUNTY HIGH ROAD	Ahoskie	NC	27910	Hertford	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
Baksh, Masud	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1208 HIGHWAY 64 E	Columbia	NC	27925	Tyrrell	Beaufort, Bertie, Camden, Chowan, Currituck, Dare, Hyde, Pasquotank,

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
							Perquimans, Tyrrell, Washington
Baksh, Masud	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	2100 STANTONSBURG RD	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Brunswick, Camden, Carteret, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
Baksh, Masud	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	401 N MAIN ST	Kenansville	NC	28349	Duplin	Duplin
Baksh, Masud	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	201WEST EDGECOMBE ST	Macclesfield	NC	27852	Edgecombe	Edgecombe
Baksh, Masud	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	804 WASHINGTON ST	Plymouth	NC	27962	Washington	Beaufort, Bertie, Camden, Chowan, Hyde, Martin, Pasquotank, Perquimans, Tyrrell, Washington
Baksh, Masud	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1221 MAIN ST	Swan Quarter	NC	27885	Hyde	Hyde
Baksh, Masud	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1308 HIGHLAND DR	Washington	NC	27889	Beaufort	Beaufort, Craven, Hyde, Martin, Pamlico, Pitt, Tyrrell, Washington
Baksh, Masud	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1379 COWELL FARM ROAD	Washington	NC	27889	Beaufort	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
Baksh, Masud	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	628 EAST 12TH STREET	Washington	NC	27889	Beaufort	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
Baksh, Masud	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	210 WEST LIBERTY STREET	Williamston	NC	27892	Martin	Beaufort, Bertie, Hyde, Martin, Pitt, Washington
BEAMER, MARK	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	113-B HERTFORD COUNTY HIGH ROAD	Ahoskie	NC	27910	Hertford	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
BEAMER, MARK	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1208 HIGHWAY 64 E	Columbia	NC	27925	Tyrrell	Beaufort, Bertie, Camden, Chowan, Currituck, Dare, Hyde, Pasquotank, Perquimans, Tyrrell, Washington
BEAMER, MARK	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	2100 STANTONSBURG RD	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
BEAMER, MARK	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	401 N MAIN STREET	Kenansville	NC	28349	Duplin	Duplin

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
BEAMER, MARK	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	201 WEST EDGECOMBE ST	Macclesfield	NC	27852	Edgecombe	Edgecombe
BEAMER, MARK	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	804 WASHINGTON ST	Plymouth	NC	27962	Washington	Beaufort, Bertie, Camden, Chowan, Hyde, Martin, Pasquotank, Perquimans, Tyrrell, Washington
BEAMER, MARK	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1221 MAIN ST	Swan Quarter	NC	27885	Hyde	Hyde
BEAMER, MARK	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1308 HIGHLAND DR	Washington	NC	27889	Beaufort	Beaufort, Craven, Hyde, Martin, Pamlico, Pitt, Tyrrell, Washington
BEAMER, MARK	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1379 COWELL FARM ROAD	Washington	NC	27889	Beaufort	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
BEAMER, MARK	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	628 EAST 12TH STREET	Washington	NC	27889	Beaufort	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
BEAMER, MARK	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	210 WEST LIBERTY STREET	Williamston	NC	27892	Martin	Beaufort, Bertie, Hyde, Martin, Pitt, Washington
BLAKE, JOHN PA-C	COMMUNITY SUPPORT AGENCY LLC	44 DREAM AVE	Delco	NC	28436	Columbus	Columbus
BOGART, MEGAN	PORT HEALTH SERVICES	314 PROGRESS DRIVE	Burgaw	NC	28425	Pender	Pender
BOGART, MEGAN	PORT HEALTH SERVICES	316 PROGRESS DRIVE	Burgaw	NC	28425	Pender	Pender
BOGART, MEGAN	PORT HEALTH SERVICES	102 MEDICAL DR	Elizabeth City	NC	27909	Pasquotank	Pasquotank
BOGART, MEGAN	PORT HEALTH SERVICES	116 HEALTH DRIVE	Greenville	NC	27834	Pitt	Pitt

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
BOGART, MEGAN	PORT HEALTH SERVICES	203 GOVERNMENT CIR	Greenville	NC	27834	Pitt	Pitt
BOGART, MEGAN	PORT HEALTH SERVICES	2602 COURTIER DR	Greenville	NC	27834	Pitt	Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
BOGART, MEGAN	PORT HEALTH SERVICES	1309 TATUM DR	New Bern	NC	28560	Craven	Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Lenoir, Martin, Moore, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
BOGART, MEGAN	PORT HEALTH SERVICES	1507 MARTIN ST	Wilmington	NC	28401	New Hanover	New Hanover
BOGART, MEGAN	PORT HEALTH SERVICES	416 WALNUT ST	Wilmington	NC	28401	New Hanover	New Hanover
BOGART, MEGAN	PORT HEALTH SERVICES	154 BEACON DR	Winterville	NC	28590	Pitt	Pitt
BOOTH, ANGELA PA	COASTAL HORIZONS CENTER INC	803 S WALKER ST	Burgaw	NC	28425	Pender	Pender
BOOTH, ANGELA PA	COASTAL HORIZONS CENTER INC	615 SHIPYARD BLVD	Wilmington	NC	28412	New Hanover	Brunswick, New Hanover, Pender
BROWN, PENNY PMHNP	PORT HEALTH SERVICES	1309 TATUM DR	New Bern	NC	28560	Craven	Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Lenoir, Martin, Moore, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
BRYANT, DWAYNE MD	DREAM PROVIDER CARE SERVICES INC	216 STEWART PKWY	Washington	NC	27889	Beaufort	Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
CARLSON, RICHARD MD-Psy	COASTAL HORIZONS CENTER INC	803 S WALKER ST	Burgaw	NC	28425	Pender	Pender
CARLSON, RICHARD MD-Psy	COASTAL HORIZONS CENTER INC	615 SHIPYARD BLVD	Wilmington	NC	28412	New Hanover	Brunswick, New Hanover, Pender
CHAFIN, TIMOTHY MD	EAST CAROLINA HEALTH dba VIDANT ROANOKE CHOWAN HOSPITAL	500 ACADEMY STREET S	Ahoskie	NC	27910	Hertford	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
COLLIER, KELLY PA	COASTAL HORIZONS CENTER INC	120 COASTAL HORIZONS DR	Shallotte	NC	28470	Brunswick	Brunswick
COYLE, MICHAEL MD	PORT HEALTH SERVICES	102 MEDICAL DR	Elizabeth City	NC	27909	Pasquotank	Pasquotank
COYLE, MICHAEL MD	PORT HEALTH SERVICES	203 GOVERNMENT CIR	Greenville	NC	27834	Pitt	Pitt
COYLE, MICHAEL MD	PORT HEALTH SERVICES	2602 COURTIER DR	Greenville	NC	27834	Pitt	Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
COYLE, MICHAEL MD	PORT HEALTH SERVICES	1309 TATUM DR	New Bern	NC	28560	Craven	Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Lenoir, Martin, Moore, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
COYLE, MICHAEL MD	PORT HEALTH SERVICES	154 BEACON DR	Winterville	NC	28590	Pitt	Pitt
CUTLER, JANET FNP-BC	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	2100 STANTONSBURG RD	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
DIAMOND, MICHAEL MD	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	2100 STANTONSBURG RD	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Brunswick, Camden, Carteret, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
DOBSON, BURT MD	RHA BEHAVIORAL HEALTH NC LLC	2003 GODWIN AVE	Lumberton	NC	28358	Robeson	Robeson
DOBSON, BURT MD	RHA BEHAVIORAL HEALTH NC LLC	26 LEE AVE	Whiteville	NC	28472	Columbus	Columbus
DOBSON, BURT MD	RHA HEALTH SERVICES	2023-1 B SOUTH 17TH ST	Wilmington	NC	28401	New Hanover	New Hanover
DOBSON, BURT MD	RHA HEALTH SERVICES	503 COVIL AVENUE	Wilmington	NC	28403	New Hanover	New Hanover

