TRILLIUM HEALTH RESOURCES

A DECADE OF BUILDING HEALTH EQUITY

2012–2022

Trillium
HEALTH RESOURCES

Transforming Lives. Building Community Well-Being.

According to the US Department of Health and Human Services, health equity is defined as, "the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities."

Before health equity was ever a buzz word, Trillium began the work to remove economic, social, and geographic barriers that prevented people in our health plans from adequately receiving services in our communities. As you will see in this report, the work at Trillium started for our team in 2007 when we recognized barriers for people accessing treatment that served no real purpose in improving health care; as a matter of fact the types of barriers we began to identify prohibited people from accessing treatment. In April 2017, just two years after successfully launching managed care in North Carolina, Trillium began to make substantial financial investments in our communities. From 2017 to early 2020, Trillium invested over $34 million towards positive outcomes for our communities. In many cases, these dollars established the foundation for addressing health equity because there was nothing similar in existence in our region. A foundation is critical to supporting future growth and improvements.

Why did Trillium do this in 2017? It was not because anyone forced us to do it. We used the savings generated from managed care to make our communities stronger and healthier. Trillium did it because it was, and is, the right thing to do. Reinvesting in our communities to improve health equity transforms lives and builds community well-being…exactly what Trillium stands for.

Our commitment is to continue this journey in our communities across eastern NC and to build upon these foundations to remove all barriers when that is the right thing to do. Thank you to our many stakeholders who join us in this journey and we look forward to your feedback and your ideas to make NC a healthier community for all!

OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION. (2021, AUGUST 11). HEALTHY PEOPLE 2020: DISPARITIES. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. RETRIEVED AUGUST 13, 2021, FROM HEALTHYPEOPLE.GOV/2020/ABOUT/FOUNDATION-HEALTH-MEASURES/DISPARITIES.

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HEALTH RESOURCES

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IMPROVING ACCESS TO CARE

No wrong door access

Program Overview

Trillium adopted the No Wrong Door Access approach in 2007. This approach transformed the way people could access services they needed across our communities. It focuses on people and their needs, and not on system needs. Locating and accessing the right services and supports can present a daunting task for many individuals and their families. Trillium designed systems that leveraged the best possible outcomes for our state and Medicaid funded populations from 2007 to 2022. The most recent version of the state transformation to Standard and Tailored Plans will change this beyond 2022. The BH I/DD Tailored Plan population will continue to experience the No Wrong Door approach throughout the Trillium coverage area.

Geographic Location

All Trillium counties.

Population

State-funded and Medicaid populations

Key Partners

Trillium provider network

Outcomes

Faster access to BH and I/DD services and supports

Lessons Learned

State policy and leadership impacts the level of access people have to care they need- changes in leadership sometimes result in loss in the system gains that create health equity and increase health disparities.

Open Access to Care Walk-in Behavioral Health Clinics

Program Overview

Open Access to Care Walk-in Behavioral Health Clinics transformed the way people were able to access services across our communities. This approach provided funding so anyone could be seen as a walk-in patient the same day throughout the service area. Locating and accessing the right services and supports when you are in need can be challenging. In partnership with providers, Trillium set out to assure same-day access for state-funded and Medicaid members. Trillium and our providers designed systems that leveraged the best possible outcomes for our state and Medicaid funded populations from 2007 to 2022. The most recent version of the state transformation to Standard and Tailored Plans will change this moving forward. The BH I/DD Tailored Plan population will continue to experience an open access approach throughout the Trillium coverage area.

Geographic Location

All Trillium counties.

Population

State-funded and Medicaid populations

Key Partners

Trillium provider network

Outcomes

Faster access to BH and I/DD services and supports

Lessons Learned

State policy and leadership impacts the level of access people have to care they need- changes in leadership sometimes result in loss in the system gains that create health equity and increase health disparities.

Trillium Health Resources Rapid Response Interventions

Trillium's Rapid Response for Department of Social Services and Department of Juvenile Justice-involved youth ensures direct communications across our region. Having dedicated staff involved with the twenty-eight county DSS offices and 8 DJJ Districts (Districts 1, 2, 3, 4, 5, 6, 7 and 13) allows Trillium to give them the focused attention needed to best serve the children and youth impacted by these agencies.

Key priorities for the Rapid Response Interventions include:

- County-based issues get a direct response from our DSS and DJJ liaisons
- In-office staffing as part of the Partnering for Excellence initiative in Pitt and Craven counties
- Collect data on the 1,650 children in foster care in our region to determine proactive approaches
- Development of Rapid Access Care Coordination (RACC) and Juvenile Justice Care Coordination (JJCC) teams
- Rapid referrals to our Complex Targeted Case Management Program for ongoing care coordination and oversight
- Collaboration with court counselors to prevent more restrictive and costly care for DJJ-involved youth
- Develop innovative solutions to identified gaps or needs involving children and youth
- Implement Co-Responder teams with Brunswick, New Hanover, Carteret, Nash, and Pasquotank DSS.
- Level III group homes opening for DSS- or DJJ-impacted adolescents
- Level II group homes opening for DSS-involved youth where that is the only referral source
- Crisis Respite Homes serving DSS youth
- Implement a DSS Communication Bulletin that provides our DSS offices with current information regarding current and future programs through Trillium
- Implement quarterly DSS Regional meetings
- Implement Value-Based Purchasing with residential providers offering an enhanced reimbursement rate for youth in DSS custody.

Geographic Location

Rapid Response efforts include the entire Trillium region.

Population

Trillium's catchment is rural, with remote regions including the Outer Banks. Many areas are underserved by health providers, and our region includes twelve Tier 1 poverty counties. Due to a lack of social resources and increased stigma around DSS and DJJ involvement caused by behavioral health conditions, many youth are not able to access care. DSS and DJJ stakeholders often experience barriers when linking youth to treatment, primarily due to lack of caregiver engagement related to stigma surrounding behavioral healthcare. Through facilitating stakeholder education and awareness of accessing services and community resources, they are enabled to empower families who have a large number of risk factors, including low income, unemployment, and geographic isolation.

Key Partners and Community Groups

- The following key partners are critical to Rapid Response Efforts:
- 28 DSS agencies across the counties in Trillium catchment and 8 DJJ Districts (Districts 1, 2, 3, 4, 5, 6, 7 and 13) encompassing all Trillium counties.
- Complex Targeted Case Management Agencies:
- Access Family Services
- The Autism Society
- Coastal Horizons Center,
- Easter Seals UCP
- Pride in NC
- Uplift Comprehensive Services.

Intervention and Methods

Trillium collaborated with DSS, DJJ and NCDHHS to mobilize efforts for members and families who are experiencing barriers to accessing recommended residential services; chiefly experiencing barriers related to high acuity and complex presentations. Trillium has staff available to respond to the needs of our stakeholders and communities through Rapid Access Care Coordination (RACC), which is designed to provide short-term, intensive care coordination to children and youth that are in DSS custody. These children are in a crisis, in an Emergency Department, or in between placements and in need of immediate residential supports and services. The primary objective of the RACC program is to provide rapid assessment of the child or youth's need and to coordinate transition for the youth into a residential setting offering safe, structured supportive services. Parallel to the RACC program is Trillium's innovative Juvenile Justice Care Coordination program, which is designed to offer short-term care coordination to children and youth that are involved with DJJ at any level and in need of out-of-home placement or immediate residential supports and services.

In addition to a readily accessible participation in the Rapid Response Team meetings facilitated by DHHS, Trillium offers direct response for county-based issues via our liaisons with DSS and DJJ. This direct access via in-person meetings or virtual/telephonic presence enables staffing for complex cases where solutions can encourage accessing best-fit treatment. Trillium also collects data on the 1,650 children in foster care in our region to determine proactive approaches. Trillium also regularly collaborates with DJJ court counselors to prevent more restrictive and costly care for DJJ-involved youth through identifying gaps and needs for children and youth in order to develop innovative solutions.

As part of this process, Trillium was able to formulate programming such as the Complex Targeted Case Management (CTCM) Program to facilitate rapid referrals to recommended levels of care. Through CTCM, Trillium members and families can access a designated CTCM provider who is working closely with a Trillium Care Coordinator who assures delivery of whole-person care to each member. The CTCM provider facilitates all case management tasks. The primary objective of the CTCM program is to provide rapid linkage to a CTCM provider who coordinates referrals to clinically recommended behavioral health treatment and services.

Trillium developed a Community Re-integration Services Program (CRISP) program that facilitates ongoing care coordination and oversight of Level III/IV group homes and PRTF. Trillium has also facilitated the opening of level III group homes for DSS/DJJ impacted adolescents and Level II group homes opening for DSS involved youth (where the only referral source is DSS).

Trillium opened Crisis Respite Homes to serve DSS youth in 2019; they remained open until 2021. These homes served over 100 DSS impacted youth who were in crisis or at risk of being in a DSS office. These homes provided short-term case management, clinical assessment, and linkage for a new setting upon discharge.

Trillium also actively responded to concerns of our DJJ partners for increasing access to Multisystemic Therapy (MST®) trilliumhealthresources.org/sites/default/files/docs/Brochures/Trillium-Multi-Systemic-Therapy-MST.pdf in Bladen, Columbus, Halifax, and Onslow counties. Trillium has ensured that we have MST in all 28 counties as a result. Trillium engages in efforts to increase utilization in evidence-based practices such as MST in prevention of accessing out-of-home care.

Furthermore, Trillium launched the Tiered Care Coordination pilot trilliumhealthresources.org/sites/default/files/docs/News-Release/030821-Trillium-Awarded-Pilot-Tiered-CC.pdf in Spring of 2021 in Pitt County as a result of being awarded grant funds from the Governor's Task Force on Mental Illness. This program affords the opportunity for DSS and DJJ Liaisons to co-locate in respective stakeholder officers. There is also a co-located Family Navigator involved, who is an adult with lived experience, as a caregiver in navigating

BUILDING BEHAVIORAL HEALTH EMERGENCY PROGRAMS

Co-Responder Program

Trillium Health Resources recognizes the need to assist those in the community who are experiencing an active mental health crisis. A crisis may present in many different ways: an individual who is perceived as being disruptive in public, someone behaving in a sporadic manner, an escalating family dispute, a family who is in need of services but does not know how to ask for help, and more. Often, people call local law enforcement or the Department of Social Services (DSS) to help, which can lead to arrest or Child Welfare System involvement. Too frequently, those with mental health or substance abuse issues are unnecessarily incarcerated rather than having their diagnoses properly treated.

Trillium implemented a Co-Responder program. We have collaborated with Brunswick DSS, New Hanover DSS, Carteret DSS, Pasquotank DSS, Nash DS, Whiteville Police, Pitt County Sheriff, Greenville Police, and the New Bern Police. Trillium is also working with providers including Integrated Family Services, RHA, and Coastal Horizons. This program links individuals more efficiently with services by sending behavioral health and I/DD professionals with DSS or law enforcement when they respond to calls. The program aims to reduce the arrests of those exhibiting mental health symptoms, reduce Emergency Department visits, and reduce repeat Children's Protective Service reports.

These professionals are embedded at the DSS or law enforcement agency. The Co-Responders respond to the scene in a separate vehicle, permitting law enforcement to return to their normal duties while the Co-Responder ensures connection with appropriate services and de-escalates the situation. The professionals perform culturally competent assessments and crisis intervention services at the scene including rapid access, support, stabilization, and referral to the least restrictive environment.

Such responses for crisis situations prevent unnecessary duplication of behavioral health and I/DD services and offer a coordinated system-wide approach. It provides access to treatment for children and families as soon as the need is identified to prevent disruption of the family system. It supports the effective use of child and family team meetings for the child population, reducing an unnecessary separation of the family unit. By providing the tools necessary to weather life's storms, we help these families whether than separating them.

Crisis Chat-IM for teens

In 2016, Trillium partnered with Integrated Family Services (IFS), a Mobile Crisis provider, to implement Crisis Chat. IFS provides online emotional support, crisis intervention, and suicide prevention services to individuals within Trillium's region. The goal of the IFS Crisis Chat service is to help members reduce stress and feel empowered to make healthy decisions. All Crisis Chat specialists are trained in crisis intervention.

Crisis Chat is available 24 hours a day, 7 days a week, 365 days a year. Members who live in one of the 28 counties Trillium covers and are experiencing any of the following situations, or just need to talk to someone, can call Crisis Chat for assistance:

- Depression
- Thoughts of despair
- Going through a difficult time
- Thinking about suicide

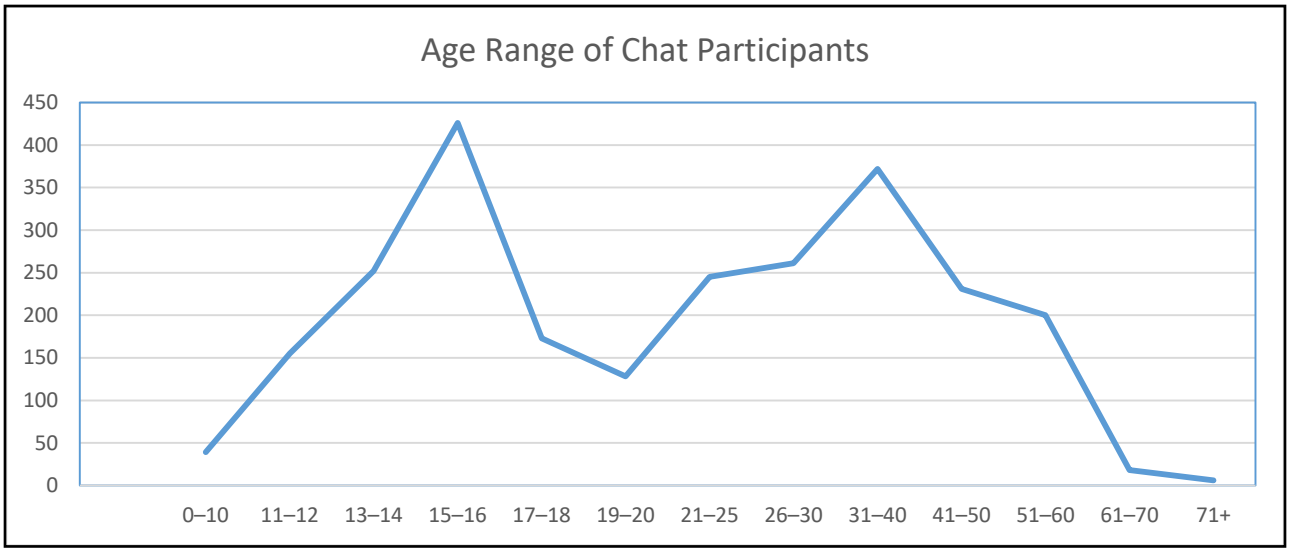
Number of Chat Engagements:

YEAR	CHATS
2016	105
2017	636
2018	460
2019	486
2020	496
2021	290
2022	173

Crisis Chat specialists ask members about their safety, emotions, thoughts surrounding the situation, feelings of depression, current social situation, and if they have any thoughts of suicide. If a specialist feels the member is in danger, they will speak with the member about linking with IFS's Mobile Crisis Management team, accessing emergency services, and additional contact information to ensure the member's safety. The specialist will also work with the member to create a safety plan if necessary. IFS Crisis Chat does not provide mental health care or treatment and does not equal a therapist-client relationship. This service does not substitute for professional health care.

The IFS chat software provider ensures the confidentiality and security of every chat. IFS uses the same encryption and data protection standards required by major financial institutions.

CONCERNS REPORTED 2016–2022	
Addictions	146
Anxiety or Depression	1870
Bullying	68
Eating Disorder	34
Family Issues	355
Financial Issues	67
Loss of Loved One	55
Non-suicidal Self Injury	175
Physical Health	36
Physical or Emotional Abuse	157
Relationship Issues	308
Sexual Orientation Issues	42
Other	649


Age Range of Chat Participants
450
400
350
300
250
200
150
100
50
0
0–10
11–12
13–14
15–16
17–18
19–20
21–25
26–30
31–40
41–50
51–60
61–70
71+

Community Paramedics—Onslow County

The Onslow County Community Paramedic Program has helped bridge the gap between substance use and mental health since 2015. The program's impact has grown over time with greater connections among resources and public education initiatives while also providing additional support to Emergency Medical Services (EMS) personnel. Program staff include six full-time Community Paramedic positions, three full-time Peer-Support Specialists, and on-staff, on-call Licensed Mental Health Professionals providing outreach to the public.

