



Trillium Health Resources LME/MCO

2020-2021 Network Adequacy & Accessibility Analysis

*A Comprehensive Gaps & Needs Report
for FY2020 & FY2021*



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FOREWORD

This adjusted reporting time period--from July 1, 2019-June 30, 2021--brought many challenges to the public health and behavioral healthcare system in North Carolina. As LME/MCOs were beginning to prepare their systems for assuming the Tailored Plan model due in February 2021, the COVID 19 pandemic virulently took hold, particularly in the rural areas. This greatly derailed customary preparation and the regular course of business for Trillium, and its Providers, Members, and Recipients.

During the same time period, the opioid epidemic was not loosening its grip on the population. NC DHHS, Trillium, and other LME/MCOs were forced to change the way IDD and behavioral health services for the Medicaid and uninsured populations are planned and delivered. Many Providers met these challenges by offering services remotely, online, and otherwise differently than they had ever conceived of serving their Members and Recipients. These epidemics are still creating havoc with the public IDD/Behavioral Healthcare system and will most likely present ongoing issues through at least 2022.

This report includes data from both 2019 as well as 2020. It has given Trillium the opportunity to look at the differences between how its system functioned over that two-year period and emerging trends, which opened a window onto how to create solutions that may have been missed in an otherwise regular 12-month time period. Additionally, the report illustrates ways that Trillium itself is changing to meet the segue of changing operations from an LME/MCO standard to the Tailored Plan model.

Section One: Network Availability & Accessibility

Access and Choice Standards Data

Access and choice standards are specified for each category of service and vary depending on the service category and funding source. The following table summarizes DHHS requirements:

Service Category	Services Covered	Access and Choice Standard
Outpatient Services	Psychiatric Care, Medication Management, Evaluations, Individual/Group/Family Psychotherapy	Choice of TWO (2) Providers within 30 miles or 30 minutes
Location-Based Services (two sections)	Facility-/site-based, e.g., Psychosocial Rehabilitation, Partial Hospitalization, Child/ Adolescent Day Treatment, SA Intensive Outpatient Treatment	<u>Medicaid</u> : Choice of TWO (2) Providers within 30 miles or 30 minutes <u>Non-Medicaid</u> : Access to ONE (1) Provider within catchment area
Community/Mobile Services	In-home/community settings, e.g., Supported Employment, Peer Support, Intensive In-Home	Choice of TWO (2) Providers within catchment area
Crisis Services (two sections)	Facility-Based Respite, Facility-Based Crisis, Non-Hospital Detoxification	<u>Medicaid</u> : Access to ONE (1) Provider within catchment area <u>Non-Medicaid</u> : Choice of TWO (2) Providers within catchment area
Inpatient Services	Inpatient Psychiatric Care (all Ages)	Access to ONE (1) Provider within catchment area
Specialized Services	Specific list, most of which are residential	Choice of TWO (2) Provider locations within catchment area
C-Waiver Services (two sections- Medicaid only)	Services covered through the Innovations / 1915(c) Waiver	<u>Medicaid</u> : Choice of TWO (2) Providers within catchment area <u>Non-Medicaid</u> : Access to ONE (1) Provider within catchment area

In 2021, standards were met for all services in Outpatient, Community Mobile, Crisis, Inpatient, and C-Waiver categories, and for all services within the following categories **except** those listed below:

DHHS Category Areas Not Met (Medicaid-Funded)	
Location-Based	Psychosocial Rehabilitation Partial Hospitalization SA Comprehensive Outpatient Treatment Program Opioid Treatment
DHHS Category Areas Not Met (Non-Medicaid Funded)	
Location-Based	Psychosocial Rehabilitation Child and Adolescent Day Treatment Partial Hospitalization SA Intensive Outpatient Treatment SA Comprehensive Outpatient Treatment Opioid Treatment SA Halfway House Female
Specialized	Psychiatric Residential Treatment Facility Residential Treatment Level 2: Therapeutic Foster Care Residential Treatment Level 2: Other than Therapeutic Foster Care

Access to Care

The Trillium Network Department is responsible for the development and maintenance of the Provider Network to meet the needs of Members and Recipients, while ensuring choice and best practices in services. The Network Development Team routinely reviews contract additions, single case agreements, and terminations to ensure there are an adequate number of Providers to meet the needs of Members seeking services. In addition, the team analyzes the Network to determine what recruitment is needed to maintain a robust Network via Member Service requests, geo-mapping, Care Management requests, and Provider requests.

The Network Auditing Team conducts Provider monitoring and auditing activities. Common review activities include but are not limited to Provider monitoring reviews, post payment reviews, and site visits. On a quarterly basis, Trillium shares trends found in the Provider monitoring reviews/post payment reviews with the Provider Network via Network Communication Bulletins. Any areas of concern are shared when observed to need attention and found to be systemic across the reviews that were conducted. There have not been any noticeable trends or systemic issues identified related to access standards.

There is no wrong door for a Member or Recipient to find and access services. Members may use the option that best suits their needs, including visiting a Network Provider before contacting Trillium. Trillium offers a toll-free 24-Hour Access to Care line at 1.877.685.2415 to connect with a Call Center Agent 365 days a year. When contacted, Trillium will help determine the type of services the Member needs and connect them with the Provider of choice nearest to them. In an emergency, Trillium will dispatch a specially trained Mobile Crisis Team member or direct the Member to a crisis center. Members also have direct contact with the Mobile Crisis Team Provider designated for their county.

Trillium has an Open Access Preferred Provider Network of five Providers spread geographically throughout 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. Trillium also uses feedback from Member Satisfaction Surveys and Perception of Care Surveys, which are tools used for assessing healthcare experiences.

Trillium's Network staff maintain standing dashboard reports on compliance with access to care standards. The team currently analyzes the following information to understand access and availability to services:

- Appointment Availability: Trillium conducts an annual audit of appointment availability that tests all Providers over a three-year period, surveying one-third of each Provider type annually as well as reviewing appointment access complaints quarterly. Trillium also reviews data related to appointment access trends with its Advisory Committees.
- Wait Time Standards: Trillium performs ongoing monitoring of its Network to confirm Providers meet appointment wait time standards, which vary by type of service, and have developed IT systems that prompt its Network staff when metrics are not met or issues arise creating an early warning system to quickly detect and respond to issues.
- After-Hours Access: Trillium conducts after-hours call surveys to assess compliance, analyze Member and Provider complaints to identify potential issues, and survey PCP office after-hours to check availability of live respondent and interpretation services.
- Urgent Access: As part of its contracting and contract renewal processes, Trillium ensures covered services are available 24/7 when medically necessary and reviews again as identified by Member complaints or access metrics.
- Commercial Parity: As part of contracting, Trillium validates that Provider hours of operation offered to its Members are consistent with those offered to commercial patients.
- Disability Accommodation: As part of contracting, Trillium also tests that Providers afford physical access, reasonable accommodations, and accessible equipment to Members with physical and/or mental disabilities.

Trillium's Network staff incorporate these timely access metrics with the State Access to Care Report, which reflects metrics on routine, urgent, and emergent appointments, and reports that quantify the level of access Trillium can provide to Members.

Outpatient Services

2020

Choice of Two		Medicaid--95% of eligible individuals must have a choice of two different outpatient services Provider agencies within 30 miles or 30 minutes (in urban counties) or 45 miles or 45 minutes (in rural counties) of their residences.			Non-Medicaid Funded--95% of eligible individuals must have a choice of two different outpatient services Provider agencies within 30 miles or 30 minutes (in urban counties) or 45 miles or 45 minutes (in rural counties) of their residences.			
Categories	# of Providers accepting new Medicaid consumers	# of enrollees with choice of <u>two Providers</u> within 30/45 miles	# of Medicaid enrollees	% (# of enrollees with choice/# of enrollees)	# of Providers accepting new non-Medicaid funded consumers	# of consumers with choice of <u>two Providers</u> within 30/45 miles	# of consumers	% (# of consumers with choice/# of consumers)
Reside in urban counties		25,920	25,920			12,105	12,105	
Reside in rural counties		10,992	10,992			4,701	4,701	
Total (standard = 90%)	632/696	36,912	36,912	100.00%	139/146	16,806	16,806	100.00%
Adults (age 18+)		20,358	20,358			15,522	15,522	
Children (age 17 and younger)		16,554	16,554			1,284	1,284	
Total (standard = 90%)	632/696	36,912	36,912	100.00%	139/146	16,806	16,806	100.00%

2021

		Medicaid-Funded--95% of eligible individuals must have a choice of two different outpatient services Provider agencies within 30 miles or 30 minutes (in urban counties) or 45 miles or 45 minutes (in rural counties) of their residences.			Non-Medicaid Funded--95% of eligible individuals must have a choice of two different outpatient services Provider agencies within 30 miles or 30 minutes (in urban counties) or 45 miles or 45 minutes (in rural counties) of their residences.			
Categories	# of Providers accepting new Medicaid consumers	# of enrollees with choice of <u>two Providers</u> within 30/45 miles/minutes	# of Medicaid enrollees	% (# of enrollees with choice/# of enrollees)	# of Providers accepting new non-Medicaid funded consumers	# of consumers with choice of <u>two Providers</u> within 30/45 miles/minutes	# of consumers	% (# of consumers with choice/# of consumers)
Reside in urban counties		25,796	25,796			11,720	11,720	
Reside in rural counties		10,558	10,558			4,436	4,436	
Total (standard = 95%)	734/770	36,354	36,354	100.00%	149/154	16,156	16,156	100.00%
Adults (age 18+)		20,741	20,741			15,036	15,036	
Children (age 17 and younger)		15,613	15,613			1,120	1,120	
Total (standard = 95%)	734/770	36,354	36,354	100.00%	149/154	16,156	16,156	100.00%

Location-Based Services

2020

Category/Service Type	Medicaid-Funded--95% of eligible individuals must have a choice of two Provider agencies within 30 miles or 30 minutes (in urban counties) or 45 miles or 45 minutes (in rural counties) of their residences for each service.				Non-Medicaid Funded--95% of eligible individuals must have a choice of two Provider agencies within 30 miles or 30 minutes (in urban counties) or 45 miles or 45 minutes (in rural counties) of their residences for each service.			
Location-Based Services	# of Providers accepting new Medicaid consumers	# and % of enrollees with choice of <u>two Providers</u> within 30/45 miles of their residences		Total # of Medicaid enrollees	# of Providers accepting new non-Medicaid funded	# and % of enrollees with choice of <u>two Providers</u> within 30/45 miles of their residences		Total # of consumers
		#	%			#	%	
Psychosocial Rehabilitation	37/45	19,288	94.74%	20,358	10/10	5,358	41.90%	12,789
Child and Adolescent Day Treatment	47/49	18,024	95.30%	18,912	9/9	388	38.11%	1,018
Partial Hospitalization	20/22	16,549	44.83%	36,912	0/0	0	0.00%	16,356
SA Intensive Outpatient Program (SAIOP)	61/69	36,519	98.94%	36,912	27/29	8,684	91.83%	9,457
SA Comprehensive Outpatient Treatment (SACOT) Program	24/24	33,175	89.88%	36,912	12/12	6,933	73.31%	9,457
Opioid Treatment	16/16	17,805	87.46%	20,358	8/8	4,234	45.06%	9,397
Category/Service Type	Medicaid-Funded--95% of eligible individuals must have access to one Provider agency within the LME-MCO catchment area for each service.				Non-Medicaid Funded--95% of eligible individuals must have access to one Provider agency within the LME-MCO catchment area for each service.			
Location-Based Services	# of Providers accepting new Medicaid consumers	# and % of enrollees with access within the LME-MCO catchment area to <u>at least one</u> Provider agency		Total # of Medicaid enrollees	# of Providers accepting new non-Medicaid funded	# and % of enrollees with access within the LME-MCO catchment area to <u>at least one</u> Provider agency		Total # of consumers
		#	%			#	%	
SA Non-Medical Community Residential Treatment	2/2	20,358	100.00%	20,358	2/2	9,397	100.00%	9,397
SA Medically Monitored Community Residential Treatment	2/2	20,358	100.00%	2,0358	1/1	9,397	100.00%	9,397
SA Halfway House - Female					0/0	0	0.00%	3,606
SA Halfway House - Male					2/2	5,791	100.00%	5,791

	Medicaid-Funded --95% of eligible individuals must have a choice of two Provider agencies within 30 miles or 30 minutes (in urban counties) or 45 miles or 45 minutes (in rural counties) of their residences for each service.				Non-Medicaid Funded --95% of eligible individuals must have a choice of two Provider agencies within 30 miles or 30 minutes (in urban counties) or 45 miles or 45 minutes (in rural counties) of their residences for each service.			
Location-Based Services	# of Providers accepting new Medicaid consumers	# 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 consumers	# and % of enrollees with choice of two Providers within 30/45 miles/minutes of their residences		Total # of consumers
		#	%			#	%	
Psychosocial Rehabilitation	36/39	14,384	69.35%**	20,741	9/9	4,927	40.07%**	12,296
Child and Adolescent Day Treatment	32/34	17,457	96.70%**	18,053	6/66/	233	25.46%**	915
Partial Hospitalization	34/36	34,270	94.27%	36,354	0/0	0	0.00%**	15,946
SA Intensive Outpatient Program	63/68	36,119	99.35%	36,354	29/30	8,800	92.78%**	9,485
SA Comprehensive Outpatient Treatment Program	29/29	33,159	91.21%**	36,354	14/14	7,615	80.28%**	9,485
Opioid Treatment	20/20	19,379	93.43%	20,741	21/21	8,804	93.49%	9,417
**Telehealth option- Trillium's coverage should be deemed adequate because all Members, regardless of their geographic location, have access to their choice of Providers for this service through the use of Telehealth services.								
	Medicaid-Funded --95% of eligible individuals must have access to one Provider agency within the LME-MCO catchment area for each service.				Non-Medicaid Funded --95% of eligible individuals must have access to one Provider agency within the LME-MCO catchment area for each service.			
Location-Based Services	# of Providers accepting new Medicaid consumers	# 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 funded consumers	# and % of enrollees with access within the LME-MCO catchment area to at least one Provider agency		Total # of consumers
		#	%			#	%	
SA Non-Medical Community Residential Treatment	2/2	20,741	100.00%	20,741	2/2	9,417	100.00%	9,417
SA Medically Monitored Community Residential Treatment		20,741	100.00%	20,741	1/1	9,417	100.00%	9,417
SA Halfway House - Female					0/0	0	0.00%	6,836
SA Halfway House - Male					1/1	8,200	100.00%	8,200

Community/Mobile Services

2020

	Medicaid-Funded --95% of eligible individuals must have a choice of two Provider agencies within the LME-MCO catchment area for each service.				Non-Medicaid-Funded --95% of eligible individuals must have a choice of two Provider agencies within the LME-MCO catchment area for each service.			
Community/Mobile Service	# of Providers accepting new Medicaid consumers	# and % of enrollees with choice of <u>two</u> Provider agencies within the LME-MCO catchment area		Total # of Medicaid enrollees	# of Providers accepting new non- Medicaid consumers	# and % of enrollees with choice of <u>two</u> Provider agencies within the LME-MCO catchment area		Total # of Consumers
		#	%			#	%	
Assertive Community Treatment Team	15/17	20,358	100.00%	20,358	9/10	12,789	100.00%	12,789
Community Support Team	29/35	20,358	100.00%	20,358	13/14	15,338	100.00%	15,338
Intensive In-Home	67/74	18,912	100.00%	18,912	21/24	1,018	100.00%	1,018
Multi-systemic Therapy	7/7	18,912	100.00%	18,912	6/6	1,018	100.00%	1,018
(b)(3) MH Supported Employment Services	16/19	36,912	100.00%	36,912				
(b)(3) I/DD Supported Employment Services	38/39	36,912	100.00%	36,912				
(b)(3) Waiver Community Guide	73/78	36,912	100.00%	36,912				
(b)(3) Waiver Individual Support (Personal Care)	134/143	36,912	100.00%	36,912				
(b)(3) Waiver Peer Support								
(b)(3) Waiver Respite	150/159	36,912	100.00%	36,912				
I/DD Supported Employment Services (non-Medicaid-funded)					24/25	1,092	100.00%	1,092
Long-term Vocational Supports (non-Medicaid-funded)					28/29	598	100.00%	598
MH/SA Supported Employment Services (IPS-SE) (non-Medicaid-funded)					17/17	15,338	100.00%	15,338
I/DD Non-Medicaid-funded Personal Care Services					66/71	1,092	100.00%	1,092
Day Supports					78/80	1,092	100.00%	1,092
Peer Support	229/237	20,358	100.00%	20,358	29/30	15,522	100.00%	15,522
Transition Management Service					5/5	15,522	100.00%	15,522

	Medicaid-Funded--95% of eligible individuals must have a choice of two Provider agencies within the LME-MCO catchment area for each service.				Non-Medicaid-Funded--95% of eligible individuals must have a choice of two Provider agencies within the LME-MCO catchment area for each service.			
Community/Mobile Service	# of Providers accepting new Medicaid consumers	# and % of enrollees with choice of two Provider agencies within the LME-MCO catchment area		Total # of Medicaid enrollees	# of Providers accepting new non-Medicaid consumers	# and % of enrollees with choice of two Provider agencies within the LME-MCO catchment area		Total # of Consumers
		#	%			#	%	
Assertive Community Treatment Team	16/16	20,741	100.00%	20,741	9/9	12,296	100.00%	12,296
Community Support Team	35/38	20,741	100.00%	20,741	16/16	14,826	100.00%	14,826
Intensive In-Home	69/71	18,053	100.00%	18,053	18/18	915	100.00%	915
Multisystemic Therapy	7/7	18,053	100.00%	18,053	6/6	915	100.00%	915
(b)(3) MH Supported Employment Services	38/41	36,354	100.00%	36,354				
(b)(3) I/DD Supported Employment Services	29/32	36,354	100.00%	36,354				
(b)(3) Waiver Community Guide	68/73	36,354	100.00%	36,354				
(b)(3) Waiver Individual Support (Personal Care)	149/155	36,354	100.00%	36,354				
(b)(3) Waiver Peer Support								
(b)(3) Waiver Respite	236/244	36,354	100.00%	36,354				
I/DD Supported Employment Services (non-Medicaid-funded)					22/24	1,029	100.00%	1,029
Long-term Vocational Supports (non-Medicaid-funded)					26/28	604	100.00%	604
MH/SA Supported Employment Services (IPS-SE) (non-Medicaid-funded)					14/15	14,826	100.00%	14,826
I/DD Non-Medicaid-funded Personal Care Services					59/65	1,029	100.00%	1,029
Day Supports					110/116	1,029	100.00%	1,029
Peer Support					32/33	15,036	100.00%	15,036
Transition Management Service					4/4	15,036	100.00%	15,036

Crisis Services

2020

	Medicaid-Funded --95% of eligible individuals must have access to one Provider agency within the LME-MCO catchment area for each service.				Non-Medicaid Funded --95% of eligible individuals must have access to one Provider agency within the LME-MCO catchment area for each service.			
Crisis Service	# of Providers accepting new Medicaid consumers	# and % of enrollees with access within the LME-MCO catchment area to <u>at least one Provider agency</u>		Total # of Medicaid Enrollees	# of Providers accepting new Non- Medicaid consumers	# and % of consumers with access within the LME-MCO catchment area to <u>at least one Provider agency</u>		Total # of Consumers
		#	%			#	%	
Ambulatory Detox	0/0	0	0.00%	36,912	0/0	0	0.00%	9,457
Facility-Based Crisis - Child	0/0	0	0.00%	18,912	0/0	0	0.00%	1,284
Facility-Based Respite	0/0				6/7	16,806	100.00%	16,806
Mobile Crisis Management	144/145	36,912	100.00%	36,912	11/12	16,806	100.00%	16,806
	Medicaid-Funded --95% of eligible individuals must have a choice of two Provider agencies within the LME-MCO catchment area for each service.				Non-Medicaid Funded --95% of eligible individuals must have a choice of two Provider agencies within the LME-MCO catchment area for each service.			
Crisis Service	# of Providers accepting new Medicaid consumers	# and % of enrollees with choice of two Provider agencies within the LME-MCO catchment area		Total # of Medicaid Enrollees	# of Providers accepting new Non- Medicaid consumers	# and % of consumers with choice of two Provider agencies within the LME-MCO catchment area		Total # of Consumers
		#	%			#	%	
Facility-Based Crisis – Adult	8/8	20,358	100.00%	20,358	9/9	15,522	100.00%	15,522
Detoxification (Non-Hospital)	5/5	36,912	100.00%	36,912	1/1	0	0.00%	9,457

		Medicaid-Funded --95% of eligible individuals must have access to one Provider agency within the LME-MCO catchment area for each service.			Non-Medicaid Funded --95% of eligible individuals must have access to one Provider agency within the LME-MCO catchment area for each service.			
Crisis Service	# of Providers accepting new Medicaid consumers	# 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 consumers	# and % of consumers with access within the LME-MCO catchment area to at least one Provider agency		Total # of Consumers
		#	%			#	%	
Ambulatory Detox	1/1	36,354	100.00%	36,354	1/1	9,485	100.00%	9,485
Facility-Based Crisis - Child	1/1	18,053	100.00%	18,053	1/1	1,120	100.00%	1,120
Facility-Based Respite					7/7	16,156	100.00%	16,156
Mobile Crisis Management	17/17	36,354	100.00%	36,354	10/10	16,156	100.00%	16,156
		Medicaid-Funded --95% of eligible individuals must have a choice of two Provider agencies within the LME-MCO catchment area for each service.			Non-Medicaid Funded --95% of eligible individuals must have a choice of two Provider agencies within the LME-MCO catchment area for each service.			
Crisis Service	# of Providers accepting new Medicaid consumers	# and % of enrollees with choice of two Provider agencies within the LME-MCO catchment area		Total # of Medicaid Enrollees	# of Providers accepting new Non-Medicaid consumers	# and % of consumers with choice of two Provider agencies within the LME-MCO catchment area		Total # of Consumers
		#	%			#	%	
Facility-Based Crisis - Adult	8/8	20,741	100.00%	20,741	9/9	15,036	100.00%	15,036
Detoxification (Non-Hospital)	9/9	36,354	100.00%	36,354	8/8	9,485	100.00%	9,485

Inpatient Services

2020

	Medicaid-Funded--95% of eligible individuals must have access to <u>one Provider agency</u> within the LME-MCO catchment area for each service.			Non-Medicaid-Funded--95% of eligible individuals must have access to <u>one Provider agency</u> within the LME-MCO catchment area for each service.				
Inpatient Services	# of Providers accepting new Medicaid consumers	# and % of enrollees with access within the LME-MCO catchment area to <u>at least one Provider agency</u>		Total # of Medicaid Enrollees	# of Providers accepting new Non- Medicaid consumers	# and % of consumers with access within the LME-MCO catchment area to <u>at least one Provider agency</u>		Total # of Consumers
		#	%			#	%	
Inpatient Hospital – Adult	88/88	20,358	100.00%	20,358	6/6	15,338	100.00%	15,338
Inpatient Hospital – Adolescent/Child	23/23	18,912	100.00%	18,912	5/5	1,018	100.00%	1,018

2021

	Medicaid-Funded--95% of eligible individuals must have access to one Provider agency within the LME-MCO catchment area for each service.			Non-Medicaid-Funded--95% of eligible individuals must have access to one Provider agency within the LME-MCO catchment area for each service.				
Service	# of Providers accepting new Medicaid consumers	# and % of enrollees with access within the LME-MCO catchment area to <u>at least one Provider agency</u>		Total # of Medicaid Enrollees	# of Providers accepting new Non-Medicaid consumers	# and % of consumers with access within the LME-MCO catchment area to <u>at least one Provider agency</u>		Total # of Consumers
		#	%			#	%	
Inpatient Hospital – Adult	228/239	20,741	100.00%	20,741	6/6	14,826	100.00%	14,826
Inpatient Hospital – Adolescent/Child	22/22	18,053	100.00%	18,053	6/6	915	100.00%	915

Specialized Services

2020

Give the number of service sites, with LME/MCO contracts.

Medicaid and Non-Medicaid Funded Services – eligible individuals must have a choice of two Provider agencies within the LME-MCO catchment area for each service.	Number Provider Locations with Current Medicaid Contract	Number Provider Locations with Current Contract for Non-Medicaid Funded Services
MH Group Homes		124
Psychiatric Residential Treatment Facility	11	0
Residential Treatment Level 2: Therapeutic Foster Care	830	0
Residential Treatment Level 2: other than Therapeutic Foster Care	3	0
Residential Treatment Level 3	24	1
Residential Treatment Level 4	1	0
Child MH Out-of-home respite		2
I/DD Respite		47
(b)(3) I/DD Out-of-home respite	22	
(b)(3) I/DD Facility-based respite	2	
(b)(3) I/DD Residential supports	4	
Intermediate Care Facility/IDD	106	

2021

Medicaid and Non-Medicaid Funded Services – eligible individuals must have a choice of two Provider agencies within the LME-MCO catchment area for each service.	Number Provider Locations with Current Medicaid Contract	Number Provider Locations with Current Contract for Non-Medicaid Funded Services
MH Group Homes		121
Psychiatric Residential Treatment Facility	11	0
Residential Treatment Level 2: Therapeutic Foster Care	880	0
Residential Treatment Level 2: other than Therapeutic Foster Care	3	0
Residential Treatment Level 3	26	22
Residential Treatment Level 4	2	2
Child MH Out-of-home respite		39
I/DD Respite		70
(b)(3) I/DD Out-of-home respite	251	
(b)(3) I/DD Facility-based respite	7	
(b)(3) I/DD Residential supports	3	
Intermediate Care Facility/IDD	100	

Waiver Services

2020

C-Waiver Services- 95% of eligible individuals must have a choice of <u>two different Provider agencies</u> within the LME/MCO catchment area for each service.					
C-Waiver Services	Adult	Child	# and % of enrollees with choice of <u>two Provider agencies</u> within the LME/MCO catchment area		Total # of C-Waiver Enrollees
			#	%	
Community Living and Supports	✓	✓	1,743	100.00%	1,743
Community Navigator	✓	✓	1,743	100.00%	1,743
Community Navigator Training for Employer of Record	✓	✓	1,743	100.00%	1,743
Community Networking	✓	✓	1,743	100.00%	1,743
Crisis Behavioral Consultation	✓	✓	1,743	100.00%	1,743
In Home Intensive	✓	✓	1,743	100.00%	1,743
In Home Skill Building	✓	✓	1,743	100.00%	1,743
Personal Care	✓	✓	1,743	100.00%	1,743
Crisis Consultation	✓	✓	1,743	100.00%	1,743
Crisis Intervention & Stabilization Supports	✓	✓	1,743	100.00%	1,743
Residential Supports 1	✓	✓	1,743	100.00%	1,743
Residential Supports 2	✓	✓	1,743	100.00%	1,743
Residential Supports 3	✓	✓	1,743	100.00%	1,743
Residential Supports 4	✓	✓	1,743	100.00%	1,743
Respite Care - Community	✓	✓	1,743	100.00%	1,743
Respite Care Nursing – LPN & RN	✓	✓	1,743	100.00%	1,743
Supported Employment	16 & older		1,616	100.00%	1,616
Supported Employment – Long Term Follow-up	16 & older		1,616	100.00%	1,616
Supported Living	18 & older		1,535	100.00%	1,535
C-Waiver Services – 95% of eligible individuals must have access to one Provider agency within the LME/MCO catchment area for each					
Day Supports	✓	✓	1,743	100.00%	1,743
Out of Home Crisis	✓	✓	1,743	100.00%	1,743
Respite Care - Community Facility	✓	✓	1,743	100.00%	1,743
Financial Supports	✓	✓	1,743	100.00%	1,743
Specialized Consultative Services (at least one Provider of one of multiple services)	✓	✓	1,743	100.00%	1,743

C-Waiver Services- 95% of eligible individuals must have a choice of two different Provider agencies within the LME/MCO catchment area for each service.					
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	✓	✓	1,752	100.00%	1,752
Community Navigator	✓	✓	1,752	100.00%	1,752
Community Navigator Training for Employer of Record	✓	✓	1,752	100.00%	1,752
Community Networking	✓	✓	1,752	100.00%	1,752
Crisis Behavioral Consultation	✓	✓	1,752	100.00%	1,752
In Home Intensive	✓	✓	1,752	100.00%	1,752
In Home Skill Building	✓	✓	1,752	100.00%	1,752
Personal Care	✓	✓	1,752	100.00%	1,752
Crisis Consultation	✓	✓	1,752	100.00%	1,752
Crisis Intervention & Stabilization Supports	✓	✓	1,752	100.00%	1,752
Residential Supports 1	✓	✓	1,752	100.00%	1,752
Residential Supports 2	✓	✓	1,752	100.00%	1,752
Residential Supports 3	✓	✓	1,752	100.00%	1,752
Residential Supports 4	✓	✓	1,752	100.00%	1,752
Respite Care - Community	✓	✓	1,752	100.00%	1,752
Respite Care Nursing – LPN & RN	✓	✓	1,752	100.00%	1,752
Supported Employment	16 & older		1,659	100.00%	1,659
Supported Employment – Long Term Follow-up	16 & older		1,659	100.00%	1,659
Supported Living	18 & older		1,575	100.00%	1,575
C-Waiver Services – 95% of eligible individuals must have access to one Provider agency within the LME/MCO catchment area for each service.					
Day Supports	✓	✓	1,752	100.00%	1,752
Out-of-Home Crisis	✓	✓	1,752	100.00%	1,752
Respite Care - Community Facility	✓	✓	1,752	100.00%	1,752
Financial Supports	✓	✓	1,752	100.00%	1,752
Specialized Consultative Services (at least one Provider of one of multiple services)	✓	✓	1,752	100.00%	1,752

Medicaid Quantitative Availability Analysis

Network Sufficiency of Practitioners/Providers

Language Diversity of Members and Practitioners/Providers

The Quality Management and IT teams pulled data to assess linguistic needs and preferences of its Members. The majority of Trillium's Members (94.4%) are English-speaking and have adequate access based on their needs. Spanish-speaking Members make up a significantly smaller percentage of the population (2.9%); however, that still accounts for 5,444 Members. Upon completion of the Language and Provider Assessment, the results indicated no adjustment to the Provider Network was required at this time. All Medicaid Members have sufficient and adequate access for prevalent languages to meet reported linguistic needs.

Trillium Health Resources endorses whole-person care. Care is focused on the individual and not on the convenience or sustainability of the Provider. To this end, Trillium requires access to language assistance services at all times. These requirements are outlined in Network Provider contracts and the Trillium Member Handbook. Information regarding these expectations are also made available on the Trillium website.

Practitioner to Member Ratio

In accordance with the information published by the State of NC regarding Network Adequacy and Accessibility requirements and national accreditation standards, Trillium conducts an annual analysis of the Practitioners and Providers in its Network to ensure it maintains sufficient numbers and types of Practitioners/Providers to meet Member access needs. Trillium's standards for Practitioner and Provider availability are appropriate and realistic for the rural nature of its geography, the delivery system, and clinical safety.

The types of behavioral healthcare Practitioners and Providers across the continuum of care within the Trillium delivery system include MD/DO level, doctoral level (PhD, PsyD), non-MD (NP, PA, APMHN) and non-doctoral level Practitioners, as well as inpatient, and residential Provider organizations.

Trillium's Business System (TBS) Practitioner to Member Ratio (PMR) reports cover a calendar year--January 1, 2020, to December 31, 2020--for active Medicaid Members in the Trillium catchment. It does not include State-Funded Recipients. The report was compiled with an "as of April 1, 2021" date to coincide with the NC DHHS 2021 Network Adequacy and Accessibility Report. The PMR measures the ratio of Practitioners as well as inpatient and residential Providers to the total membership numbers in the catchment area. Three years of ratios were reviewed to establish the standard ratio (goal) for performance measurements.

Identified below are the Practitioner to Member Ratios for 2020-2021 for each type of Practitioner and inpatient and residential Provider organizations.

Practitioner Summary - Practitioner Type	Trillium Ratio Standard - 1:	2021	Membership	Actual Ratio Achieved 2021 - 1:	Established Standard
Adult Psychiatric Board-Certified Nurse Practitioner	3,500	90	257,011	2,856	Met
Licensed Clinical Addictions Specialist	800	352		730	Met
Licensed Clinical Mental Health Counselor	900	308		834	Met
Licensed Clinical Social Worker	500	573		449	Met
Licensed Marriage and Family Therapist	5,300	49		5,245	Met
Licensed Psychologist (PhD, PsyD)	2,700	97		2,650	Met
LPA	4,600	56		4,589	Met
MD/DO	800	356		722	Met
Nurse Practitioner	1,600	164		1,567	Met
Physician Assistant	2,000	132		1,947	Met
Provider Summary - Provider Type					
All Inpatient	10,000	71	257,011	3,620	Met
All Residential	7,500	801		321	Met

Based on the established standard ratios for Medicaid Members only, Trillium exceeded the goals for each standard defined by Practitioner/Provider type. Therefore, no opportunities were identified that could be pursued during this report cycle. Trillium will continue to annually monitor the type, range, and number of Practitioners in its Network, particularly as the Tailored Plan is implemented to ensure an adequate number of each category of professional exists.

Trillium has a contract/MOU/MOA with 49 prescribers of Buprenorphine as of 4/1/2021. A chart with their names, group affiliation, facility address, and counties served can be found in Appendix C.

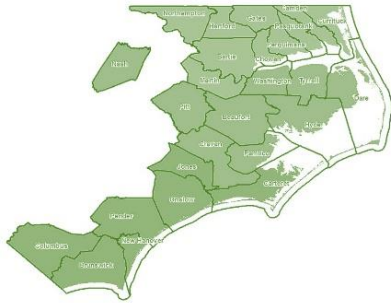
Geographic Access Maps Overview

Maps for 2021 may be found in the Geographic Accessibility Maps Supplement, which is a stand-alone companion document. The maps are organized in the following order by funding source as required:

1. Psychosocial Rehabilitation
2. Child & Adolescent Day Treatment
3. Partial Hospitalization
4. SAIOP
5. SACOT
6. Opioid Treatment
7. SA Non-Medical Community Residential Treatment
8. SA Medically Monitored Community Residential Treatment
9. SA Halfway Houses - Female
10. SA Halfway Houses - male
11. Assertive Community Treatment Team
12. Community Support Team
13. Intensive In-Home
14. Multi-Systemic Therapy
15. (b)(3) MH Supported Employment Services
16. (b)(3) IDD Supported Employment Services
17. (b)(3) Waiver Community Guide
18. (b)(3) Waiver Individual Support (Personal Care)
19. (b)(3) Waiver Respite
20. I/DD Supported Employment Services
21. Long-Term Vocational Supports
22. MH/SA Supported Employment Services ISP-SE
23. I/DD Personal Care Services
24. Day Supports
25. Peer Support
26. Transition Management Services
27. Ambulatory Detox
28. Facility-Based Crisis - Children
29. Facility-Based Respite
30. Mobile Crisis
31. Facility-Based Crisis - Adult
32. Detoxification (Non-Hospital)
33. Inpatient Hospital - Adult
34. Inpatient Hospital - Child/Adolescent
35. MH Group Homes
36. Psychiatric Residential Treatment Facility
37. Residential Treatment Level 2 TFC
38. Residential Treatment Level 2 Other than TFC
39. Residential Treatment Level 3
40. Residential Treatment Level 4
41. Child MH Out-of-Home Respite
42. I/DD Respite
43. (b)(3) I/DD Out-of-Home Respite
44. (b)(3) I/DD Facility-Based Respite
45. (b)(3) I/DD Residential Supports
46. Intermediate Care Facility I/DD
47. Community Living and Supports
48. Community Navigator
49. Community Navigator Training for Employer of Record
50. Community Networking
51. Crisis Behavioral Consultation/Crisis Consultation
52. In-Home Intensive
53. In-Home Skill Building
54. Personal Care Services
55. Crisis Behavioral Consultation/Crisis Consultation
56. Crisis Intervention and Stabilization Supports
57. Residential Supports 1
58. Residential Supports 2
59. Residential Supports 3
60. Residential Supports 4
61. Respite Care - Community
62. Respite Care Nursing - LPN & RN
63. Supported Employment
64. Supported Employment - Long Term Follow-Up
65. Supported Living
66. Day Supports
67. Out-of-Home Crisis
68. Respite Care - Community Facility
69. Financial Supports
70. Specialized Consultative Services
71. Location of Buprenorphine Prescribers as of 4/1/20

Section Two: Accommodation

Demographic Description



Trillium Health Resource's 26-county population in 2020 was estimated to be 1,501,478; 17,420 more than in 2019. According to the N.C. Office of State Budget and Management, 14.18% of the population of North Carolina resides in the Trillium catchment area. The median age within the 26 counties is 42.8 years compared to the North Carolina median age of 39.2 years. The percentage of females (50.9%) is just slightly higher than males (49.1%).

Trillium 2020 Population & Median Age

County	Total Population	Median Age
Beaufort	47,400	46.7
Bertie	19,496	41.8
Brunswick	147,644	51.8
Camden	10,575	42.0
Carteret	71,352	48.5
Chowan	14,114	43.8
Columbus	56,002	41.5
Craven	103,016	36.4
Currituck	28,048	43.5
Dare	38,027	45.8
Gates	11,908	44.2
Hertford	23,720	41.2
Hyde	5,119	45.2
Jones	10,067	42.7
Martin	22,904	46.0
Nash	96,669	42.5
New Hanover	235,231	39.1
Northampton	20,054	44.0
Onslow	210,056	25.8
Pamlico	13,277	50.5
Pasquotank	39,952	37.0
Pender	63,949	42.0
Perquimans	13,807	48.2
Pitt	183,285	32.6
Tyrrell	3,767	44.5
Washington	12,039	45.6
Trillium Catchment Total	1,501,478	42.8
North Carolina Total	10,587,440	39.2

Source: North Carolina OSBM, Projected Annual County Population Totals, 2020. Accessed 3/30/2021.

An analysis of the population by race and ethnicity based on 2020 U.S. Census projections for the Trillium catchment area indicates 72.2% (1,084,407) identified as white, 22.6% (338,979) as African American, 7.5% (112,360) as Hispanic/Latino. American Indians, Alaskan Natives, and Asian-Pacific Islanders make up a little more than five percent.

Race/Ethnicity of Service Area - 2020

County	White Alone	Black or African-American	American Indian and Alaskan Native Alone	Asian - Pacific Islander	Other Race	Hispanic/Latino
Beaufort	34,742	10,781	693	300	884	4,710
Bertie	6,979	11,943	91	194	289	318
Brunswick	125,624	16,405	1,431	1,283	2,901	8,785
Camden	8,559	1,376	42	262	336	320
Carteret	64,215	3,867	414	955	1,901	3,543
Chowan	9,164	4,539	68	121	222	682
Columbus	34,055	18,476	1,984	303	1,184	3,445
Craven	72,649	23,168	637	3,161	3,401	8,233
Currituck	25,169	1,639	164	320	756	1,404
Dare	35,379	987	314	404	943	3,999
Gates	7,559	3,904	90	30	325	273
Hertford	8,884	14,012	254	214	356	925
Hyde	3,478	1,491	49	12	89	597
Jones	6,830	2,763	107	44	323	465
Martin	12,554	9,838	124	128	260	1,031
Nash	52,727	39,484	1,219	1,164	2,075	6,173
New Hanover	191,489	31,949	1,865	3,988	5,940	16,760
Northampton	7,884	11,707	141	65	257	431
Onslow	164,554	28,366	1,739	5,353	10,044	28,196
Pamlico	10,527	2,361	95	66	228	630
Pasquotank	21,875	16,069	224	658	1,126	2,271
Pender	52,014	9,113	731	472	1,619	5,050
Perquimans	10,013	3,425	62	78	229	495
Pitt	109,935	63,662	1,165	4,084	4,439	12,772
Tyrrell	2,170	1,382	44	98	73	207
Washington	5,379	6,272	110	31	247	645
Trillium Total	1,084,407	338,979	13,857	23,788	40,447	112,360
North Carolina Total	7,460,751	2,337,983	185,890	323,795	279,021	1,170,876

Source: N.C. Office of State Budget and Management. Accessed 3/30/2021.

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.

Trillium is sensitive to the cultural and linguistic needs of their communities and provides both English and Spanish access to their website and materials. The Access Point kiosk and online screening program has

resources available in over one hundred languages. Trillium continues to encourage Providers to reflect and support the ethnic/racial make-up of the people they serve.

Trillium offers its Network of Providers cultural awareness & competency training to include information, training resources, and agency assessment tools for Practitioners to support culturally-competent communication. Trillium Providers receive Network Communication Bulletins distributed throughout the year focusing on the Provider Network. These notices deliver information on emerging and effective best practice standards for diverse populations. Trillium encourages its Provider Network to identify resources utilizing focus groups or interviews with cultural or linguistic minority Members to determine how to meet their social determinants of health needs or for cultural engagement and interaction within their communities.

Additionally, Provider contracts require compliance with all federal and State laws which prohibit discrimination on the grounds of race, color, age, creed, sex, religion, national origin, or physical/mental disability.

Persons in Poverty

County	# of All People in Poverty	% of All People	# of Children Ages 0-17 in Poverty	% of Children Ages 0-17 in Poverty
Beaufort	8,164	17.6%	2,704	29.5%
Bertie	4,256	24.2%	1,047	32.4%
Brunswick	14,423	10.2%	4,314	21.0%
Camden	819	7.6%	228	9.4%
Carteret	7,102	10.4%	1,987	17.0%
Chowan	2,528	18.5%	777	28.5%
Columbus	11,654	22.3%	3,656	32.5%
Craven	13,385	13.8%	4,269	20.0%
Currituck	2,419	8.8%	820	13.7%
Dare	3,284	8.9%	936	13.8%
Gates	1,680	14.7%	481	21.1%
Hertford	4,829	23.0%	1,219	28.3%
Hyde	853	19.2%	231	28.1%
Jones	1,747	18.8%	531	31.8%
Martin	4,589	20.6%	1,485	33.5%
Nash	15,065	16.4%	4,463	22.1%
New Hanover	29,519	13.0%	6,808	16.2%
Northampton	4,042	21.6%	1,227	37.2%
Onslow	22,029	12.5%	8,535	17.9%
Pamlico	1,899	15.9%	530	28.4%
Pasquotank	5,386	14.3%	2,066	24.1%
Pender	7,117	11.5%	2,345	17.1%
Perquimans	2,007	15.0%	647	26.3%
Pitt	33,512	19.2%	9,064	24.1%
Tyrrell	861	25.4%	250	34.9%
Washington	2,438	21.3%	825	36.4%
Trillium Catchment Total	205,607	13.7%	61,445	19.4%
North Carolina Total	1,383,760	13.6%	435,728	19.3%
United States Total	39,490,096	12.3%	12,000,470	16.8%

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program. CY2019. Accessed 3/31/2021.

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.

The median income for North Carolina citizens in 2020 was \$57,388. Nineteen Trillium counties fall below the North Carolina level, with Tyrrell County the lowest at \$37,680 and Currituck County the highest at \$70,699. The unemployment rates in 2020 reflected the economic impact of the COVID-19 pandemic. The North Carolina unemployment rate rose 4.5%. All 26 Trillium counties reflected a higher unemployment rate than the previous year, some doubling. Eighteen of the catchment's 26 counties had a higher percentage of poverty than the North Carolina benchmark of 13.6%. The poverty rate in the United States for the same time period was 12.3%.

Ethnic Groups

The Hispanic/Latino population has steadily increased each year in Trillium's counties. The LME/MCO provides access to interpreter services and 711 telecommunications relay services via the 24-Hours Access to Care Line. Trillium's website also has capability to view information in Spanish by the click of a button in order to view complex State policy topics, such as Medicaid Transformation.

Columbus County, one of the 26 counties in Trillium's catchment area, includes Members from the Waccamaw Siouan Tribe, a State-recognized tribe. Trillium has met with the tribal council and other tribal Members to learn about the cultural issues that tribal Members face when seeking mental health or substance use services. Trillium has been invited to attend the annual Waccamaw Siouan Pow Wow each year to provide continued education on services available in the Columbus County region. The Trillium Network includes access to a full array of services to tribal Members including 24/7/365 access to Mobile Crisis Management through Integrated Family Services, Inc. and RHA.

Trillium's current State contract (DHB) requires the LME/MCO to translate all printed materials produced for Member use in the catchment area's prevalent languages and make oral interpretation of those materials available free of charge upon request. Foreign language interpretation shall be available at no cost in compliance with the Limited English Proficiency requirements of Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d. Prevalent means a non-English language determined to be spoken by a significant number or percentage of potential Members and Members who are limited in English proficiency.

While cultural and linguistic differences can pose an obstacle or barrier to services, Trillium works with Providers to ensure access to both English and Spanish as well as other language needs.

People with Traumatic Brain Injuries

According to 2020 calendar year data, there were 67 Members with a TBI diagnosis, 21 of whom had a service-related claim. Trillium receives data monthly from the five preferred Providers on the number of Members who self-identify as potentially having a TBI. For calendar year 2019, they reported a total of 221 Members who were screened as potentially having a TBI. (*See full section on [page 102](#) of this report.*)

People with Physical Disabilities

Disabled, Blind, Deaf/Hard of Hearing

County	Number of Disabled ¹ Adults Enrolled in Medicaid	Number of Blind ¹ Adults Enrolled in Medicaid	Estimated Number of Deaf/Hard of Hearing (18 +) ²
Beaufort	2,141	11	5,660
Bertie	1,176	6	5,685
Brunswick	3,181	16	18,429
Camden	168	2	1,263
Carteret	1,686	4	8,807
Chowan	601	3	1,677
Columbus	3,109	11	6,599
Craven	2,887	22	11,333
Currituck	457	3	3,335
Dare	503	2	4,607
Gates	354	2	1,438
Hertford	1,350	5	2,839
Hyde	184	0	633
Jones	430	4	1,203
Martin	1,135	15	2,721
Nash	3,910	20	11,339
New Hanover	5,883	29	28,479
Northampton	1,108	5	2,432
Onslow	4,416	25	21,583
Pamlico	359	2	1,679
Pasquotank	1,460	12	4,559
Pender	1,615	5	7,570
Perquimans	478	2	1,675
Pitt	7,581	46	21,324
Tyrrell	137	0	456
Washington	715	4	1,405
Trillium Catchment	47,024	256	178,730
North Carolina	299,091	1,518	1,566,941

¹ NCDHHS, NC Medicaid, Division of Health Benefits, Annual Unduplicated Count, Accessed 3/30/2021.

² Deaf and Hard of Hearing: National Health Interview Survey. National Center for Health Statistics. Accessed 3/30/2021.

According to the N.C. Division of Health Benefits (NCDHB) as of June 30, 2020, there were over 47,000 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.

It is important to provide visual and verbal resources for Trillium's unique populations so they understand the resources and services available to them. Trillium offers a full-version of its website and print materials in both English and Spanish. All webpages are accessible on tablets and smart phones. It recently added an accessibility filter to help improve readability for Members with certain disabilities. Trillium strives to educate as many of its Members and populations as possible about available resources and services.

Trillium employs the UserWay Accessibility Widget® that offers a broad selection of functions users can mix and match to meet individual accessibility needs. Each of the functions can be turned on or off or set at an exact interim value. Settings for each user are automatically saved for future site visits. Features include; keyboard navigation (user can navigate the site without using a mouse), screen reader (to narrate the text aloud), increase text size, stop animations, convert to accessible fonts (easier to read), highlight links, large cursor, reading guide, dark mode, light mode, invert colors (switch from color to black and white), text spacing, color desaturation, and reveal page structure.