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
EL-KHOURY, SEMAAN	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	500 SOUTH ACADEMY STREET	Ahoskie	NC	27910	Hertford	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
EL-KHOURY, SEMAAN	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	500 SOUTH ACADEMY STREET	Ahoskie	NC	27910	Hertford	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
ELLIS, RICKIE MD	INTEGRATED FAMILY SERVICES PLLC	312 ACADEMY ST S	Ahoskie	NC	27910	Hertford	Beaufort, Bertie, Camden, Chowan, Durham, Gates, Greene, Hertford, Martin, Northampton, Pasquotank, Pitt, Wilson
ELLIS, RICKIE MD	PORT HEALTH SERVICES	314 PROGRESS DRIVE	Burgaw	NC	28425	Pender	Pender
ELLIS, RICKIE MD	PORT HEALTH SERVICES	316 PROGRESS DRIVE	Burgaw	NC	28425	Pender	Pender
ELLIS, RICKIE MD	PORT HEALTH SERVICES	102 MEDICAL DR	Elizabeth City	NC	27909	Pasquotank	Pasquotank
ELLIS, RICKIE MD	PORT HEALTH SERVICES	116 HEALTH DRIVE	Greenville	NC	27834	Pitt	Pitt
ELLIS, RICKIE MD	PORT HEALTH SERVICES	203 GOVERNMENT CIR	Greenville	NC	27834	Pitt	Pitt
ELLIS, RICKIE MD	PORT HEALTH SERVICES	2602 COURTIER DR	Greenville	NC	27834	Pitt	Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
ELLIS, RICKIE MD	PORT HEALTH SERVICES	1309 TATUM DR	New Bern	NC	28560	Craven	Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Lenoir, Martin, Moore, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
ELLIS, RICKIE MD	PORT HEALTH SERVICES	1507 MARTIN ST	Wilmington	NC	28401	New Hanover	New Hanover
ELLIS, RICKIE MD	PORT HEALTH SERVICES	416 WALNUT ST	Wilmington	NC	28401	New Hanover	New Hanover
ELLIS, RICKIE MD	PORT HEALTH SERVICES	154 BEACON DR	Winterville	NC	28590	Pitt	Pitt
Fernando, Lionel MD	LIFESOURCE OF NORTH CAROLINA	3205 RANDALL PKWY	Wilmington	NC	28403	New Hanover	New Hanover
FLYNN, RUTH	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	113-B HERTFORD COUNTY HIGH ROAD	Ahoskie	NC	27910	Hertford	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
FLYNN, RUTH	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1208 HIGHWAY 64 E	Columbia	NC	27925	Tyrrell	Beaufort, Bertie, Camden, Chowan, Currituck, Dare, Hyde, Pasquotank, Perquimans, Tyrrell, Washington
FLYNN, RUTH	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	2100 STANTONSBURG RD	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Brunswick, Camden, Carteret, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, New Hanover, Northampton, Onslow, Pamlico, Pasquotank,

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
							Pender, Perquimans, Pitt, Tyrrell, Washington
FLYNN, RUTH	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	401 N MAIN ST	Kenansville	NC	28349	Duplin	Duplin
FLYNN, RUTH	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	201 W EDGECOMBE ST	Macclesfield	NC	27852	Edgecombe	Edgecombe
FLYNN, RUTH	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	804 WASHINGTON ST	Plymouth	NC	27962	Washington	Beaufort, Bertie, Camden, Chowan, Hyde, Martin, Pasquotank, Perquimans, Tyrrell, Washington
FLYNN, RUTH	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1221 MAIN ST	Swan Quarter	NC	27885	Hyde	Hyde
FLYNN, RUTH	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1308 HIGHLAND DR	Washington	NC	27889	Beaufort	Beaufort, Craven, Hyde, Martin, Pamlico, Pitt, Tyrrell, Washington
FLYNN, RUTH	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1379 COWELL FARM ROAD	Washington	NC	27889	Beaufort	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
FLYNN, RUTH	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	628 EAST 12TH STREET	Washington	NC	27889	Beaufort	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank,