Program staff assist individuals accessing detoxification and rehabilitation centers as well as inpatient and outpatient treatment centers. Community members were able to access in-home mental health assessments through telepsychology or with on-scene Licensed Mental Health Professionals. Treatment plans helped individuals meeting plan requirements through withdrawal symptoms until further assistance is available. It can also then connect them with options for long-term recovery.

The program also addresses high utilizers of 911 services as well as the emergency room. Staff identify and redirect high utilizers to primary care providers or by connect them with resources to better meet their immediate and long-term needs. They are also instructed on the proper uses of 911. In meeting immediate needs such as food and shelter, this program can make valuable bed space in the ER available to true medical emergencies.

On a daily basis, program staff may see up to 15 patients each. As of May 2021, the program received and connected 140 medical patients to the resources they need. Out of 165 overdose and drug-related calls, 144 individuals received Narcan, a lifesaving medicine that rapidly reverses an opioid overdose. Of those 144 individuals, 51 were connected to medication-assisted treatment. Community Paramedics trained all law enforcement agencies within Onslow County on proper Narcan administration. This included the Sheriff's Office, municipal police departments, State Bureau of Investigations, Naval Criminal Investigative Services, and Camp Lejeune Provost Marshal Office. Trillium is happy to be a part of this program, not only with the initial funding that started the program but in its current ongoing contract for service delivery.

Population:

State-funded and Medicaid populations

Outcomes:

Faster access to BH and I/DD services and supports

Key Partners:

Trillium provider network

Community Intervention Teams (CIT)

The Crisis Intervention Team (CIT) program is a community-based collaborative between individuals, mental health, I/DD, and substance use (MH/IDD/SUD) providers, advocacy organizations, and first responder agencies. The intensive training program began in the late 1980s in Memphis, TN. It has grown from a local and state program to implementations across the U.S. In 2005, became an international program. The training, which was initially geared to law enforcement personnel, is now being offered to firefighters, emergency medical professionals, tele-communicators, detention and corrections officers, and many more state and federal agencies. Trillium Health Resources has been committed to promoting CIT as a tool to ensure health equity in our communities for over a decade. When Trillium first started offering this training, we had one CIT coordinator, and all trainings took place in Pitt County. Trillium's region increased by several counties including Nash (2017), Columbus (2018), Halifax (2021), and Bladen (2022) since then. With the increase in counties, we met the challenge to address the needs of the community. What started out as a CIT program that was held in one county, with one coordinator has now flourished into three full time coordinators, three backup coordinators, and trainings held in all of our counties multiple times a month.

CIT" goal is to keep people safe and out of jail, which too often is the only destination in a crisis. The program" primary focus is on connecting people in a behavioral health crisis to appropriate resources.

These trainings provide the first responders with tools to:

1. Identify and effectively interact with people in crisis
2. Utilize verbal de-escalation techniques
3. Reduce use of lethal weapons or force
4. Improve face-to-face interactions with individuals and family members

Trillium has devoted a training team to address the coordination of the CIT program in the 28 counties within our region. Each month, our internationally certified training coordinators conduct as many as six trainings for first responders.

The length of the courses, depending on the population we are training, are as follows:

- Law Enforcement Officers (including Detention and Corrections) – 40 hours
- Emergency Medical Services and Firefighters – 24 hours
- Tele-communicators – 16 hours
- CIT Refresher course – 8 hours
- Instructors course- 8 hours

Trillium's CIT program leans heavily on community MH/IDD/SUD providers to assist with presentations, site visits, practical exercises, and lived experiences. These individuals volunteer their time to the program and we appreciate their commitment to making sure each CIT class is a success.

Through these combined efforts, those in crisis gain several benefits such as:

1. Reassurance that when a CIT-trained responder arrives, they will have special skills to assist them
2. Decreased use of physical intervention resulting in fewer injuries to individuals
3. Respectful and effective law enforcement intervention
4. Positive relationships between MH/IDD/SUD providers and first responders
5. Partnership in advocacy and education
6. Reduction in myths and stigma concerning MH/IDD/SUD

As of Sept. 1, 2022, Trillium's CIT Program has served 3,308 first responders from over 55 agencies within our catchment area and beyond. Trillium holds monthly trainings for the Department of Public Safety (DPS) in Pitt County NC. Figure 3.1 lists the breakdown of trainings for each region for years 2014-present. In 2020 Trillium began offering virtual CIT trainings due to the Covid-19 pandemic. Figure 3.2 lists the total number of persons trained by audience.

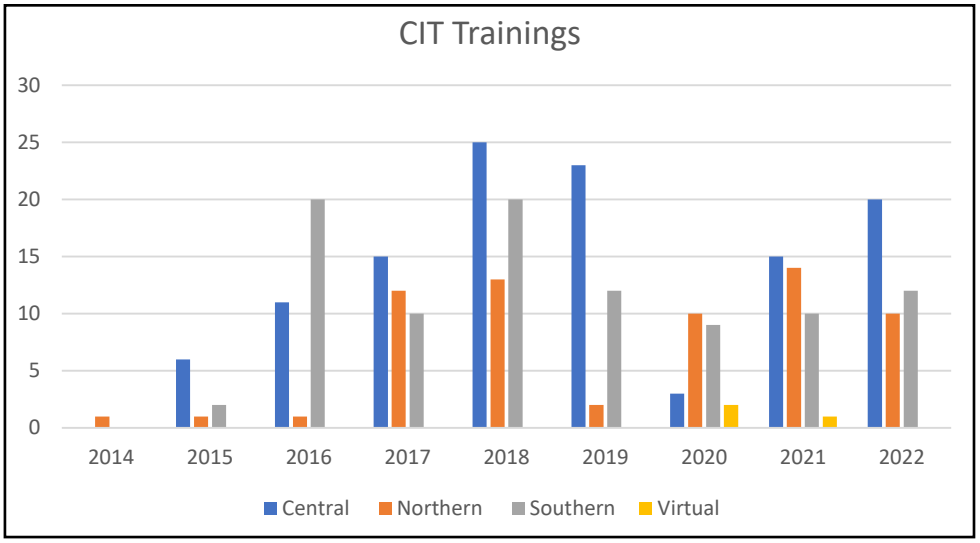


Figure 3.1

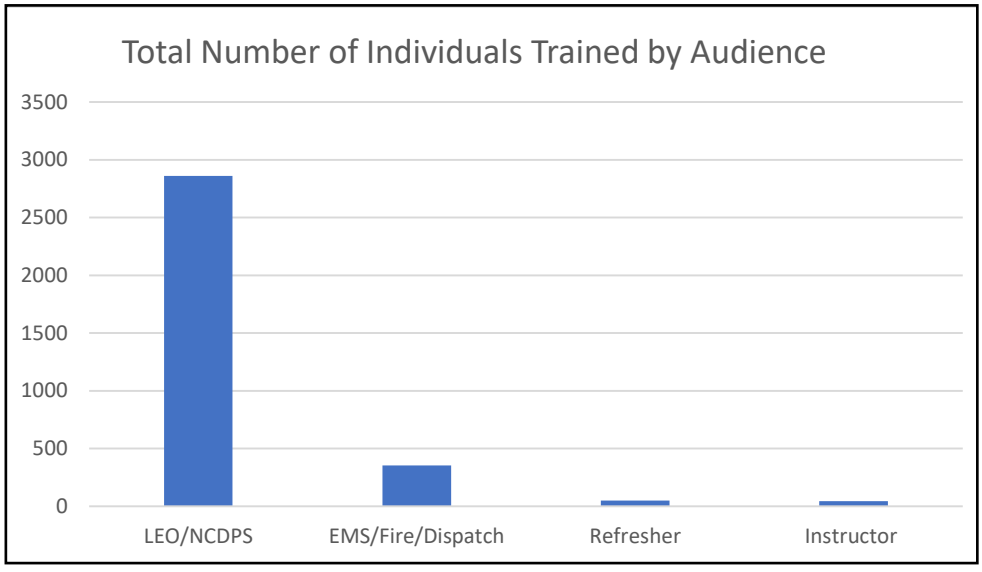
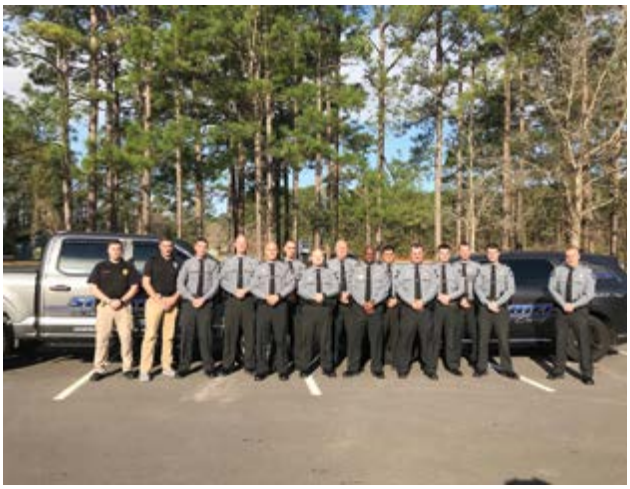


Figure 3.2



Graduates from CIT trainings in catchment area counties.

Question, Persuade, Refer and Youth MHFA

The Mental Health Reform Act of 2016 passed by U.S. Congress ensured that programs facilitate the development and incorporation of the most up-to-date approaches to treat mental health conditions. It also supports communities to improve mental health care, promote access to this care, and improve mental health parity protections. Following the passage of this act, Trillium saw an increase in requests from community agencies such as schools and health departments for Mental Health First Aid.. Trillium had started providing Mental Health First Aid (MHFA) training in 2015.

In response to the COVID-19 pandemic, MHFA adapted teaching models to continue educating the public during the pandemic and orders to remain at home. Pre-Covid, the only method of delivering MHFA course was in person.

The adaptations included:

- In-person—Trillium instructor-led, in-person course
- Blended—Learners complete a self-paced online course and instructor led training. The Trillium instructor-led training can be:
  - A video conference (via WebEx)
  - An in-person class

In October 2022, Trillium MHFA transitioned from the platform "Cornerstone" to "Connect." Trillium MHFA instructors can access tools, teach, and manage courses. This platform represents a fresh start and an improved Trillium MHFA experience. As of fall 2022, Trillium has trained over 6,000 individuals in both Adult and Youth Mental Health First Aid. Figure 3.3 shows the number of Youth Mental Health Frist Aid trainings conducted per region and year from 2014–present.

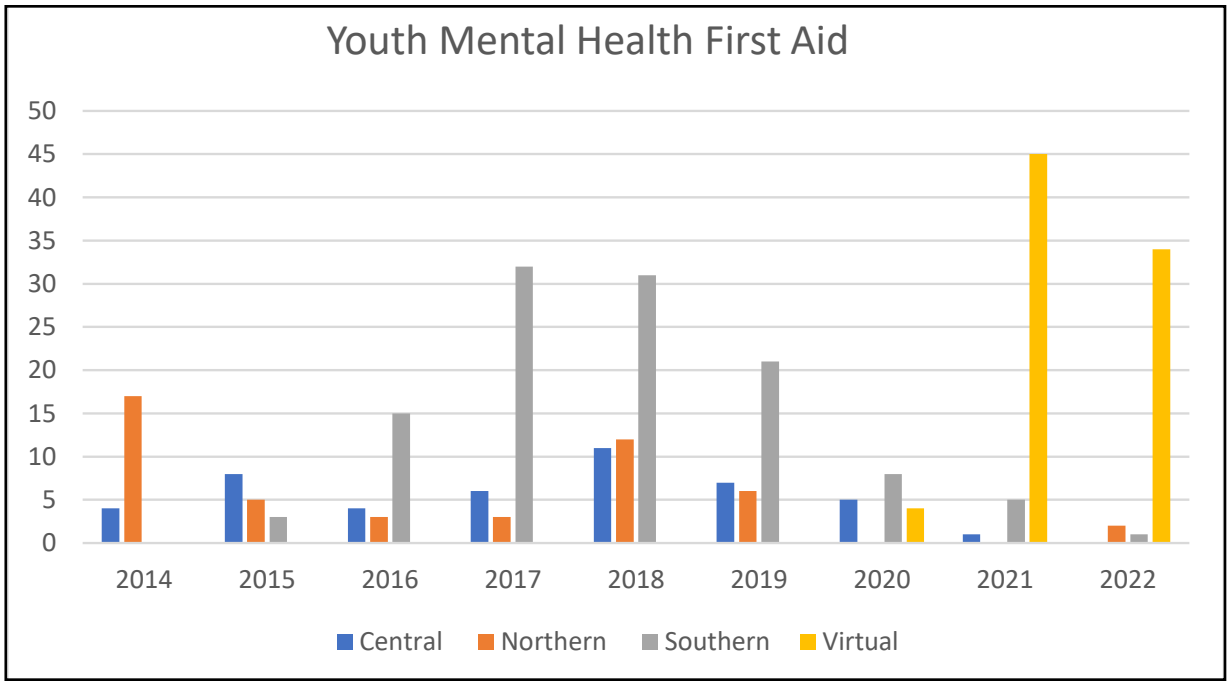


Figure 3.3

Figure 3.4 shows the number of Adult Mental Health First Aid trainings conducted per region from 2015–present.

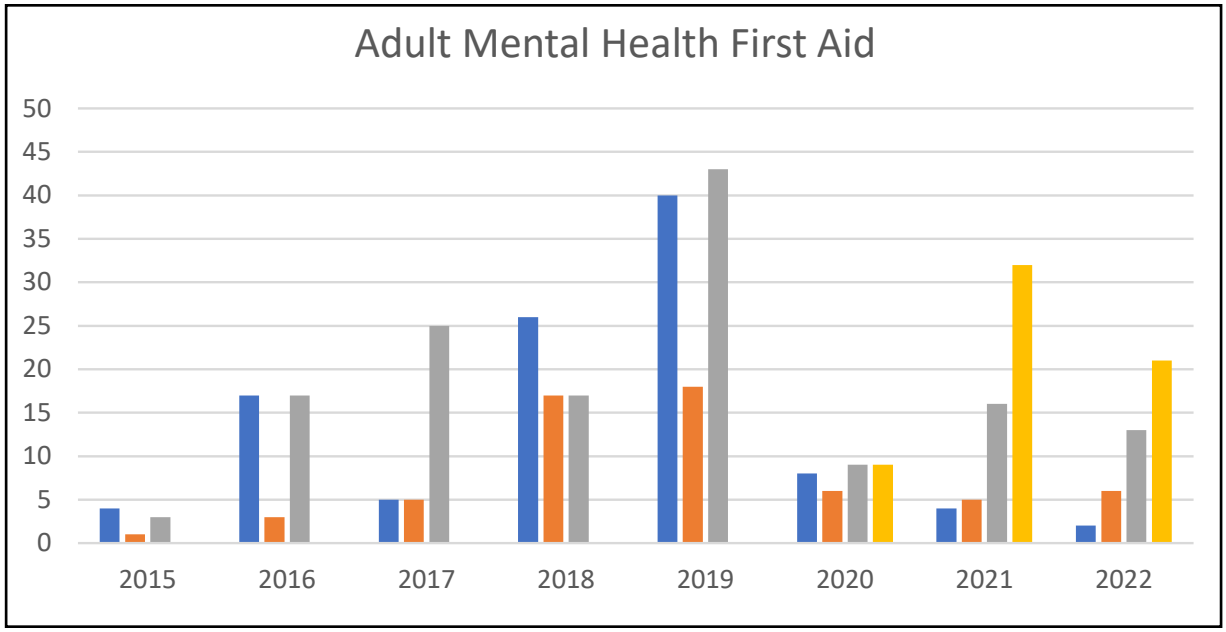


Figure 3.4

After the start of the COVID-19 pandemic, the Training department had to search for new ideas on how to continue providing mental health-related classes to our communities. Due to the stress and fear during the pandemic, suicide ideation increased; the need for more suicide prevention interventions increased as well. To help with this growing problem, Trillium sponsored a train-the-trainer session that certified Training department personnel in Question, Persuade, Refer (QPR) training. Trillium's goal is to train as many people as possible in QPR.