The contract template between the LME/MCO and Network Providers includes access and availability standards, specifically for Facility Accessibility, which states:

Contracted Network Provider facilities must be accommodating for persons with physical or mental disabilities. PIHP shall require reasonable accommodations, in accordance with 42 CFR § 438.206 contained in 42 CFR Parts 430 through 481, edition revised as of October 1, 2015, and consider the ability of Network Providers to communicate with limited English-proficient Enrollees in their preferred language and the ability of Network Providers to ensure physical access, reasonable accommodations, culturally competent communications, and accessible equipment for Medicaid Enrollees with physical or mental disabilities.

Obstacles and Barriers

At times, Members with physical disabilities, vision impairment, hearing loss, and other conditions can experience challenges in everyday life. When Trillium is able to assist, it offers assistive technology (ATES) through the Innovations Waiver and Choose Independence Program.

Assistive Technology, Equipment, and Supplies, Home Modifications, and Vehicle Modifications are resources Members access when their MH/SU/IDD condition is impacting, exacerbating, or related back to their diagnosis. Members can access these resources through two different avenues.

Innovations Waiver Members are able to use up to \$50,000 over the life of the waiver to access tools, such as ramps for their home or bathroom modifications that allow for increased independence when completing ADLs. When a Member wants to access these medically necessary services, they work with Specialty Care Coordinators who guide them through the process.

Trillium also has a grant program called Choose Independence, which can assist uninsured or under-insured Members in accessing medically necessary assistive technology, home modifications, and vehicle modifications. Members are able to access the Choose Independence application directly from the Trillium website. Applications must be accompanied by a detailed price quote and a letter of medical necessity written by the appropriate professional for the item being requested. For example, a letter of medical necessity for a ramp would likely come from a physical therapist.

People with Visual Impairments

As provided in the chart on [page 26 above](#), NCDHB data reflects 256 adults meeting the criteria for blind or visually impaired in the Trillium catchment.

Trillium provides all printed materials produced for Member use in a manner that accommodates the special needs of those with intellectual and/or developmental disabilities, those who are visually limited, and/or those who have limited reading proficiency. Two examples are the Member Handbook and New Member Welcome Packet

Community Services, at the State level, can provide Members with the tools, services, and education needed to be an active participant in their community, regardless of your visual ability. <https://files.nc.gov/ncdhhs/Programs-and-Services-for-Consumers.pdf>

Obstacles and Barriers

Funding for assistance to Members with visual impairments is typically allocated to other State agencies. Therefore, the majority of resources and assistance are managed externally to Trillium.

Access to supports is limited at best and many are based on a Member's ability to meet the income scale for the service. Access to written materials in Braille is limited and usually involves a fee. The North Carolina DHHS Communications Unit produces material in alternate formats, primarily Braille, for Division of Services for the Blind (DSB) employees. Alternate formats may be produced if a Member has no other means of obtaining the material. The requested materials have a per page fee.

According to their website (<https://www.ncdhhs.gov/divisions/dsb>) the Communications Unit follows all copyright laws, specifically Public Law 104-197, which allows the production of material in "specialized formats" (Braille, audio, or digital text, which is exclusively for use by people who are blind or others with disabilities) without obtaining copyright permission. Large print production is not included in Public Law 104-197. The Unit does not produce textbooks, cookbooks, math, computer codes, or foreign language Braille. Members will be referred to other appropriate, external resources if the Communications Unit is unable to fulfill requests.

The Aids and Appliances Unit of NC DHHS sells small items and devices developed or adapted for people who are blind or visually impaired. Examples of items for sale include sewing aids; watches (talking, Braille, large print); kitchen aids (long oven mitts, large print timers); and low-vision aids (special sunglasses and reading glasses). As with the written materials, these and other products are available for a fee, plus shipping and State tax.

There are two district offices in Trillium's catchment area to assist with supporting individuals in need of services who are visually impaired, blind, and deaf-blind to help them reach their goals of independence and employment. Each county across North Carolina does have an assigned social worker to assist Members with their needs.

Greenville District Office

Counties Served: Beaufort, Bertie, Camden, Chowan, Currituck, Dare, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Lenoir, Martin, Nash, Northampton, Pasquotank, Perquimans, Pitt, Tyrrell, Washington, Wilson

Phone: 252-355-9016
Toll Free: 1-800-422-1877
Fax: 252-355-9019
Email: craig.respess@dhhs.nc.gov
Physical Address
404 St. Andrews Drive
Greenville, NC 27834

Wilmington District Office

Counties Served: Bladen, Brunswick, Carteret, Columbus, Craven, Duplin, Jones, New Hanover, Onslow, Pamlico, Pender, Wayne

Phone: 910-251-5743
Toll Free: 1-800-422-1884
Fax: 910-251-2660
Email: kim.joyner@dhhs.nc.gov
Physical Address
3240 Burnt Mill Drive, Suite 7
Wilmington, NC 28403

People Who Are Deaf or Hard of Hearing

Also outlined in the chart on [page 26 above](#), the Deaf and Hard of Hearing National Health Interview Survey estimates that 178,730 persons who are deaf or hard of hearing live in the 26-county catchment area. This is an increase of 5,574 from last year.

Trillium provides access to interpreter services and 711 telecommunications relay services via the 24-Hour Access to Care Line.

The contract between the LME/MCO and Network Providers includes access and availability standards, which states for Support Services:

Interpreters: Language interpretation services must be made available by telephone and/or in person, enabling Medicaid Enrollees to effectively communicate with PIHP and Providers. TDD (telecommunication devices for the deaf) must also be made available for persons who have impaired hearing or a communication disorder.

The Division of Services for the Deaf and the Hard of Hearing provides services through its seven North Carolina regional centers. These services are open to deaf, hard of hearing, and deaf-blind individuals. Family members, professionals, agencies, and individuals seeking information or assistance also have access to these services. There is no charge for these services. The Division of Services for the Deaf and Hard of Hearing works to ensure all deaf, hard of hearing, or deaf-blind North Carolinians have the ability to communicate their needs and to receive information easily and effectively in all aspects of their lives, especially for their health and well-being. The Division serves individuals and families regardless of their mode of communication. This includes American Sign Language, Sign English, Cued, and Oral.

The large majority of resources for the deaf/hard of hearing population are free in contrast to their blind counterparts.

Obstacles and Barriers

There are a limited number of qualified sign language interpreters available, which can often be problematic when attempting to work with Members who are deaf or hard of hearing.

Veterans, Military Members, and Their Families

Trillium’s combined 26 counties saw a decrease in veterans from 151,529 in 2019 to 137,214 in 2020. Onslow County has the highest population within the catchment numbering 30,729 persons, followed by New Hanover County with 17,086, and Brunswick County with 14,671.

Veteran Population 5-Year Trend

County	9/30/2016	9/30/2017	9/30/2018	9/30/2019	9/30/2020
Beaufort	3,761	3,695	3,434	3,363	3,398
Bertie	1,124	1,102	1,077	1,054	1,133
Brunswick	13,759	13,890	13,836	13,848	14,671
Camden	1,101	1,119	1,290	1,308	1,121
Carteret	8,403	8,366	8,002	7,969	8,415
Chowan	1,620	1,611	1,229	1,206	1,098
Columbus	3,854	3,819	3,780	3,738	3,650
Craven	14,955	15,166	16,834	17,238	13,156
Currituck	3,197	3,231	3,244	3,255	2,897
Dare	3,170	3,129	3,084	3,029	3,432
Gates	1,147	1,157	1,105	1,109	829
Hertford	1,845	1,842	1,418	1,401	1,201
Hyde	381	377	264	261	245
Jones	1,124	1,120	1,094	1,084	843
Martin	1,617	1,602	1,632	1,608	1,520
Nash	8,166	8,121	6,434	6,395	5,438
New Hanover	17,564	17,484	15,707	15,553	17,086
Northampton	1,491	1,480	1,435	1,408	1,411
Onslow	31,458	32,614	39,994	42,279	30,729
Pamlico	1,333	1,316	1,321	1,285	1,451
Pasquotank	4,845	4,913	4,516	4,565	3,875
Pender	6,119	6,142	5,432	5,455	5,188
Perquimans	1,540	1,534	1,496	1,483	1,554
Pitt	11,180	11,223	10,694	10,660	11,811
Tyrrell	400	397	246	240	309
Washington	900	886	749	735	753
Trillium Catchment Total	146,054	147,336	149,344	151,529	137,214
North Carolina Total	731,378	730,357	718,481	708,167	698,183

Source: National Center for Veterans Analysis and Statistics. Accessed 3/30/2021.

Trillium has an identified point of contact for military affairs and trained staff to provide services for military personnel 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.

The North Carolina Department of Military and Veterans Affairs has a team of professionals committed to ensuring all those who served, and their loved ones, are made aware of and maximize all the benefits and resources available. DMVA has qualified Benefits Specialists in 12 offices throughout the State, an established relationship with County Veterans Officers (in most counties), and an established relationship with the Federal Department of Veterans Affairs. Services are provided free of charge and access to current federal, State, and local veterans' programs, entitlements, and in-person referral services are available at Veterans Service Offices or via 24/7 access online.

Obstacles and Barriers

Personal anxieties and cultural concerns can discourage veterans from seeking the treatment they need. Many are often skeptical about the effectiveness of treatment and concerned about whether they'll experience side effects from any medication. Military attitudes can also trickle into veterans' decision-making. They are sometimes concerned that seeking help could be viewed as a sign of weakness or could cause career repercussions.

Statistically speaking, a large portion of the homeless population are veterans. Being homeless impacts their ability to engage and maintain engagement in behavioral health treatment and services.

Pregnant Women with Substance Use Disorders

Pregnant Women Using Substances

County	Estimated Number of Pregnant Women 15-44 Who Use Opioids (Rate 7.0%) ³	Estimated Number of Pregnant Women 15-44 Who Use Illicit Drugs (Rate 5.9%) ⁴	Estimated Number of Pregnant Women 15-44 Who Drink Alcohol (Rate 8.5%) ⁵
Beaufort	35	29	42
Bertie	14	12	17
Brunswick	80	68	97
Camden	8	7	10
Carteret	41	35	50
Chowan	9	8	11
Columbus	45	38	54
Craven	106	89	129
Currituck	21	17	25
Dare	26	22	31
Gates	7	6	9
Hertford	17	14	20
Hyde	3	2	3
Jones	7	6	9
Martin	18	15	21
Nash	98	82	118
New Hanover	189	159	230
Northampton	14	12	17
Onslow	302	255	367
Pamlico	6	5	7
Pasquotank	38	32	46
Pender	50	42	61
Perquimans	9	8	11
Pitt	178	150	216
Tyrrell	3	2	3
Washington	11	9	13
Trillium Catchment	1,333	1,123	1,618
North Carolina	10,010	8,437	12,155

³ MMWR Morb Mortal Wkly Rep 2018;67:845–849. N.C. DHHS, State Center for Health Statistics. Accessed 3/30/2021

⁴ N.C. DHHS, State Center for Health Statistics. Forray, 2016. Accessed 3/30/2021

⁵ N.C. DHHS, State Center for Health Statistics. Forray, 2016. Accessed 3/30/2021

Using data from the NC State Center for Health Statistics for pregnant women ages 15-44, there were an estimated 1,333 who used opioids, 1,123 who used illicit drugs, and 1,618 who drank alcohol.

Trillium requires priority admission to all women who are pregnant and injecting drugs, pregnant and using substances, and other individuals who are injecting drugs.

Trillium has a dedicated Care Coordinator whose primary focus is pregnant women with substance use disorders. All pregnant women (with Medicaid or uninsured) with an active opioid use diagnosis or SUD automatically get assigned to a specialized care coordinator to assist with connecting to recovery resources. Trillium Care Coordination participates in the Neonatal Abstinence Syndrome (NAS) Work Group at New Hanover Regional Medical Center. The group focuses on aspects of NAS, SUD treatment, community family referrals, and policies that affect both babies and families.

Trillium Care Coordinators have worked with Community Care of NC, specifically Community Care of the Lower Cape Fear and Access East, about enhancing collaboration and referrals for pregnant women with opioid use disorders and Care Coordination in general.

A Trillium representative is also participating in the Child Welfare & Substance Use/Plan of Safe Care Policy Meeting.

There is a list of local groups working with Trillium to address opioid and substance use issues in their communities that can be seen at: <https://www.trilliumhealthresources.org/for-individuals-families/mental-health-substance-use/opioid-epidemic-substance-abuse/other-resources>

Obstacles and barriers

Consistent engagement, commitment, and motivation continue to be issues with women not returning calls nor showing up for assessment, urine drug screens, individual therapy, or group. Many times, these women have not experienced stability in their lives and experience low self-esteem, trauma, anxiety, and depression. Others have not had positive family relationships or have been in controlling or abusive relationships with the father of their child(ren) and are reluctant to get them involved.

Transportation is a challenge for rural counties, which often lack adequate public transportation systems. Even though the majority of Members have Medicaid and should have access to transportation, restrictions, such as scheduling and the ability to bring other children make it unavailable for some.

People Who Identify as LGBTQ

The Williams Institute School of Law at UCLA reports North Carolina is home to 331,147 adults who identify as LGBTQ. They estimate 58% are white, 22% African American, and 11% Latino(a). An estimated 39% are male and 61% female. In the Trillium 26 counties, Gallop estimates there to be 47,405 persons identifying as LGBTQ.

Source: Adult LGBTQ Population in the United States. (February 2019) The Williams Institute, UCLA School of Law. (Accessed 3/30/2021). <https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT&area=37#density>

Trillium developed Project OUTreach to share LGBTQ information with community stakeholders, Providers, faith-based organizations, and more. Trillium works with North Carolina Families United to help educate all communities to gain the skills needed to address the specific health concerns of and abuse toward youth who identify as LGBTQ. Research shows between 2-7% of all adults identify as lesbian, gay, or bisexual, and the average age youth realize they are gay is a little over 13 years old. OUTreach is available in all 26 Trillium counties.

The purpose of OUTreach is to:

- Improve health and mental health outcomes for youth identifying as LGTBQ in Eastern NC.
- Help ethnically and religiously diverse families and caregivers to decrease rejection and increase support for children, youth, and young adults in the LGBTQ community.
- Support the critical needs of youth in foster care related to LGBTQ health.
- Facilitate system changes to address needs by increasing awareness and support of youth who identify as LGBTQ.

Additional information can be found at <https://www.trilliumhealthresources.org/outreach>

Trillium also works with the Family Acceptance Project® (FAP), which is a research, intervention, education, and policy initiative working to prevent health and mental health risks for children and youth who identify as lesbian, gay, bisexual, and transgender (LGBT), including suicide, homelessness, and HIV in the context of their families, cultures, and faith communities. FAP uses a research-based, culturally grounded approach to help ethnically, socially, and religiously diverse families to support their children who identify as LGBTQ.

Obstacles and Barriers

Planning for services for this special population can be difficult because there is no data available currently on the numbers of Trillium Members who self-report as LGBTQ. Statewide forms and collection methods do not accommodate reporting of sexual orientation, gender identity, and gender expression (SOGIE) information. Trillium's current system is somewhat limited by data contained in the GEF (Global Eligibility File) sent from the State. The data elements included in the file are limited based on what the State and federal government requires/allows states to capture. Currently, the system only allows a person to indicate male/female/unknown.

Prison Population - December 31, 2020

County	Prison Population	Female	Male
Beaufort	259	17	242
Bertie	68	4	64
Brunswick	317	30	287
Camden	4	1	3
Carteret	206	39	167
Chowan	46	5	41
Columbus	212	15	197
Craven	371	28	343
Currituck	30	5	25
Dare	78	3	75
Gates	12	0	12
Hertford	67	1	66
Hyde	13	0	13
Jones	25	1	24
Martin	113	8	105
Nash	289	11	278
New Hanover	782	59	723
Northampton	53	3	50
Onslow	459	49	410
Pamlico	47	3	44
Pasquotank	90	3	87
Pender	148	10	138
Perquimans	25	1	24
Pitt	605	25	580
Tyrrell	5	0	5
Washington	42	2	40
Trillium Catchment Total	4,366	323	4,043
North Carolina Total	30,058	2,182	27,876

Sources: North Carolina Department of Public Safety, Office of Research and Planning. A.S.Q. Custom Offender Report. Accessed 3/29/2021.

There are 11 correctional facilities located within the Trillium catchment area. As of December 31, 2020, there were 4,366 people incarcerated according to the NC Department of Public Safety. 92.6% were males and 7.4% were female. These numbers reflect the county of residence for inmates.

Trillium partners with the North Carolina Treatment Accountability for Safer Communities (TASC) Network, which provides care management services to people with substance use or mental illness who are involved in the justice system. TASC combines the influence of legal sanctions with treatment and support services to permanently interrupt the cycle of addiction and crime.

Trillium has also recently partnered with a Provider to deliver Medication Assisted Treatment (MAT) in New Hanover County and Pitt County Jails.

Trillium's contract with DMH in the Care Coordination for High Risk Consumers requires care coordination assignment to be prioritized for persons in need of MH/DD/SA services who are transitioning from jails and prisons.

Trillium received a two-year Department of Justice (DOJ) diversion grant to work with law enforcement agencies in Onslow and Carteret Counties. The funds have been used to 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 who would be better served by connecting to crisis and treatment services rather than being taken into custody or to the hospital emergency department.

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

Obstacles and Barriers

Services and supports to Members who are in jail or prison is limited to 30 days prior to their discharge based on Medicaid rules. Substance Abuse Prevention and Treatment Block Grant (SAPTBG) funds are prohibited from being used for treatment services for individuals in State penal or correctional institutions, which includes jails, prisons, adult and juvenile detention centers, juvenile training schools, etc.

Youth in the Juvenile Justice System

Juvenile Facility Operations operates two types of secure commitment centers for youth in North Carolina: Juvenile Detention Centers (JDCs) and Youth Development Centers (YDCs). According to the North Carolina Department of Public Safety 2019 Juvenile Justice County Databook, there was a total of 346 youth from Trillium's catchment area placed in detention; 28 of whom were committed to a YDC for a period of at least six months in 2019. There were 3,833 youth served in programs supported by the Juvenile Crime Prevention Councils (JCPC) and 210 served in community-based and residential programs, while 1,101 individuals received therapeutic/skill building programs in group homes. For additional data, see the Juvenile Justice Tables A and B in Appendix A.

In FY19-20, Trillium created two new positions, which included the Head of Department of Social Services (DSS) Engagement and the Head of Children and Youth Services (for DJJ Engagement). These positions provide support for systems of care involving children and youth as well as to assure the best care for Members throughout the entire Trillium coverage area.

The Head of Children and Youth Services bridges the systems that support care management and community resources in many different settings for Members. This position collaborates with various community-based agencies, such as juvenile justice stakeholders to improve health outcomes and increase access to care for Members and their families.

Through the Head of DSS Engagement, Trillium maintains direct communications with Departments of Social Services (DSS) across the catchment area. Having dedicated staff involved with the multiple county DSS offices and various DJJ districts allows Trillium to give them the focused attention needed to best serve the children and youth in care. These positions give county-based issues a direct response and in-office staffing (when safe to do so) or telephonic support. Collaboration with court counselors and social workers can help support children and youth in accessing the least restrictive environment, which prevents utilization of costly care.

Head of DSS Engagement and the Head of Children and Youth Services are both available to gather information about gaps and needs from stakeholders, in addition to participation in key initiatives to increase services for children and youth.

Each county in the Trillium area has a designated System of Care Coordinator. System of Care Coordinators are knowledgeable about their counties and the services and supports available in that particular geographical area. As important resources in their local communities, they serve on various teams and committees, such as:

- Juvenile Crime Prevention Committees (Department of Public Safety)
- Juvenile Justice Behavioral Health Committees (formerly known as JJSAMHP)

Multisystemic Therapy (MST) is an evidence-based intervention for at-risk children and youth. MST therapists work in the home, schools, the community of caregivers, and meet the family “where they are” to provide 24/7 support to transform the lives of troubled youth. Research determines that MST reduces criminal activity and other adverse behavior. Outcomes at the close of treatment expect the youth: has had no arrests, has increased prosocial activities, has maintained school attendance, and is able to remain in their home and community (versus an out-of-home placement). MST is now available in all 26 counties within the Trillium catchment.

Intensive In-Home (IIH) services have historically been highly utilized for at-risk youth and prevention of out-of-home placement. It is a team-based therapy model designed to address the identified needs of children and adolescents who, due to serious and chronic symptoms of an emotional, behavioral, or substance use disorder, are unable to remain stable in the community without intensive interventions. IIH is available in 14 of Trillium’s 26 counties, including Brunswick, Beaufort, Carteret, Chowan, Columbus, Craven, Hertford, Martin, Nash, New Hanover, Onslow, Pasquotank, Pender, and Pitt.

Trillium recruited in all counties for Family-Centered Treatment (FCT) Providers as an evidence-based model alternative to IIH for at-risk youth. It is a team-based therapy model which works for prevention of or as step down from out-of-home placement. Based on eco-structural and emotionally-focused therapy models, this home- and community-based service is targeted toward families in crisis.

Juvenile Justice Behavioral Health (JJBH) is a partnership among juvenile justice stakeholders and Providers to deliver services for youth involved with the juvenile justice system who may experience challenges, such as using substances, anger, traumatic events, difficulties in school, aggression, and other areas. Currently there are partnerships in the Northern, Central, and Southern regions of the Trillium catchment.

Juvenile Crime Prevention Council (JCPC) sparks collaboration among community leaders, locally and statewide, to reduce and prevent juvenile crime. Funding is used to subsidize local programs and services. There are Councils in each of the 26 Trillium catchment counties. Through JCPC, Trillium is able to work in partnership to address assessment and treatment barriers.

Trillium has partnered with a Provider for screenings for mental health, substance use, trauma, assessments, case support, and discharge planning for youth in New Hanover Regional Juvenile Detention Center. The following chart outlines the partnership goal and details about the model and tools used.

GOALS: Provide screening, assessment, case management, and group therapy utilizing the evidence-based program 7 Challenges and Brief Challenges with youth in detention at New Hanover Regional Juvenile Detention Center.			
Frameworks and Processes: 7 Challenges and Brief Challenges utilizes Cognitive/Emotional Decision-Making Model, Health Decision-Making Model, and Empowerment Model.			
Activity	Tools	Details	% Time Goal
Screening and Assessment	Motivational Interviewing GAIN Family	<ul style="list-style-type: none"> Screening and Assessment of all juveniles referred for services. Utilize Motivational Interviewing techniques for screening. Utilize GAIN Family Assessment tool for determining substance use diagnosis. 	~60%
Intervention	7 Challenges, Brief Challenges	<ul style="list-style-type: none"> Brief Challenges are offered to all substance use diagnosed youth scheduled for short term release. 7 Challenges are offered to all substance use diagnosed youth scheduled for long term release. 	~15%
Case Management	Notes and Documentation	<ul style="list-style-type: none"> Follow up phone calls to court counselors, residential and outpatient treatment centers. Follow up progress notes on all served youth, stored in a secure location. Follow up recommendation letters for those needing additional services. 	~15%
Workforce Development	Required Training	<ul style="list-style-type: none"> Attend state and local meetings as identified by the state office or MCO. Attend NC Cross Area Services Program Annual Detention Services State Level Meeting. Maintain required certifications for GAIN, 7 Challenges and Brief Challenges. 	~5%
Reports	Monthly JDC Online Report	<ul style="list-style-type: none"> Complete online monthly reporting by 10th of each month. UNCG contact person Sonja Frison, 336-334-3867, sfrison@uncg.edu 	~5%
Contact Person	Prevention Specialist	<ul style="list-style-type: none"> John Dail, CSAC, 910-202-0840, jdail@coastalhorizons.org 	

Obstacles and Barriers

Rural areas can be problematic, especially when it comes to Sex Offender Treatment Services. Trillium's recruitment strategy to increase access to Sex Offender Specific Assessment includes an enhanced rate due to the complexity of the evaluations and open enrollment/direct recruitment of practitioners certified in Problematic Sexual Cognitive Sexual Behavior (PS-CBT), a comprehensive family-based clinical treatment intervention for children with problematic sexual behaviors and adolescents with illegal sexual behavior.

In the more rural counties throughout its catchment area, Trillium has locations where families find it much harder to access a treatment Provider. It is also difficult to identify residential care options equipped to work with individuals who have dual diagnoses (MH/DD).

While Trillium's 26 counties represent 14.12% of the State's population, their total 12,923.11 square miles also represent over 25% of the square mile size of North Carolina.

The population ranges from 8.4 persons per square mile in Hyde County, and 9.7 persons per square mile in Tyrell County to 1,228.2 persons per square mile in New Hanover County. Ten 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 come the challenges of recruiting Providers and delivering behavioral health services. While each individual should have access to needed services, smaller communities in less populated areas can present the largest obstacles.

Social Determinants of Health

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

Trillium is focusing on employment, education, housing, transportation, food insecurity, interpersonal safety, and toxic stress in alignment with statewide non-medical drivers of health priorities. The LME/MCO is also focusing on social integration and community inclusion as an essential component of wellness.

Trillium has addressed non-medical drivers of health for many years through various initiatives and programs, such as having a dedicated housing department and grant programs, like HOMES funds. HOMES funds allow Members to request financial assistance for housing-related costs that could otherwise leave them without housing. Historically, Trillium's Care Management Department and Call Center have also been another resource for Members when addressing non-medical drivers of health. Trillium's Call Center has continued to link Members with various community resources to address non-medical needs.

By managing Medicaid funding and services locally, Trillium has achieved cost efficiencies that allowed it to reinvest savings in innovative programs and services, which are making a difference in its communities and help address additional non-medical drivers of health. In 2018, Trillium established the Neighborhood Connections Department with the sole purpose of addressing Member's non-medical drivers of health. Research shows that up to 80% of a person's health and potential lifespan are impacted by non-medical drivers of health. This Department surveys Members and stakeholders to better understand community needs, areas to prioritize efforts, and gaps in service system. The Neighborhood Connections Specialists work directly with Members throughout Trillium's 26-county catchment to enhance and increase the accessibility and availability of resources that influence a person's overall health and wellness by linking them with employment, education, housing, transportation, food, interpersonal safety, toxic stress, and resources to address isolation and inclusion. Members can connect with a Connections Specialist through a referral process accessible to anyone at Trillium, including Trillium's Call Center.

Employment

Regular employment, whether full- or part-time, helps provide income, a sense of purpose, and improves self-esteem. Data compiled by the U.S. Department of Labor Office of Disability Employment Policy shows over 7% of those with a disability are unemployed compared to about 3% for general population in 2018, despite being proven to be strong, productive employees.

Trillium's Connections Specialist helps with navigating community-based job readiness programs, Vocational Rehabilitation, and other community employment resources. Employment referrals are the fourth highest referral for Neighborhood Connections and data shows Trillium is able to meet this need for Members at a rate of 73%. Since launching employment referrals at the end of 2019, Neighborhood Connections has worked with around 80 Members on employment assistance needs.

Trillium, in partnership with Easter Seals UCP, is operating two *sensABLE Snacks* food trucks throughout the catchment area. The trucks employ individuals with intellectual/developmental disabilities (IDD), offer inclusive work environments, and coordinate with the Food Bank of the Albemarle and the Food Bank of Central & Eastern North Carolina to help increase fresh food options in Trillium communities. Trillium has worked with ESUCP and the *Everybody Works!* Campaign to hire staff to operate the trucks. The trucks launched in September and October of 2019. For more information, see <https://www.whatcanyoudocampaign.org/>.

Community Needs

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

Parents have consistently stated job preparation assistance is a need for young adults with intellectual and developmental disabilities who are transitioning from high school. Even though these Members may not be on a college or technical school track, they are ill-prepared to enter the workforce, nonetheless.

Existing Resources/Accessibility

Resources across the Trillium catchment area supporting employment remain the same as reported in the past and include:

- The NC Department of Vocational Rehabilitation (VR)
- The NC Division of Workforce Solutions (DWS) operating local Career Centers
- Supported Employment - a service offered to individuals with more significant barriers to employment related to behavioral health or I/DD diagnoses
- DWS, formerly Employment Security Commission - a State-Funded service to help people who are unemployed or under-employed, and at-risk populations find employment

Aid remains available from Trillium's Small Business Project. Funds are intended to support a Member's self-employment in a business they own. The funding cannot be used for Members' hobbies, to reimburse Members or their families for items already purchased for a business, or for a family member's business where the Member will be an employee. Funds are restricted to adult Members in the mental health and intellectual/developmental disability populations. Additional information can be found on the Trillium website at: <https://www.trilliumhealthresources.org/SBFunding>.

Additional Infrastructure Needs

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

- One of 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.
- A barrier that exists with many State-Funded programs, such as Vocational Rehabilitation is the length in time that it takes to enter into services. Individuals wait on average, 90 days after they attend the initial orientation before being approved for services.
- Affordable childcare is a barrier to successful and permanent employment.
- Additional education is needed surrounding individuals looking for work who may have criminal records.
- Trillium also needs to educate employers on hiring practices and identify better system-wide incentives for hiring individuals who may have a criminal record.

Availability of Community Supports

Availability of Community Supports varies depending on the area, especially in more urban areas, such as Greenville and Wilmington. Many of the supports that do exist, specifically in the more rural areas, tend to be natural supports, such as family, peers, and the faith-based communities.

Trillium Households with Severe Housing Problems

County	Percentage of Households with Severe Housing Problems
Beaufort	14.9%
Bertie	18.9%
Brunswick	15.7%
Camden	15.2%
Carteret	14.8%
Chowan	20.0%
Columbus	16.5%
Craven	15.6%
Currituck	14.5%
Dare	16.6%
Gates	15.1%
Hertford	19.7%
Hyde	15.8%
Jones	15.2%
Martin	14.3%
Nash	15.4%
New Hanover	19.5%
Northampton	17.8%
Onslow	14.7%
Pamlico	12.6%
Pasquotank	19.6%
Pender	16.0%
Perquimans	16.5%
Pitt	21.3%
Tyrrell	16.5%
Washington	15.9%
Trillium Average Percentage	16.5%
North Carolina Percentage	15.6%

Robert W. Johnson 2020 County Health Rankings. Accessed 3/30/21.

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 non-medical drivers of health, such as transportation, interpersonal safety, food access and education. Housing as a driver of health includes affordability, proximity to services and amenities, type and condition of the homes, and community culture.

Trillium invests in the planning and promotion of affordable housing within the 26-county service area. It partners with communities across eastern North Carolina to ensure individuals are linked to affordable and accessible housing. Housing remains a top priority for social determinants of health. Secure housing allows individuals to focus on recovery, improve their well-being, and reach their potential. Success in treatment can be difficult when a person does not have safe, and affordable housing.

Trillium's Housing Department partners with local housing authorities, property owners and managers, emergency shelters, and government officials to offer multiple housing options. Trillium's Connections Specialists also assist with locating resources for move-in costs and education on maintaining housing.

HOMES Funds have assisted 334+ individuals and families (total households =139) with obtaining housing and/or housing stabilization.

Permanent Supportive Housing grants have served a total of 212 individuals, including 32 families composed of 153 adults and 59 children.

The need for housing may be a long-standing issue or due to an emergency situation, such as a hurricane or flood. Back@Home funds following Hurricanes Florence and Dorian provided for a total of 469 individuals within 180 families consisting of 237 adults and 232 children.

Community Needs

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, which deems them housing cost-burdened. Higher spending on housing costs is associated with neglecting other essential health needs, such as preventive healthcare visits, reliable transportation, purchasing enough food and nutritional food. Housing cost burden is linked with chronic stress and anxiety.

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 inadequate 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 crime and isolation.

Existing Resources and Accessibility

State-supported affordable housing in the catchment includes the Targeted Unit Program. This program requires any property developed with State tax credits to designate 10% or more of the units for seniors and people with disabilities. The North Carolina Housing Finance Agency, which 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. Non-profit 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.

Oxford House is a concept in recovery from drug and alcohol addiction. In its simplest form, an Oxford House describes a democratically run, self-supporting, and drug-free home. Parallel to this concept lies the organizational structure of Oxford House, Inc. This publicly-supported, non-profit 501(c)3 corporation is the umbrella organization which provides the Network connecting all Oxford Houses and allocates resources to duplicate the Oxford House concept where needs arise. Trillium has partnered with Oxford House and was able to open 20 houses in nine counties in the Trillium catchment between 2016-2020. This has resulted in sober living options for 142 people in these houses, which include 12 men's houses, five women's houses and two houses for women with children.

Additional Infrastructure Need

The Trillium catchment in particular makes it difficult to secure affordable housing. Neighborhoods where much of the housing is in disrepair are also subject to other social issues such as crime and isolation. In addition to accessing services, housing remains the number one request the Trillium Call Center receives. The geography of the Trillium catchment contributes to the inability of its population to secure affordable

housing. The coastal areas typically see a higher than average cost of living, which results in more expensive rental and mortgage costs.

Availability of Community Supports

Most communities within the Trillium catchment have one or more of the resources listed above, however, the availability of these resources is limited due to funding constraints and high demand for these programs. Trillium Members struggle to access community supports for the following reasons:

- Lack of knowledge that the resources exist and their eligibility for them.
- Barriers to getting to the locations where they are offered (transportation).
- The process to access the services is either complex or lengthy, which may intimidate the person who may not have sufficient support to complete the application or see the process through to the end.

Transportation

Trillium Households with No Motor Vehicles

County	Percentage of Households with No Motor Vehicles³
Beaufort	7.0%
Bertie	10.0%
Brunswick	3.8%
Camden	2.9%
Carteret	4.4%
Chowan	10.4%
Columbus	7.0%
Craven	5.8%
Currituck	2.5%
Dare	2.8%
Gates	4.7%
Hertford	9.2%
Hyde	0.3%
Jones	6.5%
Martin	8.0%
Nash	7.9%
New Hanover	6.5%
Northampton	10.0%
Onslow	4.8%
Pamlico	6.6%
Pasquotank	8.6%
Pender	3.6%
Perquimans	5.5%
Pitt	8.7%
Tyrrell	7.4%
Washington	15.3%
Trillium Average Percentage	6.5%

U.S. Census. Accessed 3/30/21.

Transportation continues to be a top Social Determinant of Health for many communities since it impacts access to all services, regular employment, and participation in social activities. Trillium offers a Transportation Grant to Members to use as it relates to inclusion/isolation and accessing resources in their communities. They can apply to receive up to \$120 quarterly from their county transportation Provider/bus system, Lyft/Uber, or taxi company. Trillium has assisted over 200 Members with transportation needs in 2020-2021 and has linked 88 Members with transportation funds through the Trillium Transportation Grant.

Community Needs

Members who require accessible vehicles for transportation are limited since many taxi/Uber/Lyft Providers may not offer accessible vehicles. Accessible vehicles provided by the county are typically only available Monday through Friday, 8-5 and require Members to call in to set up rides ahead of time and are charged a fee if cancellation is necessary on short notice. For individuals or families who have their own vehicle, vehicle modifications are extremely costly and not within reach of most family budgets.

Existing Resources/Accessibility

Only four municipalities (Wilmington, Greenville, Rocky Mount and Jacksonville) operate regularly scheduled public transportation. One community (Ocracoke Island) can only be reached by ferry.

Other existing transportation resources include:

Non-Emergency Medicaid Transportation - a resource provided in all counties for those who receive Medicaid and who are attending scheduled medical appointments. Wait times and ride times increase for those who reside in more rural counties and for those who may live in the outlying areas of a larger county.

Scheduled county public transportation - a resource provided to citizens in many Trillium counties at a lower cost. Hours of operation are generally, Monday through Friday, 8-5. Some more urban counties offer extended hours and/or will schedule after hours by appointment. Similar to Medicaid transportation, wait times and ride times can often time get lengthy in the more rural areas.

Taxi/Uber/Lyft - costly transportation resources typically found in more urban areas, which many Members are not able to afford. For Members who do have access, this may be the only option for transportation on weekends and afterhours. Also, many private drivers do not have accessible vehicles and are not able to transport individuals who may need that accommodation.

Additional Infrastructure Needs

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

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

Availability of Community Supports

Availability of community supports in this sense depends widely on the area and connectedness of an individual. Many rely heavily on faith-based, peer and family support when available.

Food Insecurity

Nutrition is a basic, physiological need. Food insecurity makes it difficult to achieve any other goals. *Food deserts*--lack of grocery stores and fresh foods in a neighborhood--and *food swamps*--only food sources readily available are fast food restaurants or convenience stores--are common in both urban areas with lack

of transportation and rural areas where it is miles to the nearest town. For example, Trillium Members who live in Hyde County may have to travel 40 miles or more to the closest grocery store.

Six of Trillium’s 26 counties show 20% or greater numbers of people reporting a lack of access to food. Five counties reflected a greater than 10% population not living close to a grocery store. The catchment percentage of public school students range from 26.5% (Camden County) to 99.0% (Hertford County). As a catchment, 15.9% of the population receive Supplemental Nutrition Assistance Program (SNAP) benefits compared to the State percentage of 13.8%.

Food Insecurity Risk Factors

County	Percentage Reporting Lack of Access to Food	Percentage of Low Income Population and Do Not Live Close to a Grocery Store	Percentage of Public School Students Receiving Free or Reduced Price Meals	Population Receiving SNAP (Food Stamp) Benefits
Beaufort	16.2%	3.9%	92.1%	19.1%
Bertie	22.1%	2.5%	98.2%	22.1%
Brunswick	13.2%	5.5%	54.1%	10.1%
Camden	11.2%	0.9%	26.5%	8.0%
Carteret	12.1%	7.1%	40.5%	9.2%
Chowan	18.6%	11.3%	61.7%	19.3%
Columbus	18.5%	1.3%	93.2%	21.7%
Craven	15.1%	8.1%	52.1%	13.2%
Currituck	10.1%	2.8%	29.6%	6.9%
Dare	11.4%	7.4%	32.0%	7.5%
Gates	15.0%	0.0%	49.3%	13.7%
Hertford	22.3%	5.3%	99.0%	24.6%
Hyde	18.2%	35.4%	74.0%	16.2%
Jones	18.6%	0.0%	97.4%	18.4%
Martin	19.1%	1.4%	84.8%	21.3%
Nash	17.9%	5.7%	75.1%	17.6%
New Hanover	15.3%	7.7%	49.1%	10.8%
Northampton	22.9%	7.1%	89.3%	23.8%
Onslow	14.6%	10.2%	44.4%	10.2%
Pamlico	14.4%	2.4%	70.7%	12.9%
Pasquotank	18.5%	12.5%	66.2%	19.0%
Pender	13.2%	3.2%	45.7%	11.2%
Perquimans	16.7%	1.1%	59.6%	15.8%
Pitt	20.1%	3.2%	63.0%	18.1%
Tyrrell	20.4%	6.1%	97.9%	18.1%
Washington	22.2%	12.9%	97.4%	25.0%
Trillium Average Percentage	16.8%	6.3%	67.0%	15.9%
North Carolina Percentage	14.6%	6.7%	55.9%	13.8%

Sources: Accessed 3/30/2021

1 Robert W. Johnson 2020 County Health Rankings. Accessed 3/30/21.

2 N.C. Department of Public Instruction

Trillium Connections Specialists help with linking Members to food resources in their communities. These Trillium staff have existing relationships with food banks, food co-ops and other community-based organizations (CBOs) available to provide these resources to Members. Some CBOs offer food delivery services, which is increasingly valuable to Members experiencing transportation and access barriers.

Connections Specialists also provide workshops on various topics related to starting a garden and preparing healthy recipes.

Neighborhood Connections implemented a new initiative to help with food security and access to healthy food for Members during the COVID-19 State of Emergency. *Healthy Helpings* funding provided \$40 per month for fruits and vegetables at all North Carolina Food Lion stores. *Healthy Helping* was used to buy fresh, frozen, and canned fruits and vegetables without added sugar, salt, or fat. To be eligible, individuals must:

- Be a current SNAP Recipient
- Be impacted by COVID-19
- Be enrolled by a participating care manager or healthcare Provider

Healthy Helpings participants were able to spend their \$40 per month at any North Carolina Food Lion store for a total of three months, allowing access to up to \$120 worth of healthy foods.

Neighborhood Connections' Health Specialists worked collaboratively with the Trillium Call Center and Care Management to identify and assist Members to complete the enrollment process for easier access to this resource. Program funding ended in December 2020, but Connections Specialists assisted 128 Trillium households with food needs in 2020-2021. For more information see <https://healthy-helping.org/what-we-do/produce-prescriptions/healthy-helping.html>.

Also, during the COVID-19 pandemic, the Innovations Waiver Service *Home-Delivered Meals* was offered through Appendix K flexibilities. This service allows Members up to two home-delivered, healthy and nutritious meals per day. Over 700 Trillium Members expressed interest in the service; over 500 Members continue to receive weekly service while breaking down transportation and nutrition barriers.

As mentioned previously, Trillium Health Resources and Easterseals UCP launched two *sensABLE Snacks* food trucks in New Bern and Ahoskie. The trucks employ individuals with intellectual/developmental disabilities (IDD), offer inclusive work environments, and coordinate with the Food Bank of the Albemarle, and the Food Bank of Central & Eastern North Carolina to help increase fresh food options in Trillium communities.

Community Needs

Many rural counties do not have a free-standing food bank. Instead, they have mobile food pantries at locations, like churches. In numerous counties, transportation can be a barrier to getting to those resources. A large portion of the food is shelf stable, boxed, or canned food, however, if fresh produce or meat is available, it goes quickly and individuals may have to arrive early and wait in long lines to access it.

Existing Resources/Accessibility

Many resources exist to help with food insecurity. Even though most of Trillium counties do not have a free-standing food bank, every county in the catchment area has some sort of mobile food pantry. Accessibility can be difficult due to lack of transportation.

The Supplemental Nutrition Assistance Program (SNAP) is a widely used resource. As noted in the chart on the previous page, there is a broad range in the percentage of people accessing SNAP within the Trillium catchment. Farmers' markets are increasingly accepting SNAP and food coalitions are continuing to encourage and support them to accept it. As this practice continues to expand, it will allow low income individuals increased access to fresh produce.

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is another benefit that is readily available for women who are pregnant or have young children who qualify. This helps those families access healthy food.

Many families qualify for free and reduced meals at school. Because such a large percentage of their students qualify for free and reduced lunch, numerous schools qualify for programs that offer free breakfast

for all students. Several communities also qualify for summer feeding 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. Again, the chart referenced before reflects the percentages of children receiving free or reduced meals in school.

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

Availability of Community Supports

Many community supports related to food insecurities involve the faith-based community. 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.

Additional Infrastructure Needs

- Improving transportation resources would help increase access to food in many areas. As stated previously, the majority of Trillium communities do not have access to regularly-scheduled public transportation.
- Expanding mobile food pantries in more rural areas, possibly near social services, health departments, or libraries.
- Ensuring communities are more aware of existing resources to help with food insecurities.

Social Integration

Stigmas and public misperceptions can create isolation for those with behavioral health needs or IDD. Social Integration refers to the ways different groups come together to form a whole society. Public sites and activities that encourage participation by people of all abilities help foster familiarity and awareness there are more similarities than differences.

Neighborhood Connections assists by linking Members to resources in their community that increase social integration. Specialists do this by surveying Member interests and connecting them with existing community resources that may include local community centers, free or reduced cost gyms, parks or outdoor space with trails, local civic groups, and much more. Members and Recipients can also sign up to receive Trillium Text Messaging to improve wellbeing and build community connections.

Trillium Initiatives

Safe Schools Healthy Kids NC

Trillium Health Resources understands children may require the biggest investment and be most valuable resource for the future. The Safe Schools Healthy Kids NC (SSHKNC) initiative is dedicated to strengthening the role of schools as safe, violence-free, and healthy learning environments to support the academic, social, and emotional growth of students of all ages. This website is an Information & Resource Clearinghouse, which is a one-stop-shop for health and safety issues that affect the school environment where kids spend most of their days throughout their formative years.

Safe Schools Healthy Kids NC is made possible through grant funding by the Department of Public Instruction and focuses on these essential elements:

- Awareness and Recognition
- Prevention
- Intervening Early
- Evidence-Based Practices
- Access to Mental Health Services

Students, parents, and teachers are encouraged to explore the site, download materials, engage in the training, and share the information. Materials and training continue to be added on an ongoing basis. The

site includes current, evidence-based resources, up-to-date items to download, and links to helpful training modules. <https://safeschoolshealthykidsnc.org/>



LEARNING PORTAL - ANNUAL REPORT 2020

Since Inception - April 26, 2019—June 30, 2020

• Course & Resource Availability

- * For Schools
 - 15 Courses
 - 7 Lesson Plans
 - 21 Tip Sheets
- * For Parents
 - 26 Courses
 - 26 Tip Sheets
- * For Students
 - 5 Courses
 - 4 Tip Sheets
- * Web Resource List
 - 60 topics with corresponding web addresses

• Course Enrollment

- * 2,700 Enrollees in 12 Courses
- * 1,894 Certificates Issued
 - 686 Teachers
 - 470 Teacher Assistants
 - 298 Students
 - 85 Parents
 - 67 School Counselors
 - 43 Behavior Specialists/Supports
 - 36 Administration
 - 2 Psychologists
 - 203 Other

Access Point Kiosks

Trillium Health Resources is strongly committed to bringing services and supports to communities it serves. It looks for innovative ways to engage individuals and families and present helpful information.

The Access Point Kiosks provide anonymous, evidence-based, self-conducted screenings available online 24-hours daily for Depression, Bipolar Disorder, Post-Traumatic Stress Disorder, Substance Use and Adolescent Depression, Generalized Anxiety Disorder, Eating Disorder, and Alcohol Use Disorders. Immediate results are available and local referral information is provided to the individual.

Access Point Kiosks Locations include:

- Bertie County Health Department
- Brunswick County Social Services
- Camden County Library
- Currituck County Library
- Gates County Courthouse/Government Building
- Hyde County Government Building
- Martin County Health Department
- Northampton County Social Services
- Onslow County Health Department
- Pamlico County Social Services
- Pasquotank County Health Department
- Tyrell County Library
- Washington County Social Services

The Access Point system is also available on any computer or mobile device, allowing individuals to use the system whenever, wherever, and as often as they choose. The screening is available in both English and Spanish on the kiosks and the web-based tool. The articles available on the kiosk and the web-based system are also available in many languages using the Google Translate option.

Play Together Accessible Playgrounds

Trillium's Play Together Accessible Playground grants have provided towns with the ability to build fully accessible, all-inclusive playgrounds for individuals with special needs and physical disabilities. Locations throughout eastern North Carolina now have 30, all-inclusive playgrounds, thanks to this grant from Trillium Health Resources.

Grants were awarded to the following 30 locations: Beaufort, Bertie, Brunswick, Camden, Carteret (Emerald Isle and Morehead City), Chowan, Craven (New Bern, Havelock and Dover), Currituck (Barco and Point Harbor), Dare, Gates, Hertford, Martin, Nash, New Hanover (Wilmington and Wrightsville Beach), Northampton, Onslow (Jacksonville and Swansboro), Pamlico, Pasquotank, Pender (Hampstead and Burgaw), Perquimans, Pitt (Greenville and Ayden), Tyrell and Washington.

Equipment varies in each playground and may include a Liberty Swing (accessible while in a wheelchair), Cruise Line, and zip line. Playgrounds have a rubberized surface to ensure safety for children and adults with mobility challenges as well as wheelchair accessibility – all accommodations providing an opportunity for individuals of all ages and abilities to play together outside.