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
							Perquimans, Pitt, Tyrrell, Washington
FLYNN, RUTH	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	210 WEST LIBERTY STREET	Williamston	NC	27892	Martin	Beaufort, Bertie, Hyde, Martin, Pitt, Washington
FURIMSKY, MELANY DO	PITT COUNTY MEMORIAL HOSPITAL INC dba VIDANT MEDICAL CENTER	2100 STANTONSBURG RD	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Brunswick, Camden, Carteret, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
GARCIA, PAUL	EAST CAROLINA UNIVERSITY	905 JOHNS HOPKINS DR	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
HARRELL, MARK PA-C	EAST CAROLINA UNIVERSITY	101 HEART DRIVE	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
HARRELL,MARK PA-C	EAST CAROLINA UNIVERSITY	905 JOHNS HOPKINS DR	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
HE, JUN MD	REX HOSPITAL INC DBA REX HEALTHCARE (UNC)	4420 LAKE BOONE TRL	Raleigh	NC	27607	Wake	Wake
HE, JUN MD	UNC CHAPEL HILL DBA UNC FACULTY PHYSICIANS	101 MANNING DR	Chapel Hill	NC	27514	Orange	Orange
Hickman, Michele	COASTAL HORIZONS CENTER INC	803 S WALKER ST	Burgaw	NC	28425	Pender	Pender
Hickman, Michele	COASTAL HORIZONS CENTER INC	120 COASTAL HORIZONS DR	Shalotte	NC	28470	Brunswick	Brunswick
Hickman, Michele	COASTAL HORIZONS CENTER INC	615 SHIPYARD BLVD	Wilmington	NC	28412	New Hanover	Brunswick, New Hanover, Pender
HOWARD, AMY	PORT HEALTH SERVICES	314 PROGRESS DRIVE	Burgaw	NC	28425	Pender	Pender
HOWARD, AMY	PORT HEALTH SERVICES	316 PROGRESS DRIVE	Burgaw	NC	28425	Pender	Pender
HOWARD, AMY	PORT HEALTH SERVICES	102 MEDICAL DR	Elizabeth City	NC	27909	Pasquotank	Pasquotank
HOWARD, AMY	PORT HEALTH SERVICES	116 HEALTH DRIVE	Greenville	NC	27834	Pitt	Pitt
HOWARD, AMY	PORT HEALTH SERVICES	203 GOVERNMENT CIR	Greenville	NC	27834	Pitt	Pitt
HOWARD, AMY	PORT HEALTH SERVICES	2602 COURTIER DR	Greenville	NC	27834	Pitt	Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
HOWARD, AMY	PORT HEALTH SERVICES	1309 TATUM DR	New Bern	NC	28560	Craven	Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Lenoir, Martin, Moore, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
HOWARD, AMY	PORT HEALTH SERVICES	1507 MARTIN ST	Wilmington	NC	28401	New Hanover	New Hanover
HOWARD, AMY	PORT HEALTH SERVICES	416 WALNUT ST	Wilmington	NC	28401	New Hanover	New Hanover
HOWARD, AMY	PORT HEALTH SERVICES	154 BEACON DR	Winterville	NC	28590	Pitt	Pitt
JAMES, BRITTANY, PA-C	COASTAL CAROLINA NEUROPSYCHIATRIC CENTER	200 TARPON TRL	Jacksonville	NC	28546	Onslow	Carteret, Cumberland, Onslow
JAMES, BRITTANY, PA-C	THE CARTER CLINIC	603 EASTWOOD ROAD	Wilmington	NC	28403	New Hanover	Brunswick, New Hanover, Pender
JAZAYERI, ANNA PA	COASTAL HORIZONS CENTER INC	120 COASTAL HORIZONS DR	Shalotte	NC	28470	Brunswick	Brunswick
JAZAYERI, ANNA PA	COASTAL HORIZONS CENTER INC	615 SHIPYARD BLVD	Wilmington	NC	28412	New Hanover	Brunswick, New Hanover, Pender
JONES, GREGORY	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	113-B HERTFORD COUNTY HIGH ROAD	Ahoskie	NC	27910	Hertford	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
JONES, GREGORY	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1208 HIGHWAY 64 E	Columbia	NC	27925	Tyrrell	Beaufort, Bertie, Camden, Chowan, Currituck, Dare, Hyde, Pasquotank, Perquimans, Tyrrell, Washington

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
JONES, GREGORY	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	2100 STANTONSBURG RD	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
JONES, GREGORY	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	401 N MAIN ST	Kenansville	NC	28349	Duplin	Duplin
JONES, GREGORY	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	201 W EDGECOMBE ST	Macclesfield	NC	27852	Edgecombe	Edgecombe
JONES, GREGORY	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	804 WASHINGTON ST	Plymouth	NC	27962	Washington	Beaufort, Bertie, Camden, Chowan, Hyde, Martin, Pasquotank, Perquimans, Tyrrell, Washington
JONES, GREGORY	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1221 MAIN ST	Swan Quarter	NC	27885	Hyde	Hyde
JONES, GREGORY	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1308 HIGHLAND DR	Washington	NC	27889	Beaufort	Beaufort, Craven, Hyde, Martin, Pamlico, Pitt, Tyrrell, Washington
JONES, GREGORY	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1379 COWELL FARM ROAD	Washington	NC	27889	Beaufort	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
JONES, GREGORY	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	628 EAST 12TH STREET	Washington	NC	27889	Beaufort	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank,

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
							Perquimans, Pitt, Tyrrell, Washington
JONES, GREGORY	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	210 WEST LIBERTY STREET	Williamston	NC	27892	Martin	Beaufort, Bertie, Hyde, Martin, Pitt, Washington
KAUD, HANY	PORT HEALTH SERVICES	314 PROGRESS DRIVE	Burgaw	NC	28425	Pender	Pender
KAUD, HANY	PORT HEALTH SERVICES	316 PROGRESS DRIVE	Burgaw	NC	28425	Pender	Pender
KAUD, HANY	PORT HEALTH SERVICES	102 MEDICAL DR	Elizabeth City	NC	27909	Pasquotank	Pasquotank
KAUD, HANY	PORT HEALTH SERVICES	116 HEALTH DRIVE	Greenville	NC	27834	Pitt	Pitt
KAUD, HANY	PORT HEALTH SERVICES	203 GOVERNMENT CIR	Greenville	NC	27834	Pitt	Pitt
KAUD, HANY	PORT HEALTH SERVICES	2602 COURTIER DR	Greenville	NC	27834	Pitt	Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
KAUD, HANY	PORT HEALTH SERVICES	1309 TATUM DR	New Bern	NC	28560	Craven	Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Lenoir, Martin, Moore, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
KAUD, HANY	PORT HEALTH SERVICES	1507 MARTIN ST	Wilmington	NC	28401	New Hanover	New Hanover
KAUD, HANY	PORT HEALTH SERVICES	416 WALNUT ST	Wilmington	NC	28401	New Hanover	New Hanover
KAUD, HANY	PORT HEALTH SERVICES	154 BEACON DR	Winterville	NC	28590	Pitt	Pitt

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
KAUD, HANY	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	113-B HERTFORD COUNTY HIGH ROAD	Ahoskie	NC	27910	Hertford	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
KAUD, HANY	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1208 HIGHWAY 64 E	Columbia	NC	27925	Tyrrell	Beaufort, Bertie, Camden, Chowan, Currituck, Dare, Hyde, Pasquotank, Perquimans, Tyrrell, Washington
KAUD, HANY	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	2100 STANTONSBURG RD	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
KAUD, HANY	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	401 N MAIN ST	Kenansville	NC	28349	Duplin	Duplin
KAUD, HANY	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	201 W EDGECOMBE ST	Macclesfield	NC	27852	Edgecombe	Edgecombe
KAUD, HANY	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	804 WASHINGTON ST	Plymouth	NC	27962	Washington	Beaufort, Bertie, Camden, Chowan, Hyde, Martin, Pasquotank, Perquimans, Tyrrell, Washington
KAUD, HANY	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1221 MAIN ST	Swan Quarter	NC	27885	Hyde	Hyde
KAUD, HANY	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1308 HIGHLAND DR	Washington	NC	27889	Beaufort	Beaufort, Craven, Hyde, Martin, Pamlico, Pitt, Tyrrell, Washington