Trillium first offered QPR classes internal staff , followed by community classes that were open to anyone that was interested in QPR. As of September 2022, a total of 134 classes have been conducted, 53 virtual classes with a total of 682 participants and 81 in-person classes with a total of 781 participants; grand total of 1,463 QPR-trained individuals in our catchment area.

North Carolina Systemic, Therapeutic, Assessment, Resources and Treatment (NC START)

North Carolina Systemic, Therapeutic, Assessment, Resources and Treatment (NC START) is a community crisis prevention and intervention program for members age six and older with intellectual/developmental disability (I/DD) and co-occurring complex behavioral and/or mental health needs. START crisis prevention and intervention services are an umbrella of services that include clinical systemic consultation, training, education, therapeutic respite, crisis response and therapeutic coaching. The START model helps to improve the lives of the members served and their families by providing services and supports using a person-centered, positive, multidisciplinary, cost-effective, systemic, and evidence-informed approach.

The START program model was implemented in 1988 by Dr. Joan Beasley and her team at the Institute on Disability/UCED at the University of New Hampshire. The original initiative resulted in the creation of the Center for START Services. The START model was identified as best practice by the National Academy of Sciences Institute of Medicine in 2016. The START model began in NC as a statewide program, throughout all 100 counties. There are three NC START teams which include a team for each region of the state (west, central, east).

NC START is a short-term service, lasting from 12 to 18 months depending on support needs of the member.

NC START services are available to members meeting the following criteria:

- Documented I/DD or TBI diagnosis prior to age 22
- Co-occurring mental health diagnosis and/or complex behavioral needs

NC START service components include the assignment of an NC START Coordinator who assists the member and care team in navigating the NC START services and supports. Members can also access the NC START Resource Center crisis and planned respite. NC START Resource Centers are community-based therapeutic programs that support active NC START participants ages 18 and older. Each START team has one Resource Center to provide therapeutic crisis respite and crisis prevention respite to eligible adults receiving NC START services. Each Resource Center has four beds: two planned respite beds and two crisis respite beds. Planned therapeutic respite is available in the Resource Centers for eligible adults. Crisis therapeutic respite is available in the Resource Centers when clinically indicated for members receiving START services. Training and outreach are critical interventions for members, their families, and members of the care team and provided as needed.

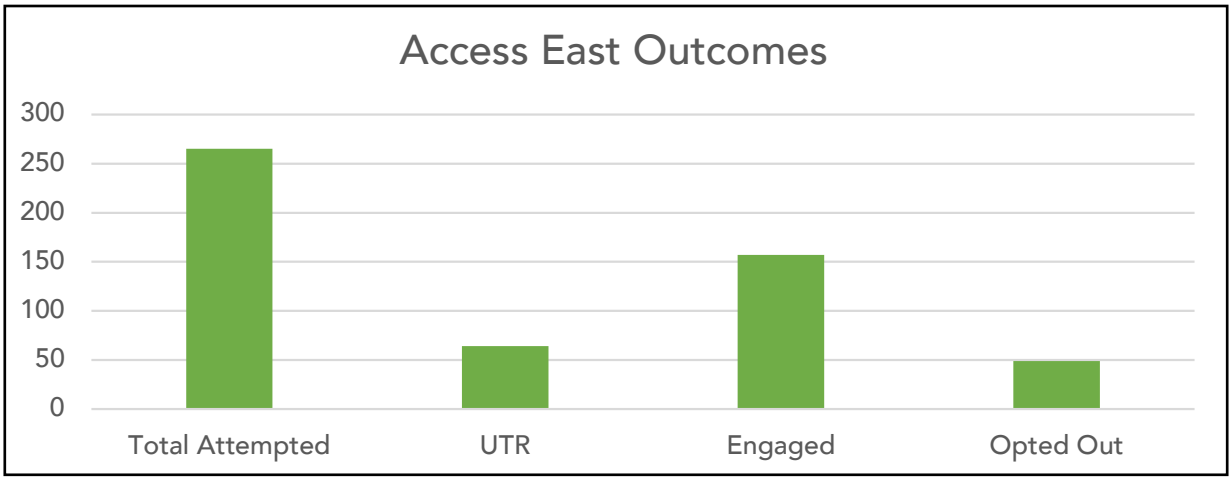
NC START teams provide an invaluable resources through Therapeutic Coaching to adults and children (ages 6 through 21). Therapeutic coaching is a short-term service intended to enhance other services by working with them to support the member. Coaching can be provided in both a planned and crisis capacity. Therapeutic Coaches provide observation, assessment, and support in the child's home. Therapeutic Coaching does not take the place of any other service, but works in conjunction with other services to support the member. Staff help the care team to identify strengths and weaknesses of a member's support system. Staff work alongside the care team to promote growth and overall wellbeing for the member.

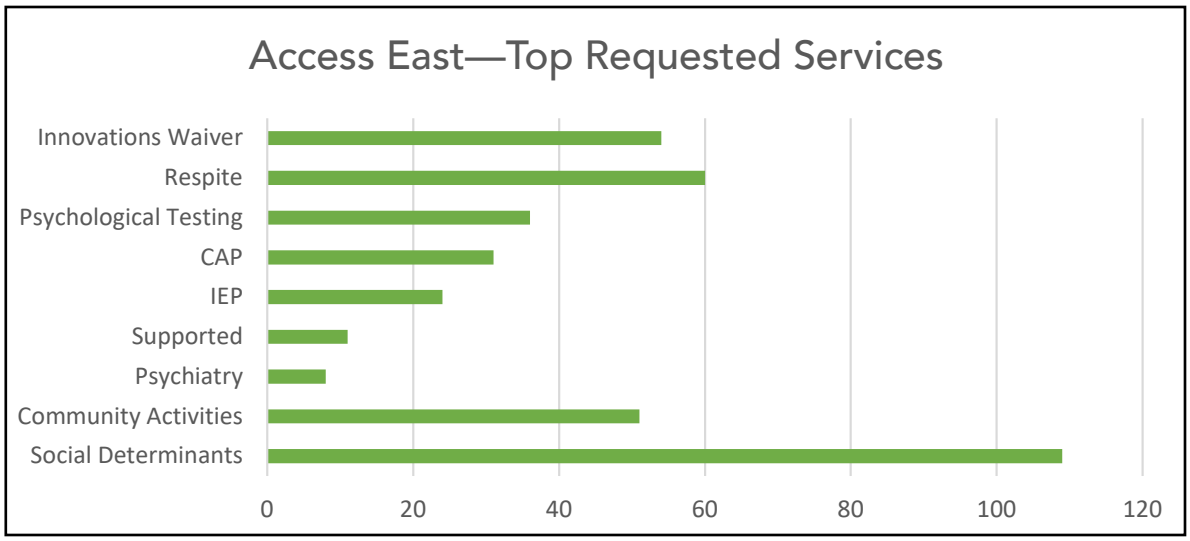
Once a member receiving NC START Services is determined to be stable, services with NC START will be inactivated. Other reasons a member may be inactivated are loss of contact (NC START is not able to engage with the member or family), services are declined, long term hospitalization, move to another state, or the person receiving services is deceased. A member that has been inactivated can return to NC START for services if needed. For members who have been inactive with NC START for more over three years, their enrollment will be processed as a new referral.

ENHANCING PRIMARY CARE ACCESS AND NAVIGATION PILOTS

Primary Care + Family Navigator Pilots

To help support the move to integrated care, Trillium partnered with Access East and Community Care of Lower Cape Fear (CCLCF) to embed Care Coordinators and Family Navigators into pediatric practices within Trillium's service area. This pilot project was designed to help support the move towards care management/care coordination being provided closer to the member and family along with the development of Advanced Medical Home Plus practices. Access East and CCLCF provided care coordination and family navigation support to members with intellectual and developmental disabilities (I/DD) and their families. Access East partnered with four practices in the Greenville area. CCLCF partnered with two practices in the Wilmington area. This assistance provided to members and families included but was not limited to: assisting members in completing applications for the Registry of Unmet Needs, requesting and managing referrals with the multi-disciplinary care team, facilitating communication with behavioral health providers, assisting with paperwork and documentation, coordination with the school system, providing resources, helping to inform decision making about benefits, sharing general advice, and encouraging follow-up on appointments. This pilot project was able to identify and develop best practices for this model of care. Best practices implemented included : face-to-face interactions to increase rapport and streamline communication with members, caregivers, and providers; develop relationships with community providers to streamline referral pathways and enhance communication; creation of a clinical/provider champion at the practice; holistic approach to care to address variety of needs; development of a resource guide for members and families; and the development of processes that work for the practice and providers.





CCLCF—Carolina Pediatrics

- Locations: 2
- Providers: 8
- Medicaid Direct: 300
- Embedded in office with all providers and referral coordinator
- Primary point of contact: Dr. Henderson
- 82 members eligible
  - 6 unable to reach
  - 4 declined
- 72 members engaged—95%*
  - #engaged/#reached
- 47 members received care coordination
- Average time in CC: 6 months
- 65 members received support

Wilmington Health

- Locations: 5
- Providers: 16
- Medicaid Direct: 750
- Embedded in an office with pediatrics, family medicine, internal medicine and dermatology
- Primary point of contact: Director for Wilmington Health
- 148 members eligible
  - 32 unable to reach
  - 25 declined
- 91 members engaged—79%!
  - #engaged/#reached
- 60 members received care coordination
- Average time in CC: 4–5 months
- 89 members received support

Additional Outcomes CCLCF

- 76 were placed on the Registry of Unmet Needs
- 72 were referred for psychological evaluations
- Caseload goal: 60 members actively engaged
- Survey questions for the Caregiver's self-rated:
- Average score (1–4 Likert scale) respondents with both pre-and post-responses
  - Understanding of available I/DD services and support
- PRE intervention—3.4, POST intervention—3.9 (18% improvement)
  - Satisfaction of current level of services and supports received
- PRE—3.0, POST—3.7 (23% improvement)
- Caregiver Ratings for the Care Team:
  - Ability to address questions and/or medical needs?
  - Overall usefulness of information presented?
  - Overall quality of care received?
- 82% were very satisfied, 18% satisfied

Mobile Integrated Care Units

Trillium launched seven mobile integrated care units in 2021 and 2022. Thanks to funding provided by NCDHHS through the federal Substance Abuse Treatment Block Grant, Trillium partnered providers in the region with experience in serving behavioral health conditions, with a focus on substance use. These providers include PORT Health Services, Monarch, Coastal Horizons, and RHA to service individuals living in 19 counties.

Trillium saw the pandemic as a reminder of the health care disparities experienced by people of color, rural residents, and Medicaid-insured individuals across the 28 counties we serve. In response, Trillium launched the One Community Initiative to address the stress, anxiety, depression, and general mental health challenges caused by the pandemic. The mobile integrated care units are an extension of that work, bringing services to marginalized communities.

While specific services at each unit may be different based on provider or local needs, they are expected to offer the following:

- Mental health screenings
- Substance use disorder treatment
- Traditional therapy
- Assertive outreach
- Medication management via telemedicine
- Care management
- Peer support
- Crisis and Disaster Response

As the needs of communities develop, clinics may offer physical health services such as general health checkups and vaccinations (such as flu or pneumonia).

In the future, we hope the mobile clinics will be able to provide Medication Assisted Treatment (MAT) for individuals experiencing opioid addiction.

Trillium is proud to continue providing innovative accessibility solutions, like the mobile clinics, as a Tailored Plan provider under North Carolina's Medicaid managed care system.

Governor Roy Cooper attends ribbon cutting in Washington County, NC.

Each provider will cover the following areas:

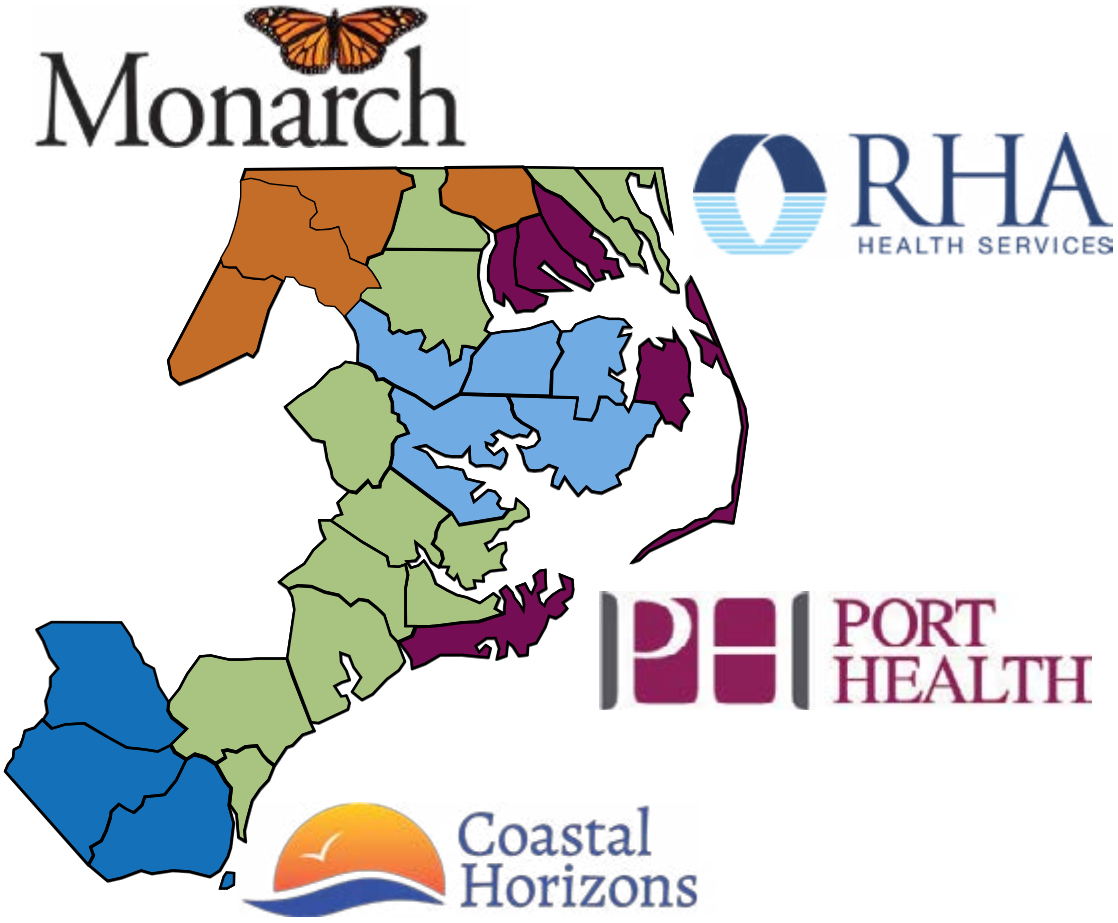
Monarch: One unit will serve Halifax, Gates, Northampton, and Nash Counties. A second unit will serve Gates, Bertie, and Hertford Counties.

PORT: One unit for Dare County, a second unit for Carteret County, and the third unit for Perquimans County.

Coastal Horizons: One unit for Columbus and Brunswick Counties and a second unit for Bladen County.

RHA: One unit for Beaufort, Martin, Tyrrell, Washington Counties, and Ocracoke Island. A second unit for Columbus County.

Trillium also looks forward to launching two additional clinics. One with Monarch to provide additional coverage to their service area and one with RHA to provide additional coverage in Columbus County with a focus on engagement with the Waccamaw Siouan Tribe. These additional units should be delivered for implementation in November or December 2022.



DEVELOPING THE WORKFORCE

My Learning Campus

In the last decade, Trillium's Training Unit has gone from strictly face-to-face trainings, to recording narrations for virtual trainings, to launching a new online training portal called My Learning Campus. Training follows equity-based practices, including first-person language, within all course development. Advocating for our community is evident in the outreach and development of trainings which help to improve the lives of marginalized populations.