Specialized Inclusive Programs

The Specialized Inclusive Programs Initiative provides summer day camps, after-school programs, and adult day programs for people with intellectual and/or developmental disabilities. The program follows a family co-op design so parents, caregivers, and the community will be invested in the programs. Parents and caregivers have many talents that can assist in making programs for their children cost-effective and sustainable. A family co-op requires parents be active participants with their children in the programming along with siblings. Parents of children who participate may engage in general maintenance roles, like cutting grass or housekeeping, or they may run special events or even teach classes. Some parents may volunteer time to chaperone events or outings. The list of opportunities is endless.

Specialized Inclusive Programs are an opportunity to engage the community in an inclusive setting designed for everyone to be successful.

Choose Independence

Trillium believes everyone has the right to choose where they want to live, including, people with intellectual or developmental disabilities. To assist adults and children who have such disabilities, the Trillium's Grants for Independence program offers opportunities to 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 as independently as possible
- Provide training for proper use of items and technology

Examples of items that may be available through the grant include:

- Durable Medical Equipment
- Communication Device
- Safety and Security Systems
- Smart Home Technology
- Other Adaptive Equipment

The Charles Lea Center

The Charles Lea Center is a Provider agency offering Transitional Living services within Trillium's catchment area. The mission of the Charles Lea Center is to support people where they live, work, and play.

A few years ago, the Charles Lea Center began a shift within their organization to move from supporting people within residential settings to supporting people in community settings. This is made possible with the assistance of innovative technology and is now called the Transitions Program. As a result of the Transitions Program, the Charles Lea Center has supported a number of people over the past several years to transition from residential settings into their own homes and/or apartments. The Center continues to support people to transition to more independent living settings of their choice. These transitions have facilitated improved outcomes and an overall improvement in the quality of life for the people they support.

Trillium's mission is *Transforming lives and building community well-being through partnership and proven solutions*. To help bring this mission to life for Members who receive Innovations Waiver services, Trillium launched a new initiative with The Charles Lea Center. This initiative is specifically focused on using innovative technology coupled with services to support individuals to live in the homes/apartments of their choosing and become as independent as possible.

This initiative will support anyone receiving Innovations Waiver funding who would like to transition to live independently, regardless of their current living situation.

Victory Junction Family Weekends

Trillium partners with Victory Junction, an inclusive camp located on 84 acres in Randleman, North Carolina, to offer separate family weekends for children with I/DD or in therapeutic foster care. Stigma and public misperceptions can create isolation for those with severe and persistent mental illness (SPMI), I/DD, and substance use disorders. Public sites and activities that encourage participation by people of all abilities help foster familiarity and awareness that there are more similarities than differences. Weekends for families of children with I/DD will cater to experiential opportunities, allowing them to participate in activities they may not have the chance to in traditional camp settings. Therapeutic foster care families will enjoy unique bonding opportunities through a trauma-informed approach sensitive to their needs and recovery.

Victory Junction enriches the lives of children with serious illnesses by providing life-changing camping experiences that are exciting, fun, and empowering, at no cost to children or their families.

Healthy Movement

Healthy Movement has allowed targeted programs access to Peloton bikes. The bikes have increased Member access to exercise equipment and encouraged overall healthy movement in a place where they feel safe and supported. They log weekly mileage and have opportunities to receive additional healthy movement equipment, such as yoga mats and bands for stretching. Members participating in the program have reduced and, in some cases, stopped medications with approval of their doctor, lost weight, and reduced their overall BMI.

Healthy at Home

Healthy at Home launched during 2020 in the midst of the COVID-19 pandemic. This grant opportunity allowed Members to apply for exercise equipment in their home. One hundred eight (108) Trillium Members were awarded with equipment.

Section Three: Acceptability (Member & Stakeholder Experience)

To identify areas for improvement, Trillium continuously assesses access to services and care, Network adequacy and accessibility, as well as experience and satisfaction with all aspects of service delivery. Trillium believes Members, stakeholders, various service system partners, and Practitioners/Providers are the best sources for obtaining information related to all aspects of services, including interpersonal aspects that may need improvement. Trillium utilizes the following methods for gathering and analyzing information on an annual basis.

Methods for Input from Members and Their Families

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

Due to the COVID-19 pandemic, Trillium faced an array of challenges in obtaining Member and family input for the 2020 report. In March of 2020, North Carolina experienced a shut-down of most businesses, including Providers, which severely curtailed efforts to engage Members and their families.

The original Member/Family Survey was designed by Trillium's three Regional CFACs with additional questions from Trillium staff concerning individual needs, social determinants, and service access. 2020 Member/Family survey instruments were updated to include questions regarding the Member's greatest unmet needs, Chinese language, discrimination around sexual orientation or gender identity, incidence of racism or discrimination by a professional, Provider's cultural competency or views that a Member's symptoms or concerns are real or noteworthy, and information or resources related to social needs, like housing, food insecurity, transportation, education, employment, and questions about a Member's TBI status/condition.

Trillium conducted the Member/Family Survey between March 22 and May 1, 2021. Notification of the survey's purpose and administration period was shared through Facebook, Communication Bulletins, and Trillium Health Resources website among other platforms.

Information regarding the survey was shared internally with all Trillium staff, including departments who routinely engage with community stakeholders, Members, families, Providers, and Practitioners. The survey link was available on Trillium's website and hard copies were made available. The link to the online surveys was distributed within Trillium's 26-county catchment area. Respondents were able to access the surveys through QR codes, which could be downloaded onto tablets and smartphones. Staff engaged with community partners to increase exposure to the opportunity to provide feedback via an electronic link or hard copy document.

Trillium staff worked directly with Providers and Practitioners to ensure all counties were represented as well as a representation from all disability groups. Using the Trillium software platform, a list of Providers/Practitioners was created by identified county, service area, and population groups served. Trillium staff contacted these Providers and were available to meet at their office sites to assist in administration of surveys via hard copies or electronically using the link on the website. This did not include face-to-face interactions for the 2021 survey cycle. Care Coordination and TCLI staff worked directly with Members on their caseloads for survey administration. Surveys were shared with CFAC and System of Care and Member Engagement staff for feedback from Members and families. Announcements were made in Community Collaborative meetings and copies of surveys were available as well as notification of links to survey. English and Spanish versions of the survey were both available online.

Despite the COVID-19 restrictions, a total of 488 Individuals completed the Member/Family survey, which focused on needs, gaps, and challenges within the Trillium Network. No respondents filled out the online Spanish survey and no hard copy Spanish surveys were requested. Copies of both surveys are included in Appendix B.

The geographic representation of where Members and their families reported they lived within the catchment area included the following (n=437 or 89.55%):

- 80 (16.39%) New Hanover
- 42 (8.66%) Brunswick
- 40 (8.20%) Nash
- 39 (7.99%) Pitt
- 33 (6.76%) Onslow
- 32 (6.56%) Columbus
- 30 (6.15%) Pasquotank
- 23 (4.71%) Craven
- 15 (3.07%) Beaufort
- 15 (3.07%) Pender
- 11 (2.25%) Currituck
- 8 (1.64%) Martin
- 6 (1.23%) Bertie
- 6 (1.23%) Dare
- 6 (1.23%) Gates
- 6 (1.23%) Hertford
- 6 (1.23%) Northampton
- 5 (1.02%) Camden
- 5 (1.02%) Chowan
- (0.61%) Carteret
- (0.61%) Perquimans
- 3 (0.61%) Jones
- 3 (0.61%) Washington
- 2 (0.41%) Hyde
- 1 (0.20%) Pamlico
- 1 (0.20%) Tyrrell

Respondents could check all counties that applied to them. It is important to note an additional 14 (2.87%) respondents indicated they lived outside of the Trillium 26-county catchment area at the time of the survey.

Needs and gaps identified in the Member/Family Survey can be found in this report under Section Three: Acceptability.

Methods for Stakeholder Input

As explained above, the stakeholder input process also faced an array of challenges due to the COVID-19 pandemic. The Stakeholder Gaps and Needs Survey was conducted and completed between March 22 and May 1, 2021. Trillium distributed these surveys throughout its 26-county catchment area and 251 stakeholders responded.

The Stakeholder Survey was offered in various formats to gain feedback on various service system partners and Practitioners/Providers. Notification of the survey’s purpose and administration was shared through Facebook, Communication Bulletins, and Trillium website among other platforms. Information regarding the survey was shared internally with all Trillium staff including departments who routinely engaged with community stakeholders, Members, families, and Providers/Practitioners. The survey link was available on Trillium’s website and hard copies were made available for use. Staff engaged with community partners to increase exposure to the opportunity to provide feedback via an electronic link or hard copy document.

The chart below presents a six-year comparison among the number of all survey respondents for both the Member/Family and the Stakeholder surveys from SFY2015 through SFY2020. The number of 2020 survey responses reflects the participation challenges presented by the COVID-19 pandemic.

Trillium Needs and Gaps Survey Respondents - Comparison SFY2015 - SFY2020

Survey Type	SFY2015 # of Respondents	SFY2016 # of Respondents	SFY2017 # of Respondents	SFY2018 # of Respondents	SFY2019 # of Respondents	SFY2020 # of Respondents
Stakeholder Surveys	524	918	1,283	1,310	570	251
Member/Family Surveys	578	784	1,585	1,921	478	488
Total # Survey Respondents	1,102	1,702	2,868	3,231	1,048	739

Other Survey Data

To identify areas for improvement, Trillium continuously assesses access to services and care, Network adequacy and accessibility as well as experience and satisfaction with all aspects of service delivery. Trillium believes Members, stakeholders, various service system partners, and Practitioners/Providers are the best sources for obtaining information related to all aspects of services, including interpersonal aspects that may need improvement. Trillium utilizes the following methods for gathering and analyzing information on an annual basis.

Provider Satisfaction Survey

An annual Provider Satisfaction Survey is conducted by the Division of Health Benefits (DHB). DHB contracts with an External Quality Review Organization (EQRO) to conduct this survey annually to assess the following three areas:

- Interacting with Network Providers
- Providing training and support to Providers
- Providing Medicaid Waiver materials to help Providers strengthen their practice

Active Providers are surveyed for their opinions of satisfaction with Trillium. An active Provider is defined as a Medicaid Provider who has at least five 1915(b)/(c) waiver encounters within the previous six months. The survey is administered over a six-week period using a web survey protocol. The State provides raw data to Trillium for review and analysis annually.

Member Satisfaction Survey (ECHO - Experience of Care and Health Outcomes)

DHB also conducts an annual satisfaction survey for all Medicaid Members. DHB contracts with an External Quality Review Organization (EQRO) to conduct this survey each year to assess Member satisfaction with services. DataStat, Inc., the EQRO for this task, conducted the survey on behalf of North Carolina Medicaid (NC Medicaid) and the Carolinas Center for Medical Excellence (CCME).

The instrument selected for the survey was the Adult and Child Experience of Care and Health Outcomes (ECHO®) Survey 3.0 (which is the CAHPS® behavioral health survey) for use in assessing the performance of the health plans. CAHPS® (Consumer Assessment of Healthcare Providers and Systems) is a Member satisfaction survey as well as a major component of Healthcare Effectiveness Data and Information Set (HEDIS). The CAHPS survey is a measurement tool which asks Members to report and evaluate their experiences with healthcare in areas of customer service, access to care, claims processing, and Provider interactions. Results from the Consumer (Member) Satisfaction Survey for North Carolina Adult and Child /Family Medicaid Members provide a comprehensive tool for assessing Members' experiences with their healthcare.

The survey sample includes adult Medicaid Members over the age 18 and parents or guardians of child Medicaid Members between the ages of 12 to 17 who received mental health, substance use, or intellectual and developmental disability services through the LME/MCO within the last year. The survey is administered over a 12-week period using a mixed-mode (mail and telephone) protocol.

The three-wave protocol consists of an initial survey mailing and reminder postcard to all potential respondents, followed by a second survey mailing to non-respondents, and finally a phone follow-up to non-respondents for whom a valid telephone number is available. The State provides raw data to Trillium for review and analysis annually.

Perceptions of Care Survey

The NC Division of MH/DD/SAS conducts a Perceptions of Care survey on an annual basis to assess Members' perception of care for services received from State practitioners/Providers. Survey results are used to inform State policy decisions designed to improve the system.

The survey was administered to individuals participating in treatment for a mental health or substance use disorder, selecting a sample as representative as possible for its Provider community and service mix. The number of completed surveys required to return is based on the number of individuals served.

Required survey numbers and the recommended sampling method are sent to Trillium by DMH/DD/SAS, including instructions with a separate survey form mailing. DMH/DD/SAS sends a memo to Trillium that is shared with Community Behavioral Health Providers to encourage the participation of all LME/MCO Network Providers in the survey sample. Trillium is asked to include a copy of the memo with the Consumer Perceptions of Care Survey materials sent to each Provider in the sample.

The Survey Administration Guidelines for Providers are communicated to Trillium by DMH/DD/SAS to promote the use of standard survey procedures statewide. The Guidelines are provided in an editable format so Trillium may adapt the document to include Trillium-specific contact information. The LME/MCO is not allowed to modify the content of the guidelines and is asked to distribute the guidelines to all Providers in its sample.

Trillium returns all completed surveys to DMH/DD/SAS so they can be scanned (using scantron) and analyzed. The State provides raw data to Trillium for review and analysis annually.

National Core Indicators (NCI)

National Core Indicators (NCI)[®] surveys are administered annually by the NC Division of MH/DD/SAS with assistance from the Carolina Institute for Developmental Disabilities (CIDD) and the University of NC at Chapel Hill. NCI collects information from people with disabilities, their families, and guardians to find out what service areas are working well and those that need improvement in North Carolina and nationally. Each LME/MCO is responsible for drawing a random sample of Members to be interviewed both in person and via mail.

The Core Indicators are standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern, including access, employment, rights, service planning, community inclusion, choice, and health and safety.

NCI staff analyze and report on the data. Each year, NCI produces national and State-specific reports detailing the data aggregated at the State level. The reports are available on the NCI website at www.nationalcoreindicators.org. NCI also provides publicly available tools to help states understand and report on their data. The NCI website features an on-line Chart Generator that can be used to explore the data.

Network Adequacy and Accessibility Assessment Member and Stakeholder Surveys

The Network Adequacy and Accessibility Assessment is an annual study of Trillium's catchment area and the people who live here as well as where services are available and how people use them. Surveys that incorporate questions from the State and CFAC are completed by Members, families, and stakeholders to gather information for the assessment. Ultimately, the assessment serves as a road-map for determining future growth based on current capacity and identified needs.

Analysis of Survey Results and Improvement Activities

Trillium conducts quantitative and qualitative analysis of the data collected from all surveys and other data elements to best identify areas for improvement, including a comparison to previous annual survey data. All results are reviewed by the Quality Improvement Committee (QIC) and other appropriate committees to identify any systemic issues to be addressed by Trillium through corrective actions or quality improvement measures. If analysis indicates there are opportunities for improvement, Trillium will recommend and implement interventions based on the causes identified. Recommendations for areas of improvement and interventions are discussed routinely in QIC and follow up is conducted at least quarterly. Details of discussions, recommendations, any action needed, and follow up are documented in Quality Improvement

Committee meeting minutes. The time frame for survey analysis is dependent upon receipt of the raw data from the State for many of the identified surveys.

Trillium’s Quality Management department is committed to sharing information with its Members, families, stakeholders, various service system partners, and Practitioners/Providers about its quality improvement initiatives. Trillium shares results of Satisfaction Surveys by posting results on its website, sending results out in Communication Bulletins, and sharing with various committees, including Global Quality Improvement, Consumer Family Advisory Committee (CFAC), and the Provider Council.

All survey results are aggregated and reviewed by the Quality Improvement Committee. Any low scoring items or those indicating opportunities for improvement are discussed for potential solutions, including the development of a Quality Improvement Activity (QIA), a Quality Improvement Study, or included in the annual Quality Management Work Plan. Specific recommendations may be made as a strategy to improve results. Assessment of progress with QIAs and performance improvement recommendations are discussed during Quality Improvement Committee meetings using the Plan-Do-Study-Act (PDSA) cycle.

Results Comparison Among All Annual Surveys

The following chart compares the number of respondents for each survey in 2020 described above.

Number of Respondents - Comparison by Survey Instrument - 2020

2020 Trillium Member/Family Survey	2020 Trillium Stakeholder Survey	2020 CAHPS® 3.0 Adult and Child Medicaid ECHO® Report ¹	2020 Trillium Member Perception of Care ²	2020 Trillium Respondents Combined Total
488	251	134	562	1,435

¹December 2020: Trillium Health Resources CAHPS® 3.0 Adult Medicaid ECHO® Report; December 2020: Trillium Health Resources CAHPS® 3.0 Child Medicaid ECHO® Report

²May 2021: 2020 mental Health and Substance Use Disorder Services Client Perceptions of Care Survey Supplement Brief Report: Client Experiences during the Coronavirus Pandemic, March-September 2020

Barriers and Challenges Identified

The following chart shows results among all annual surveys for identified barriers and challenges.

Barriers and Challenges Identified - Comparison by Survey Instrument - 2020

Barriers/Challenges	SFY20 Trillium LME/MCO Member/Family Survey (n=488) ¹	SFY20 Trillium LME/MCO Stakeholder Survey (n=251) ²	2020 Trillium Adult/Child ECHO Survey (Adult n=70) (Child n=64) ³	2020 Trillium Member Adult/Youth/Child Family Perception of Care Survey and Survey Supplement Brief Report (n=562) ⁴
Access to more Providers	(Q14) 6 or 1.23% (Q28) 6 or 1.23% (Q41) 33 or 6.76%	(Q8) 14 or 5.58% (Q15) 13 or 5.18%	N/A	N/A
Cost of medications	(Q28) 14 or 2.87%	N/A	N/A	N/A
Don't want friends/family members to know about my condition	(Q28) 8 or 1.64%	N/A	N/A	N/A
Experienced stigma due to diagnosis	(Q18) 142 or 29.10%	(Q17) 112 or 44.62%	N/A	N/A
Financial assistance	(Q28) 21 or 4.30%	(Q16) 9 or 3.59%	N/A	N/A

Barriers/Challenges	SFY20 Trillium LME/MCO Member/Family Survey (n=488) ¹	SFY20 Trillium LME/MCO Stakeholder Survey (n=251) ²	2020 Trillium Adult/Child ECHO Survey (Adult n=70) (Child n=64) ³	2020 Trillium Member Adult/Youth/Child Family Perception of Care Survey and Survey Supplement Brief Report (n=562) ⁴
Housing instability/homelessness	(Q28) 7 or 1.43%	N/A	N/A	N/A
Inconvenient hours/not enough hours of care or assistance	(Q14) 9 or 1.84% (Q28) 15 or 3.07%	N/A	N/A	N/A
Lack of insurance	(Q28) 21 or 4.30%	(Q16) 9 or 3.59%	N/A	N/A
Providers of a different race sometimes don't believe my symptoms/aren't actually competent/don't take my concerns seriously	(Q28) 8 or 1.64% (Q38) 15 or 3.07%	N/A	N/A	N/A
Telehealth services	N/A	N/A	N/A	(Technology) 28 or 5.00%
Transportation	(Q15) 25 or 5.12% (Q28) 23 or 4.71% (Q38) 30 or 6.15%	(Q16) 8 or 3.19%	N/A	N/A
Wait too long for appointment/services	(Q28) 19 or 24.39%	N/A	(QA39/C40) 8 or 36.36% (n=22)	N/A

1, 2-The percentage is calculated by taking the number of respondents who indicated barriers and challenges and dividing that number by the total number of survey respondents. Respondents were able to choose all barriers and challenges that applied to them. It is important to note that survey answers with less than 5 respondents are not listed because they are not significant. There were no Spanish Stakeholder or Member Surveys completed.

3-The percentage is calculated by dividing the number of respondents who indicated any barriers or challenges by the total number of respondents who answered the question. The total number of respondents of both surveys was 134. Adult survey total number of respondents was 70 and Child survey total number of respondents was 64.

4-Certain categories were only identified for the state of North Carolina, Trillium Health Resources specific data was limited.

Service Needs and Gaps Identified

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

Service Needs and Gaps Identified - Comparison by Survey Instrument - 2020

Needs and Gaps	SFY20 Trillium LME/MCO Member/Family Survey (n=488) ¹	SFY20 Trillium LME/MCO Stakeholder Survey (n=251) ²	2020 Trillium Adult/Child ECHO Survey (Adult n=70) (Child n=64) ³	2020 Trillium Member Adult/Youth/Child Family Perception of Care Survey and Survey Supplement Brief Report (n=562) ⁴
Access to services and supports	(Q28) 6 or 1.23% (Q41) 33 or 6.76%	(Q16) 8 or 3.19% (Q18) 21 or 8.37%	(AQ5) 4 or 17.39% (n=23) (CQ5) 3 or 15.79% (n=19) (AQ7) 13 or 30.23% (n=43) (CQ7) 9 or 20.45% (n=44) (AQ39) 6 or 46.15% (n=13) (CQ40) 2 or 22.22% (n=9)	N/A
Adult developmental vocational programs	(Q25) 34 or 6.97%	N/A	N/A	N/A

Needs and Gaps	SFY20 Trillium LME/MCO Member/ Family Survey (n=488) ¹	SFY20 Trillium LME/MCO Stakeholder Survey (n=251) ²	2020 Trillium Adult/Child ECHO Survey (Adult n=70) (Child n=64) ³	2020 Trillium Member Adult/Youth/Child Family Perception of Care Survey and Survey Supplement Brief Report (n=562) ⁴
Assistance with using technology to communicate	(Q10) 10 or 2.05%	N/A	N/A	N/A
Cultural and ethnic needs, including more services and resources and more work done by Trillium	N/A	(Q8) 7 or 2.79% (Q8) 14 or 5.58%	(AQ26) 7 or 13.72% (n=51) (CQ27) 1 or 1.92% (n=52)	N/A
Care coordination	N/A	N/A	(AQ46) 1 or 5.0% (n=20) (AQ47) 1 or 5.0% (n=20)	N/A
Community integration	(Q15) 69 or 14.14%	N/A	N/A	N/A
Community supports (e.g., Networking and integration)	(Q25) 7 or 1.43%	N/A	N/A	N/A
Day programs	(Q25) 46 or 9.43%	(Q16) 7 or 2.79%	N/A	N/A
Difficulty accessing services during the COVID-19 Pandemic, prevented services needs being met	(Q14) 6 or 1.23% (Q25) 8 or 1.64%	N/A	N/A	N/A
Disability benefits (e.g., SSI/SSDI Outreach, Access, and Recovery (SOAR) caseworkers)	(Q15) 29 or 5.94%	N/A	N/A	N/A
Education/ Information (for parents as well)	(Q15) 31 or 6.35% (Q29) 52 or 10.66% (Q29) 50 or 10.25% (Q29) 28 or 5.74% (Q29) 26 or 5.33% (Q29) 14 or 2.87% (Q29) 14 or 2.87% (Q29) 14 or 2.87% (Q29) 11 or 2.25% (Q29) 8 or 1.64% (Q29) 6 or 1.23%	N/A	(AQ20) 30 or 56.60% (n=53) (CQ22) 19 or 36.54% (n=52) (AQ21) 23 or 43.40% (n=53) (CQ23) 16 or 30.19% (n=53)	N/A
Employment services, including supported employment	(Q15) 32 or 6.56% (Q25) 34 or 6.97% (Q27) 15 3.07%	(Q16) 6 or 2.39%	N/A	N/A
Evidence-based practices, including ABA, ACTT, CST and PSR	N/A	(Q16) 13 or 5.18%	N/A	N/A
Facility-based crisis	(Q27) 11 or 2.25%	N/A	N/A	N/A
Food and income supports	(Q15) 20 4.10%	N/A	N/A	N/A
Group homes	(Q25) 14 or 2.87%	N/A	N/A	N/A
Housing	(Q15) 34 or 6.97%	N/A	N/A	N/A
Innovations Waiver	(Q14) 6 or 1.23%	N/A	N/A	N/A
Intermediate care facilities	(Q25) 9 or 1.84%	N/A	N/A	N/A
Legal services	(Q15) 9 or 1.84%	N/A	N/A	N/A
Medication Assisted Treatment (MAT)	(Q27) 12 or 2.46%	N/A	N/A	N/A

Needs and Gaps	SFY20 Trillium LME/MCO Member/ Family Survey (n=488) ¹	SFY20 Trillium LME/MCO Stakeholder Survey (n=251) ²	2020 Trillium Adult/Child ECHO Survey (Adult n=70) (Child n=64) ³	2020 Trillium Member Adult/Youth/Child Family Perception of Care Survey and Survey Supplement Brief Report (n=562) ⁴
Medication, including pain management	(Q15) 18 or 3.69% (Q27) 5 or 1.02%	N/A	N/A	N/A
MH services and supports, including support groups	(Q27) 22 or 4.51%	(Q9) 5 or 1.99%	N/A	N/A
MH or SU inpatient/longer term treatment (adolescents/children)	(Q27) 8 or 1.64%	N/A	N/A	N/A
MH or SU intensive outpatient treatment (adults/adolescents/children)	(Q27) 9 or 1.84% (Q27) 5 or 1.02%	N/A	N/A	N/A
More Providers and choices in Providers	(Q15) 5 or 1.02%	(Q15) 13 or 5.18% (Q16) 15 or 5.98%	N/A	N/A
More Providers who are skilled in American Sign Language (ASL)	N/A	(Q15) 5 or 1.99%	N/A	N/A
More services for adults	N/A	(Q16) 5 or 1.99%	N/A	N/A
More services needed for individuals who are dually-diagnosed, including children, and adults and dually diagnosed who need behavioral support and medication management	N/A	(Q15) 10 or 3.98%	N/A	N/A
More services needed for individuals who have intellectual or developmentally disabilities, including children and adults and behavioral support	N/A	(Q15) 10 or 3.98% (Q16) 13 or 5.18%	N/A	N/A
Other services that help individuals achieve their highest level of function and independence	(Q15) 66 or 13.52%	N/A	N/A	N/A
Peer support and community navigators	N/A	(Q16) 5 or 1.99%	N/A	N/A
Physical health related resources	(Q15) 21 or 4.30%	N/A	N/A	N/A
Psychological counseling (Talk Therapy)	(Q27) 24 or 4.92%	N/A	N/A	N/A
Residential services and placement, including housing, level group homes, residential treatment	(Q25) 33 or 6.76%	(Q15) 9 or 3.59% (Q16) 29 or 11.55%	N/A	N/A

Needs and Gaps	SFY20 Trillium LME/MCO Member/ Family Survey (n=488) ¹	SFY20 Trillium LME/MCO Stakeholder Survey (n=251) ²	2020 Trillium Adult/Child ECHO Survey (Adult n=70) (Child n=64) ³	2020 Trillium Member Adult/Youth/Child Family Perception of Care Survey and Survey Supplement Brief Report (n=562) ⁴
and services and foster homes				
Respite and crisis respite	(Q14) 9 or 1.84% (Q15) 7 or 1.43% (Q25) 65 or 13.32% (Q27) 18 or 3.69%	N/A	N/A	N/A
Services for blind or visually impaired	N/A	(Q15) 6 or 2.39%	N/A	N/A
Services for children and youth	N/A	(Q16) 13 or 5.18%	N/A	N/A
Services for individuals with behavioral challenges	N/A	(Q16) 8 or 3.19%	N/A	N/A
Services for deaf and hard of hearing	N/A	(Q15) 6 or 2.39%	N/A	N/A
Services for individuals with no insurance, low income, or on Medicaid	N/A	(Q16) 9 or 3.59%	N/A	N/A
Services for individuals with SUD, including treatment and facilities	N/A	(Q16) 9 or 3.59%	N/A	N/A
Services for justice-involved populations	(Q15) 5 or 1.02%	N/A	N/A	N/A
Social opportunities	(Q15) 5 or 1.02%	N/A	N/A	N/A
Stigma experienced by Members or perpetuated by staff	(Q18) 142 or 29.10%	(Q17) 112 or 44.62%	N/A	N/A
Therapy/counseling, including addiction counseling	(Q14) 8 or 1.64% (Q27) 7 or 1.43%	(Q9) 5 or 1.99%	N/A	N/A
Too few support service hours, not enough care/assistance hours	(Q14) 9 or 1.84% (Q25) 31 or 6.35%	N/A	N/A	N/A
Trained staff	(Q14) 31 or 6.35%	N/A	N/A	N/A
Transportation	(Q15) 25 or 5.12% (Q38) 30 or 6.15%	(Q16) 8 or 3.19%	N/A	N/A
Wait time, including for approval, authorizations, appointments, and services	N/A	N/A	(AQ10) 13 or 24.53% (n=53) (CQ11) 7 or 12.96% (n=54) (AQ39) 6 or 46.15% (n=13) (CQ40) 2 or 22.22% (n=9)	N/A

1, 2-The percentage is calculated by taking the number of respondents who indicated each disability group where services were needed and dividing that number by the total number of survey respondents. Respondents were able to choose all needs and gaps that applied to them. It is important to note that survey answers with less than 5 respondents are not listed because they are not significant. There were no Spanish Stakeholder or Member Surveys completed.

3-The percentage is calculated by dividing the number of respondents who answered that there was a need by the total number of respondents who answered the question. The total number of respondents of both surveys was 134. Adult survey total number of respondents was 70 and Child survey total number of respondents was 64.

4-Trillium Health Resources specific survey respondents did not identify any needs and gaps.

Social Determinants Identified

The following chart represents the social determinants identified by respondents from each survey.

Social Determinants Identified - Comparison by Survey Instrument - 2020

Social Determinants	SFY20 Trillium LME/MCO Member/Family Survey (n=488) ¹	SFY20 Trillium LME/MCO Stakeholder Survey (n=251) ²	2020 Trillium Adult/Child ECHO Survey (Adult n=70) (Child n=64) ³	2020 Trillium Member Adult/Youth/Child Family Perception of Care Survey and Survey Supplement Brief Report (n=562) ⁴
Humiliation/emotional abuse	(Q38) 22 or 4.51%	N/A	N/A	N/A
Isolation/loneliness	(Q38) 71 or 14.55%	N/A	N/A	N/A
Food insecurity	(Q15) 20 or 4.10% (Q38) 40 or 8.20%	N/A	N/A	N/A
Homeless	(Q15) 34 or 6.97% (Q19) 20 or 4.10% (Q28) 7 or 1.43% (Q38) 17 or 3.48%	(Q16) 29 or 11.55%	N/A	N/A
Not have or were unable to get utilities when it was really needed	(Q38) 14 or 2.87%	N/A	N/A	N/A
Physically or emotionally unsafe	(Q38) 20 or 4.10%	N/A	N/A	N/A
Racism/discrimination from a professional	(Q38) 15 or 3.07%	N/A	N/A	N/A
Transportation barriers	(Q15) 25 or 5.12% (Q38) 30 or 6.15%	(Q16) 8 or 3.19%	N/A	N/A
Unstable housing	(Q28) 7 or 1.43% (Q38) 41 or 8.40%	N/A	N/A	N/A

1, 2-The percentage is calculated by taking the number of respondents who reported a certain social determinant and dividing that number by the total number of survey respondents. Respondents could identify more than one social determinant. It is important to note that survey answers with less than 5 respondents are not listed because they are not significant. There were no Spanish Stakeholder or Member Surveys completed.

3-Survey respondents did not identify any social determinants.

4-Although certain categories were identified for the state of North Carolina, Trillium Health Resources specific data was not identified in the report.

Special Populations Identified

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

Special Populations Identified - Comparison by Survey Instrument - 2020

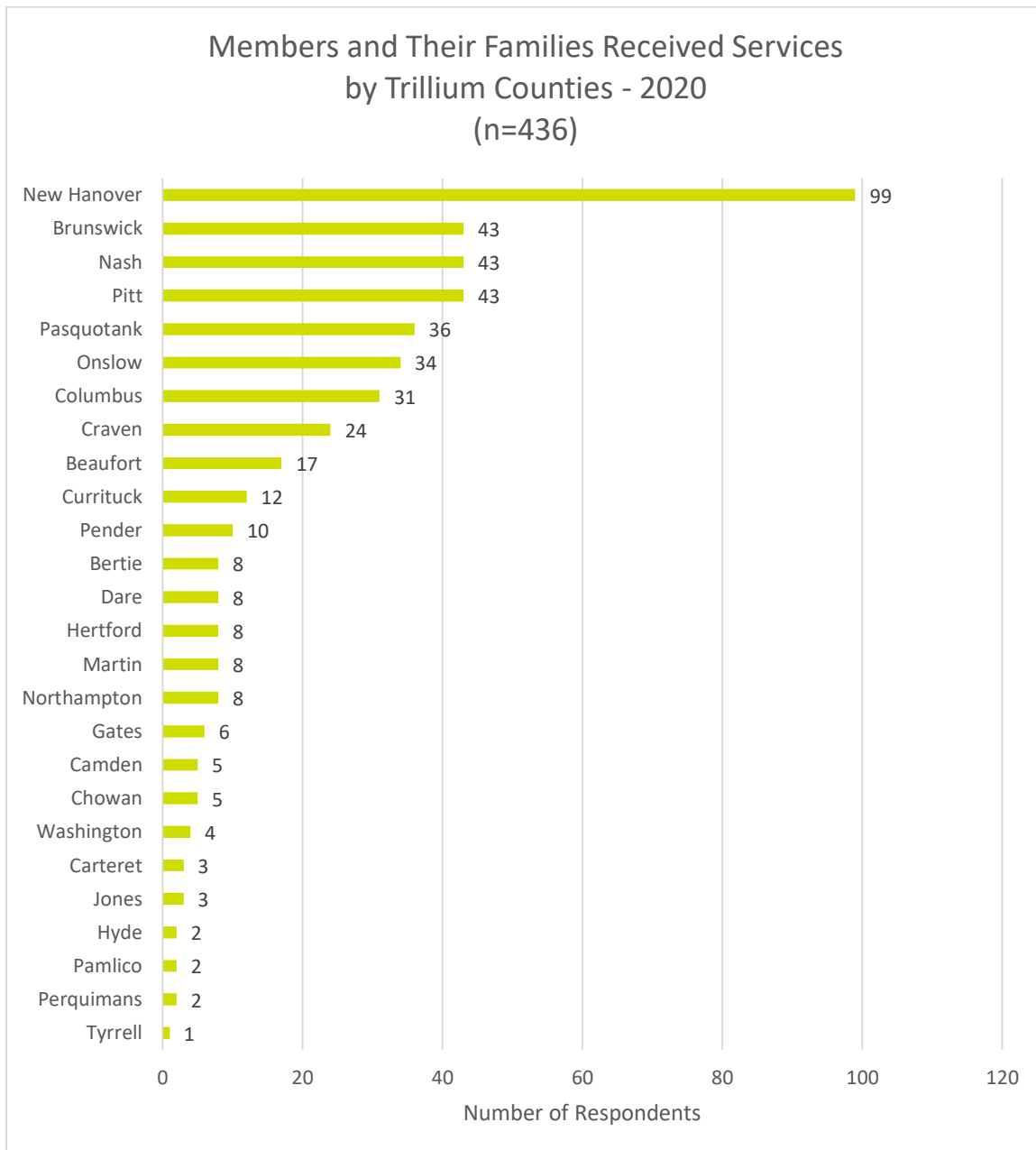
Special Populations	SFY20 Trillium LME/MCO Member/Family Survey (n=488) ¹	SFY20 Trillium LME/MCO Stakeholder Survey (n=251) ²	2020 Trillium Adult/Child ECHO Survey (Adult n=70) (Child n=64) ³	2020 Trillium Member Adult/Youth/Child Family Perception of Care Survey and Survey Supplement Brief Report (n=562) ⁴
Adoptive parent/child	(Q19) 15 or 3.07%	N/A	N/A	N/A
Autism/Autism Spectrum Disorder/Asperger's Syndrome	(Q19) 143 or 29.30%	N/A	N/A	N/A
Blind/visually impaired	(Q19) 31 or 6.35%	(Q15) 6 or 2.39%	N/A	N/A
Deaf or hard of hearing	(Q19) 23 or 4.71%	(Q15) 6 or 2.39%	N/A	N/A
Experienced domestic violence (e.g., sexual assault/rape, physical and/or emotional, neglect)	(Q19) 30 or 6.15%	N/A	N/A	N/A
Experienced homelessness	(Q19) 20 or 4.10%	N/A	N/A	N/A
Experienced natural disaster	(Q19) 16 or 3.28%	N/A	N/A	N/A
Foster parent/child	(Q19) 5 or 1.02%	N/A	N/A	N/A
I/DD	(Q19) 272 or 55.74%	(Q15) 10 or 3.98% (Q15) 9 or 3.59% (Q16) 13 or 5.18%	N/A	N/A
Jail or prison experience	(Q19) 11 or 2.25%	N/A	N/A	N/A
Juvenile justice experience	(Q19) 5 or 1.02%	N/A	N/A	N/A
LGBT community	(Q19) 8 or 1.64%	N/A	N/A	N/A
Mental health issues	(Q19) 107 or 21.93%	N/A	N/A	N/A
Military family member	(Q19) 21 or 4.30%	N/A	N/A	N/A
Physical or sensory disabilities	(Q19) 97 or 19.88%	N/A	N/A	N/A
Pregnant woman	(Q19) 6 or 1.23%	N/A	N/A	N/A
Served in the military	(Q19) 11 or 2.25%	N/A	N/A	N/A
Substance use issue	(Q19) 19 or 3.89%	N/A	N/A	N/A
Traumatic brain injuries	(Q19) 22 or 4.51%	N/A	N/A	N/A

1, 2-The percentage is calculated by taking the number of respondents who reported a certain special population and dividing that number by the total number of survey respondents. Respondents could identify more than one special population. It is important to note that survey answers with less than 5 respondents are not listed because they are not significant. There were no Spanish Stakeholder or Member Surveys completed.

3, 4-Survey respondents did not identify any special populations.

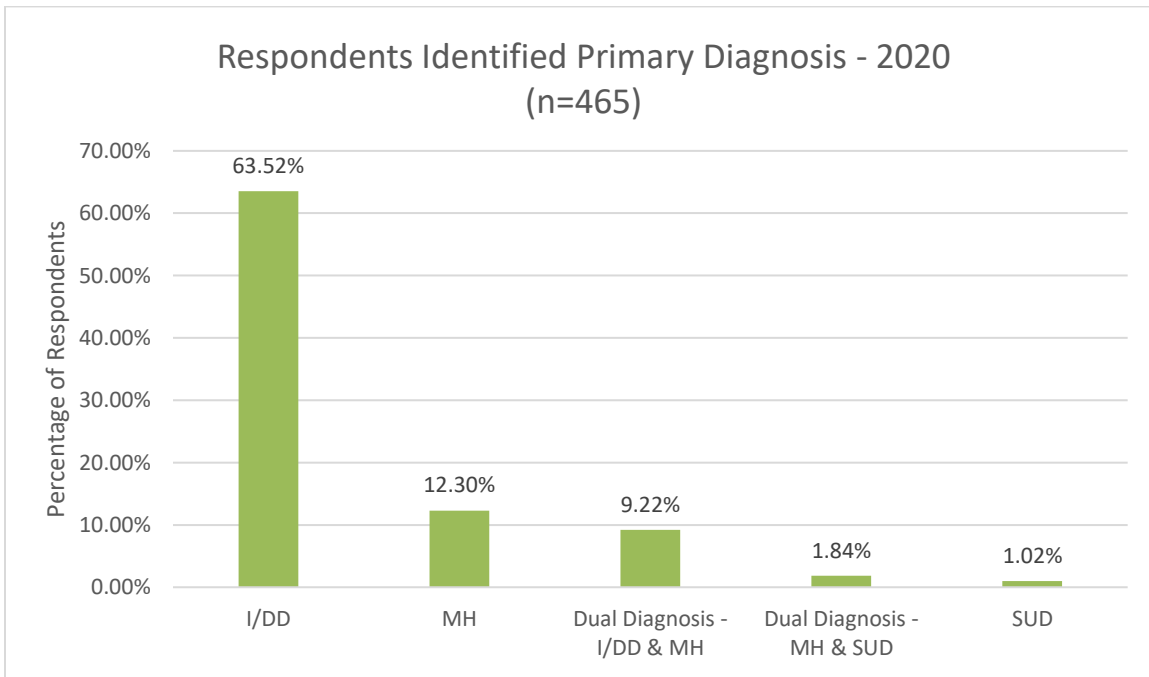
Member/Family Survey Summary

The graph below shows the geographic representation of where Members and their families reported they received services. Respondents could choose all counties in which they received services at the time of the survey.



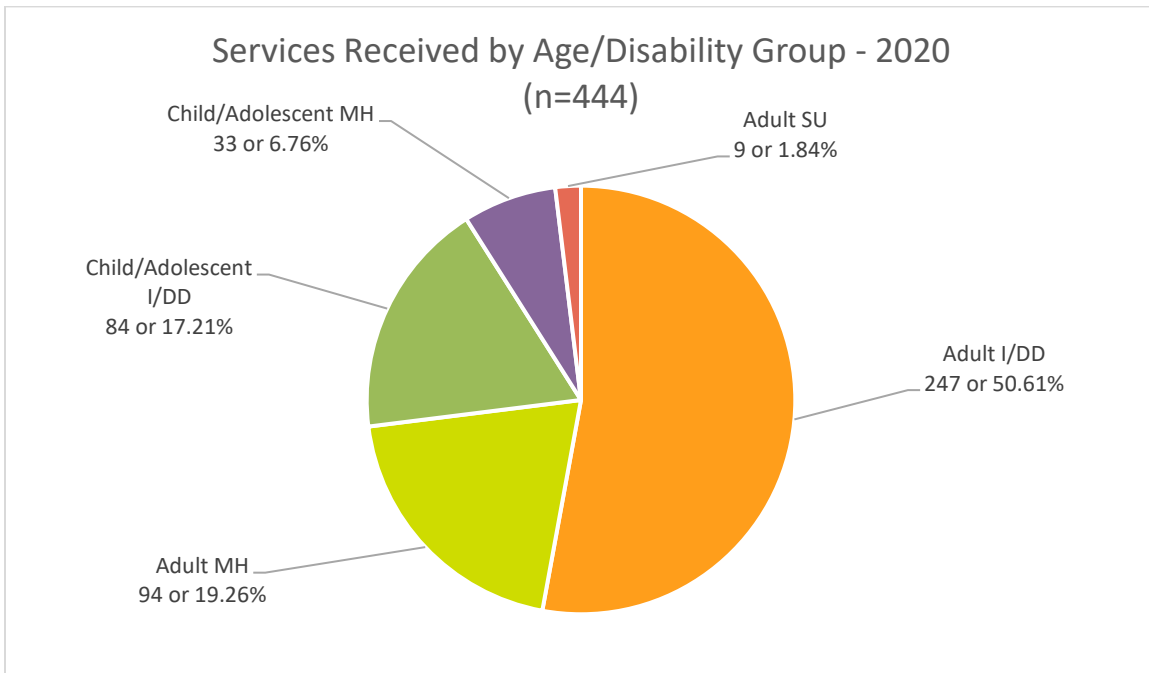
It is important to note that 20 (4.10%) respondents indicated they received services in counties outside the Trillium 26-county catchment area.

The graph below represents how respondents identified their primary diagnosis.



Thirty-six (36 or 7.38%) respondents report “Other” and 16 (3.28%) of those respondents indicated Autism Spectrum Disorder as their primary diagnosis.

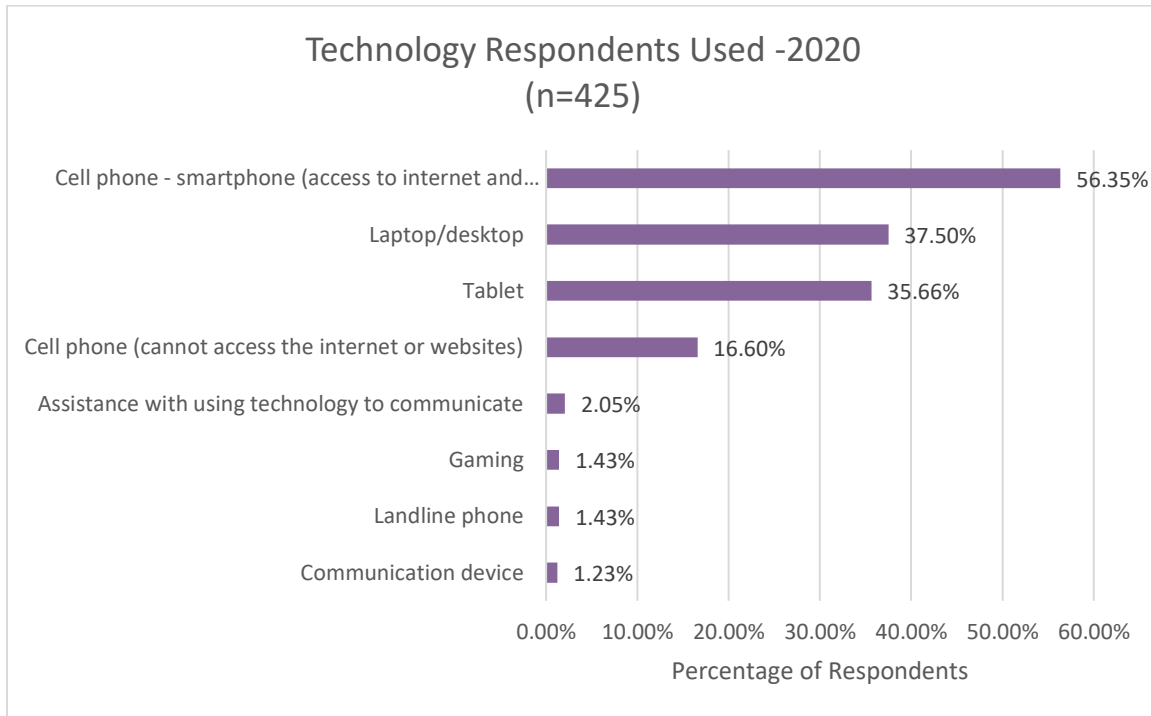
At the time of the survey, Members and their families reported having received the following services. Respondents were able to choose all services that applied to them.



Thirty-three (33 or 6.67%) respondents indicated having received “Other” services. The top “Other” services received include:

- 8 (1.64%) Home services
- 6 (1.23%) Innovations Waiver
- 5 (1.02%) Community supports

The following graph shows technology respondents indicated they used. Respondents were able to choose as many as applied to them.