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
KAUD, HANY	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1379 COWELL FARM ROAD	Washington	NC	27889	Beaufort	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
KAUD, HANY	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	628 EAST 12TH STREET	Washington	NC	27889	Beaufort	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
KAUD, HANY	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	210 WEST LIBERTY STREET	Williamston	NC	27892	Martin	Beaufort, Bertie, Hyde, Martin, Pitt, Washington
KEARLEY, CORA	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	500 SOUTH ACADEMY STREET	Ahoskie	NC	27910	Hertford	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
KING, LUNSFORD	COASTAL SOUTHEASTERN UNITED CARE	10 REFERENDUM DR NE	Bolivia	NC	28422	Brunswick	Brunswick
KING, LUNSFORD	COASTAL SOUTHEASTERN UNITED CARE	3640 EXPRESS DR	Shalotte	NC	28470	Brunswick	Brunswick
KING, LUNSFORD	COASTAL SOUTHEASTERN UNITED CARE	100A MEMORY PLZ	Whiteville	NC	28472	Columbus	Columbus
KING, LUNSFORD	COASTAL SOUTHEASTERN UNITED CARE	1201 S 16TH ST	Wilmington	NC	28401	New Hanover	Brunswick
KINNEY, KAREN MD	PORT HEALTH SERVICES	314 PROGRESS DRIVE	Burgaw	NC	28425	Pender	Pender

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
KINNEY, KAREN MD	PORT HEALTH SERVICES	316 PROGRESS DR	Burgaw	NC	28425	Pender	Pender
KINNEY, KAREN MD	PORT HEALTH SERVICES	102 MEDICAL DR	Elizabeth City	NC	27909	Pasquotank	Pasquotank
KINNEY, KAREN MD	PORT HEALTH SERVICES	116 HEALTH DRIVE	Greenville	NC	27834	Pitt	Pitt
KINNEY, KAREN MD	PORT HEALTH SERVICES	203 GOVERNMENT CIR	Greenville	NC	27834	Pitt	Pitt
KINNEY, KAREN MD	PORT HEALTH SERVICES	2602 COURTIER DR	Greenville	NC	27834	Pitt	Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
KINNEY, KAREN MD	PORT HEALTH SERVICES	1309 TATUM DR	New Bern	NC	28560	Craven	Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Lenoir, Martin, Moore, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
KINNEY, KAREN MD	PORT HEALTH SERVICES	1507 MARTIN ST	Wilmington	NC	28401	New Hanover	New Hanover
KINNEY, KAREN MD	PORT HEALTH SERVICES	416 WALNUT ST	Wilmington	NC	28401	New Hanover	New Hanover
KINNEY, KAREN MD	PORT HEALTH SERVICES	154 BEACON DR	Winterville	NC	28590	Pitt	Pitt
KNERR JULIE MD	UNC CHAPEL HILL DBA UNC FACULTY PHYSICIANS	101 MANNING DR	Chapel Hill	NC	27514	Orange	Orange
LANE, WINSTON MD	EAST CAROLINA HEALTH- BEAUFORT INC. dba VIDANT BEAUFORT HOSPITAL	628 E 12TH ST	Washington	NC	27889	Beaufort	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

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
LANE, WINSTON MD	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	113-B HERTFORD COUNTY HIGH ROAD	Ahoskie	NC	27910	Hertford	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
LANE, WINSTON MD	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1208 HIGHWAY 64 E	Columbia	NC	27925	Tyrrell	Beaufort, Bertie, Camden, Chowan, Currituck, Dare, Hyde, Pasquotank, Perquimans, Tyrrell, Washington
LANE, WINSTON MD	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	2100 STANTONSBURG RD	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Brunswick, Camden, Carteret, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
LANE, WINSTON MD	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	401 N MAIN ST	Kenansville	NC	28349	Duplin	Duplin
LANE, WINSTON MD	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	201 W EDGECOMBE ST	Macclesfield	NC	27852	Edgecombe	Edgecombe
LANE, WINSTON MD	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	804 WASHINGTON ST	Plymouth	NC	27962	Washington	Beaufort, Bertie, Camden, Chowan, Hyde, Martin, Pasquotank, Perquimans, Tyrrell, Washington
LANE, WINSTON MD	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1221 MAIN ST	Swan Quarter	NC	27885	Hyde	Hyde
LANE, WINSTON MD	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1308 HIGHLAND DR	Washington	NC	27889	Beaufort	Beaufort, Craven, Hyde, Martin, Pamlico, Pitt, Tyrrell, Washington

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
LANE, WINSTON MD	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1379 COWELL FARM ROAD	Washington	NC	27889	Beaufort	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
LANE, WINSTON MD	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	628 EAST 12TH STREET	Washington	NC	27889	Beaufort	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
LANE, WINSTON MD	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	210 WEST LIBERTY STREET	Williamston	NC	27892	Martin	Beaufort, Bertie, Hyde, Martin, Pitt, Washington
LANG, MICHAEL	EAST CAROLINA HEALTH- BEAUFORT INC. dba VIDANT BEAUFORT HOSPITAL	628 E 12TH ST	Washington	NC	27889	Beaufort	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
LANG, MICHAEL	EAST CAROLINA UNIVERSITY	905 JOHNS HOPKINS DR	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
LANG, MICHAEL	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	113-B HERTFORD COUNTY HIGH ROAD	Ahoskie	NC	27910	Hertford	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
LANG, MICHAEL	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1208 HIGHWAY 64 E	Columbia	NC	27925	Tyrrell	Beaufort, Bertie, Camden, Chowan, Currituck, Dare, Hyde, Pasquotank, Perquimans, Tyrrell, Washington
LANG, MICHAEL	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	2100 STANTONSBURG RD	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Brunswick, Camden, Carteret, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
LANG, MICHAEL	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	401 N MAIN ST	Kenansville	NC	28349	Duplin	Duplin
LANG, MICHAEL	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	201 W EDGECOMBE ST	Macclesfield	NC	27852	Edgecombe	Edgecombe
LANG, MICHAEL	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	804 WASHINGTON ST	Plymouth	NC	27962	Washington	Beaufort, Bertie, Camden, Chowan, Hyde, Martin, Pasquotank, Perquimans, Tyrrell, Washington
LANG, MICHAEL	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1221 MAIN ST	Swan Quarter	NC	27885	Hyde	Hyde
LANG, MICHAEL	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1308 HIGHLAND DR	Washington	NC	27889	Beaufort	Beaufort, Craven, Hyde, Martin, Pamlico, Pitt, Tyrrell, Washington