Prior to providing trainings via our current learning management system, Trillium only provided trainings face-to-face. Feedback from course attendees shared about the engaging and interactive course content. With a need to meet the increasing demand of trainings, the Training Unit began to use an online learning format in late 2014. Initially established as the Provider Learning Portal, this website was managed by an outside training vendor.

After launching My Learning Campus, registration grew from 167 members in 2019 to almost 1,000 members in 2022. By advocating for our members' continued growth and success, Trillium helped increase membership within our LMS. We have also striven to increase membership among our providers; between 2012 to 2022 membership of our providers increased from 26 in 2013 to over 2,400 in 2022.

By July 2018, reorganization started within Trillium shifted staff and provider training to the same unit. On June 30, 2019, Trillium migrated our Learning Portal to My Learning Campus, with different environments for staff/providers and members. With this secure platform, Trillium ensures security and maintains connections within our communities.

Throughout 2019 and 2020, Trillium developed an infrastructure to streamline workflows for account creation and network status verification.. As the system and capabilities grew, Trillium needed to edit trainings developed by outside vendors. Trillium invested to provide the Training Unit with the necessary tools to readily edit any training, increasing capacity for the Training Unit to develop high quality trainings.

The Training Unit initiated our first round of internally developed trainings with a Member Benefits series in 2018. This series consisted of 10 separate trainings. As noted on Table 2 below, the number of trainings for the members of the communities we serve has increased significantly. Currently the Member.My Learning Campus has 533 available trainings. The number of trainings have grown from a mere 45 trainings (on our previous Learning Portal) to well over 500.

In January of 2022, Trillium drafted a strategic plan to develop a process to provide more instructional oversight and utilize adult learning theories that moved outside of the traditional Kirkpatrick Model. In addition, the development of evaluative measures ensure all trainings reflected improved accessibility options for our members. Methods were developed to begin processes around auditing and ensure all training content met the rigorous standards aligned with Trillium's mission and vision.

With the Tailored Plan contract awarded to Trillium in 2021, our organization began a process to transition Trillium from an LME/MCO to a Tailored Plan. The approval of our Tailored Plan Staff and

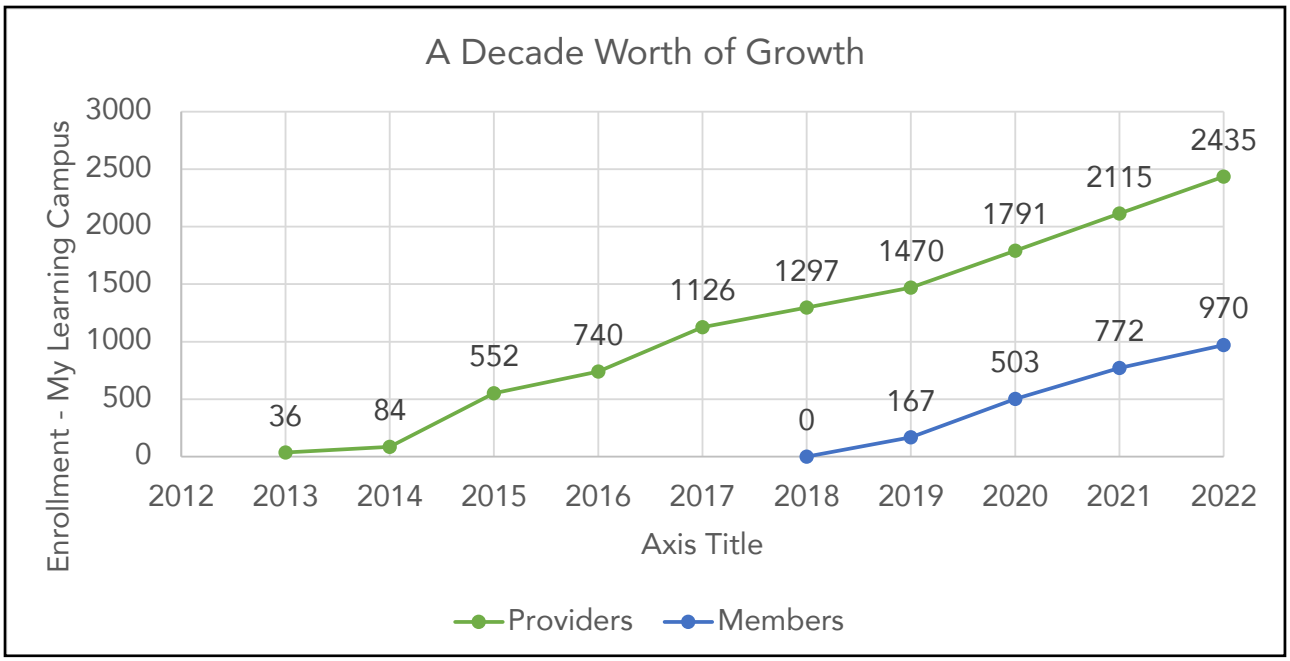
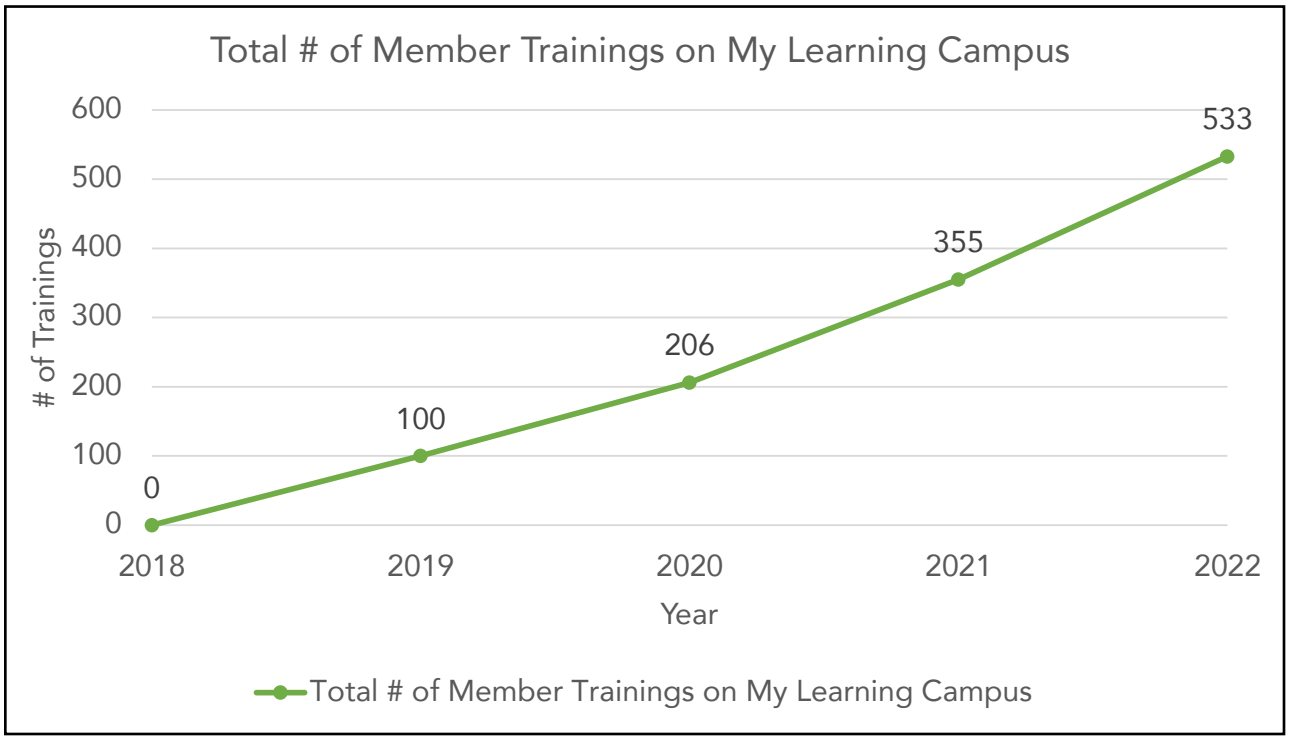


Table 1—A Decade Worth of Growth—Enrollment in My Learning Campus

Table 2—Total # of Member Training on My Learning Campus



Provider Training Plans aligned the focus of training development to ensure 60+ trainings met the needs of our members while fulfilling our obligations as a Tailored Plan. This process was a huge undertaking as it placed the Training Unit at the center of a agencywide transformation. The entire organization was adjusting, necessitating the development of various trainings and a very high completion rate was crucial.

With an increased focus on compliance, Training Unit moved under the oversight of the Chief Operating Officer. This shift will confirm strategic alignment with our goal of becoming a Tailored Plan. This shift also increased the number of approved Tailored Plan trainings, providing all Trillium stakeholders access to important content that will help transform the lives of our members.

Through all these adjustments, the Training Unit continues undertaking new projects. Included in these initiatives are design improvements for greater accessibility on our Member.My Learning Campus, complying with Section 508 policies and other Federal and State mandated legislation. We are also providing content in Spanish on our Member.My Learning Campus site. Additionally, the Training Unit welcomed the envelopment of the KnowBe4 training content, security awareness trainings for our internal staff.

In addition to these enhancements and new responsibilities, we have added links to NCDHHS trainings on both the provider and member My Learning Campus platforms, allowing providers and members access to their Tailored Plan trainings.. The Training Unit is quickly progressing to becoming a self-reliant and independent extension of Trillium, removing our dependence on outside training vendors. Our goal is to complete quick revisions and modifications to future, current, and previously developed content to maximize availability and accuracy of trainings. The Training Unit continues to seek out opportunities to improve the lives of our members, consistently acknowledge our purpose, and provide robust educational content through engaging platforms.

Living Wage for Direct Support Professionals (DSP)

While many Direct Support Professionals (DSP) find their jobs rewarding, they face a variety of challenges such as:

- High turnover/low wages
- Limited access to training and education
- Poor access and utilization of benefits such as health insurance
- Increasingly absent or ineffective supervision

The cost of living has increased while DSP wages have not, and inflation is rising faster than it has in years. DSPs typically receive low wages and have limited access to health insurance and other benefits. Many DSPs find themselves in the unenviable position of having to choose between the job they love and the financial needs of their own families. The result is a turnover rate which exceeds that of most other careers.

It takes a lot to be a DSP. This low pay is forcing these essential workers to look for second jobs so they can afford food, shelter, and basic life necessities. As a result, many of these jobs are vacant, and people with daily support needs are left without this crucial help. (DSPs enable people with intellectual and developmental disabilities (I/DD) to live fulfilling lives. DSPs work in homes, schools, and in the community to support individuals with disabilities.

Trillium has consistently worked with providers in eastern North Carolina to address this issue by increasing rates for the direct support professionals who support the individuals who need it most. Trillium values the dedication and quality of services that DSPs deliver to our members. We believe these DSPs should earn the living wage they deserve. Trillium launched rate increases in 2015 to providers of specific services delivered by DSPs. Trillium's rate increases required that the minimum wage for DSPs in provider agencies accepting the rate increase to be no less than $15 per hour. Providers accepting the rate increase will submit an attestation annually to Trillium certifying that the minimum wage for DSPs in their agency is $15 per hour.

Trillium had more than 40 providers participate in this effort to increase the minimum wage for DSPs in eastern North Carolina. We helped increase wages for more than 600 people working in direct support roles in our communities.

Trillium
HEALTH RESOURCES

LOCAL, STATE, AND NATIONAL PRESENTATIONS

Trillium staff have represented our agency as presenters at various national, state, regional conferences, and other meetings. We value the opportunity to share our experiences and also learn from other like-minded organizations.

Conference	***Audience***	***Topic***
Institute for Medicaid Innovations, Washington, DC	National conference, health plans	Poster Walk Session, Access Point Kiosk, CHAT Implementation, Child First Implementation
Closing the Gap, Minneapolis, MN	National Assistive Technology Conference	Funding Structures for Accessing Assistive Technology
Oxford House National Convention, Washington, DC	National Conference, Oxford House staff and stakeholders conference	Innovative Strategies to Addressing Substance Use in Rural Areas through Partnerships
GREAT Conference, Greenville, NC	Statewide AT Conference by NCATP	Innovative Technology Programs
NC Council of Community Programs, Pinehurst, NC	Statewide conference, other MCOs, Providers, Stakeholders	Smart Home Project with Monarch, Trillium's use of Innovative Technology
NC Tide, Wilmington, NC and Asheville, NC	Statewide conference, other MCOs, Providers, Stakeholders	Innovative Technology, Oxford House Expansion, Use of Electronic Assessment Tools,Trillium Reinvestment Plan
SEAHEC Opioid Response Conference, Wilmington, NC	Regional Conference	Recovery Oriented Systems of Care
AHEC, State of the Art Substance Use Conference, Greenville, NC	Regional Conference	Substance Use in Pregnant Women
Regional DSS Trainings, Williamston, NC and Wilmington, NC	Regional, DSS Employees	MCO Functions/Reinvestment Plan
Faith Leaders' Summit on Behavioral Health, AHEC, Greenville, NC Feb. 2018	Regional	Resources for the Faith Based Community
World Congress Opioid Summit, Feb. 2020	National Conference	Innovative Approaches to addressing the Opioid Crisis
Eastern AHEC, IDD Conference, Fall 2021	Regional Conference	COVID response-supports for IDD population
I2i Spring Conference 2022, Raleigh, NC	State wide Conference	Mobilizing Health Care for Rural Eastern NC (Mobile Clinic implementation)

CREATING OPPORTUNITIES FOR HEALTHY LIVING AND INCLUSION

Play Together Accessible Playgrounds

Trillium recognizes the benefits of play, recreation, outside activity, exercise, and togetherness. For children with disabilities or parents with disabilities, playgrounds are often not a welcoming place. People using a wheel chair or walker cannot navigate surfaces covered in mulch . Playground sets have passages too narrow for someone in a wheel chair. Accessible equipment might be placed away from other equipment, creating a divide between typically —developing children and their peers with different abilities. This environment does not encourage inclusivity and or reduce stigmas.

Starting in 2015, Trillium launched Play Together Accessible Playground Grants, opportunities for local municipalities to apply for funding for accessible and inclusive playgrounds, add equipment, or make current playgrounds more inclusive and accessible. Prior to this program, accessible and inclusive playground equipment was scarce across our rural counties. Play Together aimed to not only build inclusive, accessible playgrounds, but also environments where typically developing children can interact with children with disabilities in a positive way. It allows children to just be children and play without barriers. Exposing typically developing children to children with disabilities in a positive environment can make a lifelong difference in how they respond to those with long-term support needs. Developing inclusive and accessible playgrounds in our communities helped bring people together, create awareness, and reduce stigma for people with disabilities, and help give everyone a level playing field.

Many Play Together playgrounds include equipment such as a Liberty Swing, which is an accessible swing that allows the individual to stay in their wheel chair. The Play Together playgrounds have smooth, poured-in-place surfacing that allows individuals with wheel chairs or other mobility needs to navigate safely. There are double-wide ramps on equipment that can accommodate wheel chairs. Sensory activities such as outside music instruments, touch boards, manipulatives, spinners and zip lines that offer trunk

support provide the sensory input that many kids with disabilities might need. Some Play Together playgrounds included outside exercise equipment to encourage active participation for all ages. Trillium reviewed every playground design to ensure it would be accessible and welcoming for all.

The playgrounds were all built in partnership with local municipalities, counties, city, or town agencies. Those entities oversee ongoing maintenance to ensure that the mission of Play Together stays alive for generations to come. Trillium has built or initiated plans for a total of 32 playgrounds across Trillium's region. This means that most individuals in 28 counties have an accessible playground within a reasonable distance. The playgrounds are on public land that is open to the general population, allowing around 1.5 million people who live in our region the change to come out and play.

THE 32 PLAYGROUNDS SPAN 26 COUNTIES AND ARE SPREAD OUT ALL OVER EASTERN NC.