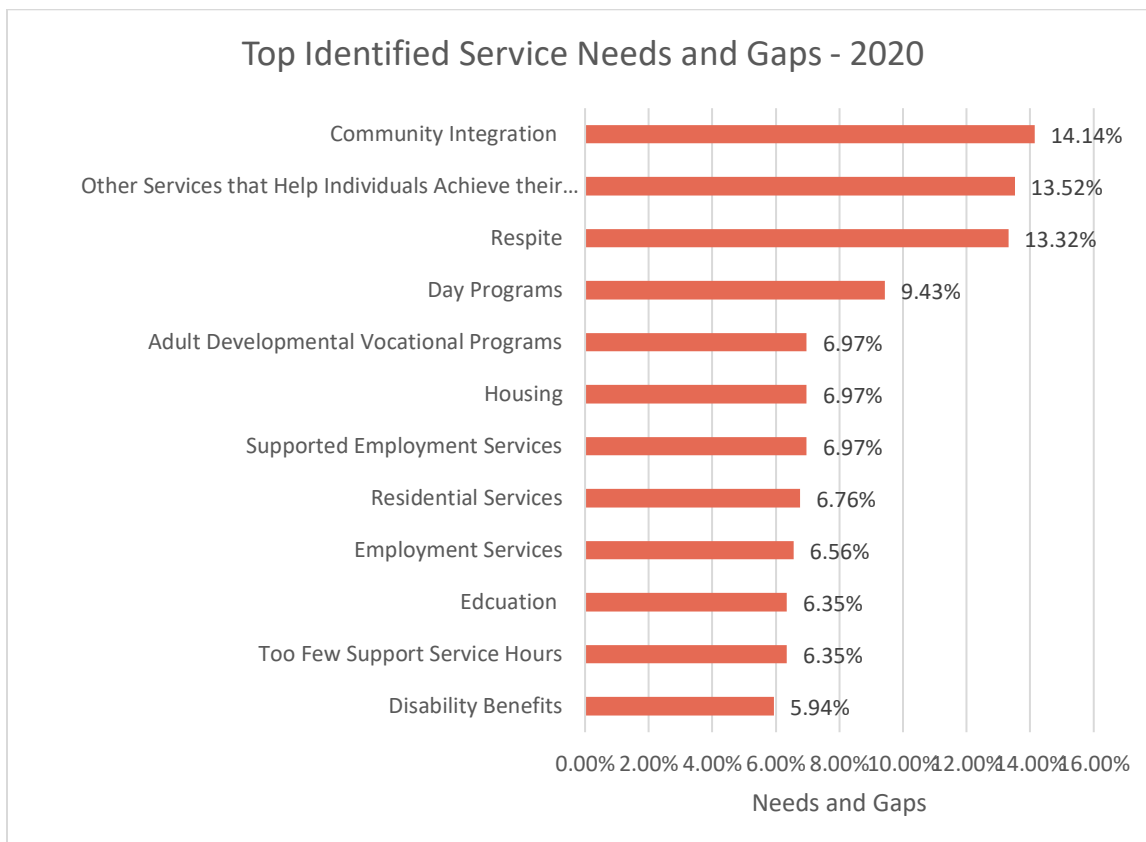
Themes from the Member/Family Survey include the following:

- The average age of survey respondents was 33.78 years old with ages ranging from 5 to 89 years of age.
- The majority of respondents reported their marital status as Single (402 or 82.38%).
- The bulk of respondents indicated they were White/Caucasian (293 or 60.04%) or Black/African American (158 or 32.38%).
- Four hundred seventy (470 or 96.31%) respondents indicated the primary language they spoke at home was English.
- Respondents preferred to receive news and information from Trillium through email (196 or 40.16%), text messages (100 or 20.49%), and regular mail (95 or 19.47%).
- Ninety-eight (98 or 20.08%) 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 past year, 88 (18.03%) respondents reported they did not receive the help they needed.
- One hundred forty-two (142 or 29.10%) respondents indicated they felt stigma based on how they had been treated because of their diagnosis.
- Eight (8 or 1.64%) respondents reported they had ever been diagnosed with having a concussion.
- One hundred fifty-two (152 or 31.15%) respondents reported their support staff changed in the past year. Respondents indicated the following time their support staff changed:
 - 107 (21.93%) 1-2 times
 - 33 (6.76%) 3-4 times
 - 12 (2.46%) 5 or more times
- One hundred fifty-five (155 or 31.76%) respondents reported they were not aware of the availability of Narcan/Naloxone kits to save lives from opiate overdoses (Heroin, Oxycodone, etc.).
- Six (6 or 1.23%) respondents reported using 12-step groups in their area to help them with their SUD issues. All 6 (1.23%) respondents indicated the 12-step approach had been helpful.
- Four hundred sixty-seven (467 or 95.70%) respondents indicated they were able to receive services in the language they were most comfortable communicating in.
- The majority of respondents who took the survey indicated they understood the survey (399 or 81.76%), while 390 (79.92%) respondents indicated they felt the survey asked questions which were important to the respondents.

Three hundred thirty-six (336 or 68.85%) respondents felt they were getting the services they needed at the time of the survey. Ninety-three (93 or 19.06%) respondents reported they were not getting the services they needed and indicated the following top needed services:

- 31 (6.35%) Need for adequately well trained staff
- 9 (1.84%) Not getting enough hours of care/assistance
- 9 (1.84%) Respite
- 8 (1.64%) Therapy/counseling
- 6 (1.23%) Difficulty accessing services during the pandemic
- 6 (1.23%) Innovations waiver

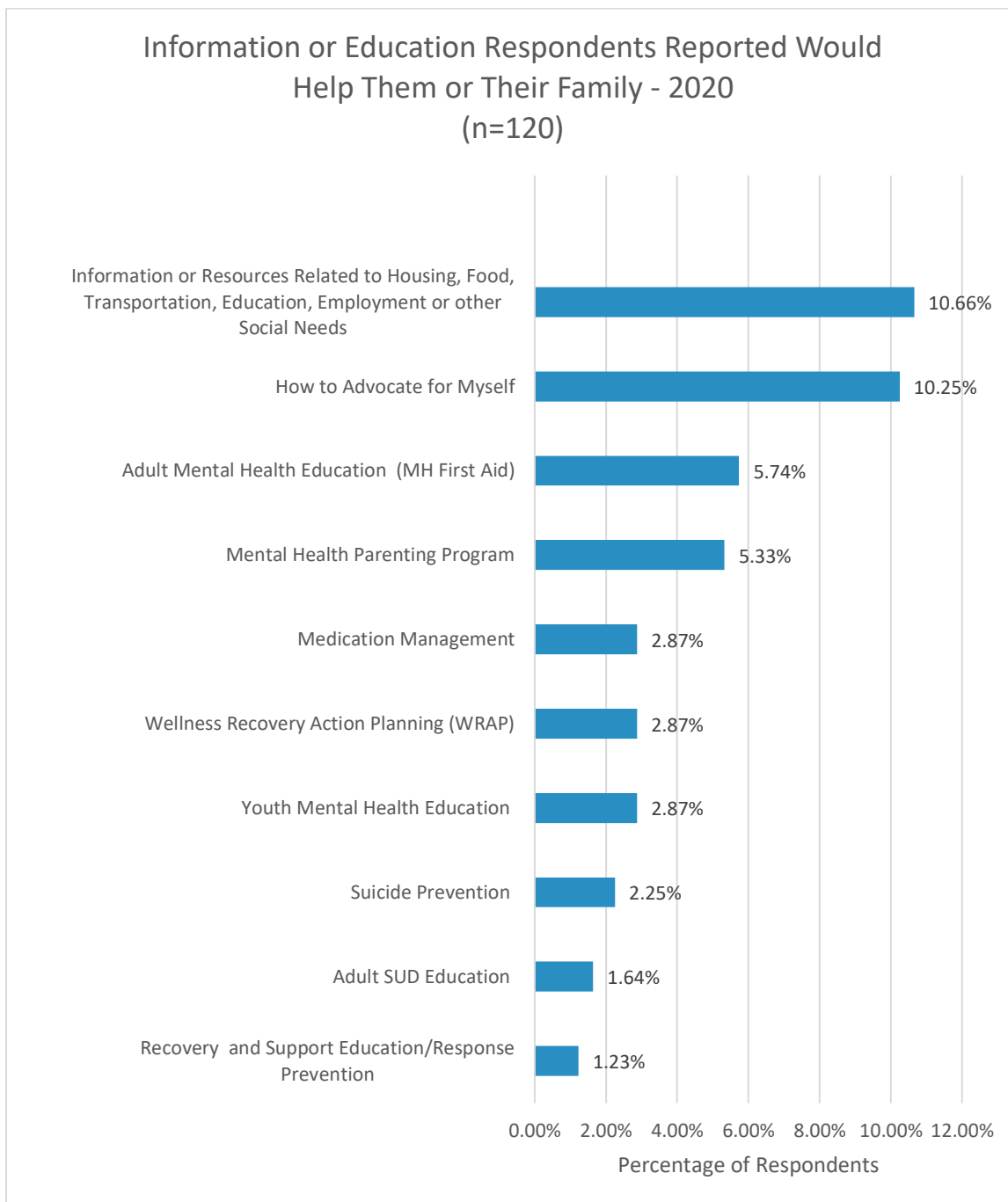
Needs and gaps in the chart below were identified throughout the entire Member and Family Survey. The following graph represents the top service needs and gaps by percentage identified in the Member and Family Survey during 2020.



The top nine (9) barriers/challenges identified by Members and their families that keep them from accessing the MH or SUD services they needed at the time of this survey include (n=73):

- 23 (4.71%) Transportation
- 21 (4.30%) Lack of insurance
- 19 (24.39%) Wait too long for appointment
- 15 (3.07%) Inconvenient hours
- 14 (2.87%) Cost of medications
- 8 (1.64%) Don't want friends/family members to know about my condition
- 8 (1.64%) Providers of a different race sometimes don't believe my symptoms, or they aren't culturally competent, or they don't take my concerns seriously
- 7 (1.43%) Housing instability/homelessness
- 6 (1.23%) Access to more Providers

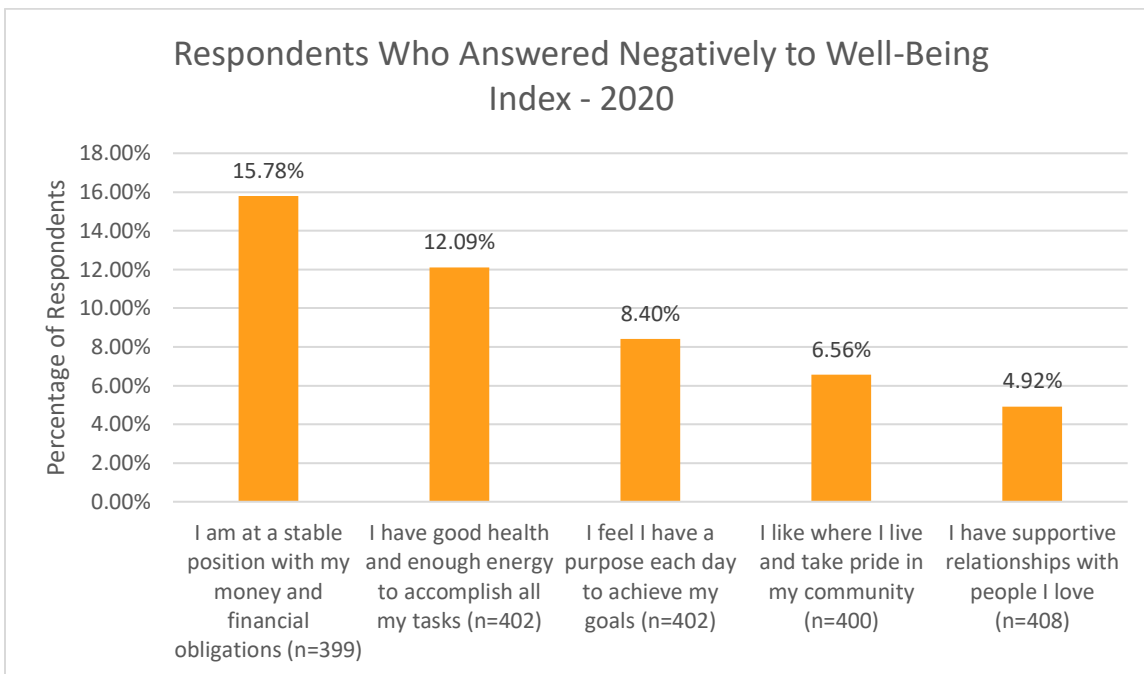
The following graph represents information or education that respondents reported would help them or their family. Respondents were able to choose all informational or educational needs that applied to them.



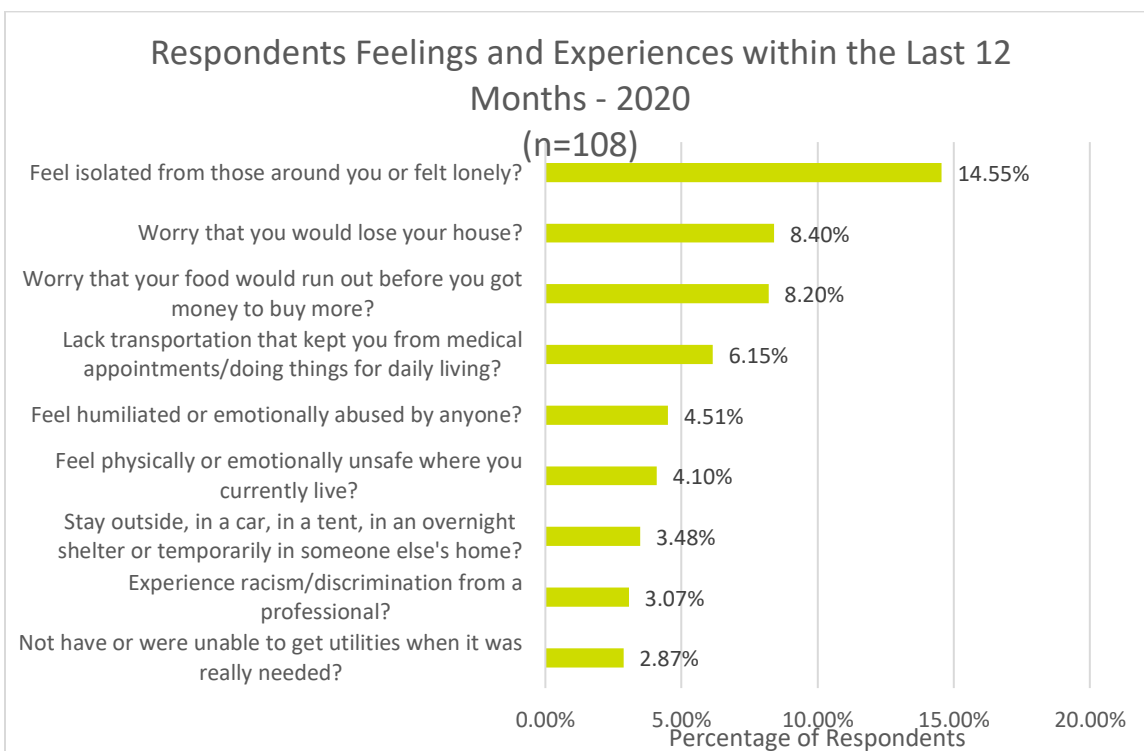
The top social determinants mentioned by Members and their families included:

- 71 (14.55%) Isolation/loneliness
- 41 (8.40%) Unstable housing
- 40 (8.20%) Food insecurity
- 30 (6.15%) Transportation

Respondents 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 item involving their well-being.



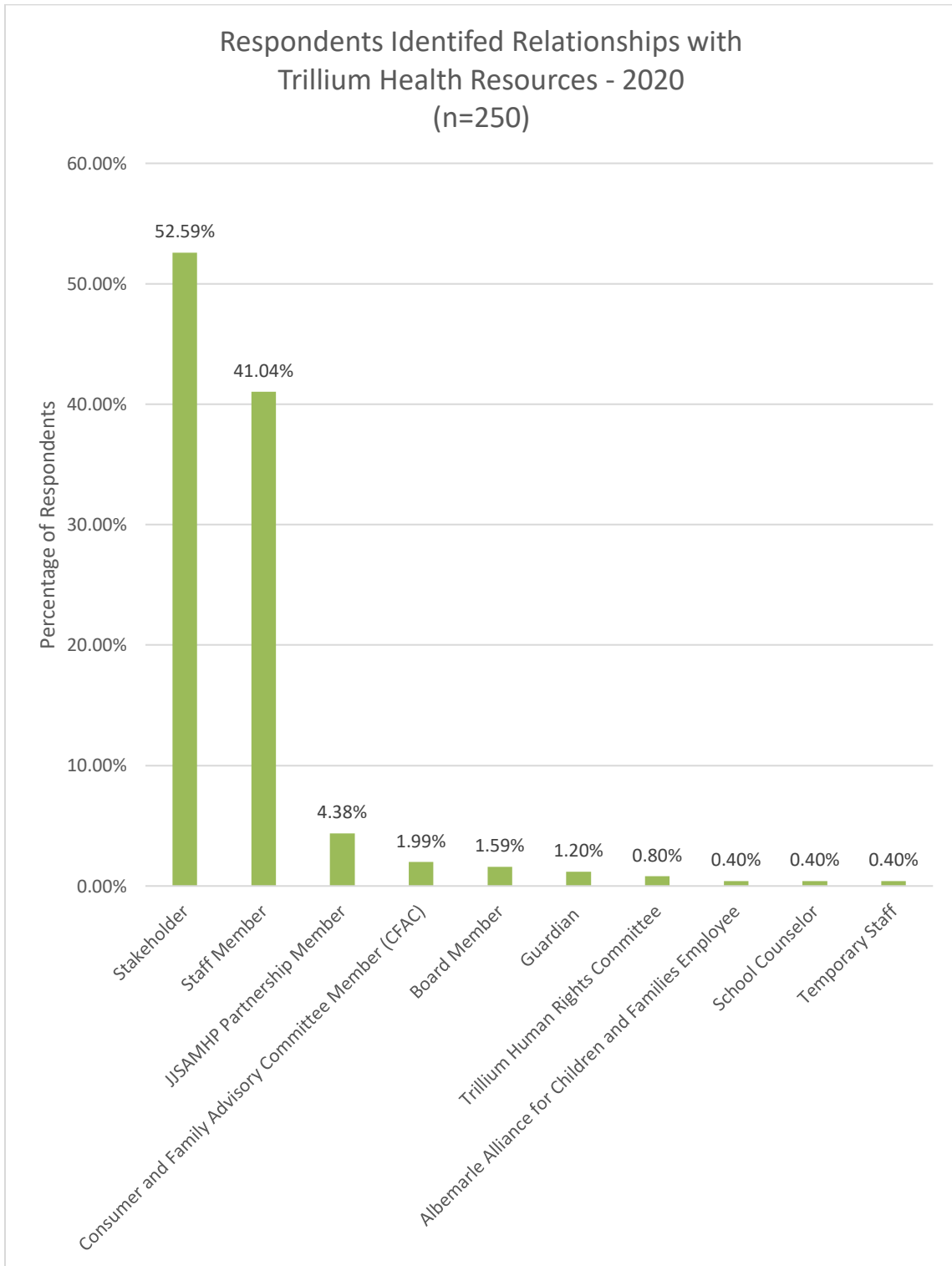
Respondents were asked if they felt, had concerns about, or experienced certain situation within the past 12 months. Their responses are represented in the graph below.



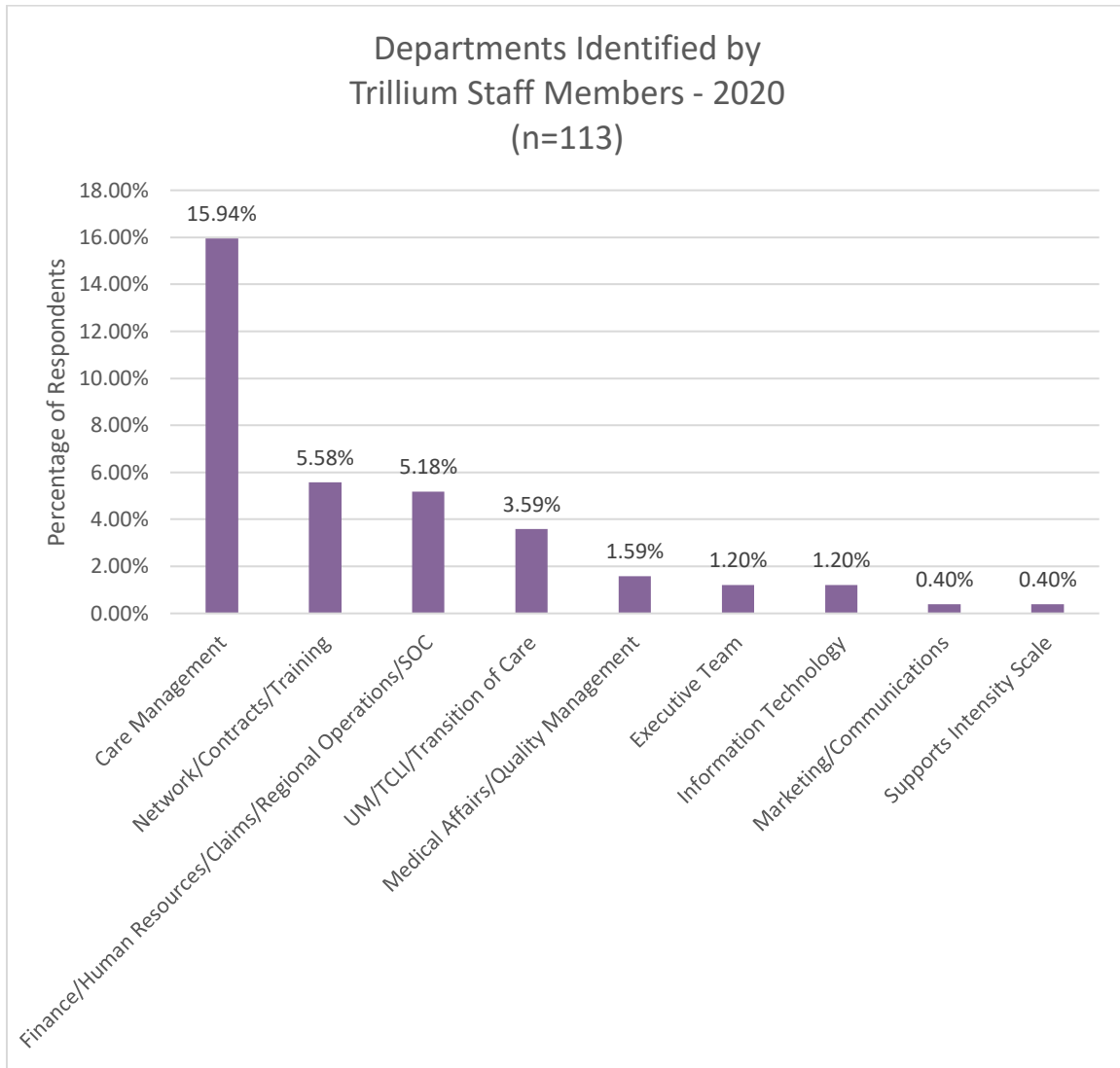
At the end of the survey, respondents were given the opportunity to provide additional feedback. Thirty-three (33 or 6.76%) respondents throughout all services and disability groups indicated a need for more access to services. Twenty (20 or 4.10%) respondents reported comments about the survey itself while 16 (3.28%) respondents expressed their satisfaction and how appreciative they were with services and Trillium.

Stakeholder Survey Summary

The graph below represents how respondents identified their relationship to Trillium at the time of this survey (n=250 or 99.60%).



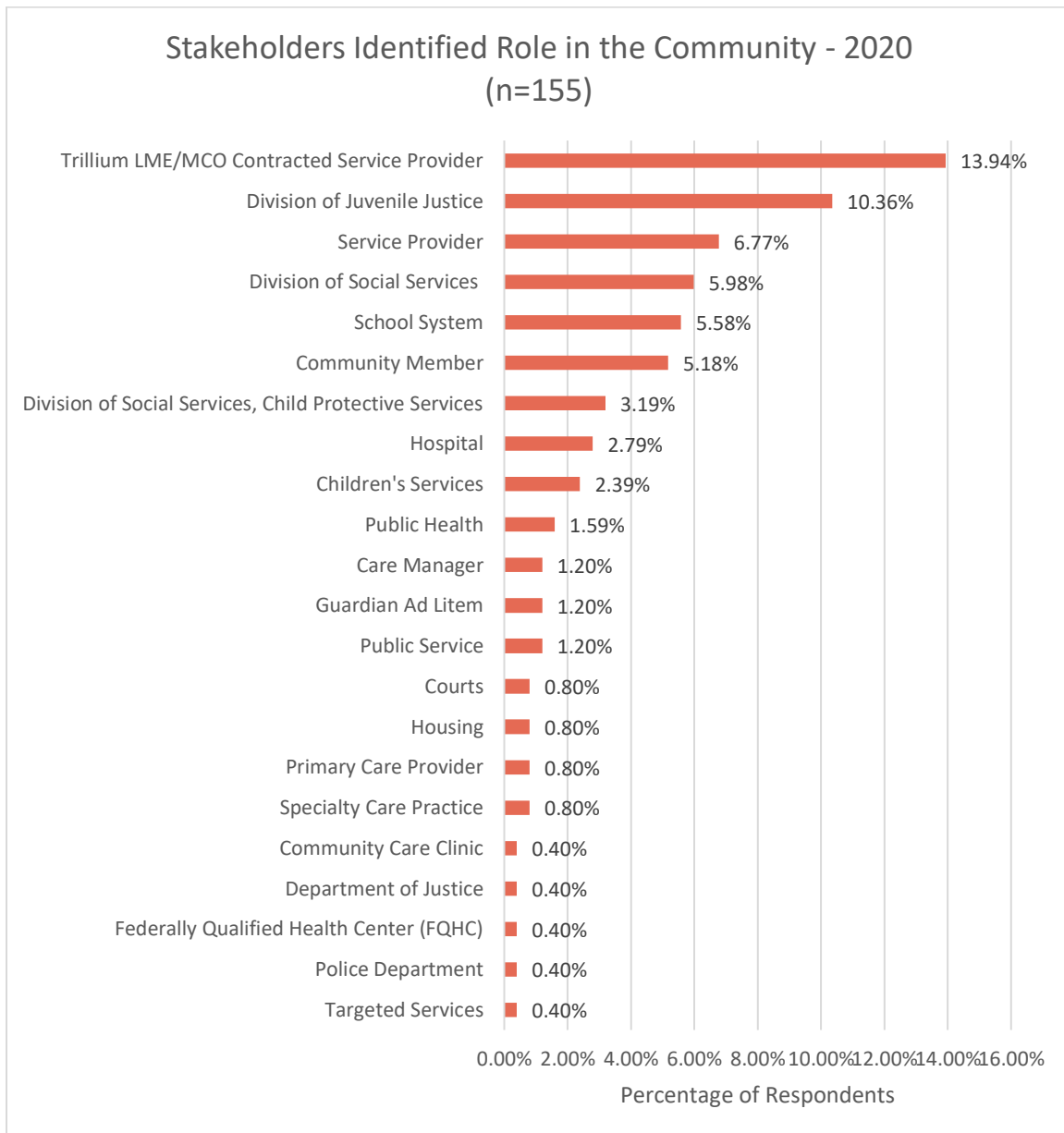
The graph below represents those who identified themselves as a Trillium “Staff Member” and the percentage of whom reported the department they worked in at the time of the survey.



No respondents indicated they worked in Appeals/Compliance. Twenty-five (25 or 9.96%) respondents reported “Other” and specified the following:

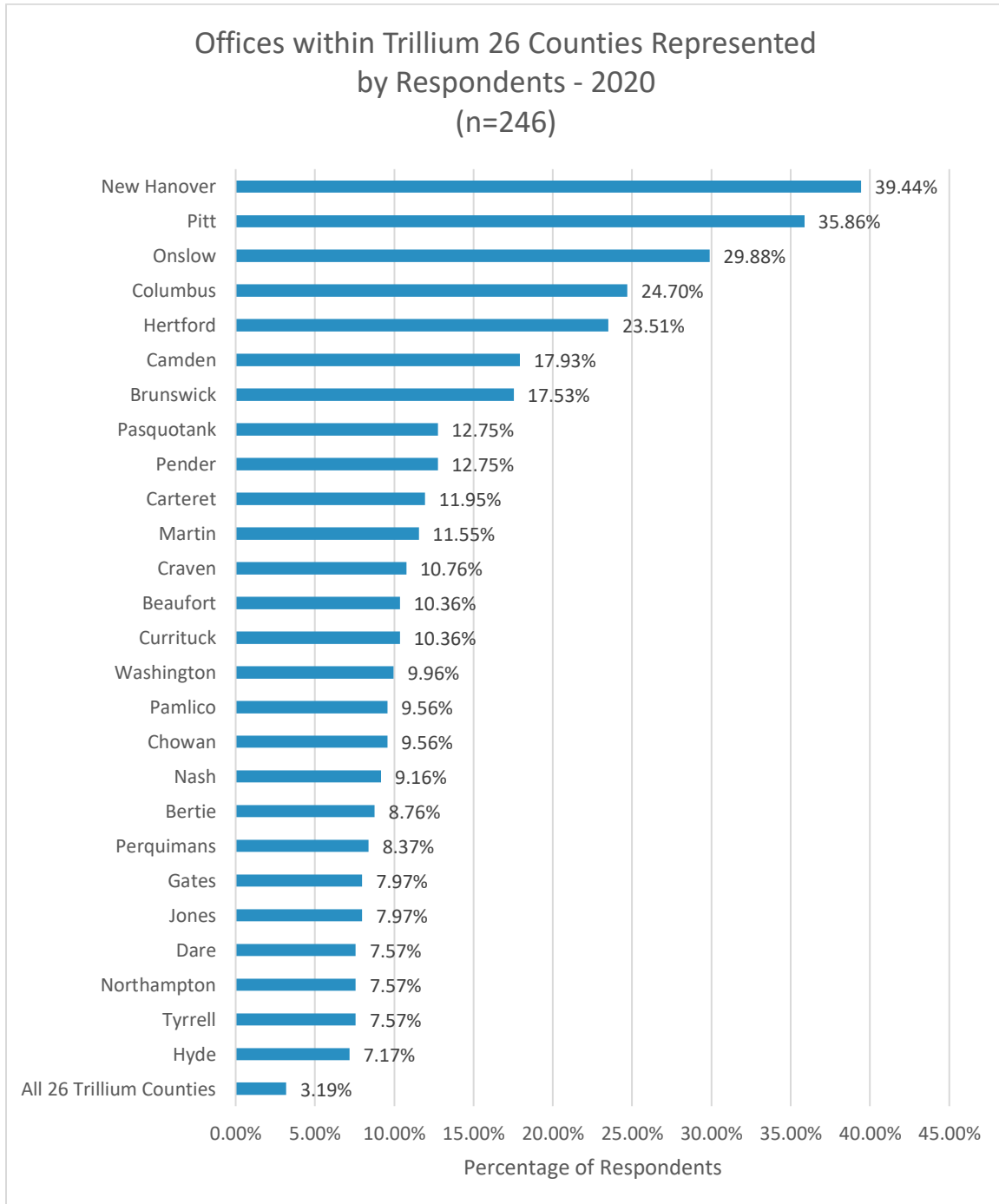
- 10 (3.98%) Housing
- 2 (0.80%) Call Center
- 2 (0.80%) Clinical Operations
- 2 (0.80%) Juvenile Justice
- 2 (0.80%) Neighborhood Connections
- 1 (0.40%) Client’s guardian
- 1 (0.40%) Collaborative partner
- 1 (0.40%) Executive assistant
- 1 (0.40%) Hospital staff
- 1 (0.40%) Internal system performance
- 1 (0.40%) Regional Operations
- 1 (0.40%) Transition team

The graph below demonstrates how respondents identified their role in the community if they reported themselves as a “Stakeholder.” Respondents could check all roles that applied to them.



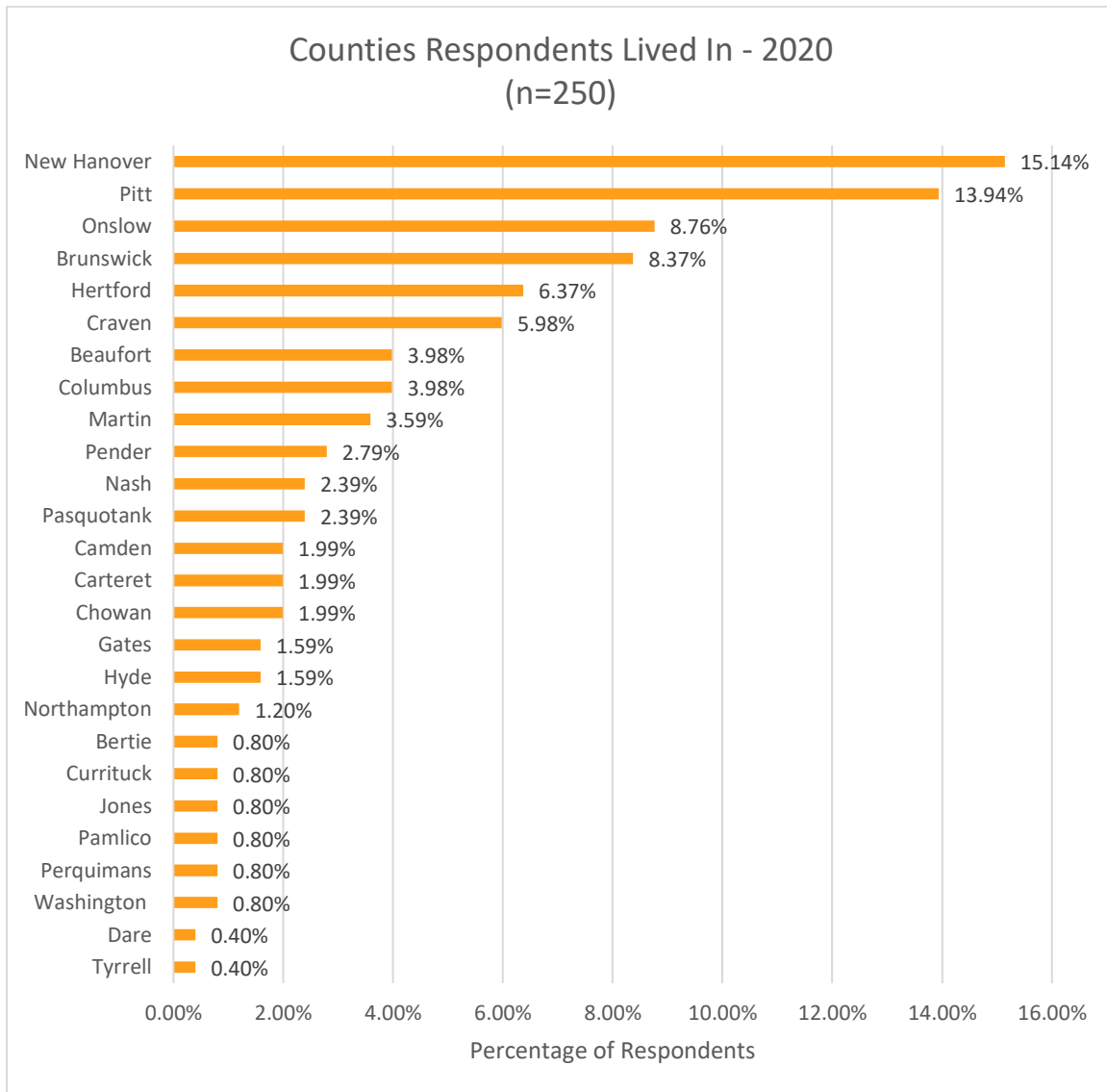
No respondents identified their role in the community as the Department of Veterans Affairs, Probation/Parole, or the Sheriff’s Department.

The graph below shows the percentage of respondents and the counties where they indicated having offices within the Trillium 26-county catchment area. Respondents were able to choose all counties where their organization had offices at the time of the survey.



Seven (7 or 2.79%) respondents indicated their organization had offices outside the Trillium 26-county catchment area.

Respondents were also asked to identify the county or 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 where they lived at the time of the survey.



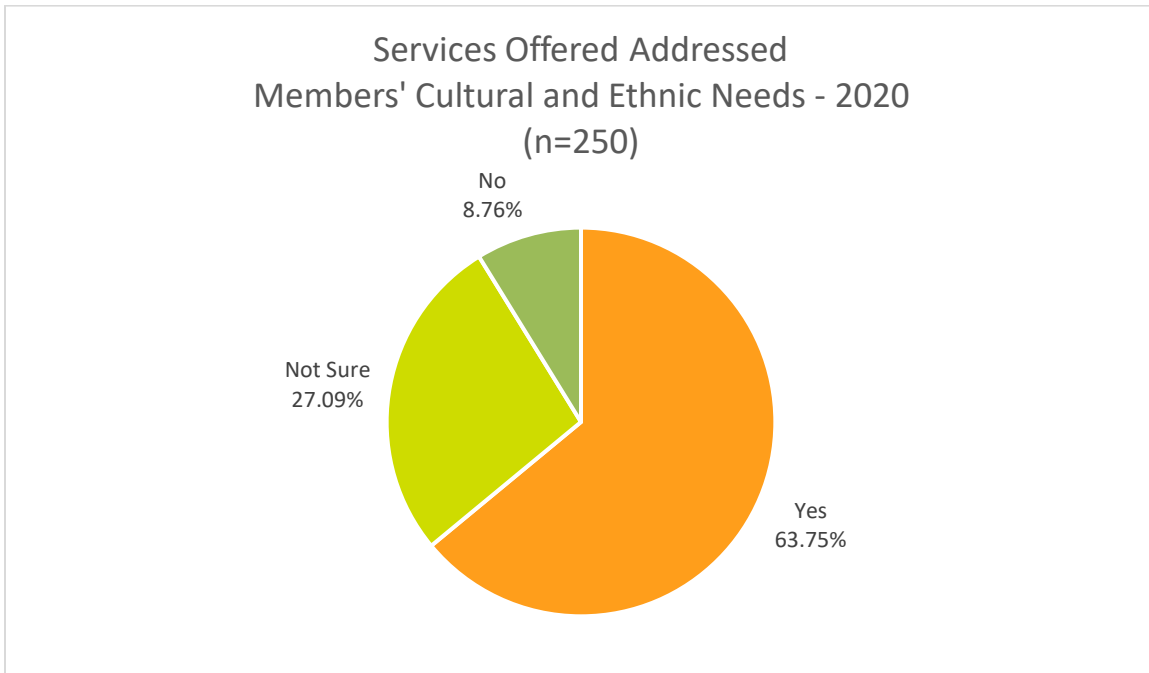
Twenty-one (21 or 8.37%) respondents indicated they lived in counties outside of the Trillium 26-county catchment area at the time of the survey.

The average number of years respondents reported they had a working relationship with Trillium was 8.41 years. One hundred twelve (112 or 44.62%) respondents indicated they had observed stigma or prejudices against Members with a mental health, intellectual/developmental disability, or substance use diagnosis.

Sixty-one (61 or 24.30%) respondents reported their organization/agency had a Cultural Competency Plan, while 36 (14.34%) were not sure if their organization/agency had a Cultural Competency Plan. Sixty-three (63 or 25.10%) respondents indicated their organization had participated in a cultural sensitivity or competence assessment. Thirty (30 or 11.95%) respondents reported the cultural sensitivity or competence assessment they participated in was a standardized tool. Respondents identified five cultural sensitivity or competence tools which included:

- NCDOJ (North Carolina Department of Justice) online annual in-service tool
- Products from Franklin Covey and Aperian Global
- AAPI (Asian American and Pacific Islander) Cultural Competency Course
- CARF (Commission on Accreditation of Rehabilitation Facilities)
- YASI (Youth Assessment and Screening Instrument)

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



Thirty-one (31 or 12.35%) respondents made additional comments regarding services offered within the Trillium catchment addressing Members' cultural and ethnic needs. Respondents' additional comments regarding the top cultural and ethnic needs included:

- 14 (5.58%) More services and resources needed
- 7 (2.79%) More work by Trillium needed

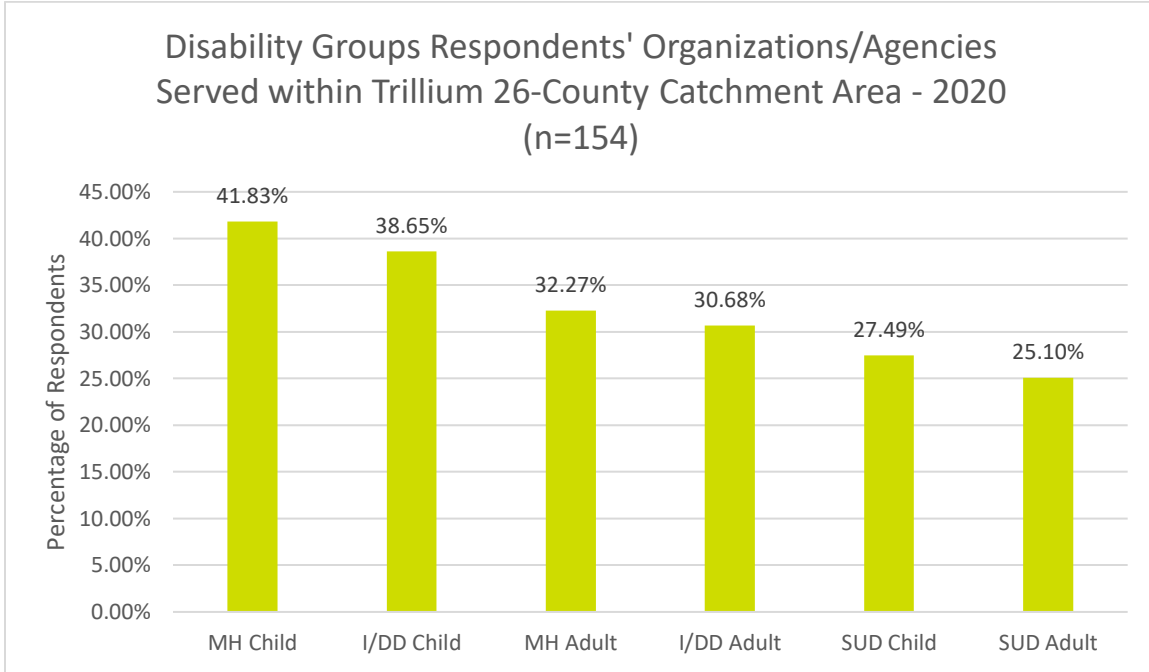
Twenty-eight (28 or 11.16%) respondents identified the following top cultural or ethnic groups they felt were experiencing needs not being met by Trillium Network Providers at the time of this survey. The top cultural or ethnic groups identified included:

- 10 (3.98%) Spanish-speaking
- 5 (1.99%) Black

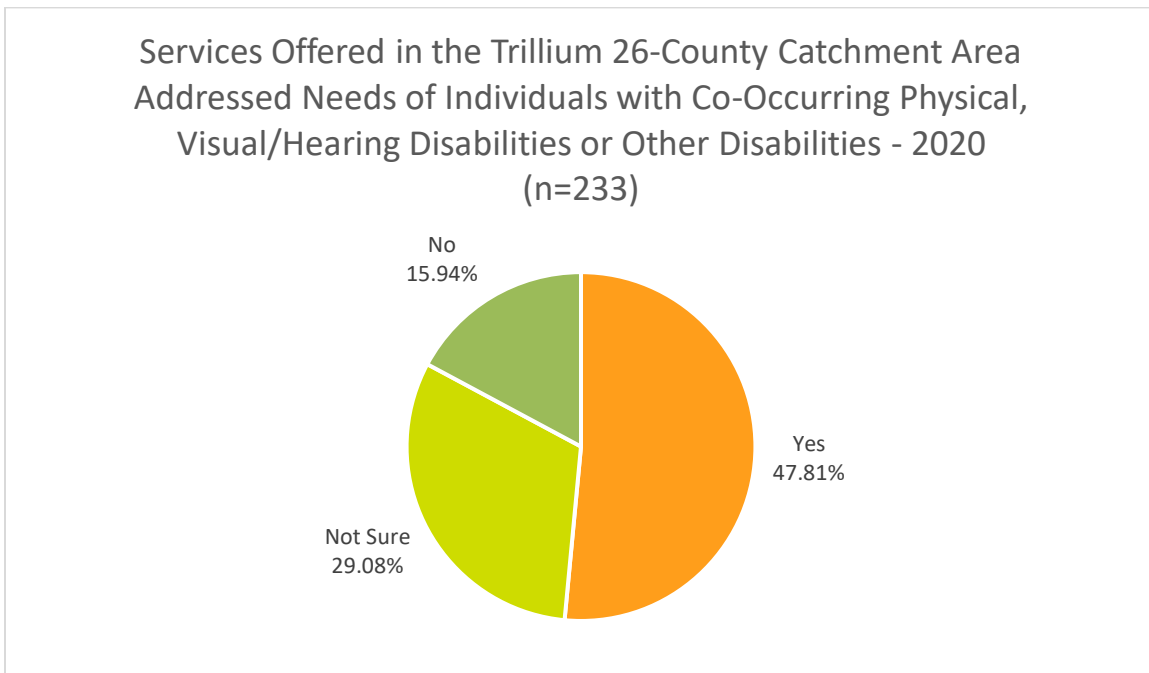
Twenty-eight (28 or 11.16%) respondents then identified which additional services cultural or ethnic groups needed, some of whom indicated more than one service. Top services identified included:

- 5 (1.99%) Therapy
- 5 (1.99%) Mental health services and supports

The following chart reflects disability groups which Providers and stakeholders indicated their organizations/agencies served within the Trillium 26-county catchment area. Respondents could select all the disability groups their organizations/agencies served within the Trillium 26-county catchment area.



The chart below demonstrates how respondent thought Trillium catchment services addressed the services needs of individuals with co-occurring physical, visual/hearing disabilities, or other disabilities.

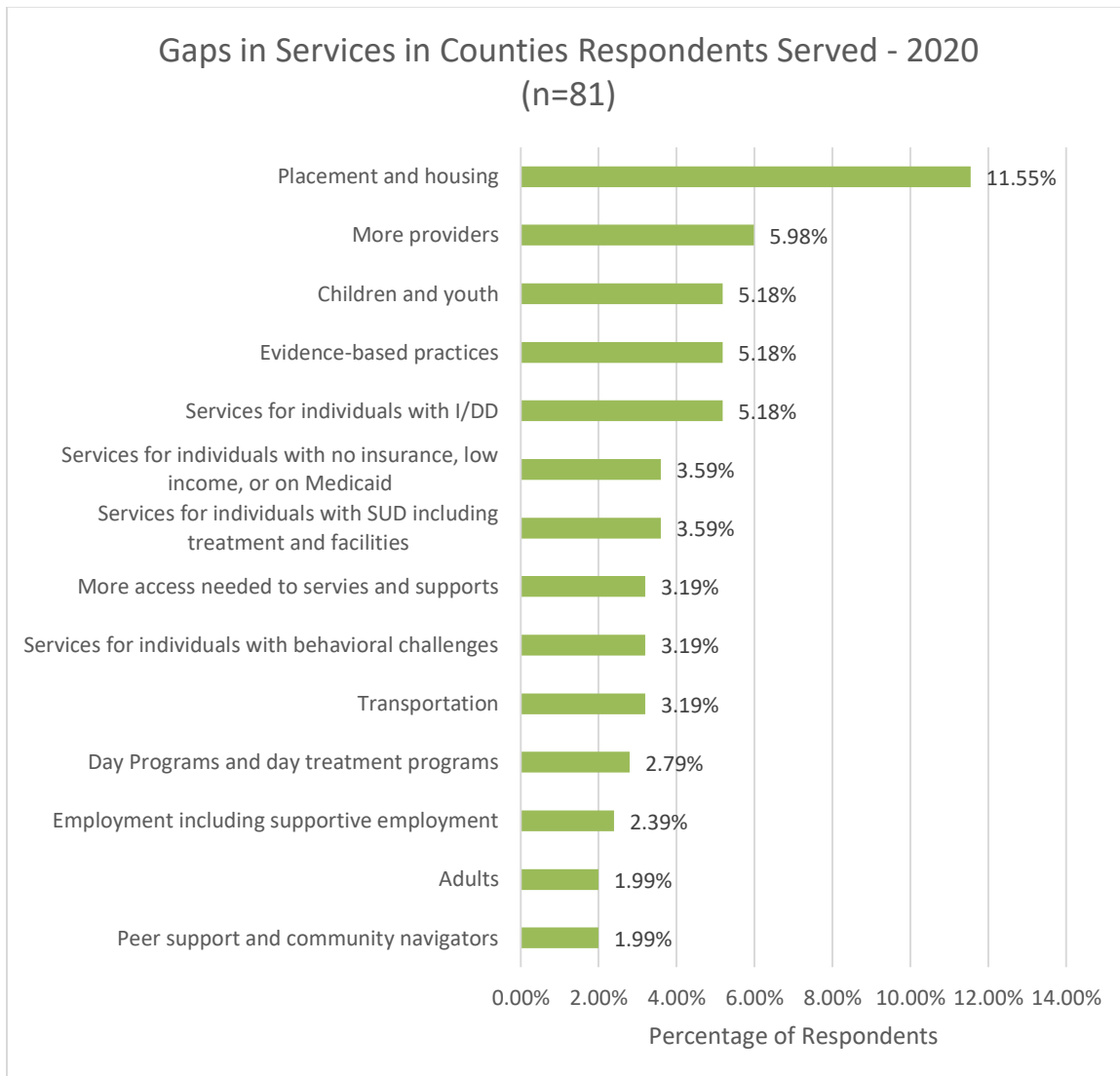


Forty-two (42 or 16.73%) respondents indicated gaps in service needs of individuals with co-occurring physical, visual/hearing disabilities, or other disabilities. The top gaps identified included:

- 13 (5.18%) Lack of/or limited Providers
- 10 (3.98%) More services needed for individuals who are dually diagnosed
- 10 (3.98%) More services needed for individuals who have intellectual or developmental disabilities
- 9 (3.59%) Residential placement

- 6 (2.39%) More services for hearing impaired
- 6 (2.39%) More services for visually impaired
- 5 (1.99%) More Providers who are skilled in ASL (American Sign Language)

Respondents indicated gaps in services in the counties they served in the following chart. Respondents could list all gaps that applied to the services in the counties they served.