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
LANG, MICHAEL	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1379 COWELL FARM ROAD	Washington	NC	27889	Beaufort	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
LANG, MICHAEL	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	628 EAST 12TH STREET	Washington	NC	27889	Beaufort	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
LANG, MICHAEL	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	210 WEST LIBERTY STREET	Williamston	NC	27892	Martin	Beaufort, Bertie, Hyde, Martin, Pitt, Washington
LEIBOVICI, SAMUEL MD	PITT COUNTY MEMORIAL HOSPITAL INC dba VIDANT MEDICAL CENTER	2100 STANTONSBURG RD	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Brunswick, Camden, Carteret, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
LEIBOVICI, SAMUEL MD	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	2100 STANTONSBURG RD	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Brunswick, Camden, Carteret, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, New Hanover, Northampton, Onslow, Pamlico, Pasquotank,

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
							Pender, Perquimans, Pitt, Tyrrell, Washington
LEONHARDT, GARY	PORT HEALTH SERVICES	102 MEDICAL DR	Elizabeth City	NC	27909	Pasquotank	Pasquotank
LEONHARDT, GARY	PORT HEALTH SERVICES	203 GOVERNMENT CIR	Greenville	NC	27834	Pitt	Pitt
LEONHARDT, GARY	PORT HEALTH SERVICES	2602 COURTIER DR	Greenville	NC	27834	Pitt	Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
LEONHARDT, GARY	PORT HEALTH SERVICES	1309 TATUM DR	New Bern	NC	28560	Craven	Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Lenoir, Martin, Moore, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
LEONHARDT, GARY	PORT HEALTH SERVICES	154 BEACON DR	Winterville	NC	28590	Pitt	Pitt
LICATA, ROBERT MD	COASTAL HORIZONS CENTER INC	120 COASTAL HORIZONS DR	Shallotte	NC	28470	Brunswick	Brunswick
LONGEST, SONYA MD	WILSON PROFESSIONAL SERVICES TREATMENT CENTER INC	3709 NASH ST NW	Wilson	NC	27896	Wilson	Nash

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
LYNCH, RICHARD MD	DUPLIN GENERAL HOSPITAL INC dba VIDANT DUPLIN HOSPITAL	401 N MAIN ST	Kenansville	NC	28349	Duplin	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
LYNCH, RICHARD MD	EAST CAROLINA HEALTH dba VIDANT ROANOKE CHOWAN HOSPITAL	111 HERTFORD COUNTY HIGH ROAD	Ahoskie	NC	27910	Hertford	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
LYNCH, RICHARD MD	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	211 VIRGINIA ROAD	Edenton	NC	27932	Chowan	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
LYNCH, RICHARD MD	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	2100 STANTONSBURG RD	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Brunswick, Camden, Carteret, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
MAMEDI, RAVINDER MD	ROANOKE VALLEY PSYCHIATRIC ASSOCIATES PA	321 NC HIGHWAY 125	Roanoke Rapids	NC	27870	Halifax	Northampton, Pitt, Washington, Bertie, Pasquotank, Gates, Hertford, Carteret, Chowan, Perquimans, Pender, Nash, Martin, Craven
MANN, KAREN	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	113-B HERTFORD COUNTY HIGH ROAD	Ahoskie	NC	27910	Hertford	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
MANN, KAREN	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1208 HIGHWAY 64 E	Columbia	NC	27925	Tyrrell	Beaufort, Bertie, Camden, Chowan, Currituck, Dare, Hyde, Pasquotank, Perquimans, Tyrrell, Washington
MANN, KAREN	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	2100 STANTONSBURG RD	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
MANN, KAREN	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	401 N MAIN ST	Kenansville	NC	28349	Duplin	Duplin
MANN, KAREN	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	201 W EDGECOMBE ST	Macclesfield	NC	27852	Edgecombe	Edgecombe
MANN, KAREN	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	804 WASHINGTON ST	Plymouth	NC	27962	Washington	Beaufort, Bertie, Camden, Chowan, Hyde, Martin, Pasquotank, Perquimans, Tyrrell, Washington

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
MANN, KAREN	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1221 MAIN ST	Swan Quarter	NC	27885	Hyde	Hyde
MANN, KAREN	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1308 HIGHLAND DR	Washington	NC	27889	Beaufort	Beaufort, Craven, Hyde, Martin, Pamlico, Pitt, Tyrrell, Washington
MANN, KAREN	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1379 COWELL FARM ROAD	Washington	NC	27889	Beaufort	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
MANN, KAREN	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	628 EAST 12TH STREET	Washington	NC	27889	Beaufort	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
MANN, KAREN	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	210 WEST LIBERTY STREET	Williamston	NC	27892	Martin	Beaufort, Bertie, Hyde, Martin, Pitt, Washington
MARRETT, HANNA NP	PAMLICO CHILD AND FAMILY THERAPY, PLLC	13814 NC HIGHWAY 55	Bayboro	NC	28515	Pamlico	Beaufort, Carteret, Craven, Jones, Pamlico
MARRETT, HANNA NP	PAMLICO CHILD AND FAMILY THERAPY, PLLC	418 NC HIGHWAY 58 N UNIT D	Trenton	NC	28585	Jones	Jones
MARRETT, HANNA NP	PORT HEALTH SERVICES	314 PROGRESS DRIVE	Burgaw	NC	28425	Pender	Pender
MARRETT, HANNA NP	PORT HEALTH SERVICES	316 PROGRESS DR	Burgaw	NC	28425	Pender	Pender
MARRETT, HANNA NP	PORT HEALTH SERVICES	102 MEDICAL DR	Elizabeth City	NC	27909	Pasquotank	Pasquotank
MARRETT, HANNA NP	PORT HEALTH SERVICES	116 HEALTH DRIVE	Greenville	NC	27834	Pitt	Pitt
MARRETT, HANNA NP	PORT HEALTH SERVICES	203 GOVERNMENT CIR	Greenville	NC	27834	Pitt	Pitt