They include:

Beaufort: Washington, Haven's Gardens

Bertie: Windsor, Bertie Recreation Department

Bladen: Coming Soon

Brunswick: Southport, Smithfield District Park

Camden: Camden Community Park

Carteret: Emerald Isle, Senator Jean Preston Memorial Park

Chowan: Tyner, Community Center

Columbus: Coming Soon to Whiteville

Craven: Town of Dover

Craven: Havelock, Walter B Jones Park

Craven: New Bern, Creekside Park

Currituck: Barco, Maple Park

Currituck: Point Harbor, Sound Park

Dare: Nags Head, Dowdy Park

Gates: Gatesville Community Center Park

Halifax: Coming Soon to Scotland Neck

Hertford: Ahoskie, Ahoskie Creek Recreation Complex

Martin: Williamston, Godwin-Coppage Park

Nash: Elm City, Miracle Park

New Hanover: Wilmington, Hugh McRae Park

New Hanover: Wrightsville Beach

Northampton: Jackson, Jackson Wellness Center

Onslow: Jacksonville, Onslow Pines Road Park

Onslow: Swansboro, Swansboro Municipal Park

Pamlico: Alliance

Pasquotank: Elizabeth City, Fun Junktion

Pender: Burgaw

Pender: Hampstead, Hampstead Park

Perquimans: Hertford, Perquimans County Recreation Center

Pitt: Ayden, Veterans Park

Pitt: Greenville, Town Commons

Tyrrell: Columbia

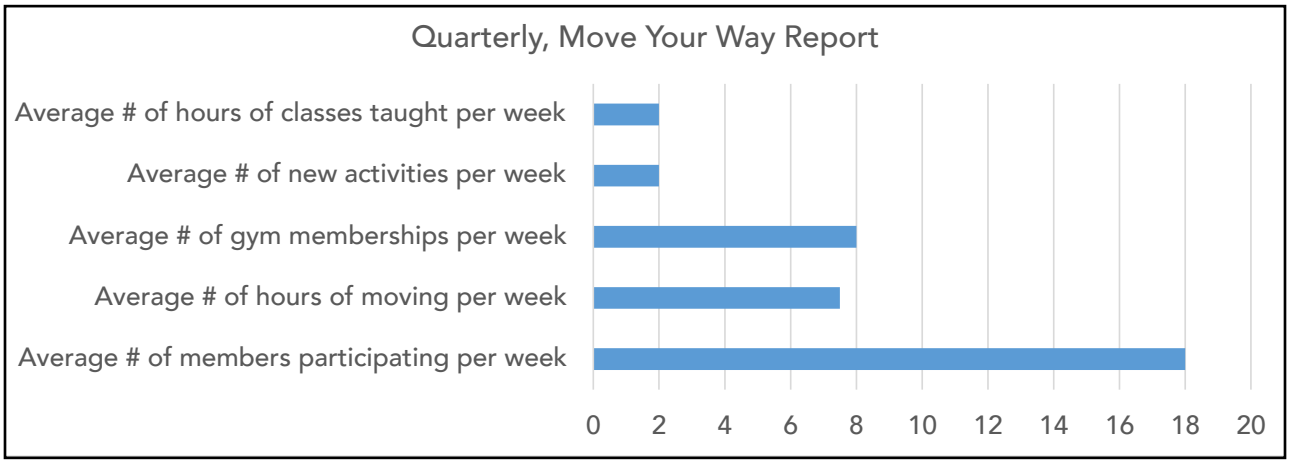
Washington: Plymouth, Lloyd Owens Sr. Memorial Park

Move Your Way

Move Your Way® was introduced as a Population Health program in January of 2021 to increase inclusive physical exercise options and make healthy movement as convenient. By working with 44 Enrichment Centers, Trillium ensured that members have access to inclusive physical health opportunities whether online, at their Enrichment Center, or at a local gym. Trillium also introduced Move Your Way® to EMPOWER programs to encourage healthy movement for youth. The U.S. Department of Health and Human Services (HHS) Office of Disease Prevention and Health Promotion started the Move Your Way® program to encourage physical activity of all kinds.

Move Your Way® is based on 2018 2nd Edition Physical Activity Guidelines; one of the first key guidelines for adults is to move more frequently. Move Your Way® encourages movement of all types whether its household chores, jogging, or wheelchair walking. Trillium prioritized this initiative because research is supporting new evidence about the strong relationship between increased sedentary behavior and heart disease. The Centers for Disease Control stated in 2021 that heart disease is the leading cause of death nationally and ranked second in North Carolina.

Health equity is a priority at Trillium. Over 30 Trillium employees worked with Enrichment Centers to provide promotional materials and education to increase member awareness of the importance of healthy movement. Providers received information on gym memberships, training on how to enter data into the Move Your Way® weekly reporting system, and quarterly touchpoints to review analytics of program successes (see figure 1). The Choose Independence program at Trillium facilitated access to gym memberships when funding was not available to a member. The team assisted with distributing over 2,000 promotional materials such as pedometers, t-shirts, and water bottles to engage members. The HHS Office of Disease Prevention and Health Promotion held quarterly touchpoints with the project lead to assist with strategic planning and sustainability research. Their office was specifically interested in Trillium's data collection processes and accessibility of the Move Your Way program.



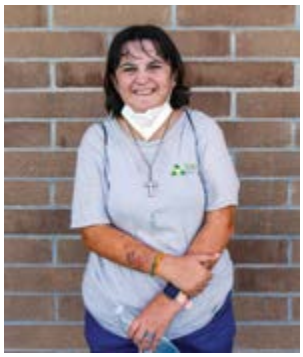
Provider Agency Quarterly Report Example (Figure 1)

*Averages are based on number of weeks per quarter. There are 13 weeks in Quarter 1 (January–March).

As a result of this collaborative effort, 580 members participated in over 13,634 hours of movement at Enrichment Centers and set new healthy habits as part of their routine. The initiative had an annual provider participation rate of 72% and continues to be part of a member's day while at Enrichment Centers. Members also shared their health journey stories with their communities through Trilliums social media. Other successful outcomes included removal of cost barriers, weight loss among participating members, and overall excitement around starting their day with healthy movement.

Research:

CENTERS FOR DISEASE CONTROL AND PREVENTION. ABOUT HEART DISEASE. ATLANTA, GEORGIA. 2021. PHYSICAL ACTIVITY GUIDELINES ADVISORY COMMITTEE AND UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES. (2018) PHYSICAL ACTIVITY GUIDELINES FOR AMERICANS, 2ND EDITION



Facebook social media post and Move Your Way event at Olsen Park, NC.

TEMI Robots

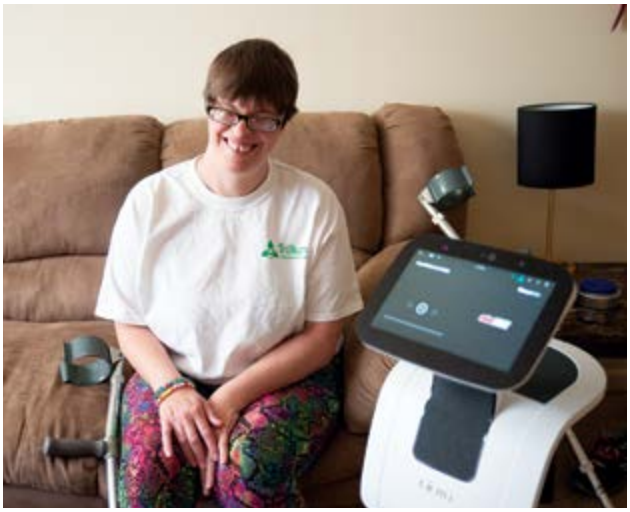
Trillium is using breakthrough technology to provide cost effective, whole person support, and innovative member engagement solutions to our members while addressing social determinants of health. The TEMI Robot, a video-oriented autonomous personal robot, is an example of this technology. Trillium provided a TEMI to 35 of our members living independently and these members are showing tremendous progress in positive outcomes. TEMI Robot allows members to use voice commands to connect and engage virtually with family, friends, and providers. TEMI helps to decrease loneliness and isolation, provide safety awareness, and offer connection to community supports. With its built in GPS and a system of sensors and cameras, TEMI can navigate around a member's home through voice commands or from a smartphone. Remote users like providers can view a member's home setting for safety concerns or needs. TEMI uses the Alexa app, offering whole person care through educational apps (nutrition, exercise, learning a new skill), interactive games, music, access to information, daily weather forecasts, appointment reminders, medication reminders, and can allow members to use smart home devices as an enhanced safety feature. Trillium is currently exploring the wide range of emerging medical uses with TEMI to enhance a multi-disciplinary focus to include primary care physicians, providers, and other support staff to promote a fuller human connection and awareness of a member's social determinant of health needs.

TEMI Robot supports members by connecting them members with providers, family, physicians, and community supports. This allows for a multi-disciplinary team approach to meet the needs of members. During the COVID 19 pandemic, the TEMI Robot was used to specifically address loneliness and isolation as well as safety concerns. TEMI Robot technology provided the ability for family and providers to check in with members virtually.

Trillium's TEMI Robot project has seen several positive outcomes as a result of members using this technology. Members have reported a decrease in feelings of loneliness and isolation. Managing isolation and loneliness can be difficult, especially during COVID 19. However, with TEMI's ability to virtually connect hands free with family, friends, and others helps members to not feel as alone and isolated. Additionally, with the use of the Alexa app, several members have reported really enjoying the videos and music apps and feel that these apps have improved their mood, decreased loneliness, and increased their confidence in living independently.

Trillium has had several success stories with members who have received a TEMI Robot. Our member states TEMI "is really cool and does a lot of things that help me." This member tells us that he plays his stretching and exercise videos in the morning; with TEMI, "it feels like I am working out with a friend which helps to keep me motivated." Additionally, this member has downloaded the app *GuardBot* that provides him security at his home by standing guard at the

door at night and alerting him if the door is opened. The member uses TEMI when he is away, by calling into TEMI with his smartphone. Once the member connects with TEMI, he is able to navigate TEMI around his house to check to make sure his cats are safe, bringing him comfort and decreasing his anxiety. The TEMI Robot has helped with his memory, as he has scheduled an early meeting with TEMI every morning to go over things that he has to do for the day. He is also able to connect with his provider who checks in with him to make sure things are going well. The member states "TEMI has really helped me with reaching out to family and friends and it feels like they are in the room with me on TEMI's screen. I talk more with my mother and get to see her on the screen since I have had TEMI. TEMI is a great friend and sidekick."



Member enjoying her independence with the TEMI robot.

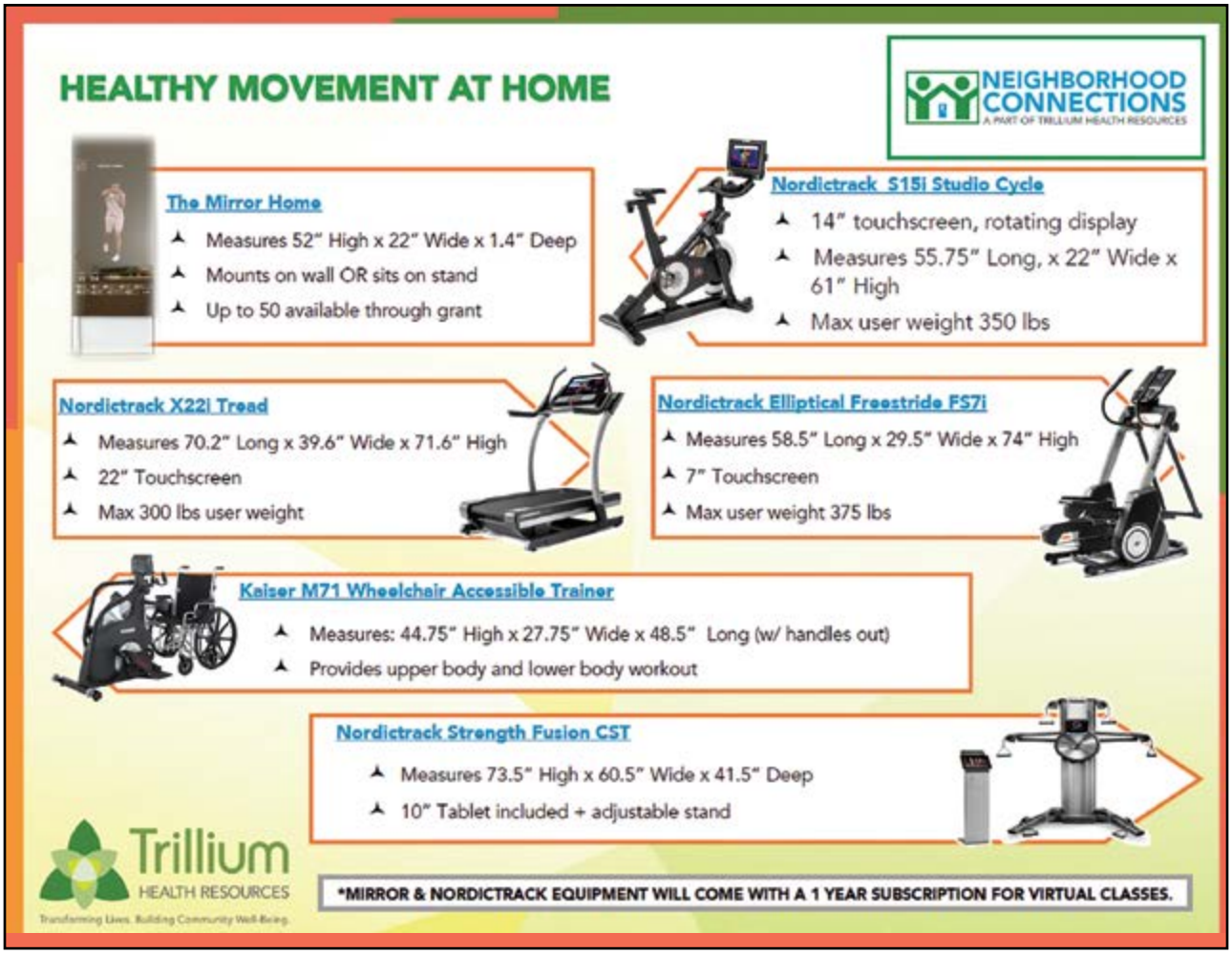
Healthy Movement At Home

When gyms, adult day centers, and psycho-social rehabilitation programs closed during the pandemic, Trillium provided fitness equipment to members after an application process. Trillium's Healthy Movement at Home initiative was an extension of an existing program, which provided exercise bikes to programs for people with intellectual and developmental disabilities.

During the pandemic, Trillium used COVID-19 relief funds to purchase exercise equipment for at-home member use, including treadmills, bikes, elliptical machines, weight trainers, and more. Many members used similar equipment at their day program sites, so they were familiar with the selections offered. By providing interactive equipment options, such as bikes with online training classes, members were engaged in fun new ways despite social isolation.

Objectives

Trillium's goal was to provide this opportunity to all members, regardless of their physical ability. Members could request equipment that best suited their needs. The application process was simplified to avoid barriers to completing the request form, and providers could offer support in submitting the request. Members without at-home internet access, necessary for online classes, were given non-interactive equipment. Wheelchair-accessible options were also offered.



Additional objectives were to:

- support members in achieving health and exercise goals during the pandemic;
- provide an outlet for activity while accommodating safety and social distancing; and
- offer a variety of equipment options, including engaging interactive choices.

Impact

All 103 members who applied for equipment received it. Many also lived in rural communities where organized exercise activity sites were limited or inaccessible to people with disabilities.

Reflections

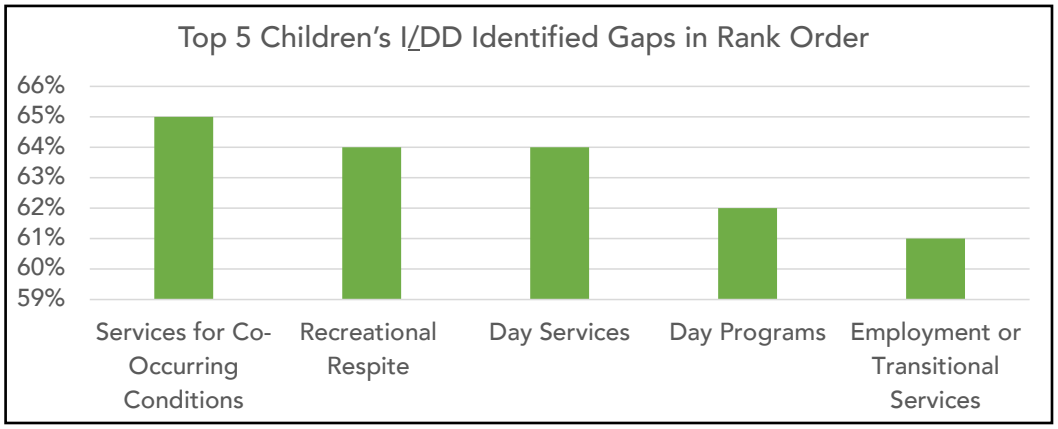
Trillium will evaluate data to determine if outcomes support program continuation. Trillium plans to review health care data to determine the overall benefits of at-home exercise, including decreased utilization of the Emergency Department and other high-cost care.