Additional feedback respondents gave included these top items (n=44):

- 21 (8.37%) Services needed
- 10 (3.98%) Note of appreciation and thanks
- 10 (3.98%) Education
- 5 (1.99%) Suggestions

It is important to note the Services Needed and Suggestions, varied in the specific feedback.

Section Four: Special Populations

Transitions to Community Living Initiative (TCLI)

Community-Based Supportive Housing

Trillium Health Resources provides In-Reach to TCLI-eligible individuals via a delegation agreement with Recovery International (RI). RI provides In-Reach in the community as well as in State Psychiatric Hospitals (SPH) and Adult Care Homes (ACH). Members who are potentially eligible for TCLI are identified by referral to the Referral Verification and Screening Process (RSVP). Referrals can be made by community hospitals, State facilities, ACHs, Departments of Social Services, Providers, Members, guardians, etc. Once a referral has been received, Members are screened to determine if they meet the eligibility criteria identified through the statewide Olmstead settlement. Once a Member has been confirmed as eligible for TCLI, In-Reach begins. The In-Reach Coach educates the Member on independent living and completes a community integration plan (CIP) and the In-Reach Tool. Once a Member has indicated they would like to transition to independent housing, a Transition Coordinator is assigned.

2019 Transitions to Community Living Initiative			2020 Transitions to Community Living Initiative		
Number	Percent of Total	Explanation	Number	Percent of Total	Explanation
1,698	0	In TCL	1,782	0	In TCL
1,358	80%	In In-Reach	1,354	76%	In In-Reach
366	22%	In Supportive Housing	441	25%	In Supportive Housing

Receive Other Services and Supports by Fund Source - Outpatient Services					
Medicaid			State		
Year	Percent of Total Population	Count	Year	Percent of Total Population	Count
2019	26%	441	2019	2%	34
2020	27%	478	2020	2%	43

Receive Other Services and Supports by Fund Source - Enhanced Services						
Medicaid			State			Program
Year	Percent of total Population	Count	Year	Percent of Total Population	Count	
2019	28%	103	2019	2%	7	ACTT
2020	28%	123	2020	2%	8	ACTT
2019	11%	40	2019	1%	2	CST
2020	18%	78	2020	2%	8	CST
2019	0%	1	2019	0%	3	Opioid
2020	0%	1	2020	0%	0	Opioid
2019	5%	19	2019	0%	1	PSR/Day
2020	16%	16	2020	0%	2	PSR/Day

Trillium encountered barriers with guardians understanding the TCLI process and being supportive of their ward exploring more independent living opportunities. Trillium has offered several training opportunities to

community stakeholders as well as Providers to educate them regarding the RSVP process, Olmstead Settlement, and TCLI eligibility requirements. If stakeholders or Providers have questions, Trillium has identified an RSVP Specialist and RSVP Lead to assist.

The LME/MCO continues to find it difficult to identify independent housing for Members who have extensive criminal backgrounds or are sex offenders.

Transition individuals to community-based supported housing

Trillium has added three housing Navigators within the Housing Department to assist the TCLI program in locating affordable housing and cultivating new landlords. Trillium's Housing Department has held landlord forums and has created and maintains lists of private landlords who have available housing.

Trillium's TCLI Department works in collaboration with the Housing Department and Housing Navigators who assist in identifying and expanding the housing inventory in the Trillium Catchment. Trillium has offered a \$300 incentive to landlords who sign a new lease and \$200 one time rent negotiation incentive if they agree to a lower rent in order to incentivize landlords to work with the TCLI subsidy.

TCLI programs are encouraged to utilize Targeted Housing and Key Units. These units have limited availability which makes it difficult to identify affordable housing. Trillium is often notified of an opening in a Targeted or Key unit once a Member has already transitioned into a private rental property.

Other barriers include available housing stock in desired counties, a lack of natural supports, as well as access to transportation due to Trillium's catchment being extremely rural. Transit (bus) systems are offered in limited areas in the Trillium Catchment and local transportation authorities often only operate Monday through Friday with limited hours.

Transition individuals within 90 days of assignment to a transition team

Trillium works diligently to house all eligible Member into independent housing within 90 days of a DHHS housing slot being assigned. For SFY 2019-2020 Trillium housed 143 Members and "Re-Housed" 28 Members in the community with supports and 76 % of those Members transitioned within 90 days.

Bridge housing has been utilized to address the timeline regarding housing Members within 90 days of assignment to a transition team. Trillium began a pilot with two Providers to make available seven beds--four in an apartment setting and two in a house--to utilize as transitional housing when Members are discharged from a SPH or Community Hospital inpatient unit. When transition housing units are not vacant Trillium utilizes hotels to assist with diversion from an ACH while a Member is waiting for independent housing. While in a hotel or transition housing linkages to Providers and supports are in place to assist each Member with transitioning successfully into the community.

Support the required number of individuals to maintain community-based housing

Transition coordinators assure that each Member who transitions into independent housing receives tenancy support while supported through TCLI. Transition and Post Transition Coordinators monitor and support each Member while in independent housing through the TCLI program by following up with each Member and or their Provider at least once per month. Coordinators monitor each Member's progress and will initiate additional services or linkage to SDOH if needs are identified. Coordinators collaborate with Providers to assure that goals are established and monitored via the Person Centered Plan.

IPS-Supported Employment

Fidelity Teams

- A. **Numbers** - There are four IPS Providers in the Trillium Network operating with six teams.

- B. **Locations** - The teams serve, Beaufort, Bertie, Brunswick, Carteret, Chowan, Columbus, Craven, Hertford, Jones, Martin, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, and Pitt Counties.
- C. **Capacity** - Capacity of teams with current composition is 365 and serve 288 Members. None of the teams are currently at full staff capacity. If all six teams were fully staffed, including one Team Lead, eight Employment Support Professionals (ESPs), and two Employment Peer Mentors (EPMs), capacity would be 1680. The majority of Trillium's teams are comprised of one Team Lead, one to three ESPs, and one EPM. All the IPS Providers are open to hiring additional ESPs if there was a need to serve more Members.

Offering employment services is a priority for Trillium. In-Reach staff recommend IPS/employment services to all TCLI Members at the beginning of the enrollment process; if they initially decline, it is continuously offered. Members receiving ACTT also have employment services. Members receiving services who do not have employment are offered IPS. As of January 2020, all Trillium IPS teams include a Benefits Counselor for Members to have access to benefits counseling to make informed decisions about employment. Trillium has IPS teams to support 20 of its 26 counties in the catchment. The counties not being served are in the more rural areas of the catchment, where there has not been a demand for employment services. This could be attributed to the smaller populations, the limited availability of housing, and generally fewer employment opportunities in those areas.

The Trillium teams are not currently at capacity but are routinely monitored. If demand for service increases, new Providers are added to the Network. In 2020, an RFA was issued to gain IPS Providers in areas not currently being served. However, due to COVID-19, all RFA activities were halted. Based on current team compositions, the Trillium capacity is 320 Members as of May 2021 and those teams are serving 243 Members. Of those being served, approximately 10% are TCLI Members.

Currently there are six counties in the catchment without a dedicated IPS team. As IPS is a fidelity model with stringent requirements for team composition, it has been difficult to maintain Providers serving these rural areas due to the costs associated with staffing a team for the limited number of individuals wanting the service. Providers terminate services in those areas when the cost of maintaining the team outweighs profits obtained from the service. For current teams not carrying capacity caseloads, Trillium is considering asking some Providers to expand their coverage to areas not being currently served. However, that can be at odds with the 45 mile/45 minute accessibility rule for rural areas. Depending on where Providers are located, it is often not economically feasible for them to expand their coverage.

Obstacles and Barriers

Lack of knowledge about IPS continues to be a barrier to growing the services. Trillium has formed an IPS Coalition with the IPS Providers in the catchment area. The Coalition has worked to bring awareness to the Trillium Network and community about IPS services. The Coalition includes Trillium Network staff, IPS Provider team leads, QM staff and managers, TCLI In-Reach staff, Division of Vocational Rehabilitation, and a CFAC member.

In July of 2020, a Trillium Network staff was appointed to the DHHS IPS Steering Committee, which is comprised of representatives from DHHS adult mental health team, UNC Institute of Best Practices trainers/fidelity reviewers, DVR leadership, IPS Providers, and LME/MCO staff. The committee works to resolve issues with IPS across all levels, State, LME/MCO, and Providers.

In April 2021 Trillium hosted an IPS Overview Training that included IPS services, DVR services, motivational interviewing geared toward employment, and benefits counseling. The training was open to TCL In-Reach Specialists, TCL Care Coordinators, CST Providers/teams, ACT vocational specialists, DVR liaisons and staff, behavioral health Providers and clinicians, and substance use counselors.

Trillium has advocated for dedicated staff at DVR offices for IPS services and in March 2021 all the DVR offices in Trillium's catchment have a dedicated DVR staff that acts as a liaison for IPS services. Those staff members began participating in Trillium's IPS Coalition with Providers in April 2021. Trillium Network staff continue to work with State DVR staff to develop more strategies for IPS teams and DVR staff to work together.

In April of 2021 Trillium's Network staff partnered with Trillium's TCL staff to ensure TCL In-Reach staff had brochures with contact information for all the IPS teams and the counties they serve. In addition, TCL-In Reach began a cell phone pilot for Members transitioning from adult care homes. Within the pilot, Network staff worked with IPS Providers to have IPS staff available to meet with Members over the phone or through video chat to discuss IPS. Other efforts to increase referrals to the service and to further educate the Network about the service include a May 2021 presentation to Providers at the quarterly Provider Council meeting and establishing lunch and learn sessions for behavioral health Providers to be educated about IPS throughout the year.

Trillium has created a checklist for TCL In-Reach staff, including employment to ensure a discussion about employment is occurring with TCL Members. Also, TCL Members are required to sign verifications that employment options were discussed with them. Members and their families who often fear employment will cause a detrimental loss to benefits is a large barrier to employment services.

Trillium has worked with the North Carolina Chapter of the National Association of People Supporting *EmploymentFirst* (NC APSE) and UNC Best Practices to host and support trainings for Benefit Counselors. Through this process, there have been a greater number of Benefit Counselors certified in the Trillium catchment. Having a counselor readily available to explain how employment affects benefits is very helpful for In-Reach Staff and others referring to IPS. It is expected this will alleviate the wait time Members have faced in the past to talk with a Benefits Counselor and also give them an opportunity to speak with someone face-to-face versus over the phone.

The rural nature of Trillium's catchment is also a barrier to employment for many Members of the population in general and especially for the populations served by IPS and TCL. This makes transportation difficult for Members to be able to get back and forth to work. The majority of counties in the catchment do not have public transportation and the areas that do are limited in coverage and times they are offered. Many individuals rely on the IPS team for assistance with transportation, but that is not sustainable.

The rural nature of the catchment is also a barrier to the types of employment opportunities available. Trillium is working with Providers to develop innovative ways to assist Members with the types of employment they are interested in by looking at opportunities for self-employment and education opportunities. A Trillium Network Department staff currently participates in Provider IPS Steering Committees to work closely with Provider IPS teams to ensure viability of the services.

Personal Outcomes and Sufficiency of Community-Based Mental Health Services

Supportive housing tenure and maintenance of chosen living arrangement

Trillium serves those Members identified as part of the TCLI program by implementing a program focusing on prevention. The TCLI program works on a team approach made up of a Clinician, Nurse, Qualified Professional, Housing Navigator, Special Assistive In-Home (SAIH) Specialist, and Finance Specialist. This team works together to reach out to each Member at least monthly to ensure their needs are being met physically, behaviorally, as well as socially. The integrated team approach has kept Trillium's separations from housing low. Staff also follow each Member who has received a TCLI slot at least monthly for as long as they remain in TCLI independent housing. TCLI Members are linked to either ACT, CST, or TMS upon discharge from inpatient or emergency departments, but they are also able to access the wide array of additional services in the Trillium benefit plan.

Housing Separations

Year	Type	Count
2019	Evictions	15
2020	Evictions	13
2019	Returned to ACH	4
2020	Returned to ACH	5
2019	Individual Preference	47
2020	Individual Preference	77
2019	Deceased	8
2020	Deceased	11
2019 - 25 (35%) Members Rehoused		
2020 - 44 (40%) Members Rehoused		

Inpatient hospital or psychiatric facility admissions and readmissions

As part of Population Health Management, the TCLI program monitors ADT, Authorization, and State Hospital data daily to intercede immediately if a Member has been identified as being inpatient or in the emergency room. Follow-up with each Member occurs immediately by a coordinator and aftercare appointments are coordinated with each Member and Provider. As part of the Trillium TCLI Integrated Care team, a nurse and/or clinician consult is provided to these Members to determine if additional linkage to services is needed.

Use of crisis services

The majority of TCLI Members who experience a crisis are supported by their Provider in the community. (See data below.)

Crisis Services					
Year	Admit % of Total Population	Admit Count	Readmit % of Admissions	Readmit Count	Explanation
2019	13%	225	3%	6	Experienced an Inpatient or psychiatric admission and/or readmit
2020	12%	215	2%	5	
2019	5%	80	0	0	Utilized crisis services (mobile crisis, FBC)
2020	4%	77	5%	4	
2019	16%	266	2%	5	Experienced an emergency room visit and/or repeat visits
2020	14%	255	2%	6	
2019	3%	43	0	0	Had a critical incident report
2020	3%	54	0	0	

Emergency room visits and repeat visits

Of the 1,698 TCLI Members in 2019, 266 experienced an emergency room visit with five repeat visits. (See above chart.)

Incidents of harm

Incidents of Harm		
Type	2019	2020
Abuse, Neglect or Exploitation	3	5
Deaths Reported	10	15
Injury Requiring Treatment by Physician	2	6
Other Critical Incidents	27	27
Undefined	1	0
Total	43	53

Adult care home admissions and readmissions

The TCLI Post Transition team provides at least monthly follow up with Members and Providers to preemptively assess Member needs. As a result, four Members returned to ACH who separated from independent housing this past fiscal year. This reflects 2% of Trillium Members who returned to an ACH out of 174 Members initially transitioned for the period October 2020 through October 2021.

Employment

The TCLI In-Reach, Transition and Post Transition Coordinators ask a series of questions related to interest in employment at each phase of the process. These questions have been incorporated into workflows and checklists. The Trillium TCLI Department has created an informative flyer given to each Member to educate them about supportive employment.

The chart below reflects the numbers of individuals receiving supportive employment in 2020.

Months	Total Number of Members Receiving IPS-SE	Number of TCL/IAR Population Members Receiving IPS-SE	Total Number Members Employed	Total Number Members in TCL/IAR Population Employed
January - March 2020	285	91	99	37
April - June 2020	279	67	109	25
July - September 2020	267	56	104	19
October - December 2020	381	69	143	26

School attendance/ enrollment

The TCLI In-Reach, Transition and Post Transition Coordinators also ask a series of questions related to an individual’s education and/or school enrollment at each phase of the process. These questions have been incorporated into workflows and checklists.

Community integration and engagement

Trillium implemented a Transitional Housing program to divert Members from entering Adult Care Homes. This program provides a four-bedroom home for Members who are returning to the community from an inpatient setting and seeking independent housing. The Transitional Home served seven residents who were all linked to ACT services. In addition, three of those Members were also referred to medical Providers to address medical concerns. All Members were transitioned into independent housing in a timely manner and have successfully remained in independent living. The Transitional Home education is geared toward assisting Members in obtaining daily living skills required to enhance stability and maintain housing once they transition to independent housing. As a result of implementation of the transitional homes, no prior authorization is required for ACT and CST service. As of July 31, 2020, there were 441 Members in independent housing. Trillium has an integrated Post Transition Team that continues to monitor Members’ progress monthly.

Natural supports Network development and use of natural supports for crisis prevention and intervention

TCLI Members have access to an array of services, which include ACT, CST, and tenancy support, all of which have independent living components. The TCLI Department and the Training Department have worked together to provide a variety of education presentations to Network Providers around independent living. The TCLI staff correspond and meet regularly with service Providers to discuss Member concerns. They also held several face-to-face and WebEx meetings with the TMS and CST teams during the new CST Definition implementation period to be sure Members were receiving the appropriate level of care. This ensured continuity of care for Members who needed to be transitioned to a higher or lower level of care.

Other personal outcomes the LME/MCO monitors

Personal outcomes and community integration data comes from the Quality of Life Survey (QOL). The QOL Survey was designed to assess Member perception and satisfaction as it relates to housing and daily living, community supports and services, and personal well-being. The QOL survey is administered prior to a Member transitioning into independent housing, at 11 months after being housed, and at 24 months after remaining in housing.

TCLI staff, including In-Reach, meet with each Member and complete a Health Risk Assessment (HRA), Crisis Plan, and Care Plan that generate goals discussed with them to ensure linking to the appropriate service at the correct intensity. Each TCLI Member receives a Health Risk Assessment within 30 days of being assigned to a Transition Coordinator who begins the transition process. The Health Risk Assessment includes the development of a Crisis Plan and a Care Plan addressing that Member's goals.

The TCLI program also utilizes QOL survey information to assess the overall satisfaction of TCLI Members who have transitioned to independent housing. A review of the QOL Survey data reflects the majority of negative (reduction of positive) responses are for things not impacted by services but seem to fall into Social Determinants of Health (SDOH) or other categories.

The issues related to personal outcomes are complex and not just behavioral health oriented. Trillium established the Neighborhood Connections Department in 2018 aimed at specifically addressing Member's non-medical drivers of health. This unit surveys Members and stakeholders to better understand the needs in communities, areas to prioritize efforts, and gaps in the service system limiting the ability to address needs that arise. The Neighborhood Connections Specialists work directly with Members throughout Trillium's 26-county catchment. Connections Specialists work to enhance and increase the accessibility and availability of resources that influence a person's overall health and wellness by linking them with employment, housing, transportation, food, interpersonal safety, and resources to address isolation and inclusion. Members can be referred to the Connections Specialists by anyone at Trillium, including Trillium's call center. Trillium is working to ensure TCLI Members access Neighborhood Connections activities and increase involvement.

The Network Department identified a gap in Assertive Community Treatment Team (ACTT) services in the Northern Region which was addressed by contracting with a new Provider to serve Hyde, Beaufort, and Tyrrell counties. The Provider is in the process of gaining TMACT fidelity.

According to the service definition, an ACT Team cannot exceed 120 Members. This Provider is not at full capacity and is monitored routinely for compliance to the service definition, which includes sufficiency of services. In addition, this Provider may be reviewed as a result of a complaint, grievance, or Provider concern. If found to be out of compliance, the Provider will receive technical assistance and/or sanctions. Furthermore, this Provider is currently working with TMACT, which closely monitors the fidelity to the ACTT model, for compliance and scoring. Trillium reviews the scores of in-Network ACTT Providers to determine the continuation of contracts.

Two new Providers were added to the Northern Region to close service gaps, including Outpatient Therapy (three sites), Peer Support (two sites), Psychosocial Rehab (three sites), Substance Abuse Intensive Outpatient Program (three sites), Substance Abuse Comprehensive Outpatient Program (three sites) and Medication Management (three sites). In addition, Trillium added PSR to one of these Providers through Open Enrollment; the other already has it in their contract. These Providers are currently offering regular updates as to progress in development of these services and will be monitored for quality by the Network Department. Outpatient Therapy, Medication Management, SAIOP, SACOT, and PSR have no capacity restrictions, and Peer Support has a ratio of 15:1. These services were added within the last six months, so the Providers have capacity to serve more Trillium TCLI Members at this time.

An additional identified gap in the Northern Region was Community Support Team (CST). Recruitment efforts have resulted in several qualified applicants and approval is pending for one Provider already in-

Network. Trillium continues to make recruitment efforts in services needed for this population as they are identified.

Members who are referred to TCLI receive a Comprehensive Clinical Assessment (CCA) and are linked to service Providers who can support the Member on their journey to independent living. Members are appropriately referred to services, such as Assertive Community Treatment (ACT), Community Support Team (CST), Transition Management Services (TMS), Peer Supports, Individual Therapy, Substance Abuse Intensive Outpatient Program (SAIOP), and Supportive Employment Services (IPS-SE).

TCLI Members receive TMS services throughout their residency in independent living while participating in the TCLI program. TMS monitors Members' progress and needs while in independent housing. TMS Providers work closely with the assigned TCLI care managers to ensure all needs are being addressed and met for each Member.

If a TCLI Member enters a community hospital, SPH, or an ACH, then In-Reach, transition team, guardian, natural supports, and Provider(s) collaborate to assist Members in returning to independent living, if the Member so desires. If a Member has a need to remain in the hospital, the TCLI team, TMS Provider, and the payee, if available, will work together to ensure necessary bills are paid and tenancy is maintained. If a Member chooses not to return to independent living, then In-Reach is maintained in an effort to continue to provide education and support.

Obstacles and Barriers

Many of the TCLI Members report that loneliness is one of the biggest obstacles to remaining in independent housing. With a lack of public transportation, it is difficult for them to get out of the home and interact in the community. Coordinators work in collaboration with In-Reach and Providers to link Members to community and natural supports so that they are able to have increased interaction with the community. Recovery International (RI) operates Wellness Cities in Wilmington, New Bern, and Greenville. Wellness Cities are locations where individuals can participate in structured recovery curricula or engage in a recovery community by spending time at the Wellness City. RI International facilitates outreach classes in 21 of 26 counties in the Trillium catchment area.

Crisis Services

Service array and geographic availability

All three regions offer Individual Supports, Peer Support, Psychosocial Rehab and Supportive Employment, Tenancy Management, Outpatient Therapy, Community Support Team, Assertive Community Treatment, and Mobile Crisis. Types of emergency/crisis services available in Trillium's area include:

- **Facility-Based Crisis** - provides an alternative to hospitalization for adults who have mental health and/or substance use challenges or an intellectual/developmental disability and are in crisis.
- **Tele-psychiatry** - incorporates modern technology to connect psychiatrists and behavioral health professionals with people who have mental health or substance use challenges living in remote areas with little to no medical resources. In 2009, a partnership between RHA Health Services, Inc., the Department of Psychiatry at East Carolina University's Brody School of Medicine and Trillium piloted a 13-county tele-psychiatry program in eastern NC.
- **Mobile Crisis Teams** - work for Network Providers who contract with Trillium. Teams are made up of experienced clinical staff trained in crisis prevention and stabilization techniques. When a person experiences a behavioral health crisis, a clinician from the Mobile Crisis Team will respond and meet the person wherever they may be--at home, at school, at work, or in the community.
- **Crisis Chat** - online emotional support, crisis intervention, and suicide prevention services to individuals within the catchment area by specialists that are trained in crisis intervention.

- **Crisis Intervention Team (CIT) Training** - is a jail diversion and de-escalation model of training for law enforcement, where officers gain a better understanding of the needs of individuals with mental illness, substance use disorders, or intellectual/developmental disabilities.
- **Mental Health First Aid** - is an international, evidence-based program designed to improve knowledge and modify attitudes and perceptions about mental health and related issues. The course includes how to respond to individuals who are experiencing one or more acute mental health crises or in the early stages of one or more chronic mental health conditions. There are three courses--one for adults, one for adults who work with youth, and a veterans program.

Trillium also requires Network Providers to develop Person-Centered Crisis Prevention Plans with Members they serve and to be accountable for their first-responder roles and responsibilities

Sufficiency of timely services

The Trillium Network provides access to 24/7 service availability for behavioral health emergencies through Tenancy Management, Outpatient Therapy, Community Support Team, Assertive Community Treatment, and Mobile Crisis. There are two Mobile Crisis Providers who cover all 26 counties in Trillium's catchment.

The current crisis continuum is organized in such a way to provide services at the right place, the right time, and with the right intensity. The goal is to ensure a Member's needs are met in the least restrictive setting with the appropriate level of crisis service or treatment delivered to avoid future crises and/or unnecessary utilization of services that do not meet their needs or exceed their level of care. Providers are expected to adhere to the Member's crisis plan and any psychiatric advanced directives in effect.

Least restrictive setting

Trillium has a Network of Providers that offer various settings, which include Respite Homes, Wellness and Recovery Homes, SUD Host Homes, Facility-Based Crisis, and a Recovery International Transitional Home to reduce the need for higher levels of care and more costly inpatient services.

Trillium also contracts with Wellness Cities, which are communities of individuals who are in recovery. These communities provide support for each other and offer education and training on maintaining wellness and recovery and how to recognize pre-crisis signs and symptoms to access help earlier to prevent the need for higher levels of care.

Crisis Plans are developed upon entry into services and are working documents, which are revised upon each crisis event or significant change to a person's life.

Other complementary services to the crisis array above are Peer Support, Assertive Engagement, Transition Management, Outpatient Therapy, Medication Management, Psycho-Social Rehabilitation, Individual Support, Individual Rehabilitation, Coordination & Support, Supported Employment/Vocational Supports, Community Transition, Supportive Living, SAIOP, SACOT, and Opioid Treatment Program. Many of the TCLI Members have more than one of these services to support them in their efforts to effectively manage their symptoms.

Members are advised if they feel they have a life-threatening emergency, to call 911. They may also go to the nearest emergency department. Emergency care does not require prior approval or authorization from Trillium, nor does Trillium define what an emergency is. Mental health emergencies are serious, but they do not always require a visit to the emergency department. Most mental health emergencies can be handled by a Provider agency. If a Member is having a behavioral health crisis, they are encouraged to contact their current treatment Provider who should speak to them immediately. The Provider agency will assess the situation and arrange for emergency or crisis care as appropriate and necessary. Providers will also assist with post-stabilization services, which are offered after the crisis ends. Post-stabilization services do not require pre-authorization and Trillium helps ensure Members receive the services they need.

Effectiveness of crisis services for preventing unnecessary hospitalization, incarceration, or institutionalization

Only about 12% of TCLI Members were hospitalized, which indicates successful diversion to lower levels of care. Other services utilized for crisis intervention were Mobile Crisis Management (4%), ACTT (30%), and CST (20%). Fifty-four percent of this population utilized these higher level team approaches, which prevented the use of hospitalization. In addition, only TCLI Members utilized Facility-Based Crisis (FBC). No Members were institutionalized.

There are no gaps for Mobile Crisis Management as all 26 counties are covered by either RHA and/or Integrated Family Services. For Mobile Crisis Management, there are no limitations on the number of Members a team can see - only a requirement around the two-hour timeframe allowed for face-to-face accessibility. These two agencies are very large and well-staffed; therefore, this two-hour face-to-face requirement has not been identified as an issue. Each in-Network MCM Provider is monitored routinely for compliance to the service definition, which includes sufficiency of services. In addition, MCM teams may be reviewed as a result of a complaint, grievance, or Provider concern. If found to be out of compliance, the Provider will receive technical assistance and/or sanctions.

ACTT services, although widespread in the central and southern regions, are not as accessible in the northern region. Although some counties may not have an ACT Team, many are covered by neighboring counties. A new service Provider is in the process of gaining TMACT to serve Hyde and Tyrell counties in the northern region. The following counties have identified gaps for ACTT: Camden, Chowan, Currituck, Dare, Hertford, Northampton, Pasquotank, and Perquimans. Dare, Hertford, Hyde, and Northampton counties are not covered by CST. Recruitment efforts are currently underway to address these present gaps. According to the service definition, an ACT Team cannot exceed 120 Members, and at this time, none of the ACTT in Trillium's Network are at full capacity. According to the CST service definition, the maximum number of Members who can be seen by one CST is 48. At this time, there are no CST Providers in the Trillium Network who have reached full capacity. Each in-Network ACTT Provider is monitored routinely for compliance to the service definition, which includes sufficiency of services. In addition, ACT Teams may be reviewed as a result of a complaint, grievance, or Provider concern. If found to be out of compliance, the Provider will receive technical assistance and/or sanctions. Furthermore, ACT Teams are routinely monitored by TMACT, which closely monitors the fidelity to the ACTT model and Trillium reviews the scores of in-Network ACTT Providers to determine the continuation of contracts.

All regions have at least two FBC to divert Members from inpatient services. New Hanover and Onslow counties have FBCs for the Southern Region, Craven and Pitt counties have FBCs for the Central Region, and Pasquotank, Beaufort and Hertford have FBCs for the Northern Region. According to the service definition, each facility has a maximum of 16 beds. There have been no reports of full capacity at any of these in-Network facilities. For this reason, there is no need for additional FBCs in the Network at this time. These facilities are licensed by DHSR, therefore, they are routinely monitored for licensure compliance and may be reviewed if a complaint is filed. In addition, each in-Network FBC Provider is monitored routinely by Trillium's auditing team for compliance to the service definition, which includes sufficiency of services. In addition, FBC Providers may be reviewed as a result of a complaint, grievance, or Provider concern. If found to be out of compliance, the Provider will receive technical assistance and/or sanctions.

Obstacles and Barriers

One obstacle for agencies seeking to build ACT or CST Teams is the accessibility of qualified staff in rural areas of the catchment. To address this issue, Trillium pays a higher rate than the Medicaid floor rate.

Another obstacle is the sustainability of the programs offered by Providers, especially in rural areas. To increase engagement of services and the financial viability of the Provider, service arrays are offered as part of contractual awards. The more services the Provider is able to offer, the more success the Member and the Provider.

For those rural areas where service availability is limited, Trillium Providers have wrap-around services that are similar to the higher-level services, such as ACTT. These services may include Peer Support, Outpatient Therapy, Medication Management, Supported Employment, Substance Use groups, SAIOP SACOT, and Psychosocial Rehabilitation.

Children with Complex Needs

Identification & Engagement

Children with Complex Needs (CWCN) is defined by the North Carolina Department of Health and Human Services (DHHS) as Medicaid eligible children ages five to twenty-one 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.

Youth who have been identified with a history of sexually aggressive behaviors and require a level of care that includes a residential option and are also diagnosed with co-occurring MHSU and I/DD diagnoses have fewer options due to the safety precautions that need to be put in place for the youth themselves and their peers. Trillium is committed to finding the right level of care for every Member; therefore, the gap is more of a longer time period to find the most therapeutic setting for the Member's individual treatment needs. Trillium ensures therapeutic foster care families have been well vetted with any concerns of supervision with other children are addressed, assessment of risk has been completed, treatment is linked within the setting, and any other supports needed for the Provider. Trillium has been successful in finding therapeutic matches but this takes more time than for other youth Members.

Both DSS and DJJ have access to a form to request out-of-home care with cases where safety concerns are paramount. Trillium has a team to staff and review these out-of-home requests. They respond within one business day to assign Members to a targeted case management agency. The TCM agencies support the outreaches to secure out-of-home placement.

Obstacles and Barriers

Local Department of Social Services (DSS) have a system that discourages DSS guardians from agreeing to a lower level of care for their Members due to the chance of disruptions to that residential option. Local DSS agencies have explained they want a higher level of care because if the Member is in a lower level of care but needs to move, then it will be held against DSS for a "failed disruption." Trillium can only support levels of care that meet medical necessity and abides by the code of ethics for Members to be in the least restrictive environments. These opposing goals have created obstacles and barriers to linking children to the appropriate level of care as DSS is frequently the guardian or involved in some manner. Trillium has held meetings with local DSS agencies discussing solutions to this issue. Staff work to help the DSS guardians feel comfortable with wrapping services around the Member as much as possible, including Therapeutic coaching with NC START involvement, Target Case Management, enhanced services, and using EPSTD whenever needed to help best support the Member.

All youth receive services as evidenced by the high percentage use of B-3-funded services. In 2020, only three Members identified as CWCN who retain active Medicaid with Trillium did not receive any services. These Members were outreached via multiple methods by Care Management with no response.

If a Member is unable to receive a specific service recommended (typically services on the Innovation Waiver service array because they haven't received a slot), the Members are assigned to a Care Management Coordinator on the Registry for Unmet needs team to link them to services to meet their needs. This ensures Members are receiving services.

The point for referrals to NC START is through the Child Regional Teams. As all referrals are triaged through the CRT, Trillium ensures NC START referrals are complete with assessments needed for efficiency in addition to assisting with outside referrals.

Targeted Case Management (TCM) teams work closely with Complex Child Care Managers.

LME/MCO Communication Bulletin #J320 from March 13, 2019, offered details of an assessment clinical expansion for Children with Complex Needs and advised Trillium the Assessment Clinic at Riddle is open for referrals. The LME/MCO in partnership with the legal guardian can choose to send a referral to either the Riddle or Murdoch location. The Murdoch assessment program will not accept children into testing who do not already have initial testing indicating an I/DD or ASD diagnosis and this is considered a barrier.

Developmental Centers have a very slow process for admission with committee reviews and long waiting lists.

Care Management

In 2019, 49 Members received TCM.

In 2020, 49 Members received TCM.

Trillium ensures Members receive a comprehensive health risk assessment, development of a person-centered care plan and crisis plan. Care Managers collaborate with Members and their care team to develop person centered goals. Care Management addresses both medical and behavioral conditions, medications, side effects, hospitalizations, and past treatment, and offers recommendations and linkage to health care services. Treatment recommendations are addressed by the care team which consists of a licensed clinician, integrated care nurse, and external stakeholders involved in the Member's care.

Monitoring ensures each Member is stabilized in services as evidenced by no disruption in residential option as well as not needing to access crisis services. This also ensures Members don't have any other service needs prior to discharge.

The Targeted Care Manager takes on the task as primary to ensure they are not duplicating Care Management activities. When a Member also receives intensive in-home, the Intensive In-Home lead ensures they are not duplicating activities.

NC START

Trillium has a "no wrong door" policy, therefore, anyone can refer to NC START (family members, stakeholders, Providers, and/or care managers). NC START has a referral form with supporting documentation and specifically a psychological evaluation demonstrating an I/DD diagnosis.

NC START and Trillium meet regularly to review Members of concern from NC START and/or from Trillium to discuss those who need to be prioritized.

Forty-three (43) have received NC START cumulatively.
Thirty-three (33) have received NC START in 2020.

2019 - Three (3) Members are on the waitlist for NC START.

2020 - Ten (10) Members are currently on the waitlist for NC START.

ABA

2019 - There are eight (8) ABA Providers in the Network currently accepting new Members.

2020 - There are eleven (11) ABA Providers in the Network currently accepting new Members.

2019 - Of the 8 Providers, four (4) Providers offer ABA in-home.

2020 - Of the 11 Providers, (2) Providers offer ABA in-home only.

2019 - Eight (8) of the 8 Providers offer ABA in-office.

2020 - Of the 11 Providers (2) offer ABA in-office only.

2019 - Four (4) of the 8 Providers provide both in-home and in-office ABA as an option.

2020 - Of the 11 Providers, seven (7) provide both in-home and in-office ABA as an option.

2019 - Six (6) Members have requested CWCN.

2020 - Eight (8) Members have requested ABA.

2019 - Six (6) Members have been approved for ABA.

2020 - Eight (8) Members have been approved for ABA.

2019 - Six (6) Members have received ABA services.

2020 - Eight (8) Members have received ABA services.

Traumatic Brain Injury

LME/MCO Joint Communication Bulletin #J325 dated May 17, 2019 clarified the requirements for State funds to be used for the provision of services to individuals with intellectual or developmental disabilities (I/DD), which stated in accordance with GS 122C-3 (12a), the individual needs supporting documentation to reflect an I/DD diagnosis prior to the age of 22, unless the disability is caused by a traumatic head injury and is manifested after age 22 in order to be eligible for I/DD State-Funded services.

Members with TBI are located throughout the catchment area. 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.

Trillium operates in numerous rural communities and the distance makes it difficult for Providers to identify enough TBI Members to support to be financially viable. 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.

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 available.

When appropriate and when funds are available, there is an alternative service definition called TBI Long-Term Residential. One Provider for this service has nine Members receiving the service. When funds are available, Members can access assistive technology, vehicle modifications, and home modifications through Choose Independence funding from Trillium or from a special allocation of TBI funds. Members may also be eligible for services outside of the LME/MCO, such as Medicaid Personal Care and services covered under the CAP-DA waiver.

People with Traumatic Brain Injuries face limited resource availability, lack of specialized expertise and Provider training, difficulty navigating system of care, and limited funding for uninsured.

The TBI Waiver would offer many of the supports and services needed for this population. The Waiver would cover services/supports, such as Residential Supports, Day/Vocational Supports, Specialized Consultative Services, Cognitive Rehabilitation, Speech/Occupational/Physical Therapies, Home/Vehicle Modifications, and Respite.

The year 2019 was the first year TBI-related questions were added to the survey. Unfortunately, there were not many responses from Members and family members regarding TBI service gaps. One person responded and noted the need for additional placement resources. In 2020, a total of 3 Members responded indicating they had a diagnosis of TBI and 22 responded that TBI was a category that could represent a condition they had. When asked what services and supports were needed but not available, 1 respondent said Day Programs and Residential services. When asked how satisfied Members were with the TBI services they received, the response, 5 responded with 4 saying they did not receive TBI services and 1 reporting that they were extremely dissatisfied.

When Members and their families call Trillium for resources, residential and day programming options are the most requested support needed.

On the Trillium website, there is a link to the online training modules for TBI-related topics from the Brain Injury Association of NC. Trillium posts TBI training opportunities on its social media.

There are numerous links to resources on the Trillium website for Members with TBI.

North Carolina Brain Injury Resource Offices

Statewide Family Helpline	800.377.1464	Charlotte area	919.833.9634
Greenville area	252.717.3347	Asheville area	828.337.0208
Raleigh area	919.833.9634	Triad Office	336.713.8582

Online Resources

- [NC Division of MH/DD/SAS - TBI Information](#)
- [Brainline](#)
- [Behavioral Challenges after Brain Injury](#)
- [TBI Education and Resource Manual](#)
- [Centers for Disease Control and Prevention - TBI](#)
- [Make the Connection](#)
- [Brain Injury Association of America](#)
- [Traumatic Brain Injury & Public Services](#)
- [Learn more about TBI by taking this on-line course](#)
- [Brain Injury and Substance Abuse: The Cross-Training Advantage](#)

Request for Exceptions

Trillium Request for Exceptions from Provider Access and Choice Standards

Services and Access and Choice Standards for Medicaid (DHB) and State-Funded (DMH/DD/SAS) Services	Medicaid	State-Funded
Outpatient Services. Medicaid & State-Funded standard: 95% 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	N/A	X
Partial Hospitalization	X	X
SA Intensive Outpatient Program	N/A	X
SA Comprehensive Outpatient Treatment Program	X	X
Opioid Treatment	X	X
Location-Based Services. Medicaid & State-Funded standard: 95% have access to one Provider for each service within 30/45 miles of residence.		
SA Non-Medical Community Residential Treatment	N/A	N/A
SA Medically Monitored Community Residential Treatment	N/A	N/A
SA Halfway House – Female		X
SA Halfway House – Male		N/A
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
MH/SA Supported Employment Services (IPS-SE) (State-Funded)		N/A
I/DD Non-Medicaid-funded Personal Care Services		N/A
Day Supports		N/A
Peer Supports		N/A
Transition Management Services		N/A
Crisis Services - Medicaid and State-Funded standards: 95% have access to at least one Provider for each crisis service within the catchment area.		
Ambulatory Detox	N/A	N/A
Facility-Based Crisis - child	N/A	N/A
Facility-Based Respite	N/A	N/A

Services and Access and Choice Standards for Medicaid (DHB) and State-Funded (DMH/DD/SAS) Services	Medicaid	State-Funded
Crisis Services - Medicaid and State-Funded standards: 95% have access to at least two Providers for each crisis service within the catchment area.		
Facility-Based Crisis - adults	N/A	N/A
Detoxification (non-hospital)	N/A	N/A
Inpatient Services - Medicaid and State-Funded standards: 95% 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: 95% have access to at least one Provider for each service.		
MH Group Homes		N/A
Psychiatric Residential Treatment Facility	N/A	X
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	N/A
Residential Treatment Level 4	N/A	N/A
Child MH Out-of-home respite		N/A
I/DD Out-of-home respite (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 <u>two</u> 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	
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 <u>one</u> Provider		
Day Supports	N/A	
Out of Home Crisis	N/A	
Respite Care - Community Facility	N/A	
Financial Supports	N/A	

Services and Access and Choice Standards for Medicaid (DHB) and State-Funded (DMH/DD/SAS) Services	Medicaid	State-Funded
Specialized Consultative Services (at least one Provider of one of multiple services)	N/A	

Name of Service Requested

Medicaid Service
Psychosocial Rehabilitation
Partial Hospitalization
SA Comprehensive Outpatient Treatment Program
Opioid Treatment
Non-Medicaid Services
Psychosocial Rehabilitation
Child and Adolescent Day Treatment
Partial Hospitalization
SA Intensive Outpatient Program
SA Comprehensive Outpatient Treatment Program
Opioid Treatment
SA Halfway House Female
Psychiatric Residential Treatment Facility
Residential Treatment Level 2: TFC
Residential Treatment Level 2: Other than TFC

Number of Providers Contracted for Service Requested

Medicaid Service	Number of Providers	Number of Site
Psychosocial Rehabilitation	35	48
Partial Hospitalization	22	35
SA Comprehensive Outpatient Treatment Program	16	30
Opioid Treatment	16	21
Non-Medicaid Services	Number of Providers	Number of Site
Psychosocial Rehabilitation	8	9
Child and Adolescent Day Treatment	3	6
Partial Hospitalization	0	0
SA Intensive Outpatient Program	11	30
SA Comprehensive Outpatient Treatment Program	8	15
Opioid Treatment	11	16
SA Halfway House Female	0	0
Psychiatric Residential Treatment Facility	0	0
Residential Treatment Level 2: TFC	0	0
Residential Treatment Level 2: Other than TFC	0	0

Number of Individuals Receiving Service

Medicaid Service	Number of Individuals Receiving Service
Psychosocial Rehabilitation	263
Partial Hospitalization	2
SA Comprehensive Outpatient Treatment Program	227
Opioid Treatment	793
Non-Medicaid Services	Number of Individuals Receiving Service
Psychosocial Rehabilitation	2
Child and Adolescent Day Treatment	4
Partial Hospitalization	0
SA Intensive Outpatient Program	530
SA Comprehensive Outpatient Treatment Program	26
Opioid Treatment	1494
SA Halfway House Female	0
Psychiatric Residential Treatment Facility	0
Residential Treatment Level 2: TFC	0
Residential Treatment Level 2: Other than TFC	0

Number of Individuals in Need of Service

Medicaid Service	Number in Need of Service
Psychosocial Rehabilitation	Unable to determine*
Partial Hospitalization	Unable to determine*
SA Comprehensive Outpatient Treatment Program	Unable to determine*
Opioid Treatment	Unable to determine*
Non-Medicaid Services	Number in Need of Service
Psychosocial Rehabilitation	Unable to determine*
Child and Adolescent Day Treatment	Unable to determine*
Partial Hospitalization	Unable to determine*
SA Intensive Outpatient Program	Unable to determine*
SA Comprehensive Outpatient Treatment Program	Unable to determine*
Opioid Treatment	Unable to determine*
SA Halfway House Female	Unable to determine*
Psychiatric Residential Treatment Facility	Unable to determine*
Residential Treatment Level 2: TFC	Unable to determine*
Residential Treatment Level 2: Other than TFC	Unable to determine*

* Unable to determine: At this time, Trillium does not have any active waiting lists for the services listed; however, Trillium is not able to determine if there are Members and/or Recipients in need of services unless they contact the Trillium Member and Recipient Service Line seeking assistance in locating a Provider. Trillium makes every attempt to match Members and/or Recipients with services that are clinically appropriate and located within a reasonable distance to the Member and/or Recipient's address. Members and/or Recipients also have access to both Medicaid and Non-Medicaid Services via telepsychiatry and telebehavioral health due to COVID-19 and/or Appendix K flexibilities.

Reasons Access/Choice Standards Cannot Be Met

Medicaid Service	Reason(s) Why the Standard(s) Cannot be Met
Psychosocial Rehabilitation	Trillium is recruiting for a PSR program in the New Hanover or Brunswick area to replace a program that closed in early 2021. Trillium is currently anticipating additional programs in process of licensure and/or credentialing.
Partial Hospitalization	The current data for this report indicates that Trillium did not meet the 95% standard by a minimal gap of 00.76% Trillium is currently anticipating additional programs in process of licensure and/or credentialing.
SA Comprehensive Outpatient Treatment Program	The current data for this report indicates that Trillium did not meet the 95% standard by a gap of 3.79% Trillium is currently anticipating additional programs in process of licensure and/or credentialing.
Opioid Treatment	The current data for this report indicates that Trillium did not meet the 95% standard by a minimal gap of 1.57%. Trillium is currently anticipating additional programs in process of licensure and/or credentialing.
Non-Medicaid Services	Reason(s) Why the Standard(s) Cannot be Met
Psychosocial Rehabilitation	Trillium does not have sufficient Non-Medicaid funding to make the service financially viable. Recipients are able to be served in their communities via alternative, less restrictive services.
Child and Adolescent Day Treatment	Trillium does not have sufficient Non-Medicaid funding to make the service financially viable. Recipients are able to be served in their communities via alternative, less restrictive services.
Partial Hospitalization	Trillium does not have sufficient Non-Medicaid funding to make the service financially viable. Recipients are able to be served in their communities via alternative, less restrictive services.
SA Intensive Outpatient Program	The current data for this report indicates that Trillium did not meet the 95% standard by a minimal gap of 2.22%. Trillium is currently anticipating additional programs in process of licensure and/or credentialing.
SA Comprehensive Outpatient Treatment Program	Trillium does not have sufficient Non-Medicaid funding to make the service financially viable. Recipients are able to be served in alternative, less restrictive services. Trillium is currently anticipating additional programs in process of licensure and/or credentialing.
Opioid Treatment	The current data for this report indicates that Trillium did not meet the 95% standard by a minimal gap of 1.51%. Trillium is currently anticipating additional programs in process of licensure and/or credentialing.
SA Halfway House Female	Trillium does not have sufficient UCR Non-Medicaid funding to make the service financially viable. Recipients have access to residential SU services via several programs operating under non-UCR contracts.
Psychiatric Residential Treatment Facility	Service Code YA230 is not in Trillium’s State-Funded Benefit Plan. Recipients are eligible for Medicaid benefits upon admission.
Residential Treatment Level 2: TFC	Trillium does not have sufficient Non-Medicaid funding to make the service financially viable. Service code S5145 is not in Trillium’s Benefit Plan for Non-Medicaid Services. Recipients are able to be served in alternative, less restrictive services or are Medicaid eligible upon needing residential level of care.
Residential Treatment Level 2: Other than TFC	Trillium does not have sufficient Non-Medicaid funding to make the service financially viable. Service code H2020 is not in Trillium’s Benefit Plan for Non-Medicaid Services.