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
MARRETT, HANNA NP	PORT HEALTH SERVICES	2602 COURTIER DR	Greenville	NC	27834	Pitt	Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
MARRETT, HANNA NP	PORT HEALTH SERVICES	1309 TATUM DR	New Bern	NC	28560	Craven	Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Lenoir, Martin, Moore, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
MARRETT, HANNA NP	PORT HEALTH SERVICES	1507 MARTIN ST	Wilmington	NC	28401	New Hanover	New Hanover
MARRETT, HANNA NP	PORT HEALTH SERVICES	416 WALNUT ST	Wilmington	NC	28401	New Hanover	New Hanover
MARRETT, HANNA NP	PORT HEALTH SERVICES	154 BEACON DR	Winterville	NC	28590	Pitt	Pitt
McLean, Kelly PA-C	EAST CAROLINA HEALTH dba VIDANT ROANOKE CHOWAN HOSPITAL	111 HERTFORD COUNTY HIGH ROAD	Ahoskie	NC	27910	Hertford	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
McLean, Kelly PA-C	EAST CAROLINA HEALTH-HERITAGE dba VIDANT EDGEcombe HOSPITAL	111 HOSPITAL DR	Tarboro	NC	27886	Edgecombe	Alamance, Beaufort, Bertie, Brunswick, Camden, Carteret, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, New Hanover, Northampton, Onslow, Pamlico, Pasquotank,

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
							Pender, Perquimans, Pitt, Tyrrell, Washington
McLean, Kelly PA-C	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	500 SOUTH ACADEMY STREET	Ahoskie	NC	27910	Hertford	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
MIKHAIL, ASHRAF MD	COASTAL CAROLINA NEUROPSYCHIATRIC CENTER	1200 FAIRMONT CT	Fayetteville	NC	28304	Cumberland	Cumberland
MIKHAIL, ASHRAF MD	COASTAL CAROLINA NEUROPSYCHIATRIC CENTER	200 TARPON TRL	Jacksonville	NC	28546	Onslow	Carteret, Cumberland, Onslow
MIKHAIL, ASHRAF MD	DUPLIN GENERAL HOSPITAL INC dba VIDANT DUPLIN HOSPITAL	401 N MAIN ST	Kenansville	NC	28349	Duplin	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

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
MIKHAIL, ASHRAF MD	GOOD HOPE HOSPITAL INC	410 DENIM DR	Erwin	NC	28339	Harnett	Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Craven, Currituck, Dare, Gates, Harnett, Hertford, Hyde, Jones, Martin, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
MIKHAIL, ASHRAF MD	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	2100 STANTONSBURG RD	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Brunswick, Camden, Carteret, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
MILLET JR, ROBERT MD	EAST CAROLINA UNIVERSITY	905 JOHNS HOPKINS DR	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
MINARD, RAYMOND MD	PITT COUNTY MEMORIAL HOSPITAL INC dba VIDANT MEDICAL CENTER	2100 STANTONSBURG RD	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Brunswick, Camden, Carteret, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, New Hanover, Northampton, Onslow, Pamlico, Pasquotank,

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
							Pender, Perquimans, Pitt, Tyrrell, Washington
MOFFET, MARK MD-PSY	RHA HEALTH SERVICES	1405A S GLENBURNIE RD	New Bern	NC	28562	Craven	Alamance, Alexander, Anson, Ashe, Beaufort, Bladen, Brunswick, Buncombe, Burke, Cabarrus, Caldwell, Carteret, Catawba, Cleveland, Columbus, Craven, Cumberland, Davidson, Davie, Durham, Gaston, Guilford, Halifax, Harnett, Henderson, Hyde, Iredell, Jones, Lee, Lincoln, McDowell, New Hanover, Onslow, Pamlico, Pender, Robeson, Rowan, Rutherford, Scotland, Stanly, Tyrrell, Union, Wake, Washington, Yancey
NJAPA, ANTHONY, DO	COASTAL HORIZONS CENTER INC	615 SHIPYARD BLVD	Wilmington	NC	28412	New Hanover	Brunswick, New Hanover, Pender
NUNEZ, ANN MD	PITT COUNTY MEMORIAL HOSPITAL INC dba VIDANT MEDICAL CENTER	2100 STANTONSBURG RD	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Brunswick, Camden, Carteret, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
NUNEZ, ANN MD	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	2100 STANTONSBURG RD	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Brunswick, Camden, Carteret, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
OBREMSKI, TANIA	DREAM PROVIDER CARE SERVICES INC	216 STEWART PKWY	Washington	NC	27889	Beaufort	Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
O'DANIEL, MARK DO	DREAM PROVIDER CARE SERVICES INC	216 STEWART PKWY	Washington	NC	27889	Beaufort	Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
O'DANIEL, MARK DO	LECHRIS COUNSELING SERVICES INC	3332 BRIDGES ST	Morehead City	NC	28557	Carteret	Carteret, Onslow
O'DANIEL, MARK DO	LECHRIS COUNSELING SERVICES INC	1806 S 15TH ST	Wilmington	NC	28401	New Hanover	New Hanover
ODIBO, MICHAEL MD	COASTAL HORIZONS CENTER INC	615 SHIPYARD BLVD	Wilmington	NC	28412	New Hanover	Brunswick, New Hanover, Pender

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
PEELE, KATLYN NP	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	2100 STANTONSBURG RD	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
PENDERS, THOMAS	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	113-B HERTFORD COUNTY HIGH ROAD	Ahoskie	NC	27910	Hertford	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
PENDERS, THOMAS	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1208 HIGHWAY 64 E	Columbia	NC	27925	Tyrrell	Beaufort, Bertie, Camden, Chowan, Currituck, Dare, Hyde, Pasquotank, Perquimans, Tyrrell, Washington
PENDERS, THOMAS	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	2100 STANTONSBURG RD	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Brunswick, Camden, Carteret, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
PENDERS, THOMAS	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	401 N MAIN ST	Kenansville	NC	28349	Duplin	Duplin
PENDERS, THOMAS	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	201 W EDGECOMBE ST	Macclesfield	NC	27852	Edgecombe	Edgecombe

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
PENDERS, THOMAS	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	804 WASHINGTON ST	Plymouth	NC	27962	Washington	Beaufort, Bertie, Camden, Chowan, Hyde, Martin, Pasquotank, Perquimans, Tyrrell, Washington
PENDERS, THOMAS	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1221 MAIN ST	Swan Quarter	NC	27885	Hyde	Hyde
PENDERS, THOMAS	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1308 HIGHLAND DR	Washington	NC	27889	Beaufort	Beaufort, Craven, Hyde, Martin, Pamlico, Pitt, Tyrrell, Washington
PENDERS, THOMAS	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	1379 COWELL FARM ROAD	Washington	NC	27889	Beaufort	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
PENDERS, THOMAS	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	628 EAST 12TH STREET	Washington	NC	27889	Beaufort	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
PENDERS, THOMAS	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	210 WEST LIBERTY STREET	Williamston	NC	27892	Martin	Beaufort, Bertie, Hyde, Martin, Pitt, Washington
PITTS, VENUS	VENUS IDETTE PITTS DBA PREMIERE HEALTH AND WELLNESS MEDICAL CENTER PLLC	2609 N DUKE ST	Durham	NC	27704	Durham	Durham
RAUF, ZAHID MD	WAYNESBORO FAMILY CLINIC PA	1706 WAYNE MEMORIAL DR	Goldsboro	NC	27534	Wayne	Pitt