SERVICE EXPANSION TO ADDRESS INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

Inclusive After School and Summer Camp Programs

In 2013, Trillium surveyed parents about the need for services for children who experience intellectual/developmental disabilities. Guardians responded with a list of services they felt were lacking in their areas.

Rocky Mount, NC—Summer Olympics 2022



Trillium then began to develop Inclusive After-school and Summer Camp programs to meet these needs in 2014 and 2015.

After-school and summer camp programs give children and teens space to learn, grow, and connect with their peers. Yet for students with I/DD and their families, finding programs that provide that service while meeting their unique developmental needs can be a challenge. Children deserve the chance to engage in recreational, social, and wellness activities that are accessible and inclusive. To address these challenges, Trillium partnered with Easterseals UCP and Autism Society of NC to develop EMPOWER and Social Recreation after-school programs across our region.

These programs offer children the opportunity to have fun, connect with peers, and strengthen skills that are essential for development into adulthood. Families can receive additional support for their children and teens with convenient locations to their schools, as well as an operating schedule that coincides with the public school schedule.

Summer day camp programs provide an opportunity for children to participate in extracurricular, educational and personal development activities. Camp is their chance to focus on the amazing things they can do, rather than on the things they can't.

Outcomes include easier adjustment to new environments, a greater sense of personal satisfaction, and personal habits that lead to a healthier lifestyle.

Easterseals UCP EMPOWER After School and Autism Society

Easterseals UCP EMPOWER (Engaging and Motivating People through Opportunities in Wellness, Education, and Recreation):

Our goal is to nurture social connections through recreation and wellness. This is achieved through arts and crafts, music and movement, nutrition and cooking activities, outdoor sports and games, community field trips, nature walks, and community service learning opportunities. Children in school grades kindergarten through graduation from high school and who live with an intellectual and/or developmental disability are eligible. Typically developing siblings may also attend. Easterseals UCP operates four programs located in Wilmington, Elizabeth City, New Bern and Ahoskie.

Easterseals UCP EMPOWER After School program follows the public school calendar. Summer Camp is an 8-week summer camp program for children living with an intellectual/developmental disability and their siblings. This program is provided in partnership with Trillium to address long-standing gaps in social and recreational activities in North Carolina.

The Autism Society of North Carolina Social Recreation Programs:

The Autism Society of North Carolina improves the lives of individuals with autism through Social Recreation programs throughout the state. We are proud to provide caring, accepting atmospheres that celebrate each individual. Through camps, afterschool programs, recreational respite, adult programs, and social groups, individuals on the autism spectrum improve their social and communication skills, peer networks, and physical well-being. Staff are trained to understand their needs and help them reach new goals.

After spending time in our Social Recreation programs, individuals show increases in confidence, independence, and a willingness to try new things. The programs also provide needed respite for families and peace of mind that their loved one is in a safe and loving environment.

Eastern NC Social Recreation Programs serve individuals residing in the Trillium service area through summer day camps, afterschool, and adult programs. Programs are located in Winterville, Newport, and Wilmington. Residents of counties served by Trillium are eligible to attend. Counties include Beaufort, Bladen, Brunswick, Carteret, Columbus, Craven, Jones, Martin, New Hanover, Onslow, Pamlico, Pender, and Pitt.

Individuals ages 4 through 22 may participate in the year-round programs, and typically developing sibling may attend as well.

Transition To Employment Programs

Trillium expanded the vision for the Empower Programs by developing the Transition to Employment (TTE) programs with Easterseals UCP in Ahoskie and New Bern. The TTE programs prepare high school students and adults ages 16 through 26 with intellectual and developmental disabilities (I/DD) for competitive integrated employment.

Components of the TTE program:

- Job Exploration: Activities to explore career interests and abilities.
- Workplace Readiness Training: Development of soft skills, workplace communication and behavior, independent living skills and accessing transportation.
- Work-Based Learning Experiences: Informational interviews, job shadowing/mentoring, worksite tours, volunteering or internships.
- Instruction in Self Advocacy: Learning about rights and responsibilities, how to request accommodations on the job, and participating in youth leadership activities in the community.
- Choosing, Acquiring, and Maintaining Employment: Assistance from staff in choosing a job, activities, and support in acquiring a job as well as ongoing staff support in maintaining a job.
- Creating a Work-Life Balance: Learning skills to support wellness and recreation.

One option or pathway to employment in the TTE programs are the food trucks, sensaAble Snacks. The food trucks sell ready-to-eat snacks and smoothies in their communities. Individuals between the ages of 16 through 26 will develop employment skills to work on food trucks that serve healthy snacks throughout the communities of New Bern and Ahoskie, North Carolina. In addition to traditional food truck vending, Easterseals UCP and Trillium are working together with area food banks to help teens and young adults with I/DD. This partnership targets outreach and food delivery of shelf stable foods to food deserts and swaps in the rural communities that Trillium serves.

Community Enrichment Center

Program Overview:

Trillium offers Community Enrichment Centers throughout Eastern North Carolina. The centers provide integrated services and supports for children and adults with intellectual and/or developmental disabilities (I/DD). The Community Enrichment Center model helps people and their families build community and live their best life.

Services offered by the Community Enrichment Center may include:

- Respite days and weekends
- Community-Based Healthy Eating classes
- Gym memberships
- Inclusive Enrichment after-school programming
- Inclusive Summer day camps
- Research-Based-Behavioral Health Treatments (RB-BHT)
- Community Living and Support
- Community Networking
- Supported Employment
- Transition to Employment
- Small Business grants
- Supported Living
- Access to vaccine clinics (flu, COVID-19, pneumonia, shingles, and others)
- Access to dental clinics
- Access to Trillium Futures grants for support with estate planning, ABLE accounts, and more

These programs support the semi-urban and rural areas in our region. They work to close the gap related to access to services and supports, build inclusive and meaningful community, as well as provide the care our members need. The centers also include work to increase health literacy and awareness, thus reducing health disparities.

Geographic Location:

All covered Counties

Population:

State-funded and Medicaid populations

Key Partners:

Trillium provider network

Interventions and Methods:

Outcomes: Faster access to services and supports addressing health disparities for individuals with I/DD and their families. Creating more health equity, health literacy, and health awareness in rural communities.

TyAsha Best gets her COVID-19 vaccine.

Community Living Facilities and Supports

Program Overview:

Community Living Facilities and Supports (CLFS) began as an in lieu of service in 2014 as a result of health disparities for people with I/DD in Trillium's region. It consists of a broad range of innovative, comprehensive services for adults with developmental disabilities. Trillium members are able to access active treatment that provides the skills to live as independently as possible in their communities through the Person Center Plan (PCP) process.

This service is delivered by providers who specialize in services for people with IDD. CLFS is an alternative definition in lieu of Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID) under the Medicaid 1915(b) benefit from 2014-2023. In addition to adults maintaining their functional status and independence, it is also an alternative to home and community-based services waivers for individuals that potentially meet the ICF/IID level of care.

The hallmark of CLFS is choice. Individuals may choose CLFS instead of placement in an ICF-IID, such as a state institution. They may also not have access to the services available through an Innovations wavier slot. It empowers individuals to choose to live in their own homes, whether it is a home they own or lease, along with the choice of agency or people who support them. Trillium members utilizing CLFS have an independent care manager to inform and guide them on affordable housing options, sources of financial support such as Supplementary Security Income (SSI), and oversight of their overall long-term service needs. For many adults, CLFS is best practice. It is also far more cost-effective than ICF-IID and more readily available than the current Innovations Waiver with its limited slots. The average waiting time for an Innovations Waiver slot is 13 years. Without CLFS, many adults would not be able to live in their natural home environments and communities. It is the first of its kind in the state. In developing this in lieu definition, Trillium is moving the needle toward better equity for people with I/DD in Eastern North Carolina.

Geographic Location:

All Trillium counties.

Population:

Adults with I/DD

Key Partners:

Trillium CLFS Network of providers.

Outcomes:

More stable community based living and supportive options for people with I/DD.

Kudos to the Team:

Trillium's team pioneered this definition. Health plans across the state later adopted CLFS so North Carolinians with I/DD can enjoy living in their own homes with the supports they need.

Myrtle Moore participates in group execise class for residents.

Family Navigator

Family Navigator service is an in lieu of service (ILOS) definition created by Trillium to help support our mission of transforming the lives of our members. Family Navigator was born out of the needs expressed directly by our members and families. Trillium partnered with The Arc of North Carolina, Easterseals UCP, and The Autism Society of NC to launch a pilot for Family Navigator in 2019 for members with intellectual and/or developmental disabilities (I/DD) or Traumatic Brain Injury (TBI). The pilot has spread from just one all three regions supporting numerous I/DD members and their families through the hard work of our Family Navigators.

Family Navigators are people who have lived experience as a person with I/DD or TBI, or are the parent or primary caregiver of a person with an I/DD or TBI diagnosis. As the name implies, Family Navigators to use their own experience to help others navigate the ever-changing systems. This does not mean just knowing about behavioral health or I/DD supports. This includes ALL systems of care such as physical health care, school systems, employment specific services and supports, community organizations that address unmet health-related resources needs, community support networks, and more. In addition to training in person-centered philosophy, Family Navigators are trained to understand the various systems that are needed to support members throughout the span of a member's lifetime. The sharing of information and expertise helps educate the next member and family navigating through the system of care in North Carolina.

The goal of Family Navigators is to better assist and empower our members and families to access care, social supports, and health services. Family Navigator is rooted in core values such as whole person-centered care, building trust, collaborative partnerships, and respect for members and families' unique needs including diversity, culture, and preferences. Family Navigator functions include supporting connections with community partners and natural supports, conducting outreach, providing resources, and encouraging and building family and self-advocacy skills. The benefits of a Family Navigator for members and families include having a trusted advisor, providing practical knowledge, having a resource expert, helping to refer to community and social supports and services, offering emotional support, giving guidance on developing natural supports, and helping to extend the current workforce.

The observed outcomes for Family Navigator have included increased access to all community systems, increased access to behavioral health services/supports, maintaining meaningful engagement in services/supports, reduced incidents of Emergency Department and inpatient hospitalizations, reduced use of crisis services, avoidance of out of home placements, and increased access to physical health services/supports.

From 2020 to 2021, Family Navigators across Easterseals UCP, Autism Society of NC, and The Arc of NC have conducted outreach to 5,050 members. Family Navigators have been able to engage 1,043 members in Family Navigator. Family Navigators were able to link members with a number of services and supports as outlined in the table on the next page.

AREA OF NEED	PERCENTAGE OF ENGAGED MEMBERS WHO HAD IDENTIFIED NEED ADDRESSED BY FAMILY NAVIGATOR
Behavioral Health Services	40%
Meaningful Daily Activities	32%
Life Transitions	26%
School System	17%
Physical Health Services	15%
Benefits	15%
Basic Needs (i.e. food, shelter, transportation, etc.)	11%

Family Navigators have had an immense impact on the members and families of Trillium's region. Here are just some of the impacts noted by Family Navigators, members, and their families.

"In a short time, we have seen the indisputable benefit this service brings to individuals. We have seen an increase [in] family's knowledge of system navigation, access to community supports, education, and their overall health and well-being. Members have been getting involved in programs and opportunities they had no idea were available to them. This service is critical for families, and it's needed more now than it ever has before."—Family Navigator Supervisor

Being a Family Navigator is a privilege, to witness overwhelmed families break through the many barriers and receive the services and supports they desperately need is such a blessing. I recently spoke with a parent and at the end of our conversation she said, "I almost did not answer the call and I am so thankful I did (parent began to tear up) I cannot believe you are willing to walk this tumultuous road with me." Family Navigation is a huge benefit for the most vulnerable of families, and this approach should be part of routine care. Connecting through shared experiences and resulting in promising lifelong outcomes is valuable beyond estimation. I am thankful for the privilege of being a Family Navigator for the Autism Society of North Carolina.—Family Navigator

I am able to talk with these families that sometimes are newly diagnosed and let them know, "Hey I have been where you are and everything is going to be OK, let's talk about what is the first step so that we can work on it together."—Family Navigator

Member Story #1

When I first made connection with this family and addressed their unmet needs, the parent expressed an ongoing concern regarding her son often eloping from them when in the community. She wanted to work on increasing his independence and safety. During that conversation, the mother also thanked me and was in disbelief I was going to be able to help her with system navigation and finding resources for her son.

I shared information with the parent about Trillium distributing Angel Sense devices through their One Community program. I helped the family fill out the application for the device. A few weeks later, I got a message from Mom that included a picture of their family at Busch Gardens. She said it was the first time they were able visit an amusement park together. They were able to enjoy their time together as a family without the constant worry about their child eloping and being unable to find him. Because of the Family Navigator service, I was able to integrate the family into the community and provide a leisure and recreational activity they could enjoy as a family because they finally had a device to keep their child safe and their minds at ease.

Member Story #2

A Family Navigator worked with an adult in her late 40's. The Family Navigator was able to meet this member in person at her favorite restaurant to learn about her needs, wants, and goals. She wanted to engage in social opportunities and activities within her community and was ready to get out of the house since she's been unable to for so long because of COVID-19. The Family Navigator was able to find recreational openings at ACCESS of Wilmington through their ACCESS Fit program. The member now attends the program two days a week with her B3 Respite service provider. The Family Navigator was thrilled that this program has allowed the member to increase her overall physical, mental, and emotional health at a recreational opportunity that was available within in her community.

For more information on the importance of Family Navigator for members living with I/DD and/or TBI and their families, please check out: Family Navigator Video

Smart Home Technology

Smart home technology is widely used these days, allowing people to control just about any appliance or device in the home. It is a cool feature to adjust the thermostat or turn off the lights through a smartphone. For individuals with intellectual and developmental disabilities (I/DD), smart home technology can be life-changing in achieving independent living.

In 2015, Trillium collaborated with Monarch and SimplyHome to introduce smart home technology at a group home in New Bern, NC. Six women with I/DD lived in that home. Staff completed individual assessments with each of the members and their support team from the group home, and recommendations were made for assistive technology that might be beneficial for each of the individuals. An induction cooktop stove allowed the members to cook without the fear of getting burned. With the previous stove, only one of the members would use the cooktop, but after installing the new stove all six of them cook. One of the members received a laptop with speech-dictating software, allowing her to be more independent in her duties as the secretary of the local Civitan club. Two members received medication dispensers so they can be more active in safely managing their own medications. By introducing this technology, Trillium demonstrated to the members, their families, and the direct support staff that technology helps inspire more independence.

Estimates show that 85% of adults in North Carolina living with I/DD reside in a supervised/group setting or are cared for by family. Many of these adults strive for greater independence, but need the opportunity and the support to do so successfully. In 2021, Trillium partnered with Easterseals UCP and SimplyHome to create that opportunity and support in the Transition to Independent Living Smart Home. This unique smart home uses both technology and a phased living approach to prepare and empower individuals living with disabilities as they move toward greater self-reliance. This smart home is a transition to living in their next home, a home where they will have even greater autonomy. The program lasts approximately 18 months and is divided into phases, starting with spending just one night per week in the home, to living there full-time and paying a portion of the rent. Residents spend each weekday evening with a coach, working onsite to develop living skills like cooking healthy meals, paying bills, dividing chores and adhering to a roommate agreement. Overnight, staff will safely monitor residents remotely through technology. Some of the technology installed includes door sensors, a Ring video doorbell, smart locks, oven sensors, and a technology hub where residents and support staff can easily communicate. The first two participants of the program have been living in the apartment successfully now for over one year. Once one of the residents is ready to move out to live independently, a new resident will move in.