New or Previously Requested Exception for Service

Medicaid Service	New or Previous Request with Date
Psychosocial Rehabilitation	Previous exception request; requested 9/21/2018
Partial Hospitalization	New exception request
SA Comprehensive Outpatient Treatment Program	Previous exception request; requested 9/21/2018
Opioid Treatment	Previous exception request; requested 9/21/2018
Non-Medicaid Services	New or Previous Request with Date
Psychosocial Rehabilitation	Previous exception request; requested 9/21/2018
Child and Adolescent Day Treatment	Previous exception request; requested 9/21/2018
Partial Hospitalization	Previous exception request; requested 9/21/2018
SA Intensive Outpatient Program	Previous exception request; requested 9/21/2018
SA Comprehensive Outpatient Treatment Program	Previous exception request; requested 9/21/2018
Opioid Treatment	Previous exception request; requested 9/21/2018
SA Halfway House Female	New exception request
Psychiatric Residential Treatment Facility	Previous exception request; requested 9/21/2018
Residential Treatment Level 2: TFC	Previous exception request; requested 9/21/2018
Residential Treatment Level 2: Other than TFC	Previous exception request; requested 9/21/2018

Plans for Access to Service

Medicaid Service	Plan for Access to Services
Psychosocial Rehabilitation	<p>Trillium is recruiting for a PSR program in the New Hanover or Brunswick area to replace a program that closed in early 2021.</p> <p>Trillium is utilizing a Request for Proposal (RFP) process to recruit additional Providers in Brunswick or New Hanover County.</p> <p>Trillium’s coverage should be deemed adequate because all Members, regardless of their geographic location, have access to their choice of Providers for this service through the use of Telehealth services.</p>

<p>Partial Hospitalization</p>	<p>Trillium added an additional PH program with Comprehensive Interventions in Martin County was added this year.</p> <p>Trillium will extend contract offers to current licensed partial hospitalization programs in and adjacent to the catchment area:</p> <ul style="list-style-type: none"> ▪ Visions in View – Chowan Co ▪ New Dimension Group – Duplin Co ▪ Carolina Dunes Behavioral Health – New Hanover Co ▪ Chrysalis Center - New Hanover Co ▪ Southeastern Behavioral Healthcare Services – Robeson Co ▪ Progressive Care Services – Nash Co
<p>SA Comprehensive Outpatient Treatment Program</p>	<p>Six additional programs have been added or awarded in the last year.</p> <p>Trillium will continue to oversee program development of the previously awarded SACOT contracts in Halifax, Bertie, Hertford, Pasquotank, and Martin counties to ensure gaps are closed. Trillium will also issue a Request for Proposal to recruit an additional SACOT Provider in New Hanover County.</p> <p>Trillium’s coverage should be deemed adequate because all Members, regardless of their geographic location, have access to their choice of Providers for this service through the use of Telehealth services.</p>
<p>Opioid Treatment</p>	<p>Trillium initiated contracts with four additional programs last year that are currently operating and treating Members:</p> <ul style="list-style-type: none"> ○ Shallotte Treatment Associates (Brunswick) ○ Morehead City Treatment Center (Carteret) ○ Nag’s Head Treatment Center (Dare) ○ Metro Treatment of NC (New Hanover) <p>Trillium also awarded and is monitoring implementation of five additional programs that are working towards obtaining licensure:</p> <ul style="list-style-type: none"> ○ Coastal Horizons Center (Brunswick) ○ Coastal Horizons Center (Pender) ○ Spring Life Behavioral Care (Halifax) ○ Greenville Treatment Center (Pitt) ○ JK2C, LLC (Martin Co.) <p>Trillium will monitor program development of previously awarded OTP contracts to ensure gaps are closed.</p>
<p>Non-Medicaid Services</p>	<p>Plan for Access to Services</p>
<p>Psychosocial Rehabilitation</p>	<p>One State-Funded PSR Provider in New Hanover County closed in early 2021.</p> <p>All Recipients have access to licensed programs throughout the Trillium catchment area via an exception process to the Single Case Agreement when clinical needs arise.</p> <p>Trillium will utilize a Request for Proposal (RFP) process to replace the PSR program in New Hanover County and will award Non- Medicaid contract dependent upon funding.</p> <p>Trillium’s coverage should be deemed adequate because all Members, regardless of their geographic location, have access to</p>

	<p>their choice of Providers for this service through the use of Telehealth services.</p>
<p>Child and Adolescent Day Treatment</p>	<p>Trillium continues to explore less expensive alternatives to brick and mortar services to deliver quality care to this population due to lack of funding.</p> <p>All Recipients have access to licensed programs throughout the Trillium catchment area via an exception process to the Single Case Agreement when clinical needs arise.</p> <p>Trillium’s coverage should be deemed adequate because all Members, regardless of their geographic location, have access to their choice of Providers for this service through the use of Telehealth services.</p>
<p>Partial Hospitalization</p>	<p>Trillium continues to explore less expensive alternatives to brick and mortar services to deliver quality care to this population due to lack of funding.</p> <p>All Recipients have access to licensed programs throughout the Trillium catchment area via an exception process to the Single Case Agreement when clinical needs arise.</p> <p>Trillium’s coverage should be deemed adequate because all Members, regardless of their geographic location, have access to their choice of Providers for this service through the use of Telehealth services.</p>
<p>SA Intensive Outpatient Program</p>	<p>Trillium added 5 additional State-Funded SAIOP service contracts last year and continues to explore less expensive alternatives to brick and mortar services to deliver quality care to this population. Trillium also continues to analyze availability of state dollars to determine ability to add Providers.</p> <p>All Recipients have access to licensed programs throughout the Trillium catchment area via an exception process to the Single Case Agreement when clinical needs arise.</p> <p>Trillium’s coverage should be deemed adequate because all Members, regardless of their geographic location, have access to their choice of Providers for this service through the use of Telehealth services.</p>
<p>SA Comprehensive Outpatient Treatment Program</p>	<p>Trillium awarded 3 additional State-Funded SACOT service contracts last year and continues to explore less expensive alternatives to brick and mortar services to deliver quality care to this population. Trillium also continues to analyze availability of State dollars to determine ability to add Providers.</p> <p>All Recipients have access to licensed programs throughout the Trillium catchment area via an exception process to the Single Case Agreement when clinical needs arise.</p> <p>Trillium’s coverage should be deemed adequate because all Members, regardless of their geographic location, have access to their choice of Providers for this service through the use of Telehealth services.</p>

Opioid Treatment	<p>Trillium initiated contracts with four additional Opioid Treatment Programs last year that are currently operating and treating Recipients:</p> <ul style="list-style-type: none"> ○ Shallotte Treatment Associates (Brunswick) ○ Morehead City Treatment Center (Carteret) ○ Nag’s Head Treatment Center (Dare) ○ Metro Treatment of NC (New Hanover) ○ Reflections of Hope (New Hanover) <p>Trillium also awarded and is monitoring implementation of four additional programs:</p> <ul style="list-style-type: none"> ○ Coastal Horizons Center (Brunswick) ○ Coastal Horizons Center (Pender) ○ Greenville Treatment Center (Pitt) ○ JK2C, LLC (Martin Co.) <p>In addition, Trillium continues to explore less expensive alternatives to brick and mortar services to deliver quality care to this population via Office Based Opioid Treatment Providers. Trillium continues to analyze availability of State dollars to determine ability to add Providers.</p>
SA Halfway House Female	<p>Trillium utilizes non-UCR contracts with Oxford House as an alternative to Halfway House. Oxford Homes are sober living houses that are self-supporting and democratically run. There are 7 female homes across Trillium’s catchment.</p> <p>Trillium also utilizes non-UCR funding for Coastal Horizons Center- HARRTS program which was developed as an innovative treatment approach to engage patients after either acute hospitalizations or inpatient treatment.</p> <p>In addition, Trillium utilizes HOPE Recovery Homes- 14 Recovery Homes (male or female) to support Recipients and Members, including Peer Support.</p> <p>Trillium will continue to analyze availability of State dollars to determine ability to add Providers.</p>
Psychiatric Residential Treatment Facility	<p>For State-Funded Recipients, Trillium will continue to work with those Recipients and families to assist with applying for and obtaining Medicaid.</p>
Residential Treatment Level 2: TFC	<p>For State-Funded Recipients, Trillium will continue to work with those Recipients and families to assist with applying for and obtaining Medicaid.</p>
Residential Treatment Level 2: Other than TFC	<p>For State-Funded Recipients, Trillium will continue to work with those Recipients and families to assist with applying for and obtaining Medicaid.</p>

Plans for Ensuring Provider Choice

Medicaid Service	Plan for Ensuring Provider Choice
Psychosocial Rehabilitation	<p>Five PSR Providers were added in in the last year due to a successful recruitment. Trillium is recruiting for a PSR program in the New Hanover or Brunswick area to replace a program that closed in early 2021.</p> <p>Trillium is utilizing a Request for Proposal (RFP) process to recruit additional Providers in Brunswick or New Hanover County.</p> <p>For identified Member needs, Trillium utilizes Out-of-Network Single Case Agreements with Providers who are willing and able to serve Members.</p> <p>Trillium’s coverage should be deemed adequate because all Members, regardless of their geographic location, have access to their choice of Providers for this service through the use of Telehealth services.</p>
Partial Hospitalization	<p>An additional program with Comprehensive Interventions in Martin County was added this year.</p> <p>Trillium will extend contract offers to current licensed partial hospitalization programs in and adjacent to the catchment area:</p> <ul style="list-style-type: none"> ▪ Visions in View – Chowan Co ▪ New Dimension Group – Duplin Co ▪ Carolina Dunes Behavioral Health – New Hanover Co ▪ Chrysalis Center - New Hanover Co ▪ Southeastern Behavioral Healthcare Services – Robeson Co ▪ Progressive Care Services – Nash Co <p>Trillium also expects to launch a new PH program in New Hanover County to serve Members participating in Project Transitions®, combining supervised living residential apartment housing and PH program aimed to treat Members with SPMI.</p> <p>For identified Member needs, Trillium utilizes Out-of-Network Single Case Agreements with Providers who are willing and able to serve Members.</p> <p>Trillium also continues to explore less expensive alternatives to brick and mortar services to deliver quality care to Members.</p>
SA Comprehensive Outpatient Treatment Program	<p>Six additional programs have been added or awarded in the last year.</p> <p>Trillium will continue to oversee program development of the previously awarded SACOT contracts in Halifax, Bertie, Hertford, Pasquotank, and Martin counties to ensure gaps are closed. Trillium will also issue a Request for Proposal to recruit an additional SACOT Provider in New Hanover County.</p> <p>For identified Member needs, Trillium utilizes Out-of-Network Single Case Agreements with Providers who are willing and able to serve Members.</p>

	<p>Trillium also continues to explore less expensive alternatives to brick and mortar services to deliver quality care to Members.</p> <p>Trillium’s coverage should be deemed adequate because all Members, regardless of their geographic location, have access to their choice of Providers for this service through the use of Telehealth services.</p>
Opioid Treatment	<p>Trillium initiated contracts with four additional programs last year that are currently operating and treating Members:</p> <ul style="list-style-type: none"> ○ Shallotte Treatment Associates (Brunswick) ○ Morehead City Treatment Center (Carteret) ○ Nag’s Head Treatment Center (Dare) ○ Metro Treatment of NC (New Hanover) <p>Trillium also awarded and is monitoring implementation of five additional programs that are working towards obtaining licensure:</p> <ul style="list-style-type: none"> ○ Coastal Horizons Center (Brunswick) ○ Coastal Horizons Center (Pender) ○ Spring Life Behavioral Care (Halifax) ○ Greenville Treatment Center (Pitt) ○ JK2C, LLC (Martin Co.) <p>Trillium will monitor program development of previously awarded OTP contracts to ensure gaps are closed.</p> <p>For identified Member needs, Trillium utilizes Out-of-Network Single Case Agreements with Providers who are willing and able to serve Members.</p> <p>Trillium also continues to explore less expensive alternatives to brick and mortar services to deliver quality care to Members.</p>
Non-Medicaid Services	Plan for Ensuring Provider Choice
Psychosocial Rehabilitation	<p>All Recipients have access to licensed programs throughout the Trillium catchment area via an exception process to the Single Case Agreement when clinical needs arise.</p> <p>Trillium will utilize a Request for Proposal (RFP) process to replace the PSR program in New Hanover County and will award a Non-Medicaid contract dependent upon funding.</p> <p>Trillium continues to explore less expensive alternatives to brick and mortar services to deliver quality care to Recipients.</p> <p>Trillium’s coverage should be deemed adequate because all Members, regardless of their geographic location, have access to their choice of Providers for this service through the use of Telehealth services.</p>
Child and Adolescent Day Treatment	<p>Trillium continues to explore less expensive alternatives to brick and mortar services to deliver quality care to this population due to lack of funding.</p> <p>For State-Funded Recipients, Trillium will continue to work with those Recipients and families to assist with applying for and obtaining Medicaid.</p>

	<p>All Recipients have access to licensed programs throughout the Trillium catchment area via an exception process to the Single Case Agreement when clinical needs arise.</p> <p>Trillium’s coverage should be deemed adequate because all Members, regardless of their geographic location, have access to their choice of Providers for this service through the use of Telehealth services.</p>
Partial Hospitalization	<p>Trillium continues to explore less expensive alternatives to brick and mortar services to deliver quality care to this population due to lack of funding.</p> <p>Trillium will continue to work with those Recipients and families to assist with applying for and obtaining Medicaid.</p> <p>All Recipients have access to licensed programs throughout the Trillium catchment area via an exception process to the Single Case Agreement when clinical needs arise.</p> <p>Trillium’s coverage should be deemed adequate because all Members, regardless of their geographic location, have access to their choice of Providers for this service through the use of Telehealth services.</p>
SA Intensive Outpatient Program	<p>Trillium added 5 additional State-Funded SAIOP service contracts last year and continues to explore less expensive alternatives to brick and mortar services to deliver quality care to this population. Trillium also continues to analyze availability of State dollars to determine ability to add Providers.</p> <p>All Recipients have access to licensed programs throughout the Trillium catchment area via an exception process to the Single Case Agreement when clinical needs arise.</p> <p>Trillium’s coverage should be deemed adequate because all Members, regardless of their geographic location, have access to their choice of Providers for this service through the use of Telehealth services.</p>
SA Comprehensive Outpatient Treatment Program	<p>Trillium awarded 3 additional State-Funded SACOT service contracts last year and continues to explore less expensive alternatives to brick and mortar services to deliver quality care to this population. Trillium also continues to analyze availability of State dollars to determine ability to add Providers.</p> <p>All Recipients have access to licensed programs throughout the Trillium catchment area via an exception process to the Single Case Agreement when clinical needs arise.</p> <p>Trillium’s coverage should be deemed adequate because all Members, regardless of their geographic location, have access to their choice of Providers for this service through the use of Telehealth services.</p>
Opioid Treatment	<p>Trillium initiated contracts with four additional Opioid Treatment Programs last year that are currently operating and treating Recipients:</p> <ul style="list-style-type: none"> ○ Shallotte Treatment Associates (Brunswick)

	<ul style="list-style-type: none"> ○ Morehead City Treatment Center (Carteret) ○ Nag's Head Treatment Center (Dare) ○ Metro Treatment of NC (New Hanover) ○ Reflections of Hope (New Hanover) <p>Trillium also awarded and is monitoring implementation of four additional programs:</p> <ul style="list-style-type: none"> ○ Coastal Horizons Center (Brunswick) ○ Coastal Horizons Center (Pender) ○ Greenville Treatment Center (Pitt) ○ JK2C, LLC (Martin Co.) <p>In addition, Trillium continues to explore less expensive alternatives to brick and mortar services to deliver quality care to this population via OBOTs. Trillium continues to analyze availability of State dollars to determine ability to add Providers.</p>
SA Halfway House Female	<p>Trillium utilizes non-UCR contracts with Oxford House as an alternative to Halfway House. Oxford Homes are sober living houses that are self-supporting and democratically run. There are 7 female homes across Trillium's catchment.</p> <p>Trillium also utilizes non-UCR funding for Coastal Horizons Center- HARRTS program which was developed as an innovative treatment approach to engage patients after either acute hospitalizations or inpatient treatment.</p> <p>In addition, Trillium utilizes HOPE Recovery Homes- 14 Recovery Homes (male or female) to support Recipients and Members, includes Peer Support.</p> <p>Trillium will continue to analyze availability of State dollars to determine ability to add Provider.</p>
Psychiatric Residential Treatment Facility	For State-Funded Recipients, Trillium will continue to work with those Recipients and families to assist with applying for and obtaining Medicaid.
Residential Treatment Level 2: TFC	For State-Funded Recipients, Trillium will continue to work with those Recipients and families to assist with applying for and obtaining Medicaid.
Residential Treatment Level 2: Other than TFC	For State-Funded Recipients, Trillium will continue to work with those Recipients and families to assist with applying for and obtaining Medicaid.

Expected End Date of Exception

Medicaid Service	Expected End Date of Exception
Psychosocial Rehabilitation	The expected end date is the deadline for the next Network Adequacy and Accessibility Report.
Partial Hospitalization	The expected end date is the deadline for the next Network Adequacy and Accessibility Report.

SA Comprehensive Outpatient Treatment Program	The expected end date is the deadline for the next Network Adequacy and Accessibility Report.
Opioid Treatment	The expected end date is the deadline for the next Network Adequacy and Accessibility Report.
Non-Medicaid Services	Number of Individuals Receiving Service
Psychosocial Rehabilitation	The expected end date is the deadline for the next Network Adequacy and Accessibility Report.
Child and Adolescent Day Treatment	The expected end date is the deadline for the next Network Adequacy and Accessibility Report.
Partial Hospitalization	The expected end date is the deadline for the next Network Adequacy and Accessibility Report.
SA Intensive Outpatient Program	The expected end date is the deadline for the next Network Adequacy and Accessibility Report.
SA Comprehensive Outpatient Treatment Program	The expected end date is the deadline for the next Network Adequacy and Accessibility Report.
Opioid Treatment	The expected end date is the deadline for the next Network Adequacy and Accessibility Report.
SA Halfway House Female	The expected end date is the deadline for the next Network Adequacy and Accessibility Report.
Psychiatric Residential Treatment Facility	The expected end date is the deadline for the next Network Adequacy and Accessibility Report.
Residential Treatment Level 2: TFC	The expected end date is the deadline for the next Network Adequacy and Accessibility Report.
Residential Treatment Level 2: Other than TFC	The expected end date is the deadline for the next Network Adequacy and Accessibility Report.

Section One: Executive Summary

In anticipation of the North Carolina Department of Health and Human Services' release of the Tailored Plan RFP and its subsequent implementation, Trillium used 2019 through April 2020 to evaluate its strengths and weaknesses to meet the challenges of transitioning to the proposed Tailored Plan Model.

- Trillium has geographic and population challenges unique to its service area. Within the 26-county MCO catchment, 15 counties are classified as rural; and 11 are classified as urban.
 - Of those 11 classified as urban, five (5) are classified as outlying urban.
 - However, those five counties have a population per square mile less than the counties classified as rural.
 - Average population/sq. mile in 15 rural counties = 54.91,
 - Average population/square mile in five (5) outlying urban counties = 54.23.)
- The present day Trillium service area is the result of various LME mergers and MCO consolidations over the better part of two decades. Although it has been a challenge to configure its blended Network of Providers to ensure adequate, qualified Providers and clinicians and provide access to the range of services available in the Medicaid and State-Funded service array, Trillium has steadily improved the Network over time. With the increased choice and access standards required by the NC Division MHDDSAS 2019 Accessibility Process, there are a few services which Trillium needs to concentrate on to have a full array available throughout its service area.
- The spread of the COVID-19 Virus and the continued impact it has had throughout the State and nationwide has created a unique set of circumstances. It resulted in a dramatic change to how the Trillium Network structured its services, how Members accessed services, and how the Providers delivered services. Trillium restructured billing codes to support many more tele-medicine remote access services, which resulted in Providers, Members, and services looking dramatically different from years past.
- Special Populations and Determinants of Need issues identified by Members, their families, and individuals responding to survey questions regarding Basic Needs Identified heightened needs in these areas.
- While Trillium's Cultural Competency Plan incorporates the National Standard for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards), Members and Providers identified cultural competency and linguistic appropriate issues as a need.
- The Perception of Care survey illustrated that Trillium Members and their families use tobacco products at a higher rate than the general population.

Status and Progress for Addressing Service Gaps

Status and Progress Chart for SFY2020-2021 Identified Gaps, Needs, and Recommendations

#	SFY2020 Identified Gaps, Needs and Recommendations		Activities, Projects, Initiatives Developed/ Implemented To Address Service Gaps and Service Exceptions	Progress/Results Achieved	Barriers Identified and Addressed
	Section Referenced	Specific Gap			
1	Section One: Network Availability and Accessibility	PSR-Medicaid	Trillium posted an Open Enrollment and awarded PSR contracts to four Providers in areas with limited access to this service. Trillium is also recruiting for a PSR program in the New Hanover or Brunswick area to replace a program that closed in early 2021.	Three of the four Providers awarded the PSR contracts accepted the award, one has already begun providing the service, and two are in the process of licensing/contracting at this time. Trillium expects to identify a PSR Provider for New Hanover or Brunswick County by November 1, 2021.	Recruitment efforts resulted in at least one Provider within 30 miles for all of the Trillium catchment except for Dare & Hyde once programs achieve DHSR licensure. Dare and Hyde counties are remote and difficult to find sustainable program options. Members in rural/remote areas also have access to community services such as Peer Support and Supported Employment. COVID delayed licensing process, but all programs are now licensed or scheduled for review. A PSR Provider in New Hanover County closed their program in early 2021, which left a gap for both New Hanover and Brunswick County. Trillium has now issued an RFP to recruit a new Provider.
2	Section One: Network Availability and Accessibility	Partial Hospitalization-Medicaid	Trillium has begun recruitment efforts to increase the number of PH Providers.	Trillium is currently anticipating additional programs in process of licensure and/or credentialing.	There is a less than 1% gap in Providers and a very low utilization rate; however, Members are able to be served in their communities via alternative, less restrictive services.
3	Section One: Network Availability and Accessibility	SACOT-Medicaid	As a result of an Open Enrollment posted to actively recruit for SACOT in the Northern Region, three additional contract awards were given. In addition, Trillium is actively recruiting for a SACOT Provider in New Hanover County to increase accessibility in the Southern Region.	Trillium is currently anticipating two additional programs that are in process of licensure and/or credentialing and another contract award in New Hanover County.	Recruitment has been successful in areas with no SACOT Provider due to population and sustainability have access to unbundled services.

4	Section One: Network Availability and Accessibility	Opioid Treatment- Medicaid	Trillium has actively recruited for additional OTP Providers using Open Enrollments, direct recruitment and RFPs.	There are four awarded contracts currently awaiting licensure/credentialing.	Hyde and Tyrell counties are small and rural, making Opioid Treatment Programs not financially viable for Providers. These two counties are the only ones that will not have Opioid Treatment Programs within a 30 mile radius after the programs are fully contracted; however, Members do have access to Medication Assisted Treatment. RHA Health Services and Hyde County Health Department offer outpatient services as a treatment option in Hyde County. East Carolina University provides outpatient services and medication management in the Tyrell County Health Department as a treatment option. Members have the option of using Office-Based Opioid Treatment Provider.
5	Section One: Network Availability and Accessibility	PSR--Non-Medicaid	Trillium will utilize a Request for Proposal (RFP) process to replace the PSR program in New Hanover County and will award a Non- Medicaid contract dependent upon funding.	All Recipients have access to licensed programs throughout the Trillium catchment area via an exception process to the Single Case Agreement when clinical needs arise.	Funding remains the biggest barrier to offering this service in the entire catchment. There are many counties in the Trillium catchment area that are remote and difficult to find sustainable program options. Recipients unable to access PSR within 30 miles do have access to community services such as Peer Support and Supported Employment.
6	Section One: Network Availability and Accessibility	Child and Adolescent Day Treatment-Non- Medicaid	All Recipients have access to licensed programs throughout the Trillium catchment area via an exception process to the Single Case Agreement when clinical needs arise. School Based Therapy is available when school systems lack the resources to support a Day Treatment program.	Trillium continues to issue Single Case Agreements as needed.	Trillium does not have sufficient Non-Medicaid funding to make the service financially viable. This service requires resources from the school system that many rural schools may not have available. Single Case Agreements can be requested at any time by Providers of Medicaid Day Treatment programs. For counties with no identified Provider, students needing mental health services have access to School Based Therapy and additional community based services. Recipients are able to be served in their communities via alternative, less restrictive services.
7	Section One: Network Availability and Accessibility	SACOT-Non-Medicaid	As a result of an Open Enrollment posted to actively recruit for SACOT in the Northern Region, three additional contract awards were given. In addition, Trillium is actively recruiting for a SACOT Provider in New Hanover County to increase accessibility in the Southern Region.	Trillium is currently anticipating two additional programs that are in process of licensure and/or credentialing and another contract award in New Hanover County.	Recruitment has been successful in areas with no SACOT Providers due to population and sustainability have access to unbundled services.



8	Section One: Network Availability and Accessibility	SAIOP-Non-Medicaid	As a result of an Open Enrollment posted to actively recruit for SAIOP in the Northern Region, three additional contract awards were given.	Trillium is currently anticipating two additional programs that are in process of licensure and/or credentialing.	Recruitment has been successful in areas with no Provider due to population and sustainability have access to unbundled services.
9	Section One: Network Availability and Accessibility	Opioid Treatment-Non-Medicaid	Trillium has actively recruited for additional OTP Providers using Open Enrollments, direct recruitment and RFPs.	There are four awarded contracts currently awaiting licensure/credentialing.	Hyde and Tyrell counties are small and rural, making Opioid Treatment Programs not financially viable for Providers. These two counties are the only ones that will not have Opioid Treatment Programs within a 30 mile radius after the programs are fully contracted; however, Members do have access to Medication Assisted Treatment. RHA Health Services and Hyde County Health Department offer outpatient services as a treatment option in Hyde County. East Carolina University provides outpatient services and medication management in the Tyrell County Health Department as a treatment option. Members have the option of using Office-Based Opioid Treatment Provider.
10	Section One: Network Availability and Accessibility	Partial Hospitalization-Non-Medicaid	All Recipients have access to licensed programs throughout the Trillium catchment area via an exception process to the Single Case Agreement when clinical needs arise. Trillium does not have sufficient Non-Medicaid funding to make the expansion of this service financially viable. Trillium continues to explore less expensive alternatives to brick and mortar services to deliver quality care to this population due to lack of funding.	Trillium issues Single Case Agreements for this service.	Funding remains the biggest barrier to offering this service in the entire catchment. Recipients are able to be served in their communities via alternative, less restrictive services.
11	Section One: Network Availability and Accessibility	PRTF-Non-Medicaid	Service Code YA230 is not in Trillium's State-Funded Benefit Plan. Recipients in need of this service are eligible for Medicaid benefits upon admission.	N/A	For State-Funded Recipients, Trillium will continue to work with those Recipients and families to assist with applying for and obtaining Medicaid.

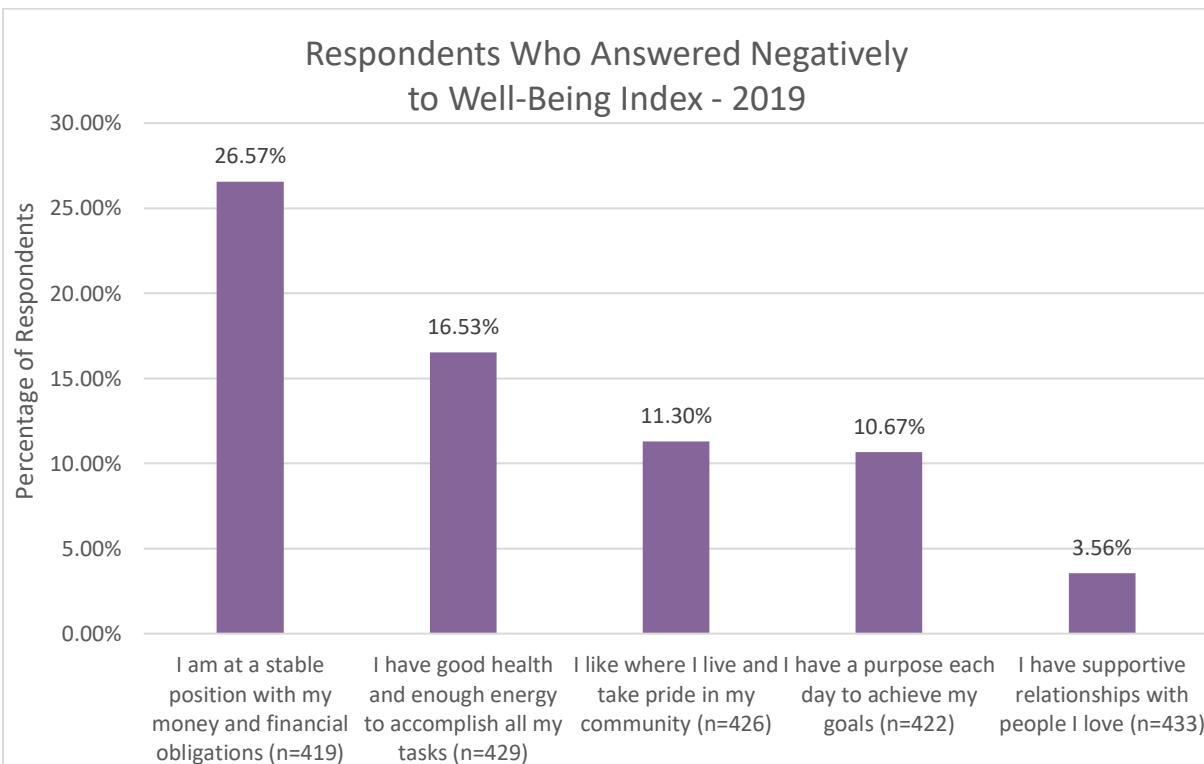
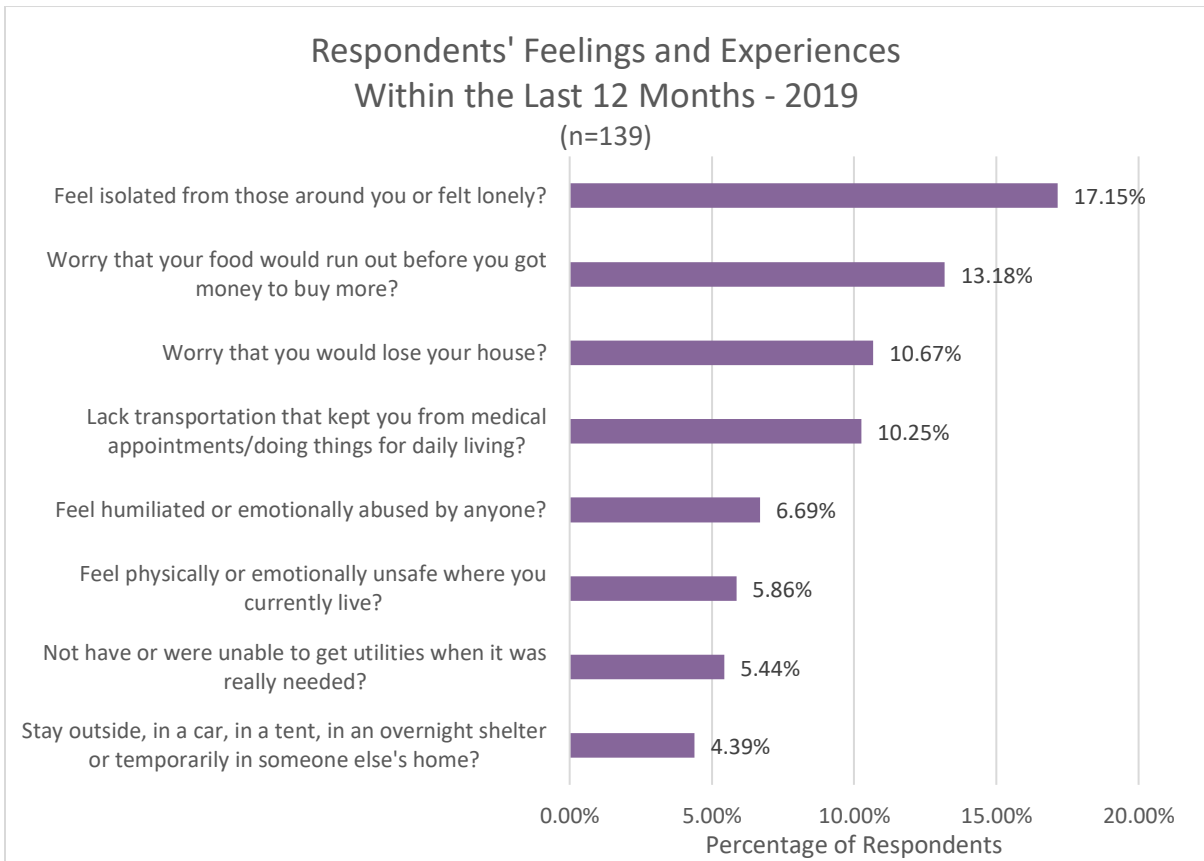
12	Section One: Network Availability and Accessibility	Residential Treatment Level 2 (TFC)-Non- Medicaid	Trillium does not have sufficient Non-Medicaid funding to make the service financially viable. Service code S5145 is not in Trillium's Benefit Plan for Non-Medicaid Services. Recipients are able to be served in alternative, less restrictive services or are Medicaid eligible upon needing residential level of care.	N/A	For State-Funded Recipients, Trillium will continue to work with those Recipients and families to assist with applying for and obtaining Medicaid.
13	Section One: Network Availability and Accessibility	Residential Treatment Level 2-Other Than TFC- Non-Medicaid	Trillium does not have sufficient Non-Medicaid funding to make the service financially viable. Service code H2020 is not in Trillium's Benefit Plan for Non-Medicaid Services.	N/A	For State-Funded Recipients, Trillium will continue to work with those Recipients and families to assist with applying for and obtaining Medicaid.
14	Section One: Network Availability and Accessibility	SA Halfway House Female-Non-Medicaid	Trillium does not have sufficient UCR Non-Medicaid funding to make the service financially viable. Recipients have access to residential SU services via several programs operating under non-UCR contracts.	N/A	<p>Trillium utilizes non-UCR contracts with Oxford House as an alternative to Halfway House. Oxford Homes are sober living houses that are self-supporting and democratically run. There are 7 female homes across Trillium's catchment.</p> <p>Trillium also utilizes non-UCR funding for Coastal Horizons Center- HARRTS program which was developed as an innovative treatment approach to engage patients after either acute hospitalizations or inpatient treatment.</p> <p>In addition, Trillium utilizes HOPE Recovery Homes- 14 Recovery Homes (male or female) to support Recipients and Members, includes Peer Support.</p> <p>Trillium will continue to analyze availability of State dollars to determine ability to add Provider.</p>

Actions Underway to Address Member/Recipient Concerns

Item	Issue
1	Monitor cultural sensitivity and increase training and cultural competency throughout the Provider Network.
Action Plan	Trillium created/hired a staff position entitled Director of Diversity, Equity, and Inclusion who is the point person for developing, implementing, and updating the Cultural Competency Plan and monitors all activities related to training and Cultural Competency Training/ Cultural Competency Plan within Trillium as well as the Provider Network.
2	Monitor use of interpreters for non-English-speaking Members to ensure culturally-appropriate bi-lingual services are available on an as-needed basis.
Action Plan	The new position, Director of Diversity, Equity, and Inclusion has begun monitoring Network Providers' availability of interpreters for non-English Members and Recipients of services.
3	Members/families identified the following services as needs: Community Support, Supported Employment, Respite, Transition and Independent Living Skills, and Affordable Housing as needed.
Action Plan	The Trillium Advantage Program covers services and settings not currently available to Members in NC Medicaid. The purpose of the Trillium Advantage Program is to offer services specifically to improve the Social Determinants of Health, Social Connections, Independence, Family Navigators, and inclusive camping experiences for children via its arrangements with Victory Junction. These options are better suited to meet the individual needs of Members who may not be covered by typical behavioral health or I/DD services. Trillium will offer value-added services to help address unmet health-related resource needs. https://www.trilliumhealthresources.org/for-individuals-families/intellectualdevelopmental-disabilities-idd/adult-transition-programs https://www.trilliumhealthresources.org/neighborhood-connections/social-determinants-of-health/the-charles-lea-center
4	Monitor and improve the following social determinants of need as identified by Members and families: Isolation, Transportation, Inadequate Food, Affordable Housing, Safety, and Lack of Utilities.
Action Plan	Trillium's Neighborhood Connections program focuses on housing, transportation, food, and interpersonal violence/toxic stress in alignment with statewide priority domains. Trillium also focuses on employment, education, social integration, and community inclusion as an essential component of wellness and addressing unmet health-related resource needs. By managing Medicaid funding and services locally, Trillium achieved cost efficiencies and those savings were reinvested in innovative programs and services making a difference in catchment communities. These programs help address additional unmet health-related resource needs.
5	TBI issues: Train Providers to recognize signs and symptoms of TBI in Members and family members
Action Plan	TBI Waiver Training under Waiver Training topics - Member-focused action item: Family Navigators advise families and individuals with Intellectual and/or Developmental Disabilities or Traumatic Brain Injury to help them learn about the complex systems of services and supports through their training and personal experience.
6	Services for Youth in the Criminal Justice system
Action Plan	Trillium created/hired a position entitled DJJ Liaison. Additionally, on December 12, 2020, Trillium was awarded the opportunity to pilot the Tiered Care Coordination (TCC) program in Pitt County. The program pilot was developed through the Governor's Task Force on Mental Health to address high rates of exposure to trauma and high behavioral health needs specific to youth and families involved in child welfare and the juvenile justice system. The goal is to reduce the need for Out-of-Home Care and return children/ adolescents to their families or natural community settings giving them a chance for greater permanency. Tiered Care Coordination includes a three-tiered approach which comprises High Fidelity Wraparound (HFW). HFW is an Intensive Care Coordination model that

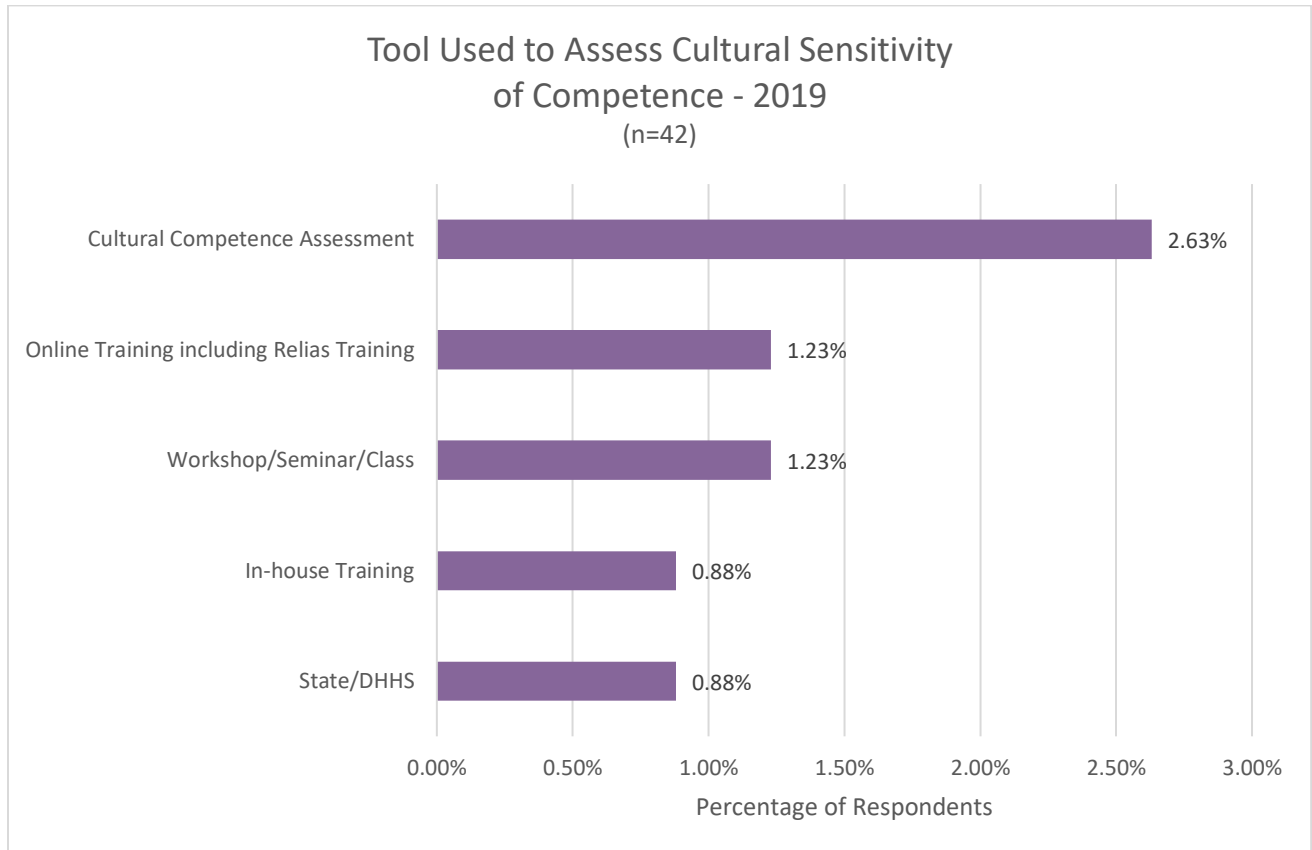
Item	Issue
	supports youth in the natural environment to prevent Out-of-Home Care and supports youth and families in youth returning to their natural home following Out-of-Home Care. Trillium created In Lieu of Services for HFW to provide HFW in Pitt County. If the program shows good outcomes and success, it can be replicated in other counties throughout the Network.
7	Services for Veterans and their family members
Action Plan	Trillium has hired a dedicated Point of Contact for Military Affairs: Arleshia Person. Veterans requesting assistance from Trillium are encouraged to contact the Call Center via the toll-free number or email Call Center--Access and Care Coordination Managers via VPOC@TrilliumNC.org for assistance. Trillium also supports Veterans by partnering with the national non-profit, Give an Hour. Give an Hour's mission is to develop a national network of volunteer professionals to respond to both acute and chronic health conditions that may arise. This program provides free and confidential mental health care to those who serve--our Veterans and their families.
8	Higher than average use of tobacco products and the resulting health-related issues among Members and Family members.
Action Plan	Trillium has developed an online Members' Smoking Cessation Program through its Member Portal. It has also identified smoking among teens and children as an issue and developed training and information on its School Safety Portal for teachers and parents on Smoking Cessation. Trillium lists Smoking Cessation as a Self-Management issue on its main website and Facebook pages. https://www.trilliumhealthresources.org/for-individuals-families/self-management

Social Determinants of Health

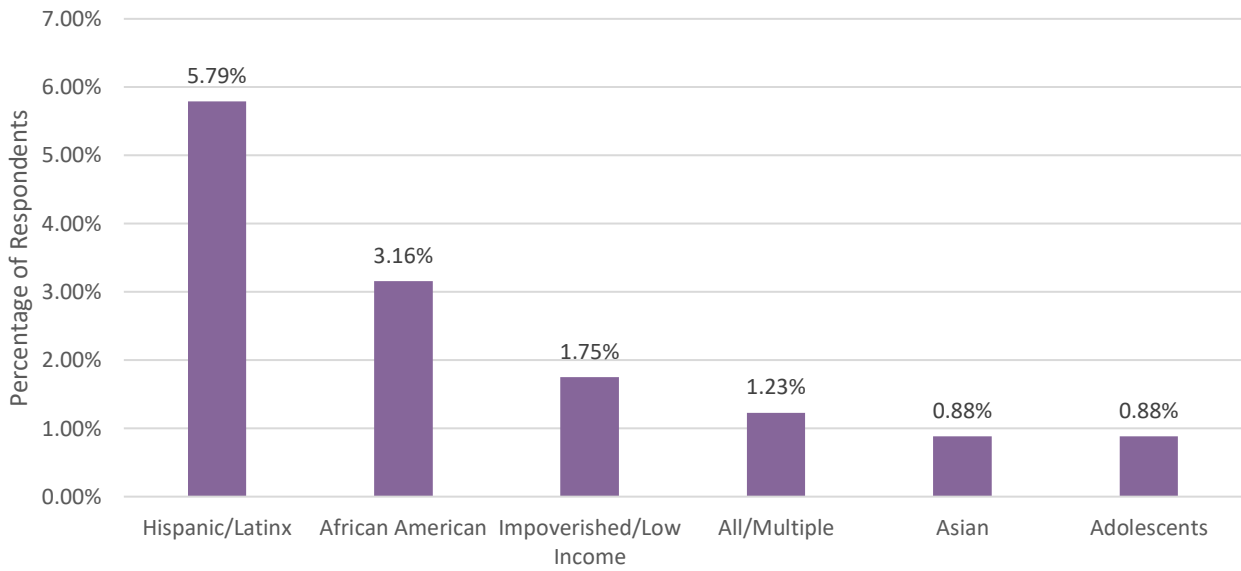


Cultural Sensitivity

One hundred ninety five (195 or 34.21%) respondents reported their organization/agency had a Cultural Competency Plan, while 123 (21.58%) were not sure if their organization/agency had a Cultural Competency Plan. One hundred eighty seven (187 or 32.81%) indicated their organization had participated in a cultural sensitivity or competence assessment. Ninety four (94 or 16.49%) respondents reported the cultural sensitivity or competence assessment they participated in was a standardized tool. The chart below represents the responses when asked what tool was used to assess cultural sensitivity or competence.



**Cultural or Ethnic Groups Experiencing Needs Not Being Met by
Trillium Network Providers - 2019**
(n=103)



- 15 (2.63%) Services for individuals with mental health challenges, including counseling
- 10 (1.75%) Culturally appropriate bilingual/translation services
- 9 (1.58%) Services for individuals with intellectual and developmental disabilities, including Autism Spectrum Disorder
- 9 (1.58%) Services for individuals with substance use disorders
- 6 (1.05%) Community living support services
- 6 (1.05%) Housing, including independent living services
- 6 (1.05%) Intensive in-home services
- 6 (1.05%) Outpatient services
- 6 (1.05%) Psychological services, including testing

Section Three: “In Lieu of” and Alternative Services

Trillium Approved “In Lieu of” Service Definitions -- Medicaid Services	
90791; 90832 90834; 90837 90839; 90840 90846; 90847 T1017 TJ	Child First
T2016 TF U5	Community Living Facilities and Support
H0217 CR	Disaster Individual Rehabilitation, Coordination, and Support (DIRCS) Services
ICF-IID-100	Disaster Outreach and Engagement for IDD
S5135 GT U5	Home Monitoring through Virtual Supervision Systems (HMVS)
H2011 U5 CR H2011 U5 GT CR	Rapid Response Team (RRT)
T2021	Community Inclusion and Support IDD

Child First®

Child First® Services are available in all 26 counties of Trillium’s catchment area. There are four affiliate agencies with a total of 38 contracted teams. Child First® is potentially able to serve approximately 730 children per year with this number of contracted teams.