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
ROBERTSON, CARROLL	EAST CAROLINA HEALTH dba VIDANT ROANOKE CHOWAN HOSPITAL	111 HERTFORD COUNTY HIGH ROAD	Ahoskie	NC	27910	Hertford	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
ROBERTSON, CARROLL	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	105 MARK DRIVE	Edenton	NC	27932	Chowan	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
ROBERTSON, CARROLL	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	2100 STANTONSBURG RD	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
ROSE, JUNIUS	DELTA BEHAVIORAL HEALTH	1606 PHYSICIANS DR	Wilmington	NC	28401	New Hanover	New Hanover
ROSE, JUNIUS	LECHRIS COUNSELING SERVICES INC	3332 BRIDGES ST	Morehead City	NC	28557	Carteret	Carteret, Onslow
ROSE, JUNIUS	RHA HEALTH SERVICES	17 CHURCH ST	Asheville	NC	28801	Buncombe	Buncombe
ROSE, JUNIUS	RHA HEALTH SERVICES	90 ASHELAND AVENUE	Asheville	NC	28801	Buncombe	Buncombe
ROSE, JUNIUS	RHA HEALTH SERVICES	72 BLUE RIDGE LANE	Burnsville	NC	28714	Yancey	Yancey
ROSE, JUNIUS	RHA HEALTH SERVICES	4108 PARK ROAD	Charlotte	NC	28209	Mecklenburg	Mecklenburg
ROSE, JUNIUS	RHA HEALTH SERVICES	2722 FORT BRAGG ROAD	Fayetteville	NC	28303	Cumberland	Beaufort, Craven, Hyde, Jones, Pamlico, Tyrrell, Washington
ROSE, JUNIUS	RHA HEALTH SERVICES	132 COMMERCIAL DRIVE	Forest City	NC	28043	Rutherford	Rutherford

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
ROSE, JUNIUS	RHA HEALTH SERVICES	2415 MORGANTON BLVD	Lenoir	NC	28645	Caldwell	Caldwell
ROSE, JUNIUS	RHA HEALTH SERVICES	486 SPAULDING ROAD	Marion	NC	28752	McDowell	McDowell
ROSE, JUNIUS	RHA HEALTH SERVICES	1405A S GLENBURNIE RD	New Bern	NC	28562	Craven	Alamance, Alexander, Anson, Ashe, Beaufort, Bladen, Brunswick, Buncombe, Burke, Cabarrus, Caldwell, Carteret, Catawba, Cleveland, Columbus, Craven, Cumberland, Davidson, Davie, Durham, Gaston, Guilford, Halifax, Harnett, Henderson, Hyde, Iredell, Jones, Lee, Lincoln, McDowell, New Hanover, Onslow, Pamlico, Pender, Robeson, Rowan, Rutherford, Scotland, Stanly, Tyrrell, Union, Wake, Washington, Yancey
ROSE, JUNIUS	RHA HEALTH SERVICES	201 W BOILING SPRINGS RD	Southport	NC	28461	Brunswick	Brunswick
ROSE, JUNIUS	RHA HEALTH SERVICES	393 3RD AVENUE SW	Taylorsville	NC	28681	Alexander	Alexander
ROSE, JUNIUS	RHA HEALTH SERVICES	2023 S 17TH ST	Wilmington	NC	28401	New Hanover	New Hanover
ROSE, JUNIUS	RHA HEALTH SERVICES	2023-1 B SOUTH 17TH ST	Wilmington	NC	28401	New Hanover	New Hanover
ROSE, JUNIUS	RHA HEALTH SERVICES	503 COVIL AVENUE	Wilmington	NC	28403	New Hanover	New Hanover
SAMPSON JR, JOSEPH	REFLECTIONS OF HOPE LLP	33 DARLINGTON AVE	Wilmington	NC	28403	New Hanover	New Hanover
SANCHEZ-MARTINEZ, MARIO	COASTAL CAROLINA NEUROPSYCHIATRIC CENTER	1200 FAIRMONT CT	Fayetteville	NC	28304	Cumberland	Cumberland
SANCHEZ-MARTINEZ, MARIO	COASTAL CAROLINA NEUROPSYCHIATRIC CENTER	200 TARPON TRL	Jacksonville	NC	28546	Onslow	Carteret, Cumberland, Onslow

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
SEXTON, JEREMY MD	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	2100 STANTONSBURG RD	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
SHELTON, DONNA, PA-C	PORT HEALTH SERVICES	102 MEDICAL DR	Elizabeth City	NC	27909	Pasquotank	Pasquotank
SHELTON, DONNA, PA-C	PORT HEALTH SERVICES	203 GOVERNMENT CIR	Greenville	NC	27834	Pitt	Pitt
SHELTON, DONNA, PA-C	PORT HEALTH SERVICES	2602 COURTIER DR	Greenville	NC	27834	Pitt	Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
SHELTON, DONNA, PA-C	PORT HEALTH SERVICES	1309 TATUM DR	New Bern	NC	28560	Craven	Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Lenoir, Martin, Moore, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
SHELTON, DONNA, PA-C	PORT HEALTH SERVICES	154 BEACON DR	Winterville	NC	28590	Pitt	Pitt
SMALL, HEATHER FNP	PORT HEALTH SERVICES	314 PROGRESS DRIVE	Burgaw	NC	28425	Pender	Pender
SMALL, HEATHER FNP	PORT HEALTH SERVICES	316 PROGRESS DR	Burgaw	NC	28425	Pender	Pender
SMALL, HEATHER FNP	PORT HEALTH SERVICES	102 MEDICAL DR	Elizabeth City	NC	27909	Pasquotank	Pasquotank
SMALL, HEATHER FNP	PORT HEALTH SERVICES	116 HEALTH DRIVE	Greenville	NC	27834	Pitt	Pitt
SMALL, HEATHER FNP	PORT HEALTH SERVICES	203 GOVERNMENT CIR	Greenville	NC	27834	Pitt	Pitt

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
SMALL, HEATHER FNP	PORT HEALTH SERVICES	2602 COURTIER DR	Greenville	NC	27834	Pitt	Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
SMALL, HEATHER FNP	PORT HEALTH SERVICES	1309 TATUM DR	New Bern	NC	28560	Craven	Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Lenoir, Martin, Moore, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
SMALL, HEATHER FNP	PORT HEALTH SERVICES	1507 MARTIN ST	Wilmington	NC	28401	New Hanover	New Hanover
SMALL, HEATHER FNP	PORT HEALTH SERVICES	416 WALNUT ST	Wilmington	NC	28401	New Hanover	New Hanover
SMALL, HEATHER FNP	PORT HEALTH SERVICES	154 BEACON DR	Winterville	NC	28590	Pitt	Pitt
SMALL, HEATHER FNP	RECOVERY INNOVATIONS INC	2245 STANTONSBURG ROAD	Greenville	NC	27834	Pitt	Pitt
TAKAHASHI, ERIC	DUPLIN GENERAL HOSPITAL INC dba VIDANT DUPLIN HOSPITAL	401 N MAIN ST	Kenansville	NC	28349	Duplin	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