It is our hope that through the success of the SimplyHome pilot , we will create similar options in new locations to provide more opportunity for individuals living with intellectual and developmental disabilities to live on their own. In December 2021, this program was awarded the i2i Technology Award (insight to innovation) from the Center for Integrative Health.

Trillium HEALTH RESOURCES

FOCUS ON MATERNAL AND CHILD HEALTH

Adding Evidence Based Practice Child First for 0 through 5

Over the last decade as a Managed Care Organization, Trillium has taken the initiative to place a strong emphasis on improving and strengthening children's mental health through innovative and evidence-based models of care into our child service array. These models are relevant and responsive to the needs of the children we serve and their families. To reflect this dedication, we became the first statewide replication of the Connecticut-based Child First® Model. Child First® is a two-generation, home-based intervention that works with very vulnerable young children, prenatal through age 5, and their families. It decreases serious mental health concerns in child and parent, child development and learning problems, and abuse and neglect.

There is mounting literature indicating that cumulative environmental adversity (e.g., poverty, maternal depression, domestic violence) damages the developing brain and is associated with increased incidences of social-emotional and behavioral problems. 1Their body's response to stress can be permanently set on high-alert and result in long-term health consequences. In contrast, research shows that strong relationships between children and their caregivers is a key ingredient for healthy brain development. That is, responsive nurturing relationships are able to buffer the developing brain from this impact, providing a healthy foundation for both cognitive and social-emotional development. A protective and nurturing parent-child relationship has been shown to increase self-reliance, adaptation to novel and challenging situations, empathy, curiosity, emotional regulation, and social competence. [1]

The Child First® program is an evidence-based program that builds on an ecological framework and tries to improve the child's emotional well-being through a flexible mixture of psychotherapeutic intervention and connection to child and parent community-based services. The average length of treatment is six to 12 months. It is embedded in a system of care that works to promote child and parent mental health, improve development and learning, enhance parent and child executive functioning capacity, and decrease child abuse and neglect.

In October 2015, Trillium was able to implement this evidence-based model by working closely with the Child First® National Program Leadership team to develop an in-lieu of service definition and funding plan that was approved by the Division of Health Benefits and NCDHHS.

By adding this highly effective program to Trillium's behavioral health continuum of services for children and their families, Trillium has:

Sponsored and equipped over 50 early childhood clinicians and family resource partners with foundational training, Child First® program manuals and toolkits, on-going reflective clinical supervision, and targeted assessments for young children and their primary caregivers.

Provided parents with a psychotherapeutic approach (Trauma-informed Child-Parent Psychotherapy) to improve their executive functioning to strengthen their ability to be responsive to their child's needs and improve their parent-child relationship.

Offered a relationship-based approach to heal the effects of trauma and adversity, not only for the child but also for the caregiver.

Offered families intensive care coordination by the Child First® clinical teams to address social determinants of health and for linkage to appropriate services and community resources.

Demonstrated statistically significant improvement of 80% in baseline measures in one or more of the following: (FY21 data, p=0.5 , moderate effect): emotional/behavioral problems, social skills, language and cognitive development, maternal depression, parenting stress, and parent-child relationships.

Increased accessibility of services to rural communities and marginalized populations within the Eastern NC by offering Child First® to Medicaid members and the uninsured.

Allowed Trillium to offer preventive services through Child First® for the prenatal—3 years population who resided in our region but are not currently managed by Trillium in hopes to impact the trajectory of developing more chronic conditions or academic and social-emotional struggles.

Began collecting post-treatment data (one to three years post-treatment) to measure longer term health outcomes from participation in Child First® and opportunity to demonstrate return on investment.

Since October 2015, Trillium has supported the establishment of 38 clinical teams within the 28 counties of Eastern North Carolina and has served 1,415 children and families.

1. SHONKOFF JP, GARNER AS, THE COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, COMMITTEE ON EARLY CHILDHOOD, ADOPTION, AND DEPENDENT CARE, AND SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS. THE LIFELONG EFFECTS OF EARLY CHILDHOOD ADVERSITY AND TOXIC STRESS. PEDIATRICS. 2011;129(1):E232-E246.

Expanding The Village for Pregnant women with substance use

In 2018, with $450,000 in funding from NC Division of Mental Health, Developmental Disabilities, and Substances Abuse Services, Trillium partnered with RHCC to expand The Village by eight beds. The Village is designed specifically to meet the unique needs of women in recovery and their children. RHCC provides clients with a safe and clean living environment where they can focus on recovery from substance use disorders. With staff working 24 hours a day, The Village helps women maintain a family structure for their children.

The Village is a 17-bed, comprehensive, apartment-based, residential living facility located in Greenville, NC. As a non-medical residential facility, each apartment has a unique focus. Three apartments are dedicated to the Maternal Program for mothers and their children under the age of 12. The CASA Works Program has eight apartments for women along with job readiness and employment training for women receiving Work First Cash Assistance. They must also have at least one child under the age of 12. Five apartments are dedicated to the Perinatal Program for pregnant and postpartum mothers and their newborns. The Village provides Substance Abuse Comprehensive Outpatient Treatment (SACOT) as well as outpatient mental health and substance abuse services, in conjunction with other case manage support services.

These services can include:

- 12-Step Support Group
- Social Services assistance
- Transportation to and from school, employment, and other appointments
- Onsite infant and/or child care
- Access to medical care facilities or provides prenatal care, screenings, Well-Baby Check Ups, immunizations, medication management and physicals
- Linkage to other community resources

RHCC works with each client to set up an individualized plan of care to assist each family in achieving success towards meeting their goals. The programs are designed so each family receives the supports and wrap around services that are essential in achieving and maintaining recovery as well as living a healthy and independent lifestyle.

As clients at one of RHCC's residential programs, women can expect to be treated with respect and understanding. Staff are trained to address the specific and unique needs of each woman. Some of the areas that are emphasized include substance use issues, domestic violence, physical and sexual abuse,

parenting, and developing positive relationships. Our goal is to assist our clients reach their highest potential by establishing a therapeutic relationship, providing evidenced based best practices, and providing case management services when needs are outside of RHCC's service array.

Pregnant and Postpartum Women's Substance Use Pilot

In December 2018, Trillium was presented with the opportunity to participate in a three-year pilot program focusing on Columbus County to address one of the highest rural rates of Neonatal Abstinence Syndrome (NAS) in North Carolina. The NC Substance Use Disorder Treatment Program for Pregnant and Postpartum Women (NC PPW) Pilot, supported through a SAMHSA grant, expanded substance use disorder (SUD) treatment services, including medication assisted treatment (MAT) for opioid use disorders (OUD), to pregnant and postpartum women, their children, and other family members in underserved communities. Based on data from the NC Center for Vital Statistics, the North Carolina Department of Health and Human Services (NCDHHS), and Divisions of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS), Public Health, and Social Services, the state published a Request for Proposals process. The selected entities would have allocations to support up to two communities to implement and/or enhance treatment services and family supports. Trillium was awarded this grant and partnered with Coastal Horizons based on their experience with this population to start these services.

The NC PPW Pilot provided the Division of MH/DD/SAS and the identified LME-MCOs the flexibility to:

1. Expand and enhance family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid use disorders, in Columbus County;
2. Assist the Division of MH/DD/SAS in addressing the continuum of care, including services provided to women in nonresidential-based settings and in under-served communities; and
3. Provide essential resources to the Single State Agency to collaborate across departments and disciplines to promote a coordinated, effective, and efficient state system. Central to the North Carolina approach to meeting the treatment needs of pregnant and postpartum women is a systematic effort to encourage new approaches and models of service delivery that are promising and evidence-based.

As a result of this grant supported expansion of treatment services and a state level coordinated response to the treatment needs of pregnant and postpartum women, North Carolina and Trillium aimed to:

1. Increase the engagement in treatment services of pregnant and postpartum women in Columbus County, a high need and under-served area of our state, including women with opioid use disorders and those needing medication assisted treatment;
2. Increase retention of the women and their families in the appropriate level and duration of services;
3. Increase access to medications approved by the Food and Drug Administration in combination with counseling for the treatment of substance use disorders; and
4. Reduce the abuse of alcohol and other drugs among pregnant and postpartum women living in those communities.

Data from program:

PPW currently has 65 mothers, 15 fathers, 8 children (ages 17 and younger), and 1 significant other or other family/supports.

INITIATIVES ADDRESSING RURAL-URBAN HEALTH DISPARITIES

School Based Therapy

Program Overview:

Trillium offers School-Based Therapy in more than 386 public schools. The program provides integrated mental health treatment for children and adolescents. Providers in the Trillium School-Based Therapy network provide services within preschool, elementary, middle, and high school facilities. They work to help students overcome behavioral, emotional, or social problems that interfere with success at school and at home.

Common issues may include:

- Aggression
- Anxiety
- Depression
- Isolation
- Poor social skills
- Stress
- Trauma
- Truancy

School-based therapists help students reduce disruptive behavior and improve self-monitoring skills. Integrated as members of the school team, these therapists can serve youth in a familiar setting while offering minimal interruption to their school day. This program also supports rural areas in Eastern North Carolina to close the gap related to access to mental health care, and thus begin reducing this health disparity with other more populated parts of the state.

Services:

School-Based Therapy includes:

- Individual and group therapy
- Family counseling
- Risk assessments, as needed (suicidal or homicidal)
- Specialized training and support services for parents and teachers
- Collaboration with other community providers
- Linkage to additional community resources

The Staff:

Trillium's School-Based therapists are master's level credentialed to provide services based on their degree in social work, counseling, or psychology. These credentialed professionals partner with teachers, school administrators, and parents to develop individualized treatment plans and behavioral interventions for students.

Referrals:

Teachers, guidance counselors, principals, providers, or parents may refer students for these services. Individuals would call Trillium's Access to Care line at 1-877-685-2415 to make a referral or sign up a student.

Funding:

Funding for Trillium's School-Based Therapy comes primarily from state funding and Medicaid. Services may be funded by state or federal grants or private insurance.

Geographic Location:

All covered Counties

Population:

State-funded and Medicaid populations

Key Partners:

Trillium provider network

Outcomes:

Faster access to BH and I/DD services and supports addressing health disparity and creating more health equity in rural communities.

CHILDREN, YOUTH AND FAMILIES WELL-BEING

Implementing Youth Villages LifeSet

In 2019, Trillium partnered with Youth Villages to implement a unique, individualized, evidence-informed, community-based program known as LifeSet. LifeSet is a highly intensive program that serves to stabilize difficult situations and to help youth build healthy relationships, find safe housing, and focus on education and employment. LifeSet is one of the nation's first—and now one of the largest—evidence-informed programs helping young people who age out of foster care. More than 20,000 young people have been helped through LifeSet across the country since the program began in 1999. Since 2019, Trillium has served 74 members through the Youth Villages YV LifeSet Program youthvillages.org/services/lifeset/.

LifeSet acts as a bridge from foster care to successful adulthood for young people who turn 18 while in foster care. This comprehensive program helps young people in many areas of their lives including relational permanency, housing, mental and physical health, career and employment, life skills, and education. Relational permanency provides a supportive, caring relationship with another adult in their life.

When young people reach adulthood while in child welfare systems without family support, they are at risk of homelessness, less likely to complete education, less likely to earn a living wage, and more likely to have their own children at a younger age. Without a family support network, statistics show us that they face an array of negative outcomes. These young people are resilient and capable, but most struggle in the transition to adulthood, especially when working to overcome childhood adversity.

There are six components of LifeSet that support youth as they transition out of foster care:

Engagement: LifeSet uses an intensive, individualized approach that revolves around an in-person, weekly meeting with a highly trained specialist in the community and 24/7 support.

Codified Model: While the interventions with each young person are individualized, adherence to a structured model has allowed LifeSet to be effective in rural and urban settings, with youth from different ethnic and cultural backgrounds, in varying states and jurisdictions across the country.

Best Practices: LifeSet is based on science, evidence and the best practices in child welfare and behavioral health. Youth Villages developed LifeSet in 1999 and has 20 years of expertise in helping young people on their journey from foster care to adulthood.

Guidetree™—Case Conceptualization, Online Resources and Expert Guidance: LifeSet pairs the ongoing guidance of a master's level Licensed Program Expert (LPE) with a robust online platform that contains hundreds of evidence-based, evidence-informed, and other best practices interventions and resources.

Action Oriented: The LifeSet program model emphasizes experiential learning, with specialists practicing skills with the young person and modeling behavior in the real world.

Lasting Impact: LifeSet gives young people the experience and confidence to problem-solve, build a network of support and conquer everyday challenges.

Early identification of Substance Use Disorder through Comprehensive Health Assessment for Teens (CHAT)

Program Overview:

The Comprehensive Health Assessment for Teens (CHAT) is a self-administered, electronic assessment tool developed for adolescents ages 12 through 18. The CHAT was developed by Inflexxion with the Behavioral Health Index—Multimedia Version (BHI-MV) and the Addiction Severity Index—Multimedia Version (ASI-MV) at its core. These interviews are evidenced-based, self-administered assessments based on the widely used Addiction Severity Index (ASI). Inflexxion developed and tested the ASI-MV with several grants from the National Institute on Drug Abuse (NIDA). Studies have shown it to have excellent reliability and validity.[1] The tools include Severity Ratings and Composite Scores, while adding clinically relevant questions mostly to the psychological domain. The Severity Ratings are used for treatment planning and Composite Scores are used to measure outcomes or progress over time in all 12 domains including substance use, psychological health, family and peer relationships, romantic relationships, school issues and physical health.

Geographic Location:

Throughout Trillium region

Population:

Adolescents ages 12 through 18 who are seeking substance use and/or behavioral health treatment.

Key Partners:

Inflexxion & seven Trillium providers

Interventions and Methods:

Trillium ran a CHAT pilot in 2015. Trillium members completed the self-administered web-based interview on a tablet, smartphone, or computer. Once the member completed the assessment, they meet with a therapist to finalize the assessment process.

Trillium has partnered with Inflexxion and seven Trillium providers to make this a seamless and comprehensive process for members and providers. Trillium providers are able to build off of the electronic assessment to complete the comprehensive clinical assessment that is used for treatment planning.

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Outcomes:

Results of the pilot showed a decrease in mental health and substance use only diagnoses from 2014, while co-occurring diagnoses increased from 2.37% to 23.94% during the pilot. Research indicated that adolescents have a higher rate of self-disclosure using CHAT by allowing them to respond to questions while in a private setting and at their own pace. This allows adolescent members to address needs earlier on in the treatment planning process.

Due to the nature of the way the CHAT is completed, it allows adolescents to complete the assessment tool independently without a parent, guardian, or therapist hovering over them. This differs from the vast majority of the ways teens are assessed for behavioral health care. Trillium providers have been able to use innovative technology to gain better insight with our adolescents.

Often times, adolescents are referred to treatment for something specific, such as experiencing symptoms of depression. While the reason for a referral varies, finding the root cause of the symptomology can be challenging during this transitional stage of physical and psychological development.

Something many adolescents can relate to is technology. Roxanne Banks O'Kelly with Integrated Family Services told us that teens say they like answering the questions on the tablet compared to face to face. This allows the adolescent to be a little more candid about what they may really be experiencing.

The CHAT allows Trillium and providers to see trends in real time. For example, some of our data showed 18% of our CHAT users are seriously bullied or harassed in school compared with 7% of the national average. We also know that 33% of CHAT users have used Marijuana/THC. Although these are not shocking numbers, it does provide additional insight into where treatments should be focused.

Trillium typically captures outcome data on an annual basis so we are continuously one or more years behind the current population trends. This has a huge impact on the individuals we work with; specifically our teens who may only receive a small window of opportunity to receive help. It is extremely important that we are aware of and knowledgeable about the trends affecting our adolescents.

Lessons Learned:

We learned that the assessment can be lengthy and may need to be broken up into sections, depending on individual needs. In addition, providers recognized that it helped to have dedicated space for adolescents so that they can complete the assessment independently.