Below is the number of contracted teams per site*:

- Easter Seals UCP
 - New Bern - 9 teams
 - Greenville - 7 teams
- Coastal Horizons - 12 teams
- Kids First - 4 teams
- Power of U - 6 teams

**Staffing varied at each site throughout the year.*

For CY 2020, Child First® affiliates served 716 children in 25 out of 26 counties in the Trillium catchment area based on data from the Child First® Client Record (CFCR).

Child First® was implemented in Trillium’s catchment as an early intervention/prevention service for the birth to six year-old population diagnosed with or at-risk for cognitive or communication developmental delay, behavioral, emotional and/or learning problem associated with Adverse Childhood Experiences (ACEs), trauma exposure, toxic stress, or other social determinants of health prominent in eastern North Carolina (poverty, unemployment, substance use, domestic violence, high-crime areas).

The gap filled by Child First® was to include:

- 1) Early identification of very young children at risk for communication or developmental delays; behavioral, emotional and/or learning problems associated with Adverse Childhood experiences (ACEs); early childhood trauma, toxic stress, or other social determinants of health prominent in eastern North Carolina (poverty, unemployment, substance use, domestic violence, high-crime areas) through the use of a comprehensive battery of standardized measurement tools normed for young children. Assessments are completed at entrance into the Child First® program, six months, and at termination, if applicable.

- 2) Accessible, evidence-based home visiting model with high scientific rating as an alternative to Intensive In-Home Services.
- 3) Recruitment, training, and retention of highly competent, licensed clinicians and Family Resource Partners in early childhood development and trauma-sensitive interventions to serve Eastern North Carolina.

Barriers or challenges

- 1) As indicated in last year's report, the barrier was related to requests for authorization of Medicaid services for eligible children aged birth to three years sent to Beacon Health Services. Beacon Health has a no prior authorization for the first 16 visits in a fiscal year. Authorization requests for Case Management were submitted to DHB on the Non-Covered State Medicaid Services Form/EPSDT since Beacon Health was processing service request under EPSDT. However, DHB requires prior authorization for all case management activities for children under three years of age. Therefore, this process required the Child First® Providers to complete two separate authorization processes.
- 2) Related to the birth through two population, some affiliate sites have not received payment for their services due to various billing and taxonomy code issues, which have been unable to be resolved. The rate of reimbursement for the birth through two population is also a barrier to serving these children.
- 3) Currently, Child First® is working to make a smooth transition to providing services to children birth through five under the Standard Plans using a new EPSDT service definition. Trillium is hopeful Medicaid Transformation and billing through EPSDT under the Standard Plans will allow for Child First services to be reimbursed at the same rate for all eligible children.
- 4) The Medicaid outpatient fee structure has been shown to be insufficient to cover the actual costs for delivering an intensive home visiting model, such as Child First®. In addition, the reimbursement process proved to be overly complicated and required an extensive amount of research and time by the Provider agencies with assistance from LME/MCO staff.

Community Living Facilities and Supports (CLFS)

For 1/1/20-12/31/20, all 26 counties were eligible. There is no service capacity restriction on this service; currently served 520 Members.

CLFS is intended to offer more stable funding for Members receiving residential and day programming services who are potentially eligible for the Innovations Waiver. The average length of time on the wait list for the waiver is ten years. Five hundred twenty (520) 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 in an effort to assist Members continue residing in the community. There are 29 agencies providing this service.

Barriers or challenges

CLFS is intended to provide Meaningful Day Activities to Members. There was a significant training need in the Provider Network to shift from day supports as usual to offering meaningful, self-directed activities for Members. COVID-19 also presented limited options for Meaningful Day Activities for Members and Providers. Since the service is bundled 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.

Disaster Individual Rehabilitation, Coordination, and Support (DIRCS) Services

All 29 Psychosocial Rehabilitation Providers in Trillium's Network deliver DIRCS covering all 26 counties. Five hundred seventy-three (573) Members were served in DIRCS; there is no service capacity restriction on this service.

This “in lieu of” service was intended to provide a way to deliver services to Members who participated in a PSR program when gathering as a group was not possible. This allowed for continued engagement in service delivery during the COVID-19 pandemic.

Barriers or challenges

Since this was a change in the service delivery model for PSR Providers, they needed time to adjust to an individualized service delivery as opposed to group service delivery model.

Disaster Outreach and Engagement for IDD

One hundred ten (110) Providers deliver this service covering all 26 counties. Three hundred eight-two (382) Members were served in this ILOS, there is no service capacity restriction on this service.

This “in lieu of” service was intended to provide a way to deliver services to Members who participated in program-based services when gathering as a group was not possible. This allowed for continued engagement in service delivery during the COVID-19 pandemic.

Barriers or challenges

Providers had to figure out use of technology and scheduling to ensure Member needs were adequately addressed while not onsite in a program-based service.

Home Monitoring Through Virtual Supervision Systems (HMVS)

This service was intended to address challenges related to school/program closures due to the COVID-19 pandemic to ensure Members received adequate supports and supervision.

Barriers or challenges

Providers have limited knowledge or capacity to utilize appropriate technology to this end.

Rapid Response Team (RRT)

This service was intended to ease the burden of Emergency Room boarding during the COVID-19 pandemic to provide a rapid discharge alternative to meet Member needs.

Barriers or challenges

Hospitals have had a challenging time with rules related to Emergency Medical Treatment and Labor Act for implementation.

Community Inclusion and Support IDD

Seventeen (17) Providers deliver this service covering all 26 counties. Seventy-eight (78) Individual and 11 Group Members were served in this ‘in lieu of’ service where there is no service capacity restriction.

This “in lieu of” service was intended to provide a way to deliver services to Members who participated in program-based services when gathering as a group was not possible. This allowed for continued engagement in service delivery during the COVID-19 pandemic.

Barriers or challenges

Providers had to figure out use of technology and scheduling to ensure Member needs were adequately addressed while not onsite in a program-based service.

Non-Medicaid-Funded Alternative Services

Alternative Service Definitions Billed In FY20 Non-Medicaid (State) Services	
YA323; YA341; YA353	Assertive Engagement
YA324	Crisis Evaluation & Observation
YA386	Outpatient DBT (Group)
YA387	Outpatient DBT (Individual)

Assertive Engagement

All counties are covered by 17 Providers who deliver this service. Four hundred seventy-nine (479) Members received this service under COVID-19 flexibilities.

This service was used primarily as a means to stay engaged with State-Funded Recipients who were not able to engage in traditional service delivery due to the COVID-19 pandemic.

Obstacles and challenges

Expansion of service due to the pandemic; will have to resize Network post-COVID state of emergency.

Crisis Evaluation & Observation

This is not an alternative service utilized in Trillium's catchment area.

Outpatient DBT (Individual)

This is not an alternative service utilized in Trillium's catchment area.

Outpatient DBT (Group)

This is not an alternative service utilized in Trillium's catchment area.

Appendix A: Trillium Catchment Charts

Population

Trillium 2020 Population & Median Age

County	Total Population	Median Age
Beaufort	47,400	46.7
Bertie	19,496	41.8
Brunswick	147,644	51.8
Camden	10,575	42.0
Carteret	71,352	48.5
Chowan	14,114	43.8
Columbus	56,002	41.5
Craven	103,016	36.4
Currituck	28,048	43.5
Dare	38,027	45.8
Gates	11,908	44.2
Hertford	23,720	41.2
Hyde	5,119	45.2
Jones	10,067	42.7
Martin	22,904	46.0
Nash	96,669	42.5
New Hanover	235,231	39.1
Northampton	20,054	44.0
Onslow	210,056	25.8
Pamlico	13,277	50.5
Pasquotank	39,952	37.0
Pender	63,949	42.0
Perquimans	13,807	48.2
Pitt	183,285	32.6
Tyrrell	3,767	44.5
Washington	12,039	45.6
Trillium Catchment Total	1,501,478	42.8
North Carolina Total	10,587,440	39.2

Source: North Carolina OSBM, Projected Annual County Population Totals, 2020. Accessed 3/30/2021.

Geographic Size

County Geographic Size 2020

County	Land Area in Square Miles	Persons per Square Mile
Beaufort	827.19	57
Bertie	699.27	28
Brunswick	846.97	174
Camden	240.56	44
Carteret	506.25	141
Chowan	172.47	82
Columbus	937.29	60
Craven	708.96	145
Currituck	261.85	107
Dare	383.42	99
Gates	340.45	35
Hertford	353.06	67
Hyde	612.7	8
Jones	470.71	21
Martin	461.22	50
Nash	540.41	179
New Hanover	191.53	1,228
Northampton	536.59	37
Onslow	762.74	275
Pamlico	336.54	39
Pasquotank	226.88	176
Pender	869.8	74
Perquimans	247.09	56
Pitt	651.98	281
Tyrrell	389.04	10
Washington	348.14	35
Trillium Catchment Total	12,923.11	116
North Carolina Total	48,617.91	218

Source: 2020 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 3/30/2021.

Population by Age

Population by Age - July 1, 2020

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	1,290	7,866	38,244	3,468	4,272	33,972	41,712	26,149	12,095	47,400
Bertie	517	3,090	15,889	1,362	1,758	14,131	17,251	11,800	4,089	19,496
Brunswick	3,080	20,044	124,520	8,940	9,476	115,044	133,460	78,912	45,608	147,644
Camden	303	1,735	8,537	838	1,054	7,483	9,375	6,715	1,822	10,575
Carteret	1,578	10,266	59,508	4,473	6,012	53,496	63,981	41,198	18,310	71,352
Chowan	399	2,381	11,334	1,015	1,250	10,084	12,349	7,811	3,523	14,114
Columbus	1,683	9,731	44,588	4,174	5,858	38,730	48,762	33,569	11,019	56,002
Craven	3,975	22,464	76,577	8,392	13,795	62,782	84,969	58,601	17,976	103,016
Currituck	804	4,710	22,534	2,161	2,487	20,047	24,695	17,731	4,803	28,048
Dare	975	5,924	31,128	2,585	2,623	28,505	33,713	22,637	8,491	38,027
Gates	293	1,902	9,713	867	1,157	8,556	10,580	7,249	2,464	11,908
Hertford	639	3,896	19,185	1,740	2,652	16,533	20,925	14,437	4,748	23,720
Hyde	107	733	4,279	313	417	3,862	4,592	3,158	1,121	5,119
Jones	283	1,655	8,129	708	753	7,376	8,837	5,867	2,262	10,067
Martin	704	3,814	18,386	1,649	1,929	16,457	20,035	12,937	5,449	22,904
Nash	3,229	16,826	76,614	7,237	9,528	67,086	83,851	57,795	18,819	96,669
New Hanover	6,529	36,274	192,428	15,142	31,948	160,480	207,570	149,871	42,557	235,231
Northampton	526	3,095	16,433	1,373	1,605	14,828	17,806	11,592	4,841	20,054
Onslow	11,724	52,499	145,833	15,508	41,470	104,363	161,341	125,310	20,523	210,056
Pamlico	249	1,685	11,343	786	974	10,369	12,129	7,410	3,933	13,277
Pasquotank	1,400	7,751	30,801	3,146	5,618	25,183	33,947	24,356	6,445	39,952
Pender	1,902	10,896	51,151	4,724	6,331	44,820	55,875	39,046	12,105	63,949
Perquimans	363	2,127	11,317	928	1,131	10,186	12,245	7,451	3,866	13,807
Pitt	6,178	33,029	144,078	13,365	36,322	107,756	157,443	119,006	25,072	183,285
Tyrrell	98	591	3,078	233	275	2,803	3,311	2,259	819	3,767
Washington	394	2,153	9,492	949	909	8,583	10,441	6,459	3,033	12,039
Trillium Catchment Total	49,222	267,137	1,185,119	106,076	191,604	993,515	1,291,195	899,326	285,793	1,501,478
North Carolina Total	356,101	1,952,665	8,278,674	823,527	1,185,091	7,093,583	9,102,201	6,488,686	1,789,988	10,587,440

Source: N.C. Office of State Budget and Management 2020 Projected Population. Accessed 3/30/2021.

Population Median Age

Median Age - 2020

County	Median Age
Beaufort	46.7
Bertie	41.8
Brunswick	51.8
Camden	42.0
Carteret	48.5
Chowan	43.8
Columbus	41.5
Craven	36.4
Currituck	43.5
Dare	45.8
Gates	44.2
Hertford	41.2
Hyde	45.2
Jones	42.7
Martin	46.0
Nash	42.5
New Hanover	39.1
Northampton	44.0
Onslow	25.8
Pamlico	50.5
Pasquotank	37.0
Pender	42.0
Perquimans	48.2
Pitt	32.6
Tyrrell	44.5
Washington	45.6
Trillium Catchment Average Median Age	42.8
North Carolina Average Median Age	39.2

Source: N.C. Office of State Budget and Management. Accessed 3/30/2021.

Population by Sex

Population By Sex

County	Male		Female	
	Count	Percentage	Count	Percentage
Beaufort	23,004	48.5%	24,396	51.5%
Bertie	9,637	49.4%	9,859	50.6%
Brunswick	73,894	50.0%	73,750	50.0%
Camden	5,257	49.7%	5,318	50.3%
Carteret	35,403	49.6%	35,949	50.4%
Chowan	6,789	48.1%	7,325	51.9%
Columbus	28,312	50.6%	27,690	49.4%
Craven	49,991	48.5%	53,025	51.5%
Currituck	13,955	49.8%	14,093	50.2%
Dare	18,848	49.6%	19,179	50.4%
Gates	5,809	48.8%	6,099	51.2%
Hertford	12,051	50.8%	11,669	49.2%
Hyde	2,842	55.5%	2,277	44.5%
Jones	4,875	48.4%	5,192	51.6%
Martin	10,746	46.9%	12,158	53.1%
Nash	46,746	48.4%	49,923	51.6%
New Hanover	113,235	48.1%	121,996	51.9%
Northampton	9,709	48.4%	10,345	51.6%
Onslow	108,615	51.7%	101,441	48.3%
Pamlico	6,882	51.8%	6,395	48.2%
Pasquotank	19,620	49.1%	20,332	50.9%
Pender	31,865	49.8%	32,084	50.2%
Perquimans	6,639	48.1%	7,168	51.9%
Pitt	85,372	46.6%	97,913	53.4%
Tyrrell	2,085	55.3%	1,682	44.7%
Washington	5,621	46.7%	6,418	53.3%
Trillium Catchment Total	737,802	49.1%	763,676	50.9%
North Carolina Total	5,140,115	48.5%	5,447,325	51.5%

Source: N.C. Office of State Budget and Management. Accessed 3/30/2021.

Population by Race/Ethnicity

Race/Ethnicity of Service Area - 2020

County	White Alone	Black or African-American	American Indian and Alaskan Native Alone	Asian - Pacific Islander	Other Race	Hispanic/Latino
Beaufort	34,742	10,781	693	300	884	4,710
Bertie	6,979	11,943	91	194	289	318
Brunswick	125,624	16,405	1,431	1,283	2,901	8,785
Camden	8,559	1,376	42	262	336	320
Carteret	64,215	3,867	414	955	1,901	3,543
Chowan	9,164	4,539	68	121	222	682
Columbus	34,055	18,476	1,984	303	1,184	3,445
Craven	72,649	23,168	637	3,161	3,401	8,233
Currituck	25,169	1,639	164	320	756	1,404
Dare	35,379	987	314	404	943	3,999
Gates	7,559	3,904	90	30	325	273
Hertford	8,884	14,012	254	214	356	925
Hyde	3,478	1,491	49	12	89	597
Jones	6,830	2,763	107	44	323	465
Martin	12,554	9,838	124	128	260	1,031
Nash	52,727	39,484	1,219	1,164	2,075	6,173
New Hanover	191,489	31,949	1,865	3,988	5,940	16,760
Northampton	7,884	11,707	141	65	257	431
Onslow	164,554	28,366	1,739	5,353	10,044	28,196
Pamlico	10,527	2,361	95	66	228	630
Pasquotank	21,875	16,069	224	658	1,126	2,271
Pender	52,014	9,113	731	472	1,619	5,050
Perquimans	10,013	3,425	62	78	229	495
Pitt	109,935	63,662	1,165	4,084	4,439	12,772
Tyrrell	2,170	1,382	44	98	73	207
Washington	5,379	6,272	110	31	247	645
Trillium Total	1,084,407	338,979	13,857	23,788	40,447	112,360
North Carolina Total	7,460,751	2,337,983	185,890	323,795	279,021	1,170,876

Source: N.C. Office of State Budget and Management. Accessed 3/30/2021.

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 Percentage Race/Ethnicity

Percentage of Race/Ethnicity of Service Area - 2020

County	White Alone	Black or African-American	American Indian and Alaskan Native Alone	Asian - Pacific Islander	Other Race	Hispanic/Latino
Beaufort	73.3%	22.7%	1.5%	0.6%	1.9%	9.9%
Bertie	35.8%	61.3%	0.5%	1.0%	1.5%	1.6%
Brunswick	85.1%	11.1%	1.0%	0.9%	2.0%	6.0%
Camden	80.9%	13.0%	0.4%	2.5%	3.2%	3.0%
Carteret	90.0%	5.4%	0.6%	1.3%	2.7%	5.0%
Chowan	64.9%	32.2%	0.5%	0.9%	1.6%	4.8%
Columbus	60.8%	33.0%	3.5%	0.5%	2.1%	6.2%
Craven	70.5%	22.5%	0.6%	3.1%	3.3%	8.0%
Currituck	89.7%	5.8%	0.6%	1.1%	2.7%	5.0%
Dare	93.0%	2.6%	0.8%	1.1%	2.5%	10.5%
Gates	63.5%	32.8%	0.8%	0.3%	2.7%	2.3%
Hertford	37.5%	59.1%	1.1%	0.9%	1.5%	3.9%
Hyde	67.9%	29.1%	1.0%	0.2%	1.7%	11.7%
Jones	67.8%	27.4%	1.1%	0.4%	3.2%	4.6%
Martin	54.8%	43.0%	0.5%	0.6%	1.1%	4.5%
Nash	54.5%	40.8%	1.3%	1.2%	2.1%	6.4%
New Hanover	81.4%	13.6%	0.8%	1.7%	2.5%	7.1%
Northampton	39.3%	58.4%	0.7%	0.3%	1.3%	2.1%
Onslow	78.3%	13.5%	0.8%	2.5%	4.8%	13.4%
Pamlico	79.3%	17.8%	0.7%	0.5%	1.7%	4.7%
Pasquotank	54.8%	40.2%	0.6%	1.6%	2.8%	5.7%
Pender	81.3%	14.3%	1.1%	0.7%	2.5%	7.9%
Perquimans	72.5%	24.8%	0.4%	0.6%	1.7%	3.6%
Pitt	60.0%	34.7%	0.6%	2.2%	2.4%	7.0%
Tyrrell	57.6%	36.7%	1.2%	2.6%	1.9%	5.5%
Washington	44.7%	52.1%	0.9%	0.3%	2.1%	5.4%
Trillium Total	72.2%	22.6%	0.9%	1.6%	2.7%	7.5%
North Carolina Total	70.5%	22.1%	1.8%	3.1%	2.6%	11.1%

Source: N.C. Office of State Budget and Management. Accessed 3/30/2021.

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).

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Population by Hispanic Origin

Hispanic Origin Population July 1, 2020

County	Hispanic		Non-Hispanic	
	Total	%	Total	%
Beaufort	4,710	9.9%	42,690	90.1%
Bertie	318	1.6%	19,178	98.4%
Brunswick	8,785	6.0%	138,859	94.0%
Camden	320	3.0%	10,255	97.0%
Carteret	3,543	5.0%	67,809	95.0%
Chowan	682	4.8%	13,432	95.2%
Columbus	3,445	6.2%	52,557	93.8%
Craven	8,233	8.0%	94,783	92.0%
Currituck	1,404	5.0%	26,644	95.0%
Dare	3,999	10.5%	34,028	89.5%
Gates	273	2.3%	11,635	97.7%
Hertford	925	3.9%	22,795	96.1%
Hyde	597	11.7%	4,522	88.3%
Jones	465	4.6%	9,602	95.4%
Martin	1,031	4.5%	21,873	95.5%
Nash	6,173	6.4%	90,496	93.6%
New Hanover	16,760	7.1%	218,471	92.9%
Northampton	431	2.1%	19,623	97.9%
Onslow	28,196	13.4%	181,860	86.6%
Pamlico	630	4.7%	12,647	95.3%
Pasquotank	2,271	5.7%	37,681	94.3%
Pender	5,050	7.9%	58,899	92.1%
Perquimans	495	3.6%	13,312	96.4%
Pitt	12,772	7.0%	170,513	93.0%
Tyrrell	207	5.5%	3,560	94.5%
Washington	645	5.4%	11,394	94.6%
Trillium Catchment Total	112,360	6.0%	1,389,118	94.0%
North Carolina	1,170,876	11.1%	9,416,564	88.9%

Source: North Carolina OSBM, Projected Annual County Population Totals, 2020. Accessed 3/30/2021.

Veteran Population

Veteran Population 5-Year Trend

County	9/30/2016	9/30/2017	9/30/2018	9/30/2019	9/30/2020
Beaufort	3,761	3,695	3,434	3,363	3,398
Bertie	1,124	1,102	1,077	1,054	1,133
Brunswick	13,759	13,890	13,836	13,848	14,671
Camden	1,101	1,119	1,290	1,308	1,121
Carteret	8,403	8,366	8,002	7,969	8,415
Chowan	1,620	1,611	1,229	1,206	1,098
Columbus	3,854	3,819	3,780	3,738	3,650
Craven	14,955	15,166	16,834	17,238	13,156
Currituck	3,197	3,231	3,244	3,255	2,897
Dare	3,170	3,129	3,084	3,029	3,432
Gates	1,147	1,157	1,105	1,109	829
Hertford	1,845	1,842	1,418	1,401	1,201
Hyde	381	377	264	261	245
Jones	1,124	1,120	1,094	1,084	843
Martin	1,617	1,602	1,632	1,608	1,520
Nash	8,166	8,121	6,434	6,395	5,438
New Hanover	17,564	17,484	15,707	15,553	17,086
Northampton	1,491	1,480	1,435	1,408	1,411
Onslow	31,458	32,614	39,994	42,279	30,729
Pamlico	1,333	1,316	1,321	1,285	1,451
Pasquotank	4,845	4,913	4,516	4,565	3,875
Pender	6,119	6,142	5,432	5,455	5,188
Perquimans	1,540	1,534	1,496	1,483	1,554
Pitt	11,180	11,223	10,694	10,660	11,811
Tyrrell	400	397	246	240	309
Washington	900	886	749	735	753
Trillium Catchment Total	146,054	147,336	149,344	151,529	137,214
North Carolina Total	731,378	730,357	718,481	708,167	698,183

Source: National Center for Veterans Analysis and Statistics. Accessed 3/30/2021.

Economic Tiers

Economic Tier Designation 5-Year Comparison

County	2016 Tier	2017 Tier	2018 Tier	2019 Tier	2020 Tier
Beaufort	1	1	2	1	1
Bertie	1	1	1	1	1
Brunswick	3	3	3	3	3
Camden	1	1	1	2	2
Carteret	3	3	3	2	2
Chowan	1	1	1	1	1
Columbus	1	1	1	1	1
Craven	2	2	2	2	2
Currituck	2	2	2	3	3
Dare	2	2	2	2	2
Gates	1	1	1	1	2
Hertford	1	1	1	1	1
Hyde	1	1	1	1	1
Jones	1	1	1	1	1
Martin	1	1	1	1	1
Nash	1	2	2	1	1
New Hanover	3	3	3	3	3
Northampton	1	1	1	1	1
Onslow	2	2	2	2	1
Pamlico	2	2	2	2	2
Pasquotank	1	1	1	1	1
Pender	3	3	3	3	3
Perquimans	1	2	1	1	1
Pitt	2	2	2	2	1
Tyrrell	1	1	1	1	1
Washington	1	1	1	1	1

Source: N.C. Department of Commerce. Accessed 3/30/2021.

Poverty

Persons in Poverty

County	Number of All People in Poverty	Percentage of All People	Number of Children Ages 0-17 in Poverty	Percentage of Children Ages 0-17 in Poverty
Beaufort	8,164	17.6%	2,704	29.5%
Bertie	4,256	24.2%	1,047	32.4%
Brunswick	14,423	10.2%	4,314	21.0%
Camden	819	7.6%	228	9.4%
Carteret	7,102	10.4%	1,987	17.0%
Chowan	2,528	18.5%	777	28.5%
Columbus	11,654	22.3%	3,656	32.5%
Craven	13,385	13.8%	4,269	20.0%
Currituck	2,419	8.8%	820	13.7%
Dare	3,284	8.9%	936	13.8%
Gates	1,680	14.7%	481	21.1%
Hertford	4,829	23.0%	1,219	28.3%
Hyde	853	19.2%	231	28.1%
Jones	1,747	18.8%	531	31.8%
Martin	4,589	20.6%	1,485	33.5%
Nash	15,065	16.4%	4,463	22.1%
New Hanover	29,519	13.0%	6,808	16.2%
Northampton	4,042	21.6%	1,227	37.2%
Onslow	22,029	12.5%	8,535	17.9%
Pamlico	1,899	15.9%	530	28.4%
Pasquotank	5,386	14.3%	2,066	24.1%
Pender	7,117	11.5%	2,345	17.1%
Perquimans	2,007	15.0%	647	26.3%
Pitt	33,512	19.2%	9,064	24.1%
Tyrrell	861	25.4%	250	34.9%
Washington	2,438	21.3%	825	36.4%
Trillium Catchment Total	205,607	13.7%	61,445	19.4%
North Carolina Total	1,383,760	13.6%	435,728	19.3%
United States Total	39,490,096	12.3%	12,000,470	16.8%

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program. CY2019. Accessed 3/31/2021.

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.

Median Household Income

Median Household Income

County	Median Household Income
Beaufort	\$49,410
Bertie	\$37,899
Brunswick	\$63,712
Camden	\$69,610
Carteret	\$60,058
Chowan	\$47,126
Columbus	\$39,531
Craven	\$53,372
Currituck	\$70,699
Dare	\$63,033
Gates	\$54,204
Hertford	\$42,374
Hyde	\$43,112
Jones	\$46,275
Martin	\$39,413
Nash	\$50,902
New Hanover	\$57,252
Northampton	\$39,777
Onslow	\$50,645
Pamlico	\$52,522
Pasquotank	\$51,245
Pender	\$60,405
Perquimans	\$50,804
Pitt	\$52,961
Tyrrell	\$37,680
Washington	\$40,157
Trillium Average Catchment Total	\$50,930
North Carolina Total	\$57,388
United States Total	\$65,712

Source: US Census. Small Area Income and Poverty Estimates (SAIPE). CY2019.
 Accessed 3/31/2021.

Unemployment

Trillium Unemployment Percentage 5-Year Comparison (Impact of the COVID-19 Pandemic noted in the 2020 Percentages)

County	Unemployment Percentage June 30, 2016	Unemployment Percentage June 30, 2017	Unemployment Percentage June 30, 2018	Unemployment Percentage June 30, 2019	Unemployment Percentage June 30, 2020
Beaufort	5.8%	4.7%	4.8%	5.3%	7.4%
Bertie	6.6%	5.7%	5.3%	5.5%	7.1%
Brunswick	5.8%	4.8%	5.0%	5.4%	9.6%
Camden	5.6%	4.3%	4.2%	4.4%	6.3%
Carteret	4.9%	3.9%	4.0%	4.6%	6.7%
Chowan	6.6%	5.2%	4.8%	5.5%	6.9%
Columbus	6.4%	5.6%	5.2%	5.6%	9.2%
Craven	5.3%	4.4%	4.4%	4.8%	7.6%
Currituck	4.8%	4.0%	3.7%	4.0%	7.0%
Dare	4.6%	4.0%	3.9%	4.0%	8.7%
Gates	5.3%	4.2%	4.4%	4.7%	6.6%
Hertford	6.7%	5.5%	5.6%	6.2%	8.2%
Hyde	7.0%	6.2%	6.5%	6.7%	9.6%
Jones	5.1%	4.1%	4.1%	4.5%	6.8%
Martin	7.1%	5.5%	5.4%	6.1%	8.3%
Nash	6.8%	6.0%	5.9%	5.7%	10.1%
New Hanover	4.8%	3.9%	3.9%	4.0%	8.6%
Northampton	7.3%	5.8%	5.5%	6.0%	8.2%
Onslow	5.5%	4.6%	4.6%	5.3%	8.2%
Pamlico	5.3%	4.4%	4.2%	4.5%	6.3%
Pasquotank	6.4%	5.2%	5.0%	5.1%	8.3%
Pender	5.3%	4.4%	4.2%	4.5%	7.5%
Perquimans	6.4%	5.4%	5.1%	5.7%	7.6%
Pitt	5.9%	4.9%	4.9%	5.2%	8.3%
Tyrrell	6.6%	5.7%	5.2%	5.5%	8.2%
Washington	7.2%	6.0%	5.9%	6.4%	8.8%
Trillium Catchment	5.6%	4.6%	4.6%	4.9%	7.9%
North Carolina	5.2%	4.2%	4.2%	4.4%	8.9%

Source: N.C. Department of Commerce, Labor & Economic Analysis Division. D4ncommerce.com Accessed 3/31/2021.

Combined Poverty-Household Income-Unemployment

Persons in Poverty/Median Household Income/Unemployment

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	Median Household Income	Unemployment Percentage June 30, 2019
Beaufort	8,164	17.6%	2,704	29.5%	\$49,410	7.4%
Bertie	4,256	24.2%	1,047	32.4%	\$37,899	7.1%
Brunswick	14,423	10.2%	4,314	21.0%	\$63,712	9.6%
Camden	819	7.6%	228	9.4%	\$69,610	6.3%
Carteret	7,102	10.4%	1,987	17.0%	\$60,058	6.7%
Chowan	2,528	18.5%	777	28.5%	\$47,126	6.9%
Columbus	11,654	22.3%	3,656	32.5%	\$39,531	9.2%
Craven	13,385	13.8%	4,269	20.0%	\$53,372	7.6%
Currituck	2,419	8.8%	820	13.7%	\$70,699	7.0%
Dare	3,284	8.9%	936	13.8%	\$63,033	8.7%
Gates	1,680	14.7%	481	21.1%	\$54,204	6.6%
Hertford	4,829	23.0%	1,219	28.3%	\$42,374	8.2%
Hyde	853	19.2%	231	28.1%	\$43,112	9.6%
Jones	1,747	18.8%	531	31.8%	\$46,275	6.8%
Martin	4,589	20.6%	1,485	33.5%	\$39,413	8.3%
Nash	15,065	16.4%	4,463	22.1%	\$50,902	10.1%
New Hanover	29,519	13.0%	6,808	16.2%	\$57,252	8.6%
Northampton	4,042	21.6%	1,227	37.2%	\$39,777	8.2%
Onslow	22,029	12.5%	8,535	17.9%	\$50,645	8.2%
Pamlico	1,899	15.9%	530	28.4%	\$52,522	6.3%
Pasquotank	5,386	14.3%	2,066	24.1%	\$51,245	8.3%
Pender	7,117	11.5%	2,345	17.1%	\$60,405	7.5%
Perquimans	2,007	15.0%	647	26.3%	\$50,804	7.6%
Pitt	33,512	19.2%	9,064	24.1%	\$52,961	8.3%
Tyrrell	861	25.4%	250	34.9%	\$37,680	8.2%
Washington	2,438	21.3%	825	36.4%	\$40,157	8.8%
Trillium Catchment Total	205,607	13.7%	61,445	19.4%	\$50,930	7.9%
North Carolina Total	1,383,760	13.6%	435,728	19.3%	\$57,388	8.9%
United States Total	39,490,096	12.3%	12,000,470	16.8%	\$65,712	3.7%

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program. CY2019. Accessed 3/31/2021.

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.

Percent Medicaid Enrolled

Percent of Medicaid Enrolled - SFY 2020 Annual Unduplicated Count*

County	Total Medicaid Enrolled	Total Population	% Medicaid Enrolled
Beaufort	12,465	47,400	26.3
Bertie	5,978	19,496	30.7
Brunswick	24,532	147,644	16.6
Camden	1,261	10,575	11.9
Carteret	11,649	71,352	16.3
Chowan	3,608	14,114	25.6
Columbus	17,431	56,002	31.1
Craven	20,153	103,016	19.6
Currituck	3,136	28,048	11.2
Dare	5,187	38,027	13.6
Gates	2,105	11,908	17.7
Hertford	7,156	23,720	30.2
Hyde	1,104	5,119	21.6
Jones	2,526	10,067	25.1
Martin	6,418	22,904	28.0
Nash	23,529	96,669	24.3
New Hanover	34,797	235,231	14.8
Northampton	5,947	20,054	29.7
Onslow	35,643	210,056	17.0
Pamlico	2,409	13,277	18.1
Pasquotank	9,847	39,952	24.6
Pender	13,235	63,949	20.7
Perquimans	2,831	13,807	20.5
Pitt	43,119	183,285	23.5
Tyrrell	886	3,767	23.5
Washington	3,738	12,039	31.0
Trillium Catchment Total	300,690	1,501,478	20.0
North Carolina Total	2,166,982	10,587,440	20.5

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

Source: NCDHHS, NC Medicaid, Division of Health Benefits. Accessed 3/30/2021.

Medicaid Enrolled

Medicaid Enrolled - SFY 2020 Annual Unduplicated Count*

County	Infants-Children	Adults	Total Enrolled
Beaufort	2,391	10,074	12,465
Bertie	908	5,070	5,978
Brunswick	4,645	19,887	24,532
Camden	219	1,042	1,261
Carteret	2,110	9,539	11,649
Chowan	596	3,012	3,608
Columbus	3,014	14,417	17,431
Craven	3,949	16,204	20,153
Currituck	655	2,481	3,136
Dare	1,222	3,965	5,187
Gates	350	1,755	2,105
Hertford	1,099	6,057	7,156
Hyde	158	946	1,104
Jones	401	2,125	2,526
Martin	1,129	5,289	6,418
Nash	4,431	19,098	23,529
New Hanover	7,159	27,638	34,797
Northampton	878	5,069	5,947
Onslow	7,519	28,124	35,643
Pamlico	439	1,970	2,409
Pasquotank	2,125	7,722	9,847
Pender	2,661	10,574	13,235
Perquimans	523	2,308	2,831
Pitt	8,503	34,616	43,119
Tyrrell	176	710	886
Washington	700	3,038	3,738
Trillium Catchment Total	57,960	242,730	300,690
North Carolina Total	447,520	1,719,462	2,166,982

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

Source: NCDHHS, NC Medicaid, Division of Health Benefits. Accessed 3/30/2021.

Non-Elderly* Adult Uninsured

County	Number of Non-Elderly Uninsured	Percentage of Non-Elderly Uninsured
Beaufort	4,620	13.1%
Bertie	1,680	12.6%
Brunswick	12,722	13.7%
Camden	1,064	11.9%
Carteret	6,869	13.3%
Chowan	1,246	12.0%
Columbus	6,436	15.6%
Craven	9,142	11.7%
Currituck	2,845	12.6%
Dare	4,231	14.8%
Gates	989	10.8%
Hertford	2,029	12.3%
Hyde	604	17.2%
Jones	1,155	15.8%
Martin	2,058	12.0%
Nash	8,998	12.1%
New Hanover	21,620	11.7%
Northampton	1,722	12.5%
Onslow	15,594	9.9%
Pamlico	1,089	13.2%
Pasquotank	3,594	11.6%
Pender	6,405	12.8%
Perquimans	1,323	13.6%
Pitt	17,662	11.8%
Tyrrell	455	17.1%
Washington	1,129	12.8%
Trillium Catchment Total	137,281	11.6%
North Carolina Total	1,076,670	12.7%

Source: U.S. Census Bureau, 2018 Small Area Health Insurance Estimates. Released 4/19. Current as of 3/31/2021.

Health Risk Factors

Health Risk Factors

County	Percentage Reporting Poor or Fair Health	Percentage of Adults Who Smoke	Percentage of Obese Adults	Percentage Reporting Physical Inactivity	Percentage Reporting Excessive Drinking
Beaufort	19.0%	17.7%	39.3%	29.9%	14.0%
Bertie	22.6%	20.0%	43.3%	31.2%	12.8%
Brunswick	16.4%	15.0%	28.9%	24.6%	14.6%
Camden	13.8%	15.6%	32.4%	24.6%	18.6%
Carteret	15.9%	15.6%	31.9%	24.1%	16.1%
Chowan	20.6%	18.0%	38.5%	28.3%	13.1%
Columbus	22.0%	19.2%	46.2%	30.7%	14.4%
Craven	17.0%	15.7%	30.6%	23.1%	17.8%
Currituck	13.6%	15.4%	28.6%	22.2%	18.3%
Dare	14.2%	15.8%	22.6%	20.8%	17.8%
Gates	16.7%	15.8%	44.7%	33.5%	15.5%
Hertford	23.5%	19.3%	46.5%	42.5%	13.4%
Hyde	18.7%	17.3%	36.4%	38.2%	15.7%
Jones	20.8%	18.6%	40.9%	33.1%	13.9%
Martin	21.7%	19.2%	43.1%	22.9%	13.6%
Nash	19.7%	18.3%	41.9%	25.3%	15.3%
New Hanover	15.8%	15.9%	26.4%	22.8%	20.8%
Northampton	23.5%	19.5%	33.5%	36.4%	12.0%
Onslow	18.0%	17.8%	29.3%	24.7%	22.3%
Pamlico	17.5%	16.0%	37.2%	31.0%	14.5%
Pasquotank	18.9%	18.1%	39.2%	27.7%	15.6%
Pender	16.8%	16.3%	30.6%	25.7%	17.1%
Perquimans	17.8%	16.8%	34.3%	27.3%	13.7%
Pitt	18.4%	17.4%	35.9%	27.6%	17.3%
Tyrrell	23.0%	20.8%	43.3%	27.4%	14.3%
Washington	23.9%	18.8%	42.2%	31.2%	12.3%
Trillium Average Percentage	18.8%	17.5%	36.5%	28.3%	15.6%
North Carolina Percentage	18.5%	17.2%	31.4%	24.3%	16.9%

Source: Robert W. Johnson 2020 County Health Rankings. Accessed 3/30/2021.

Social Determinants

Social Determinant Factors

County	Percentage Reporting Lack of Access to Food ¹	Percentage of Low Income Population and Do Not Live Close to a Grocery Store ¹	Percentage of Public School Students Receiving Free or Reduced Price Meals ²	Percentage of Households with No Motor Vehicles ³	Percentage of Households with Severe Housing Problems ¹	Population Receiving SNAP (Food Stamp) Benefits ⁴
Beaufort	16.2%	3.9%	92.1%	7.0%	14.9%	19.1%
Bertie	22.1%	2.5%	98.2%	10.0%	18.9%	22.1%
Brunswick	13.2%	5.5%	54.1%	3.8%	15.7%	10.1%
Camden	11.2%	0.9%	26.5%	2.9%	15.2%	8.0%
Carteret	12.1%	7.1%	40.5%	4.4%	14.8%	9.2%
Chowan	18.6%	11.3%	61.7%	10.4%	20.0%	19.3%
Columbus	18.5%	1.3%	93.2%	7.0%	16.5%	21.7%
Craven	15.1%	8.1%	52.1%	5.8%	15.6%	13.2%
Currituck	10.1%	2.8%	29.6%	2.5%	14.5%	6.9%
Dare	11.4%	7.4%	32.0%	2.8%	16.6%	7.5%
Gates	15.0%	0.0%	49.3%	4.7%	15.1%	13.7%
Hertford	22.3%	5.3%	99.0%	9.2%	19.7%	24.6%
Hyde	18.2%	35.4%	74.0%	0.3%	15.8%	16.2%
Jones	18.6%	0.0%	97.4%	6.5%	15.2%	18.4%
Martin	19.1%	1.4%	84.8%	8.0%	14.3%	21.3%
Nash	17.9%	5.7%	75.1%	7.9%	15.4%	17.6%
New Hanover	15.3%	7.7%	49.1%	6.5%	19.5%	10.8%
Northampton	22.9%	7.1%	89.3%	10.0%	17.8%	23.8%
Onslow	14.6%	10.2%	44.4%	4.8%	14.7%	10.2%
Pamlico	14.4%	2.4%	70.7%	6.6%	12.6%	12.9%
Pasquotank	18.5%	12.5%	66.2%	8.6%	19.6%	19.0%
Pender	13.2%	3.2%	45.7%	3.6%	16.0%	11.2%
Perquimans	16.7%	1.1%	59.6%	5.5%	16.5%	15.8%
Pitt	20.1%	3.2%	63.0%	8.7%	21.3%	18.1%
Tyrrell	20.4%	6.1%	97.9%	7.4%	16.5%	18.1%
Washington	22.2%	12.9%	97.4%	15.3%	15.9%	25.0%
Trillium Average Percentage	16.8%	6.3%	67.0%	6.5%	16.5%	15.9%
North Carolina Percentage	14.6%	6.7%	55.9%	5.8%	15.6%	13.8%

Sources: Accessed 3/30/2021.

1. Robert W. Johnson 2020 County Health Rankings.

2. N.C. Department of Public Instruction.

3. U.S. Census.

4. N.C DHHS, Department of Social Services.

Special Populations

County	Number of Disabled ¹ Adults Enrolled in Medicaid	Number of Blind ¹ Adults Enrolled in Medicaid	Estimated Number of Deaf /Hard of Hearing (18 +) ²	Estimated Number of Pregnant Women 15-44 Who Use Opioids (Rate 7.0%) ³	Estimated Number of Pregnant Women 15-44 Who Use Illicit Drugs (Rate 5.9%) ⁴	Estimated Number of Pregnant Women, 15-44 Who Drink Alcohol (Rate 8.5%) ⁵	Estimated Number of LGBTQ (ages 18 and older) ⁶
Beaufort	2,141	11	5,660	35	29	42	1,530
Bertie	1,176	6	5,685	14	12	17	636
Brunswick	3,181	16	18,429	80	68	97	4,981
Camden	168	2	1,263	8	7	10	341
Carteret	1,686	4	8,807	41	35	50	2,380
Chowan	601	3	1,677	9	8	11	453
Columbus	3,109	11	6,599	45	38	54	1,784
Craven	2,887	22	11,333	106	89	129	3,063
Currituck	457	3	3,335	21	17	25	901
Dare	503	2	4,607	26	22	31	1,245
Gates	354	2	1,438	7	6	9	389
Hertford	1,350	5	2,839	17	14	20	767
Hyde	184	0	633	3	2	3	171
Jones	430	4	1,203	7	6	9	325
Martin	1,135	15	2,721	18	15	21	735
Nash	3,910	20	11,339	98	82	118	3,065
New Hanover	5,883	29	28,479	189	159	230	7,697
Northampton	1,108	5	2,432	14	12	17	657
Onslow	4,416	25	21,583	302	255	367	5,833
Pamlico	359	2	1,679	6	5	7	454
Pasquotank	1,460	12	4,559	38	32	46	1,232
Pender	1,615	5	7,570	50	42	61	2,046
Perquimans	478	2	1,675	9	8	11	453
Pitt	7,581	46	21,324	178	150	216	5,763
Tyrrell	137	0	456	3	2	3	123
Washington	715	4	1,405	11	9	13	380
Trillium Catchment	47,024	256	178,730	1,333	1,123	1,618	47,405
North Carolina	299,091	1,518	1,566,941	10,010	8,437	12,155	331,147

Sources:

- 1 NCDHHS, NC Medicaid, Division of Health Benefits, Annual Unduplicated Count, Accessed 3/30/2021.
- 2 Deaf and Hard of Hearing: National Health Interview Survey. National Center for Health Statistics. Accessed 3/30/2021.
- 3 MMWR Morb Mortal Wkly Rep 2018;67:845–849. N.C. DHHS, State Center for Health Statistics. Accessed 3/30/2021.
4. N.C. DHHS, State Center for Health Statistics. Forray, 2016. Accessed 3/30/2021.
5. N.C. DHHS, State Center for Health Statistics. Forray, 2016. Accessed 3/30/2021.
6. Adult LGBTQ Population in the United States. (February 2019) The Williams Institute, UCLA School of Law. Accessed 3/30/2021.

Medication & Drug Overdose ED Visits

All Intent Medication and Drug Overdose ED Visits Five-Year Trend

Counties	2015	2016	2017	2018	2019
Beaufort	*	78	53	93	98
Bertie	*	28	15	29	40
Bladen	*	86	87	89	67
Brunswick	*	333	278	211	181
Camden	*	8	10	15	20
Carteret	*	144	130	154	170
Chowan	*	28	12	46	31
Columbus	*	184	84	78	88
Craven	*	289	347	282	319
Currituck	*	26	29	43	34
Dare	*	60	40	72	80
Gates	*	6	7	12	15
Hertford	*	33	30	38	46
Hyde	*	19	6	13	11
Jones	*	24	27	22	31
Martin	*	64	23	44	50
Nash	*	136	94	152	225
New Hanover	*	584	683	497	413
Northampton	*	30	49	44	37
Onslow	*	346	341	466	378
Pamlico	*	37	61	24	35
Pasquotank	*	109	95	105	121
Pender	*	158	199	99	103
Perquimans	*	27	24	33	32
Pitt	*	331	241	352	482
Tyrrell	*	4	3	2	8
Washington	*	10	15	21	13
Trillium Total	*	3,182	2,983	3,036	3,128
North Carolina	*	23,035	25,002	24,027	23,920

* Transition from ICD-9-CM to ICD-10-CM codes impacted overdose cases for 2015.

Note: Overdose counts are not mutually exclusive, a case may have involved multiple drug classes and could be counted in multiple drug categories.

Source: The North Carolina Disease Event Tracking and Epidemiologic Tool (NC DETECT)

Medication & Drug Overdose Hospitalizations

All Intent Medication and Drug Overdose Hospitalizations Five-Year Trend

Counties	2015	2016	2017	2018	2019
Beaufort	*	56	52	48	46
Bertie	*	23	21	21	22
Bladen	*	31	45	36	37
Brunswick	*	150	129	133	104
Camden	*	5	4	7	10
Carteret	*	84	80	67	56
Chowan	*	16	15	15	5
Columbus	*	111	55	72	19
Craven	*	135	138	134	88
Currituck	*	6	11	14	9
Dare	*	9	20	24	17
Gates	*	5	5	4	2
Hertford	*	16	20	20	25
Hyde	*	9	3	3	2
Jones	*	13	11	6	3
Martin	*	22	26	23	31
Nash	*	149	136	130	146
New Hanover	*	383	368	313	290
Northampton	*	14	26	22	23
Onslow	*	177	137	135	132
Pamlico	*	16	14	12	7
Pasquotank	*	43	28	31	24
Pender	*	76	71	82	59
Perquimans	*	11	8	11	10
Pitt	*	231	241	202	272
Tyrrell	*	1	3	2	5
Washington	*	10	10	9	9
Trillium Totals	*	1,802	1,677	1,576	1,453
North Carolina	*	11,737	11,544	10,777	10,585

* Transition from ICD-9-CM to ICD-10-CM codes impacted overdose cases for 2015.