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TAKAHASHI, ERIC	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	211 VIRGINIA ROAD	Edenton	NC	27932	Chowan	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
TAKAHASHI, ERIC	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	2100 STANTONSBURG RD	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
TANTA, FERAS	VIDANT MEDICAL GROUP LLC dba VIDANT MEDICAL GROUP	2100 STANTONSBURG RD	Greenville	NC	27834	Pitt	Alamance, Beaufort, Bertie, Camden, Caswell, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
TIPTON, DAVID MD	UNC PHYSICIANS NETWORK LLC	2301 MEDPARK DR	Rocky Mount	NC	27804	Nash	Nash
WARD, LAWRENCE DO	PORT HEALTH SERVICES	102 MEDICAL DR	Elizabeth City	NC	27909	Pasquotank	Pasquotank
WARD, LAWRENCE DO	PORT HEALTH SERVICES	203 GOVERNMENT CIR	Greenville	NC	27834	Pitt	Pitt
WARD, LAWRENCE DO	PORT HEALTH SERVICES	2602 COURTIER DR	Greenville	NC	27834	Pitt	Perquimans, Pitt, Tyrrell, Washington, Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin,

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							Northampton, Pamlico, Pasquotank
WARD, LAWRENCE DO	PORT HEALTH SERVICES	1309 TATUM DR	New Bern	NC	28560	Craven	Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Lenoir, Martin, Moore, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
WARD, LAWRENCE DO	PORT HEALTH SERVICES	154 BEACON DR	Winterville	NC	28590	Pitt	Pitt
WESSON, PATRICIA	PORT HEALTH SERVICES	102 MEDICAL DR	Elizabeth City	NC	27909	Pasquotank	Pasquotank
WESSON, PATRICIA	PORT HEALTH SERVICES	2602 COURTIER DR	Greenville	NC	27834	Pitt	Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
WESSON, PATRICIA	PORT HEALTH SERVICES	1309 TATUM DR	New Bern	NC	28560	Craven	Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Lenoir, Martin, Moore, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
WESSON, PATRICIA	PORT HEALTH SERVICES	154 BEACON DR	Winterville	NC	28590	Pitt	Pitt

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WILKINS, LUCIEN MD	COASTAL HORIZONS CENTER INC	803 S WALKER ST	Burgaw	NC	28425	Pender	Pender
WILKINS, LUCIEN MD	COASTAL HORIZONS CENTER INC	120 COASTAL HORIZONS DR	Shallotte	NC	28470	Brunswick	Brunswick
WILKINS, LUCIEN MD	COASTAL HORIZONS CENTER INC	615 SHIPYARD BLVD	Wilmington	NC	28412	New Hanover	Brunswick, New Hanover, Pender
WILLIAMS, JOHNNY MD	PORT HEALTH SERVICES	314 PROGRESS DRIVE	Burgaw	NC	28425	Pender	Pender
WILLIAMS, JOHNNY MD	PORT HEALTH SERVICES	316 PROGRESS DR	Burgaw	NC	28425	Pender	Pender
WILLIAMS, JOHNNY MD	PORT HEALTH SERVICES	102 MEDICAL DR	Elizabeth City	NC	27909	Pasquotank	Pasquotank
WILLIAMS, JOHNNY MD	PORT HEALTH SERVICES	116 HEALTH DRIVE	Greenville	NC	27834	Pitt	Pitt
WILLIAMS, JOHNNY MD	PORT HEALTH SERVICES	203 GOVERNMENT CIR	Greenville	NC	27834	Pitt	Pitt
WILLIAMS, JOHNNY MD	PORT HEALTH SERVICES	2602 COURTIER DR	Greenville	NC	27834	Pitt	Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
WILLIAMS, JOHNNY MD	PORT HEALTH SERVICES	1309 TATUM DR	New Bern	NC	28560	Craven	Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Lenoir, Martin, Moore, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
WILLIAMS, JOHNNY MD	PORT HEALTH SERVICES	1507 MARTIN ST	Wilmington	NC	28401	New Hanover	New Hanover
WILLIAMS, JOHNNY MD	PORT HEALTH SERVICES	416 WALNUT ST	Wilmington	NC	28401	New Hanover	New Hanover
WILLIAMS, JOHNNY MD	PORT HEALTH SERVICES	154 BEACON DR	Winterville	NC	28590	Pitt	Pitt
ZHU, GENING MD	INTEGRATED FAMILY SERVICES PLLC	312 ACADEMY ST S	Ahoskie	NC	27910	Hertford	Beaufort, Bertie, Camden, Chowan, Durham, Gates, Greene, Hertford, Martin, Northampton, Pasquotank, Pitt, Wilson

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
ZHU, GENING MD	INTEGRATED FAMILY SERVICES PLLC	110 MEDICAL DR	Elizabeth City	NC	27909	Pasquotank	Bertie, Camden, Chowan, Currituck, Dare, Gates, Hyde, Pasquotank, Perquimans, Tyrrell, Washington
ZHU, GENING MD	INTEGRATED FAMILY SERVICES PLLC	2269 STANTONSBURG RD	Greenville	NC	27834	Pitt	Beaufort, Martin, Pitt
ZHU, GENING MD	INTEGRATED FAMILY SERVICES PLLC	2305 EXECUTIVE CIR	Greenville	NC	27834	Pitt	Pitt
ZHU, GENING MD	INTEGRATED FAMILY SERVICES PLLC	9486 NC HIGHWAY 305	Jackson	NC	27845	Northampton	Northampton
ZHU, GENING MD	INTEGRATED FAMILY SERVICES PLLC	3383 HENDERSON DR	Jacksonville	NC	28546	Onslow	Onslow
ZHU, GENING MD	INTEGRATED FAMILY SERVICES PLLC	3710 A JOHN PLATT DR	Morehead City	NC	28557	Carteret	Carteret
ZHU, GENING MD	INTEGRATED FAMILY SERVICES PLLC	135 WOODRIDGE CT	Rocky Mount	NC	27804	Nash	Nash
ZHU, GENING MD	INTEGRATED FAMILY SERVICES PLLC	1602 PHYSICIANS DR	Wilmington	NC	28401	New Hanover	New Hanover