Note: Overdose counts are not mutually exclusive, a case may have involved multiple drug classes and could be counted in multiple drug categories.

Source: The North Carolina Healthcare Association.

Medication & Drug Overdose Deaths

All Intent Medication and Drug Overdose Deaths Five-Year Trend

Counties	2015	2016	2017	2018	2019
Beaufort	9	11	20	14	12
Bertie	2	5	4	3	3
Bladen	6	4	7	10	7
Brunswick	29	41	51	31	33
Camden	4	2	3	1	2
Carteret	21	20	21	25	21
Chowan	3	2	5	1	5
Columbus	8	17	14	10	7
Craven	30	37	42	34	45
Currituck	6	7	9	7	7
Dare	6	5	15	16	16
Gates	4	4	4	2	3
Hertford	1	3	4	5	7
Hyde	0	2	3	1	4
Jones	3	5	6	2	4
Martin	3	1	6	8	6
Nash	16	25	15	28	17
New Hanover	53	71	87	84	72
Northampton	2	2	4	5	2
Onslow	21	43	39	48	38
Pamlico	4	2	6	5	7
Pasquotank	4	7	9	11	16
Pender	17	19	17	15	14
Perquimans	4	2	1	2	3
Pitt	18	27	52	38	49
Tyrrell	0	2	0	1	2
Washington	1	2	1	1	3
Trillium Total	275	368	445	408	405
North Carolina	1,567	1,967	2,477	2,302	2,352

Note: Overdose counts are not mutually exclusive, a case may have involved multiple drug classes and could be counted in multiple drug categories.

Source: North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data

Suicide All Ages

Suicide - All Ages Three-Year Trend

County	2016 Number of Deaths	2016 Death Rate per 100,000 Persons	2017 Number of Deaths	2017 Death Rate per 100,000 persons	2018 Number of Deaths	2018 Death Rate per 100,000 Persons
Beaufort	7	14.7	11	23.4	14	29.7
Bertie	2	10.1	2	10.4	2	10.5
Brunswick	12	9.5	20	15.3	19	13.9
Camden	4	38.4	3	28.4	4	37.3
Carteret	17	24.7	17	24.7	19	27.3
Chowan	1	7.0	0	0.0	3	21.4
Columbus	9	15.9	6	10.7	5	9.0
Craven	11	10.6	17	16.6	15	14.6
Currituck	3	11.6	5	19.0	6	22.2
Dare	7	19.5	11	30.5	8	21.9
Gates	1	8.7	1	8.7	2	17.3
Hertford	6	24.9	1	4.2	4	16.9
Hyde	0	0.0	0	0.0	0	0.0
Jones	0	0.0	1	10.4	0	0.0
Martin	4	17.3	3	13.2	1	4.4
Nash	12	12.8	19	20.2	14	14.9
New Hanover	31	13.9	43	18.9	30	12.9
Northampton	1	5.0	1	5.0	5	25.4
Onslow	38	20.3	34	17.5	45	22.8
Pamlico	5	39.0	1	7.9	3	23.7
Pasquotank	6	15.1	5	12.6	9	22.7
Pender	16	27.1	8	13.1	16	25.7
Perquimans	1	7.5	2	14.8	1	7.5
Pitt	13	7.3	21	11.7	16	8.9
Tyrrell	0	0.0	2	49.4	2	48.4
Washington	0	0.0	1	8.3	0	0.0
Trillium Catchment Total	207	14.4	235	16.1	243	16.0
North Carolina Total	1,373	13.5	1,527	14.9	1,499	14.4

Source: Vital Statistics, Volume 2, North Carolina Department of Health and Human Services Division of Public Health, State Center for Health Statistics Accessed 3/28/2021.

Crime Rates

Crime Rates SFY2018 - SFY2019 (Rate per 100,000)

County	2018 Index Crime Rate	2019 Index Crime Rate	2018 Violent Crime Rate	2019 Violent Crime Rate	2018 Property Crime Rate	2019 Property Crime Rate
Beaufort	2,274.0	-	221.2	-	2,052.6	-
Bertie	1,018.4	1,224.2	162.5	266.6	855.9	957.6
Brunswick	1,574.5	-	158.1	-	1,416.4	-
Camden	659.3	718.0	29.1	105.3	630.2	612.7
Carteret	2,157.6	2,490.3	172.3	191.3	1,985.3	2,299.0
Chowan	3,124.3	2,109.6	463.4	416.3	2,661.0	1,693.4
Columbus	3,043.0	-	395.1	-	2,647.9	-
Craven	2,661.5	2,897.4	277.2	310.9	2,384.2	2,586.5
Currituck	1,353.8	1,228.8	168.8	232.5	1,185.0	996.3
Dare	3,115.3	2,400.2	147.1	156.8	2,968.2	2,243.4
Gates	-	-	-	-	-	-
Hertford	2,711.7	2,714.8	386.1	406.5	2,325.6	2,308.2
Hyde	-	-	-	-	-	-
Jones	-	-	-	-	-	-
Martin	3,364.1	-	500.1	-	2,864.0	-
Nash	1,582.6	-	269.2	-	1,313.4	-
New Hanover	2,752.4	2,861.9	419.1	436.1	2,333.3	2,425.4
Northampton	-	-	-	-	-	-
Onslow	2,497.8	2,430.6	267.4	269.3	2,230.4	2,161.3
Pamlico	1,704.5	1,824.8	185.8	184.9	1,518.7	1,639.9
Pasquotank	3,449.8	3,015.0	383.6	389.1	3,066.2	2,625.9
Pender	1,788.0	-	159.6	-	1,628.5	-
Perquimans	1,077.7	-	107.0	-	970.7	-
Pitt	2,750.1	2,769.9	417.2	366.0	2,332.9	2,403.9
Tyrrell	835.3	633.8	139.2	93.9	696.1	539.9
Washington	-	-	-	-	-	-
Trillium Catchment Average Rate	2,166.5	2,094.2	258.5	273.3	1,907.9	1,821.0
North Carolina Average Rate	2,770.1	2,909.2	357.5	407.7	2,412.6	2,501.5

- indicates missing data for full 12-month period for over 50% of the county population.

The crime rate is defined as the number of offenses per 100,000 population. It is derived by first dividing a jurisdiction's population by 100,000 and then dividing the number of offenses by the resulting figure.

The Crime Index includes the total number of murders, rapes, robberies, aggravated assaults, burglaries, larcenies, and motor vehicle thefts.

Violent Crime includes the offenses of murder, rape, robbery, and aggravated assault.

Property Crime includes the offenses of burglary, larceny, and motor vehicle theft.

Source: N.C. Department of Justice, Uniform Crime Reporting (UCR) Program, N.C. State Bureau of Investigation. Accessed 3/30/2021.

Juvenile Justice - Table A

County	POPULATION AGE GROUPS			COMPLAINTS RECEIVED							RATES	
	Juvenile Population Ages 6-15	Juvenile Population Ages 6-17	Juvenile Population Ages 10-17	Violent Class A - E	Serious Class F - I, A1	Minor Class 1 - 3	Infraction	Status (Undisciplined)	Total Delinquent Complaints	Total Complaints	Undisciplined Rate per 1,000 Age 6 - 17	Delinquent Rate per 1,000 Age 6 - 15
Beaufort	5,409	6,649	4,607	11	30	103	0	4	144	148	0.60	21.66
Bertie	2,180	2,620	1,818	4	3	2	0	0	9	9	0.00	3.44
Brunswick	13,568	16,375	11,489	14	66	170	1	3	251	254	0.18	15.33
Camden	1,201	1,498	1,104	0	0	4	0	3	4	7	2.00	2.67
Carteret	7,019	8,463	5,815	7	29	187	2	3	225	228	0.35	26.59
Chowan	1,644	1,981	1,342	27	3	29	0	3	59	62	1.51	29.78
Columbus	6,639	8,089	5,558	16	34	78	0	3	128	131	0.37	15.82
Craven	15,348	17,838	11,281	11	62	135	0	23	208	231	1.29	11.66
Currituck	3,144	3,878	2,784	0	5	50	0	8	55	63	2.06	14.18
Dare	4,002	4,804	3,290	0	24	127	2	5	153	158	1.04	31.85
Gates	1,381	1,674	1,187	0	1	14	0	0	15	15	0.00	8.96
Hertford	2,731	3,275	2,287	1	48	40	1	2	90	92	0.61	27.48
Hyde	512	616	410	0	0	4	0	0	4	4	0.00	6.49
Jones	1,174	1,377	943	2	22	58	0	1	82	83	0.73	59.55
Martin	2,605	3,150	2,217	10	19	70	0	4	99	103	1.27	31.43
Nash	11,175	13,695	9,479	12	161	156	3	5	332	337	0.37	24.24
New Hanover	24,475	29,391	20,051	69	331	373	1	8	774	782	0.27	26.33
Northampton	2,229	2,632	1,847	4	23	45	1	2	73	75	0.76	27.74
Onslow	33,110	37,206	20,640	16	305	487	1	104	809	913	2.80	21.74
Pamlico	1,185	1,437	1,023	0	2	15	0	3	17	20	2.09	11.83
Pasquotank	5,222	6,168	4,143	10	47	78	0	13	135	148	2.11	21.89
Pender	7,349	8,990	6,248	6	36	77	1	0	120	120	0.00	13.35
Perquimans	1,472	1,745	1,211	3	32	53	1	5	89	94	2.87	51.00
Pitt	22,167	26,298	17,513	36	231	501	0	13	768	781	0.49	29.20
Tyrrell	452	535	362	0	9	4	0	0	13	13	0.00	24.30
Washington	1,512	1,802	1,250	1	4	14	0	0	19	19	0.00	10.54
Trillium Catchment	178,905	212,186	139,899	260	1,527	2,874	14	215	4,675	4,890	1.01	26.13
North Carolina	1,313,898	1,584,274	1,085,154	1,952	10,643	15,981	67	1,542	28,643	30,185	0.97	18.08

Juvenile Justice - Table B

County	SUPERIOR COURT TRANSFERS	DETENTION			YDC COMMITMENTS		COMMUNITY PROGRAMS				
	Number of Juveniles Transferred to Superior Court	Distinct Juveniles Detained * **	Detention Admissions ***	Detention Admission Rate	YDC Commitments	YDC Commitment Rate per 1,000 youth Age 10-17	JCPC Youth Served	Alternatives to Commitment Youth Served	JCPC Endorsed Level II Programs Youth Served	Residential Contractual Programs Youth Served	Community Based Contractual Programs Youth Served
Beaufort	4	10	11	1.65	2	0.43	80	0	0	9	9
Bertie	1	1	1	0.38	0	0.00	37	0	0	1	1
Brunswick	3	8	10	0.61	0	0.00	221	0	0	10	10
Camden	0	2	2	1.34	0	0.00	44	0	0	0	1
Carteret	0	6	7	0.83	1	0.17	154	0	0	2	0
Chowan	5	6	7	3.53	2	1.49	111	0	0	1	0
Columbus	1	8	9	1.11	3	0.54	182	0	0	3	5
Craven	0	10	10	0.56	2	0.18	222	0	0	3	2
Currituck	0	3	3	0.77	0	0.00	73	0	0	5	2
Dare	0	1	1	0.21	0	0.00	141	0	0	3	1
Gates	0	0	0	0.00	0	0.00	99	0	0	0	0
Hertford	1	10	12	3.66	0	0.00	49	0	0	2	0
Hyde	0	0	0	0.00	0	0.00	42	0	0	0	0
Jones	0	1	1	0.73	0	0.00	29	0	0	1	0
Martin	3	8	8	2.54	2	0.90	264	0	0	7	4
Nash	7	19	22	1.61	0	0.00	238	3	1	4	0
New Hanover	4	37	48	1.63	5	0.25	351	7	21	4	23
Northampton	0	1	2	0.76	1	0.54	38	0	0	3	3
Onslow	4	32	49	1.32	10	0.48	304	25	0	14	19
Pamlico	0	0	0	0.00	0	0.00	135	0	0	0	0
Pasquotank	3	7	8	1.30	0	0.00	99	0	0	3	5
Pender	0	4	4	0.44	1	0.16	152	2	0	2	6
Perquimans	0	5	6	3.44	0	0.00	35	0	0	0	0
Pitt	2	59	64	2.43	21	1.20	187	0	9	9	15
Tyrrell	0	1	1	1.87	0	0.00	101	0	0	0	0
Washington	1	4	4	2.22	0	0.00	38	0	0	0	3
Trillium Catchment	39	243	290	1.37	50	0.36	3,426	37	31	86	109
North Carolina	291	1,700	2,192	1.38	142	0.13	17,997	116	174	587	415

Source: North Carolina Department of Public Safety. 2020 Juvenile Justice County Databook. Accessed 4/13/2021.

DETENTION:

***"Distinct" in the County Databook is a count of juveniles detained per billed county.

** Statewide Distinct Juveniles Detained does not include juvenile admissions from the Reservation.

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

COMMUNITY PROGRAMS:

Community Programs' data for columns V-AA are defined as youth served during the 2019-20 school/fiscal year.

DATA SOURCES:

Population Data Source: <https://www.osbm.nc.gov/demog/county-projections>

Prison Population

Prison Population - December 31, 2020

County	Prison Population	Female	Male
Beaufort	259	17	242
Bertie	68	4	64
Brunswick	317	30	287
Camden	4	1	3
Carteret	206	39	167
Chowan	46	5	41
Columbus	212	15	197
Craven	371	28	343
Currituck	30	5	25
Dare	78	3	75
Gates	12	0	12
Hertford	67	1	66
Hyde	13	0	13
Jones	25	1	24
Martin	113	8	105
Nash	289	11	278
New Hanover	782	59	723
Northampton	53	3	50
Onslow	459	49	410
Pamlico	47	3	44
Pasquotank	90	3	87
Pender	148	10	138
Perquimans	25	1	24
Pitt	605	25	580
Tyrrell	5	0	5
Washington	42	2	40
Trillium Catchment Total	4,366	323	4,043
North Carolina Total	30,058	2,182	27,876

Sources: North Carolina Department of Public Safety, Office of Research and Planning. A.S.Q. Custom Offender Report. Accessed 3/29/2021.

Probation/Parole Population

Probation/Parole Population December 31, 2020

County	Probation	Parole
Beaufort	673	83
Bertie	192	32
Brunswick	1,028	231
Camden	50	7
Carteret	641	89
Chowan	169	27
Columbus	447	85
Craven	911	158
Currituck	214	9
Dare	330	38
Gates	77	9
Hertford	179	17
Hyde	30	1
Jones	67	16
Martin	275	31
Nash	692	194
New Hanover	1,931	380
Northampton	169	16
Onslow	1,327	198
Pamlico	127	28
Pasquotank	369	45
Pender	500	70
Perquimans	78	10
Pitt	1,524	309
Tyrrell	29	4
Washington	164	17
Trillium Catchment Total	12,193	2,104
North Carolina Total	69,147	14,791

Sources: North Carolina Department of Public Safety, Office of Research and Planning. A.S.Q. Custom Offender Report. Accessed 3/29/2021.

Appendix B: Constituent Survey Instruments

Member & Family Survey - English



Trillium Health Resources Member and Family Gaps & Needs Survey 2021

1. **Please identify your primary diagnosis:**

- Intellectual-Developmental Disability (IDD)
- Mental Health (MH)
- Substance Use Disorder (SUD)
- Dual Diagnosed - Mental Health and Substance Use Disorder (MH & SUD)
- Dual Diagnosed - Intellectual-Developmental Disability and Mental Health (IDD & MH)
- If other, please specify

2. **Which of the following services do you receive? Please select all that apply.**

- Child/Adolescent Mental Health
- Child/Adolescent Developmental Disabilities
- Child/Adolescent Substance Abuse
- Adult Mental Health
- Adult Developmental Disabilities
- Adult Substance Abuse
- If other, please specify

3. **How old are you?**

4. **What is your gender?**

- Male
- Female
- Other

5. **What is your marital status?**

- Single
- Married/Civil Union
- Living with Partner

- Separated/Divorced
 - Widowed
-

6. **What is your ethnicity?**

- Hispanic or Latino/Latina
 - Not Hispanic or Latino/Latina
 - Other
-

7. **What is your race? Please select all that apply.**

- Native American
- Asian
- Hawaiian/Pacific Islander
- Black or African American
- White/Caucasian
- Latino/Hispanic
- Prefer not to answer
- If other, please specify

8. **What is the primary language you speak at home?**

- English
- Spanish
- Chinese
- Other/multiple languages (please specify)

9. **Are you able to receive services in the language you are most comfortable communicating in?**

- Yes
 - No
-

10. **What technology do you use? Please choose as many as needed.**

- Cell phone (cannot access the Internet or websites)
- Cell phone - smartphone (access to Internet and APPS)
- Tablet
- Laptop/desktop
- If other, please specify

11. **How do you prefer to receive news and information from Trillium?**

- In person
- Regular mail
- Email
- Phone
- Text message

12. **In what county do you receive services? Please check all that apply.**

- Beaufort
- Bertie
- Brunswick
- Camden
- Carteret
- Chowan
- Columbus
- Craven
- Currituck
- Dare
- Gates
- Hertford
- Hyde
- Jones
- Martin
- Nash
- New Hanover
- Northampton
- Onslow
- Pamlico
- Pasquotank
- Pender
- Perquimans
- Pitt
- Tyrrell
- Washington
- If other, please specify

13. **What county do you live in?**

- Beaufort
- Bertie
- Brunswick
- Camden
- Carteret
- Chowan
- Columbus
- Craven
- Currituck
- Dare
- Gates
- Hertford
- Hyde

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

14. Are you getting the services you need?

- Yes
- No

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

15. What is your greatest unmet need?

- Community integration
 - Disability benefits (e.g., SSI/SSDI Outreach, Access, and Recovery (SOAR) caseworkers)
 - Food and income supports
 - Housing
 - Transportation
 - Employment services
 - Education
 - Child welfare services
 - Domestic violence services
 - Legal services
 - Services for justice-involved populations
 - Physical health related resources
 - Medications
 - Other services that help individuals achieve their highest level of function and independence
 - None
 - If other, please specify
-

16. Have you had to go outside the county you live in for Mental Health, Intellectual-Developmental Disability, or Substance Use Disorder services in the past year?

- Yes
- No
- Not applicable

17. **If you had a Mental Health, Intellectual-Developmental Disability, or Substance Use Disorder crisis in the past year, did you receive the help you needed?**

- Yes
- No
- Not applicable

18. **Have you ever felt stigma (embarrassment or shame) based on how you have been treated because of your diagnosis?**

- Yes
- No

19. **Which of the following categories describes a population you could represent? Select 'N/A' if none of the categories apply. Please check all that apply.**

- Pregnant women
- Foster parent/child
- Adoptive parent/child
- Lesbian, gay, bisexual, and transgender (LGBT) community
- Served in the military (i.e., Air Force, Army, Coast Guard, Marine, Navy, National Guard, Reserve)
- Military family member (i.e., child, sibling, parent)
- Traumatic brain injuries
- Physical or sensory disabilities
- Intellectual or developmental disabilities
- Autism/Autism Spectrum Disorder/Asperger's Syndrome
- Deaf or hard of hearing
- Blind/visually impaired
- Mental health issue
- Substance use issue
- Sex offender
- Jail or prison experience
- Juvenile justice system experience
- Experienced homelessness
- Experienced domestic violence/interpersonal violence/toxic stress
- Experienced natural disaster
- Experienced mass shooting
- Not applicable
- If other, please specify

20. **Have you ever been diagnosed with having a concussion?**

Yes No

21. **Please answer the following questions related to traumatic brain injury.**

What traumatic brain injury specific service(s) do you receive? _____

What traumatic brain injury specific system(s) do you utilize, if any? _____

What traumatic brain injury services and supports are needed but are not available? _____

22. **How satisfied are you with traumatic brain injury (TBI) services you received?**

	Did not receive TBI services	Extremely satisfied	Satisfied	Neutral	Dissatisfied	Extremely dissatisfied
TBI services received	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 23. **Do you receive intellectual-developmental disability services? If you check YES, please answer the questions on this page. If you check NO, please skip the questions and go to the bottom of the page and click NEXT.**

- Yes No
-

24. **How many times in the past year has your support staff changed?**

- 0
 1-2
 3-4
 5 or more
 N/A
-

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

- Supported employment services
 Residential services
 Group homes
 Intermediate care facilities
 Day programs
 Adult developmental vocational programs
 Too few support service hours
 Respite
 If other, please list

* 26. **Do you receive mental health or substance use disorder services? If you check YES to mental health and/or substance use services, please answer the questions on this page. If you check NO, please skip these questions and go to the bottom of the page and click NEXT.**

- Yes - Mental Health
- Yes - Substance Use
- No

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

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

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

- Transportation
- Inconvenient hours
- Wait too long for appointments
- Lack of insurance
- Cost of medications
- Don't want friends/family members to know about my condition
- Housing instability/homelessness
- Discrimination due to my sexual orientation or gender identify
- Providers of a different race sometimes don't believe my symptoms/aren't culturally competent/don't take my concerns seriously
- If other, please list

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

- Substance Use Parenting Program
- Child/Youth Substance Use Disorder Education
- Adult Substance Use Disorder Education
- Recovery and Support Education/Relapse Prevention

- Wellness Recovery Action Planning (WRAP-overall wellness in recovery from substance use disorder/mental health)
- Medication Management
- Suicide Prevention
- Mental Health Parenting Program
- Youth Mental Health Education (Mental Health First Aid)
- Adult Mental Health Education (Mental Health First Aid)
- How to Advocate for Myself
- Information or resources related to housing, food, transportation, education, employment or other social needs
- If other, please list

30. **Are you aware of the availability of Narcan/Naloxone kits to save lives from opiate (Heroin, Oxycodone, etc.) overdoses?**

- Yes
- No

Additional Comments

31. **Are you using 12-step groups in your area to help with your substance use disorder issues?**

- Yes
- No
- N/A

32. **If yes, has the 12-step approach been helpful?**

- Yes
- No
- Don't Know

Additional Comments

Trillium Wellbeing Index: The following questions are being asked in order to help measure your overall satisfaction and quality of life. While it is important for Trillium to meet the necessary standards for ensuring member care, Trillium also wants to help members live their best lives possible.

33. **I feel I have a purpose each day to achieve my goals.**

Yes No

34. **I have supportive relationships with people I love.**

Yes No

35. **I am at a stable position with my money and financial obligations.**

Yes No

36. **I like where I live and take pride in my community.**

Yes No

37. **I have good health and enough energy to accomplish all my tasks.**

Yes No

38. **Within the past 12 months did you (please select all that apply):**

- Worry that your food would run out before you got money to buy more?
 - Stay outside, in a car, in a tent, in an overnight shelter or temporarily in someone else's home (ie; couch surfing)? (not including camping)
 - Worry that you would lose your housing?
 - Not have or were unable to get utilities (heat, electricity, water) when it was really needed?
 - Lack transportation that kept you from medical appointments or from doing things for daily living?
 - Feel physically or emotionally unsafe where you currently live?
 - Feel humiliated or emotionally abused by anyone?
 - Feel isolated from those around you or felt lonely?
 - Experience racism/discrimination from a professional (doctor/provider, law enforcement, etc.)
 - None of these apply to me
-

39. **Did you understand the survey questions?**

- Yes
 - No
-

40. **Does this survey ask questions that are important to you?**

- Yes
 - No
 - Some of them
 - Don't know
-

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



Trillium Health Resources Encuesta para Miembros y Familias 2021

1. Identifica tu diagnóstico primario.

- Discapacidad intelectual-del desarrollo
 - Salud mental
 - Trastorno por uso de sustancias
 - Diagnóstico dual: trastorno de salud mental y uso de sustancias
 - Diagnóstico dual: discapacidad intelectual-del desarrollo y salud mental
 - En otro caso, por favor especifique
-

2. ¿Cuál de los siguientes servicios recibe? Seleccione todas las que correspondan.

- Salud mental infantil/adolescente
 - Discapacidades del desarrollo del niño/adolescente
 - Abuso de sustancias de niños/adolescentes
 - Salud mental de adultos
 - Discapacidades del desarrollo del adulto
 - Abuso de sustancias en adultos
 - En otro caso, por favor especifique
-

3. ¿Cuántos años tienes?

4. ¿Cuál es tu identidad de género?

- Masculino
 - Hembra
 - Otro
-

5. ¿Cuál es tu estado civil?

- Soltero
- Casado/Unión Civil
- Viviendo con un compañero
- Separado/divorciado
- Viudo

6. **Cuál es tu etnia?**

- Hispano o Latino/Latina
- No Hispano o Latino/Latino
- Otro

7. **¿Cuál es su raza? Por favor seleccione todas las respuestas válidas.**

- Nativo americano
 - Asiático
 - Isleño hawaiano/pacífico
 - Negro o afroamericano
 - Blanco/caucásico
 - Latino/Hispano
 - Prefiero no responder
 - En otro caso, por favor especifique
-

8. **¿Cuál es el idioma principal que hablas en casa?**

- Inglés
 - Español
 - Chino
 - Otros/varios idiomas, por favor especifique
-

9. **¿Puede recibir servicios en el idioma con el que se siente más cómodo para comunicarse?**

- Sí
 - No
-

10. **¿Qué tecnología usas? Por favor, elija tantos como sea necesario.**

- Teléfono celular (no puede acceder a Internet o sitios web)
 - Teléfono celular - teléfono inteligente (acceso a Internet y APPS)
 - Tableta
 - Laptop/desktop
 - En otro caso, por favor especifique
-

11. **¿Cómo prefiere recibir noticias e información de Trillium?**

- En persona
 - Correo regular
 - Email
 - Teléfono
 - Mensaje de texto
-

12. **¿En qué condado recibe servicios? Marque todo lo que corresponda.**

- Beaufort
 - Bertie
 - Brunswick
 - Camden
 - Carteret
 - Chowan
 - Columbus
 - Craven
 - Currituck
 - Dare
 - Gates
 - Hertford
 - Hyde
 - Jones
 - Martin
 - Nash
 - New Hanover
 - Northampton
 - Onslow
 - Pamlico
 - Pasquotank
 - Pender
 - Perquimans
 - Pitt
 - Tyrrell
 - Washington
 - En otro caso, por favor especifique
-

13. **¿En que país vives?**

- Beaufort
- Bertie
- Brunswick
- Camden
- Carteret
- Chowan
- Columbus
- Craven
- Currituck
- Dare
- Gates
- Hertford
- Hyde
- Jones

- Martin
 - Nash
 - New Hanover
 - Northampton
 - Onslow
 - Pamlico
 - Pasquotank
 - Pender
 - Perquimans
 - Pitt
 - Tyrrell
 - Washington
 - En otro caso, por favor especifique
-

14. ¿Estás recibiendo los servicios que necesitas?

- Sí
- No

Si no, ¿qué servicios necesita que no está recibiendo?

15. ¿Cuál es tu mayor necesidad insatisfecha?

- Integración comunitaria
 - Beneficios por discapacidad (por ejemplo, trabajadores sociales de SSI / SSDI Outreach, Access, and Recovery (SOAR))
 - Ayudas alimentarias y de ingresos
 - Vivienda
 - Transporte
 - Servicios de empleo
 - Educación
 - Servicios de bienestar infantil
 - Servicios de violencia doméstica
 - Servicios legales
 - Servicios para poblaciones involucradas en la justicia
 - Recursos relacionados con la salud física
 - Medicamentos
 - Otros servicios que ayudan a las personas a alcanzar su nivel más alto de función e independencia.
 - Ninguno
 - Otro, por favor especifique
-

16. ¿Tuvo que ir fuera del condado donde vive para recibir servicios de salud mental, discapacidad del desarrollo intelectual o trastorno por abuso de sustancias durante el año pasado?

- Sí
 - No
 - No aplica
-

17. Si tuvo una crisis de salud mental, discapacidad del desarrollo intelectual o trastorno por consumo de sustancias en

el último año, ¿recibió la ayuda que necesitaba?

- Sí
 - No
 - No aplica
-

18. ¿Alguna vez ha sentido estigma (vergüenza) en función de cómo ha sido tratado debido a su diagnóstico?

- Sí
 - No
-

19. ¿Cuál de las siguientes categorías describe una población que podrías representar? Seleccione "no aplica" si ninguna de las categorías se aplica. Por favor seleccione todas las respuestas válidas.

- Mujeres embarazadas
 - Padre adoptivo/niño
 - Comunidad de lesbianas, gays, bisexuales y transgénero
 - Sirvió en el ejército (por ejemplo, Fuerza Aérea, Ejército, Guardia Costera, Infantería de Marina, Guardia Nacional, Reserva)
 - Miembro de la familia militar (por ejemplo, niño, hermano, parente)
 - Lesiones cerebrales traumáticas
 - Discapacidades físicas o sensoriales
 - Discapacidades intelectuales o del desarrollo
 - Autismo/Trastorno del espectro autista/Síndrome de Asperger
 - Sordo o con problemas de audición
 - Ciego/impedido visual
 - Problemas de salud mental
 - Problemas de uso de sustancias
 - Delincuente sexual
 - Experiencia en la cárcel o prisión
 - Experiencia del sistema de justicia juvenil
 - Personas sin hogar con experiencia
 - Violencia doméstica experimentada/violencia interpersonal/estrés tóxico
 - Desastre natural experimentado
 - Tiro masivo experimentado
 - No aplica
 - En otro caso, por favor especifique
-

20. **¿Alguna vez le han diagnosticado una conmoción cerebral?**

Sí No

21. **Responda las siguientes preguntas relacionadas con una lesión cerebral traumática.**

¿Qué servicio(s) de lesión cerebral traumática recibe? _____

¿Qué sistema(s) específico de lesión cerebral traumática utiliza, si lo tiene? _____

¿Qué servicios y apoyos para lesiones cerebrales traumáticas se necesitan pero no están disponibles? _____

22. **¿Qué tan satisfecho está con los servicios de lesión cerebral traumática (TBI) que recibió?**

	No recibió servicios de TBI	Extremadamente satisfecho	Satisfecho	Neutral	Insatisfecho	Extremadamente insatisfecho
Servicios de TBI recibidos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 23. **¿Recibe servicios de discapacidad del desarrollo intelectual? Si marca SÍ, responda las preguntas en esta página. Si marca NO, omita las preguntas, vaya al final de la página y haga clic en SIGUIENTE.**

- Sí
 - No
-

24. **¿Cuántas veces en el último año ha cambiado su personal de soporte?**

- 0
 - 1-2
 - 3-4
 - 5 o más
 - No aplica
-

25. **¿Qué necesidades de servicio tiene que no se satisfacen? Marque todos los que apliquen.**

- Servicios de empleo soportados
 - Servicios residenciales
 - Casas grupales
 - Instalaciones de cuidado intermedio
 - Programas diurnos
 - Programas vocacionales de desarrollo para adultos
 - Muy pocos servicios de soporte
 - Respiro - descanso temporal del cuidado
 - En otro caso, por favor especifica
-
-
-

* 26. **¿Recibe servicios de salud mental o trastorno por abuso de sustancias? Si marca SÍ a los servicios de salud mental y/o uso de sustancias, responda las preguntas en esta página. Si marca NO, omita estas preguntas, vaya al final de la página y haga clic en SIGUIENTE.**

- Sí, salud mental
- Sí, uso de sustancias
- No

27. **¿Qué necesidades de servicio tiene que no se satisfacen? Marque todos los que apliquen.**

- Crisis basada en instalaciones
- Respiro de crisis
- Desintoxicación
- Tratamiento intensivo de salud mental o uso de sustancias para pacientes ambulatorios para niños y adolescentes
- Tratamiento intensivo ambulatorio de salud mental o uso de sustancias para adultos
- Salud mental o uso de sustancias para pacientes hospitalizados o tratamiento a largo plazo para niños y adolescentes
- Salud mental o uso de sustancias para pacientes internados o tratamiento a largo plazo para adultos
- Viviendas de recuperación (casas intermedias para la transición después del tratamiento) para el trastorno por uso de sustancias
- Consejería de adicción
- Asesoramiento psicológico (terapia de conversación)
- Grupos de apoyo de salud mental
- Servicios de empleo con apoyo
- Tratamiento asistido por medicación (MAT)
- Se es otro, indique

28. **¿Qué desafíos le impiden acceder a los servicios de salud mental o trastorno por abuso de sustancias que necesita?**

- Transporte
- Horas incómodas
- Espere demasiado para citas
- Falta de seguro
- Costo de medicamentos.
- No quiero que amigos o familiares sepan sobre mi condición
- Inestabilidad de la vivienda/falta de vivienda
- Discriminación por mi orientación sexual o identidad de género
- Los proveedores de una raza diferente a veces no creen en mis síntomas/no son culturalmente competentes/no toman mis preocupaciones en serio
- Si es otro, indique

29. **¿Qué información o educación les ayudaría a usted o su familia?**

- Programa de crianza de uso de sustancias
- Educación sobre el trastorno del uso de sustancias en niños o jóvenes
- Educación sobre el trastorno por uso de sustancias en adultos
- Educación de recuperación y apoyo o prevención de recaídas
- Planificación de la acción de recuperación del bienestar (bienestar general en la recuperación del trastorno por uso de sustancias/salud mental)

- Manejo de medicación
- Prevención del suicidio
- Programa de crianza de salud mental
- Educación de salud mental para jóvenes (Mental Health First Aid)
- Educación de salud mental para adultos (Mental Health First Aid)
- Cómo abogar por mí mismo
- Información o recursos relacionados con vivienda, alimentación, transporte, educación, empleo u otras necesidades sociales
- Si es otro, indique

30. **¿Conoce la disponibilidad de kits de Narcan/Naloxona para salvar vidas de una sobredosis de opiáceos (por ejemplo, heroína, oxycodona)?**

- Sí
- No

Comentarios adicionales

31. **¿Está utilizando grupos de 12 pasos en su área para ayudar con sus problemas de trastorno por uso de sustancias?**

- Sí
- No
- No aplica

32. **En caso afirmativo, ¿ha sido útil el enfoque de 12 pasos?**

- Sí
- No
- No se

Comentarios adicionales

Índice de bienestar de Trillium: se hacen las siguientes preguntas para ayudar a medir su satisfacción general y su calidad de vida. Si bien es importante que Trillium cumpla con los estándares necesarios para garantizar la atención de los miembros, Trillium también quiere ayudarlos a vivir lo mejor posible.

33. **Siento que tengo un propósito cada día para lograr mis metas.**

Sí No

34. **Tengo relaciones de apoyo con gente que amo.**

Sí No

35. **Estoy en una posición estable con mi dinero y mis obligaciones financieras.**

Sí No

36. **Me gusta donde vivo y me enorgullezco de mi comunidad.**

Sí No

37. **Tengo buena salud y suficiente energía para cumplir todas mis tareas.**

Sí No

38. **En los últimos 12 meses, usted (seleccione todas las opciones que correspondan):**

- ¿Te preocupa que se acabe tu comida antes de que tengas dinero para comprar más?
 - ¿Quedarse afuera, en un automóvil, en una tienda de campaña, en un refugio nocturno o temporalmente en la casa de otra persona (es decir, haciendo surf en el sofá)? (sin incluir camping) 1
 - ¿Te preocupa perder tu vivienda?
 - ¿No tiene o no pudo obtener los servicios públicos (calefacción, electricidad, agua) cuando realmente era necesario?
 - ¿Le faltó transporte que le impidió acudir a citas médicas o hacer cosas para la vida diaria?
 - ¿Se siente maltratado física o emocionalmente y emocionalmente no es seguro donde vive actualmente?
 - ¿Te sientes humillado o por alguien?
 - ¿Te sientes aislado de los que te rodean o te sientes solo?
 - ¿Experimenta racismo / discriminación por parte de un profesional (médico / proveedor, policía, etc.)?
 - Ninguno de estos se aplica en mí
-

39. **¿Entendiste las preguntas de la encuesta?**

- Sí No
-

40. **¿Esta encuesta hace preguntas que son importantes para usted?**

- Sí
 No
 Algunos
 No se
-

41. **Proporcione cualquier comentario adicional aquí.**



Trillium Health Resources Stakeholder Gaps & Needs Survey 2021

*** 1. What is your relationship to Trillium Health Resources LME/MCO?**

- Stakeholder (such as treatment providers, staff of hospitals, social services, law enforcement, schools, and other healthcare providers, etc.)
- Board Member
- Staff Member
- JJSAHMP Partnership Member
- If other, please specify

2. If you selected "Staff Member" above, please identify in which Trillium Health Resources LME/MCO Department you work:

- Executive Team
- Network/Contracts/Training
- Utilization Management/Transition to Community Living Initiative/Transitions of Care
- Care Management
- Finance/Human Resources/Claims/Regional Operations/System of Care
- Medical Affairs/Quality Management
- Appeals/Compliance
- Supports Intensity Scale
- Information Technology
- Marketing/Communications
- If other, please specify

3. If you selected "Stakeholder" above, please identify your role in the community:

- Trillium Health Resources LME/MCO Contracted Service Provider
- Division of Social Services
- Division of Social Services, Child Protective Services
- School System
- Public Health
- Department of Justice
- Division of Juvenile Justice
- Probation/Parole

- Department of Veterans Affairs
- Police Department
- Sheriff's Department
- Service Provider
- Primary Care Provider
- Specialty Care Practice
- Hospital
- Federally Qualified Health Center (FQHC)
- Community Care Clinic
- Guardian Ad Litem
- Community Member
- If other, please specify

*** 4. Please identify the county(ies) in which your organization has offices:**

- Beaufort
- Bertie
- Brunswick
- Camden
- Carteret
- Chowan
- Columbus
- Craven
- Currituck
- Dare
- Gates
- Hertford
- Hyde
- Jones
- Martin
- Nash
- New Hanover
- Northampton
- Onslow
- Pamlico
- Pasquotank
- Pender
- Perquimans
- Pitt
- Tyrrell
- Washington
- If other, please specify

*** 5. Please identify the county in which you live:**

- Beaufort
- Bertie
- Brunswick
- Camden
- Carteret
- Chowan
- Columbus
- Craven
- Currituck
- Dare
- Gates
- Hertford
- Hyde
- Jones
- Martin
- Nash
- New Hanover
- Northampton
- Onslow
- Pamlico
- Pasquotank
- Pender
- Perquimans
- Pitt
- Tyrrell
- Washington
- If other, please specify

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

- MH Adult
- MH Child
- I/DD Adult
- I/DD Child
- SUD Adult
- SUD Child
- If other, please specify

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

* 8. **Do you feel the services offered in the Trillium Health Resources LME/MCO region are addressing your consumer's cultural and ethnic needs?**

- Yes

- No
- Not Sure

Additional Comments

9. If you answered no to question 8, please answer the following:

Please identify which cultural or ethnic groups are experiencing needs not addressed by Trillium network services.

Identify which services those groups need access to.

If you work for a provider agency, please answer the following questions. All others may skip these and go to the next page.

10. **Has your organization ever participated in a cultural sensitivity or competence assessment?**

- Yes No

11. **If yes, was it a standardized tool?**

- Yes No

12. **If yes, please identify which tool was used to assess your organization's cultural sensitivity or competence.**

13. **Does your organization/agency have a Cultural Competency Plan?**

- Yes
 No
 Not Sure
-

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

- Yes
 - No
 - Not Sure
-

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

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

* 17. **Have you observed stigmas or prejudices against members with a mental health, intellectual/developmental disability, or substance use diagnosis?**

- Yes
 - No
-

18. **Additional feedback that you would like to give Trillium Health Resources LME/MCO.**

Appendix C: Other Opioid Prescribers

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
AARON ALBERT	CAROLINA BEACH COUNSELING LLC	1328 LAKE PARK BLVD N STE 109	Carolina Beach	NC	28428	New Hanover	Brunswick, Carteret, Columbus, Jones, New Hanover, Onslow, Pender
AARON ALBERT	CAROLINA HEALTHCARE ASSOCIATES INC DBA CHA DIVISION OF PSYCHIATRY	2131 S 17TH ST	Wilmington	NC	28401	New Hanover	New Hanover
AMANDA HARRISON	COASTAL HORIZONS CENTER INC	615 SHIPYARD BLVD	Wilmington	NC	28412	New Hanover	Brunswick, New Hanover, Pender
ANGELA BOOTH	COASTAL HORIZONS CENTER INC	615 SHIPYARD BLVD	Wilmington	NC	28412	New Hanover	Brunswick, New Hanover, Pender
ANN NUNEZ, 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, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
ANNA JAZAYERI	COASTAL HORIZONS CENTER INC	615 SHIPYARD BLVD	Wilmington	NC	28412	New Hanover	Brunswick, New Hanover, Pender
ASHRAF MIKHAIL	BRYNN MARR HOSPITAL INC	192 VILLAGE DR	Jacksonville	NC	28546	Onslow	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
ASHRAF MIKHAIL	COASTAL CAROLINA NEUROPSYCHIATRIC CENTER	200 TARPON TRL	Jacksonville	NC	28546	Onslow	Carteret, Cumberland, Onslow
ASHRAF MIKHAIL	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
ASHRAF MIKHAIL	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
ASHRAF MIKHAIL	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
BRITTANY WELLS	COASTAL CAROLINA NEUROPSYCHIATRIC CENTER	200 TARPON TRL	Jacksonville	NC	28546	Onslow	Carteret, Cumberland, Onslow
BURT DOBSON	RHA BEHAVIORAL HEALTH NC LLC	603 PECAN LANE	Whiteville	NC	28472	Columbus	Columbus
CARROLL ROBERTSON	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,

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
							Nash, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
CHELSEA RIVENBARK	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, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
DANIEL PAUL MD	CAROLINAEAST MEDICAL CENTER	2000 NEUSE BLVD	New Bern	NC	28560	Craven	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
DAVID JOSEPH	REFLECTIONS OF HOPE LLP	33 DARLINGTON AVE	Wilmington	NC	28403	New Hanover	New Hanover
DAVID TIPTON	RHA HEALTH SERVICES INC	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,

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
							Pamlico, Pender, Robeson, Rowan, Rutherford, Scotland, Stanly, Tyrrell, Union, Wake, Washington, Yancey
DAVID TIPTON	SOUTHEASTERN REGIONAL MEDICAL CENTER	300 W 27TH ST	Lumberton	NC	28358	Robeson	Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Robeson, Tyrrell, Washington
ERIC TAKAHASHI	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
ERIC TAKAHASHI	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
FERAS TANTA	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,

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
							Pasquotank, Perquimans, Pitt, Tyrrell, Washington
GENING ZHU	DSOHF WALTER B JONES WOODSIDE TREATMENT CENTER	2577 W 5TH ST	Greenville	NC	27834	Pitt	Pitt
GREGORY JONES	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
JANET CUTLER, 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
JEREMY REVELL	SBH WILMINGTON LLC DBA CAROLINA DUNES BEHAVIORAL HEALTH	2050 MERCANTILE DRIVE	Leland	NC	28451	Brunswick	Brunswick
JEREMY SEXTON, MD	EAST CAROLINA HEALTH CHOWAN INC dba VIDANT CHOWAN HOSPITAL	211 VIRGINIA RD	Edenton	NC	27932	Chowan	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
JEREMY SEXTON, 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
JOSEPH SAMPSON JR, MD	REFLECTIONS OF HOPE LLP	33 DARLINGTON AVE	Wilmington	NC	28403	New Hanover	New Hanover
JUAN FIRNHABER, 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, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
JULIE KNERR, MD	UNC CHAPEL HILL DBA UNC FACULTY PHYSICIANS	101 MANNING DR	Chapel Hill	NC	27514	Orange	Orange
JUN HE, MD	UNC CHAPEL HILL DBA UNC FACULTY PHYSICIANS	101 MANNING DR	Chapel Hill	NC	27514	Orange	Orange
KAREN MANN	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

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
KATLYN PEELE, 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
KELLY McLEAN	EAST CAROLINA HEALTH DBA VIDANT ROANOKE CHOWAN HOSPITAL	111 HERTFORD COUNTY HIGH RD	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
KELLY McLEAN	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, Pender, Perquimans, Pitt, Tyrrell, Washington
KRISTA MURPHY	COASTAL CAROLINA NEUROPSYCHIATRIC CENTER	200 TARPON TRL	Jacksonville	NC	28546	Onslow	Carteret, Cumberland, Onslow
KRISTA MURPHY	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,

Prescriber's Name	Group Affiliation	Street Address	City	State	Zip Code	County	Counties Served
							Perquimans, Pitt, Tyrrell, Washington
LYNN JOHNSON	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
MARIO SANCHEZ-MARTINEZ	BRYNN MARR HOSPITAL INC	192 VILLAGE DR	Jacksonville	NC	28546	Onslow	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
MARIO SANCHEZ-MARTINEZ	COASTAL CAROLINA NEUROPSYCHIATRIC CENTER	200 TARPON TRL	Jacksonville	NC	28546	Onslow	Carteret, Cumberland, Onslow

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MARK MOFFET, MD-PSY	RHA HEALTH SERVICES INC	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
MARK O'DANIEL	DSOHF WALTER B JONES WOODSIDE TREATMENT CENTER	2577 W 5TH ST	Greenville	NC	27834	Pitt	Pitt
MASUD BAKSH	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
MELANY FURIMSKY, 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

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MICHAEL DIAMOND, 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
MICHAEL LANG	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
MICHAEL LANG	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
MICHAEL ODIBO	COASTAL HORIZONS CENTER INC	615 SHIPYARD BLVD	Wilmington	NC	28412	New Hanover	Brunswick, New Hanover, Pender
MICHELE HICKMAN	COASTAL HORIZONS CENTER INC	615 SHIPYARD BLVD	Wilmington	NC	28412	New Hanover	Brunswick, New Hanover, Pender
RAVINDER MAMEDI, MD	ROANOKE VALLEY PSYCHIATRIC ASSOCIATES PA	321 NC HIGHWAY 125	Roanoke Rapids	NC	27870	Halifax	Halifax

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RAYMOND MINARD, 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
RICHARD LYNCH, 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
RICHARD LYNCH, MD	EAST CAROLINA HEALTH DBA VIDANT ROANOKE CHOWAN HOSPITAL	111 HERTFORD COUNTY HIGH RD	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
RICHARD LYNCH, 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
RICKIE ELLIS	DSOHF WALTER B JONES WOODSIDE TREATMENT CENTER	2577 W 5TH ST	Greenville	NC	27834	Pitt	Pitt

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ROBYN JORDAN, MD	UNC CHAPEL HILL DBA UNC FACULTY PHYSICIANS	101 MANNING DR	Chapel Hill	NC	27514	Orange	Orange
RUTH FLYNN	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
SAKA SALAMI	SBH WILMINGTON LLC DBA CAROLINA DUNES BEHAVIORAL HEALTH	2050 MERCANTILE DRIVE	Leland	NC	28451	Brunswick	Brunswick
SAMUEL LEIBOVICI, 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, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
SONYA LONGEST	DSOHF WALTER B JONES WOODSIDE TREATMENT CENTER	2577 W 5TH ST	Greenville	NC	27834	Pitt	Pitt
SONYA LONGEST	WILSON PROFESSIONAL SERVICES TREATMENT CENTER INC	3709 NASH ST NW	Wilson	NC	27896	Wilson	Nash
THOMAS PENDERS	DSOHF WALTER B JONES WOODSIDE TREATMENT CENTER	2577 W 5TH ST	Greenville	NC	27834	Pitt	Pitt

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THOMAS PENDERS	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
WINSTON LANE, MD	EAST CAROLINA HEALTH BEAUFORT INC DBA VIDANT BEAUFORT HOSPITAL	628 E 12TH ST	Washington	NC	27889	New Hanover	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
WINSTON LANE, 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