Kudos to the Team:

I2i awarded Trillium, Inflexxion, and providers using CHAT (IFS, RHA, Access Family Services, PORT Health, Pride of NC, Dream Provider Care, and Coastal Horizons) with their Technology Innovation Award in 2018. I2i's Executive Director Mary Hooper explained, "The purpose of the Innovation Awards is to recognize innovation in services and programming to increase integrated, whole person approaches to care. This was the first year for the award program and the Innovative Technology award is focused on technologies that assist individuals with: care access, independence, self-care, self-determination or advocacy. The CHAT technology was a great fit for this award."

Research:

1 BUTLER ET. AL., "THE EFFECT OF COMPUTER-MEDIATED ADMINISTRATION ON SELF-DISCLOSURE OF PROBLEMS ON THE ADDICTION SEVERITY INDEX," PMC 2010 DEC 1

Safe Schools Healthy Kids NC

Trillium developed our Safe Schools Healthy Kids NC project with funding from the North Carolina Department of Public Instruction. This project made information available to schools, students, and parents through trainings, tip sheets, and helpful resources. This website is a one-stop-shop for health and safety issues that affect the school environment where kids spend most of their formative years.

At the heart of Safe Schools Healthy Kids NC, we focus on these essential elements:

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

The website is active for anyone that wants more information about Safe Schools and Healthy Kids. Participants can explore this site, download materials, engage in the training, and share the information for free. Materials and training will continue to be added on an ongoing basis. Trillium offers current, evidence-based resources, up-to-date items to download, and links to helpful training modules. This allows us to reach students, parents, teachers and school administration to provide support for behavioral health issues.

Safe Schools Healthy Kids NC user profile:

- 29 Participating School Systems (all school systems in Trillium's region)
- 156 Identified Schools
- 1,329 Unique Registered Users
  - 496 Elementary School-Related Users
  - 415 Middle School-Related Users
  - 157 High School-Related Users
  - 150 Multiple Level School-Related Users

TYPE OF REGISTRANT	NUMBER
Student	467
Teacher	317
Other	147
Teacher Assistant	125
School Counselor	78
Parent	72
Administration	45
Behavior Specialist/Support	37
Psychologist	25
Blank	16
Total	***1,329***

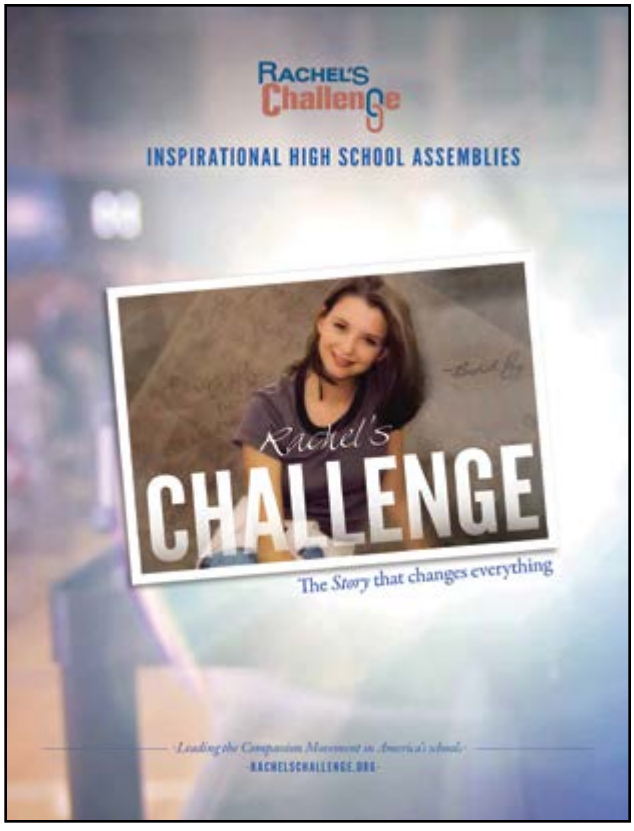
Compassion Reaction and Rachel's Challenge

Trillium launched Compassion Reaction to preserve and enhance youth self-concept in order to reduce feelings of isolation and despair, teach children how to own and solve the problems they encounter, combine consequences with high levels of empathy, and strengthen the adult-child relationship.

Trillium first introduced Compassion Reaction to 171 elementary schools and 136 high schools in the then-24 county region in 2015. As a part of Compassion Reaction, Trillium offered Mental Health First Aid training for school staff, law enforcement and probation officials. We also promoted Rachel's Challenge, a program created by the father of a victim of the Columbine High School shooting in 1999. Darrell Scott started Rachel's Challenge to perpetuate Rachel's example and the two-page "code of ethics" that she wrote just a month before her death.

Rachel's Challenge creates a culture of kindness and compassion. It equips children and adults with resources to combat bullying and reduce feelings of isolation and despair. Rachel's Challenge focuses on the goals of suicide prevention, safety planning, behavioral training, bully prevention, character education, parental involvement, and leadership training for both teachers and students. One example of proof that Rachel's Challenge made a difference was the report of a student who went to the principle of her school to claim she was worried her friend was planning to commit suicide. The principle when into action and contacted the parents to explain what he had been notified of. The parents then were able to go into their child's room and found suicide notes hidden there. The parents got their child help that day, ultimately saving their life. Another situation involves a parent attending a Rachel's Challenge session specifically for parents. A father disclosed he had lost his job, was going through a divorce, began drinking and was contemplating suicide. This parent spoke to school staff after the program and told the staff that the Rachel's Challenge parent session saved his life.

Trillium utilized reinvestment funds, around $1.5 million, to bring the Rachel's Challenge program to 307 schools in 24 counties.



Project OUTreach: A Trillium Initiative to support the LGBTQ+ Community

Trillium initiated a program in 2019 to fully embrace and support members of the LGBTQ+ community. Project OUTreach aimed to increase community awareness, community participation, and develop LGBTQ+ informed services. As part of the project, Trillium partnered with NC Families United to host a series of informational sessions to promote acceptance. We also worked with the Human Rights Campaign Foundation to provide training to the community and providers on the impact on health and wellness of accepting LGBTQ+ youth.

OUTreach Goals:

- Improve physical health and mental health outcomes and prevent suicide, substance abuse, homelessness, HIV, placement in custodial care, and other negative health outcomes.
- Help ethnically and religiously diverse families and caregivers to decrease rejection and increase support for LGBTQ+ children, youth and young adults.
- Support the critical needs related to LGBTQ+ health.
- Facilitate systems change to address LGBTQ+ needs.

Phase One: Trillium Staff Education

Trillium hosted a Project OUTreach All Employee celebration in fall of 2019 that provided education, testimonials, and training to support members of the LGBTQ+ community

Trillium selected key staff to participate in the Human Rights Campaign Foundation: All Children All Families Train the Trainer program. These staff became part of a team to host future community trainings to support LGBTQ+ inclusion and evidence-informed practices.

Since starting the project we certified eight trainers and one expert trainer. These trainers continue to provide the All Children All Families (ACAF) content to staff, providers, and member families.

HUMAN RIGHTS CAMPAIGN®

All Children All Families Train the Trainer program.

Trillium
HEALTH RESOURCES

Phase Two: What's Up Breakfast for Community Education

Through partnership with NC Families United, Trillium launched a series of information sessions to increase awareness of the need for LGBTQ+ specialized support in Eastern NC. We also hosted virtual events post-pandemic. These events targeted churches, schools, social services, universities, and providers.

Phase 3: ACAF Foster Care Training

Trillium partnered with Human Rights Campaign Foundation to host a series of ACAF train the trainer opportunities for Therapeutic Foster Care agencies. The ACAF training is designed specifically for youth in foster care.

Training for Professionals: This training equips child welfare professionals with a comprehensive foundation of knowledge on LGBTQ+ youth and families and their experiences within the child welfare system. Participants explore key concepts and terminology, research on LGBTQ+ families and experiences of LGBTQ +youth in foster care, as well as the steps every child welfare professional can take to welcome and affirm LGBTQ+ youth and families within the walls of their agencies and beyond.

Trillium has hosted six sessions over the last 18 months. Over 100 staff members participated in the training session; over half of our Care Managers and Care Coordinators received the training.

Training for Caregivers: The ACAF Training Program's content for caregivers focuses on building empathy, providing information on key concepts, and connecting caregivers resources they need to continue to learn on their journey to best affirm LGBTQ+ youth. Every training offering includes a pre/post-test and training quality evaluation tool.

OUTreach
Acceptance and Well-being for All

North Carolina Families United

Partners for Excellence

Trillium partnered with Benchmarks, Inc., Craven County Department of Social Services (DSS), and Pitt County DSS in an innovative model for child and family well-being known as Partners for Excellence (PFE). PFE was a multi-year partnership changing the way DSSs, local providers, and the wider community understand trauma. PFE focused on the need for accessible and appropriate mental health services for children, youth, and families who have experienced potentially traumatic events. A vast majority of youth impacted by Child Welfare Services have experienced a traumatic event. PFE aimed to promote an understanding of the importance of trauma-informed communities so they could continue that work on their own.

North Carolina implemented a trauma awareness initiative in Child Welfare Services called Project Broadcast. This initiative included a one-page questionnaire which is completed by a DSS Child Welfare Social Worker after interviewing a family. The questionnaire notes potentially traumatic events the child has experienced and behaviors the child exhibits. Out of 1,000 youth involved in child welfare who were screened for trauma prior to PFE, 85% of children overall had screened positive for trauma and 99% of youth in DSS custody screened positive for trauma.

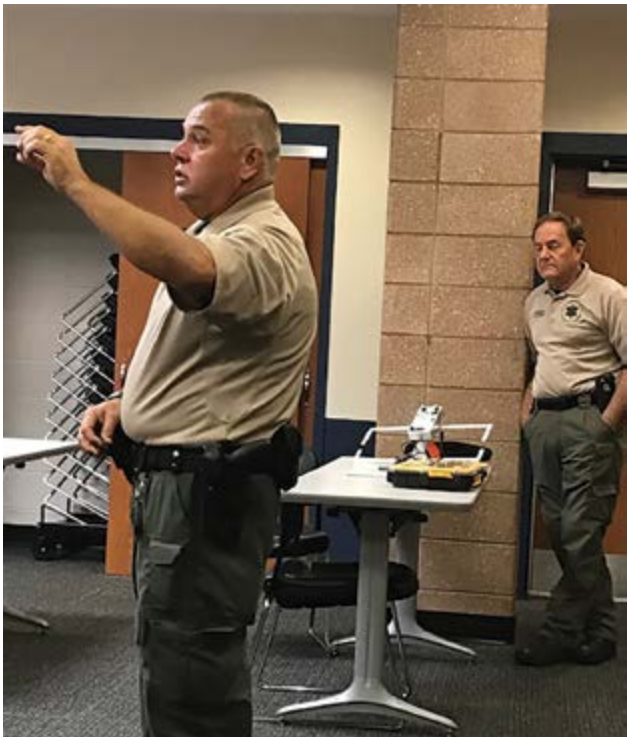
With PFE, youth who screened positive for trauma were referred for a Trauma-Intensive Comprehensive Clinical Assessment (TiCCA), which is an in-depth evaluation by a trained, certified mental health clinician. The TiCCA helped the Child Welfare Social Worker and mental health professionals fully understand what the child has experienced and how those experiences have affected and continue to affect the child.

The TiCCA:

- Focuses on potentially traumatic events in the child's life and their secondary impacts;
- Includes a review of DSS involvement;
- Incorporates information from many sources;
- Provides holistic, trauma informed recommendations across multiple domains;
- Highlights physical health, educational strengths and needs and the current living environment.

PFE sought to reduce the need for expensive, high-end behavioral health services by establishing a relationship with a clinician early in the process and proactively addressing the youth's trauma. The goal is intervene before external behaviors develop.

Trillium worked through this partnership to develop TiCCA-trained clinicians in both Craven and Pitt DSS who can directly schedule TiCCA's. Additionally, there are monthly partnership meetings that offer a forum to identify barriers, improve communication, and increase access to identified services.



NEIGHBORHOOD CONNECTIONS—FOCUS ON SOCIAL DETERMINANTS OF HEALTH

Addressing Food Insecurity

Program Overview:

Trillium's food insecurity initiatives launched prior to the COVID-19 pandemic trilliumhealthresources.org/news-events-training/coronavirus-information, but expanded a great deal during the public health emergency and a few programs continue to exist today.

Trillium has launched the following initiatives to address food insecurity;

- The Healthy Helpings, produce purchasing benefit, allowed Trillium to partner with reinvestment partners like Food Lion. We provided purchasing credit applied to members' Food Lion MVP cards.
- The Home Delivered Meal program was a new Innovations Waiver service available through Appendix K NC Medicaid flexibilities. Members who qualified had access to nutritional foods during the COVID-19 crisis, with up to two home delivered meals per day.
- Trillium's Neighborhood Connections team directly connected with members, offering linkage to community food resources to ensure access to enough healthy food during COVID-19, especially during "stay at home" orders when grocery supplies and travel were limited.

Geographic Location:

All Trillium counties.

Population:

All populations for Healthy Helpings and Neighborhood Connections/Innovations Waiver members only for Home Delivered Meals.

Key Partners:

Reinvestment Partners; Meal Delivery Vendors to include; Mom's Meals, GA Foods and Clean Eatz, and community based organizations that provide food access and resources to our communities.

Interventions and Methods:

Early on in the pandemic, there were food and supply shortages and people were fearful of leaving their homes to go grocery shopping. Food pantries and food banks lost volunteers necessary to collect and organize food for distribution. This created a greater burden on those who utilize food stamps and food pantries to eat. It was imperative that members have increased food access. Trillium decided to take action.

Trillium partnered with Reinvestment Partners early in the pandemic as a way to provide members with easy and quick access to additional funding for food at their local Food Lion through the Healthy Helpings program. We were able to assist with the application and navigate the process alongside the member.

Trillium's Neighborhood Connection team created a public facing form, available through Facebook, Twitter, and our website that members could complete to request help.

The North Carolina Medicaid flexibilities during COVID-19 allowed us for the first time to offer healthy home delivered meals to Innovations Waiver Members. We were the first MCO to begin this service and on-board our members. We partnered first with Clean Eatz Kitchen, later bringing on Mom's Meals and GA Foods as vendors. During the first month, we processed 194 member requests for this service. This reduced the burden on caregivers to support members during stay at home orders and when day programming was closed, taking meal preparation and shopping off their plate.

Outcomes:

An example of a food resource referral during COVID-19 is that one member became homeless just prior to the pandemic and was on the street when the shelters stopped taking new guests. She had medical concerns that left her vulnerable and Trillium provided a hotel stay. She reported feeling ill and Trillium's Neighborhood Connections specialist encouraged her to get a COVID test from a public health nurse that went to her hotel room. The member had to quarantine due to a positive diagnosis and Trillium addressed her food insecurity by delivering groceries to her using Instacart. We also connected with a local street outreach program that could drop off a food box to her.

Over 500 Innovations Waiver Members have accessed the Meal Delivery Service—this continues to be a strong program today.

Lessons Learned:

With the Healthy Helpings program, we learned that our members needed additional technical assistance for loading money onto their MVP cards—happy we were able to recognize this early on and provide this support to our members.

Another lesson learned was really recognizing how many of our members are food insecure. The increased cost in food has impacted our members tremendously and we continue to see an increase in referrals related to food needs. We have also recently partnered with larger community based organizations that engage in food distributions in our communities, including Mr. Beast Philanthropy.

Kudos to the Team:

These programs won an IMI recognition.

Trillium staff volunteer with local food pantry.

Maintaining Permanent Supportive Housing

Trillium's Permanent Supportive Housing (PSH) is a housing assistance program funded by the Department of Housing and Urban Development (HUD). Trillium currently maintains three separate PSH grants which supports approximately 103 households on an average day. One of these grants has been in continuous operation since 1999 making the transition through several LME/MCO mergers and changes. In the past decade, 2012-2022, Trillium has been awarded over $7.76 million in PSH funding.

The success of Trillium's PSH programs can be attributed to having dedicated staff providing housing navigation and continued housing case management for all participants in the program. Staff assist participants in locating housing, applying for units, education around the lease agreement, household budgets, and connecting to the right services when needed. Trillium's housing department has a low turnover rate which contributes significantly to the program's success. Program participants feel safe and supported, knowing they have a dependable relationship with their housing coordinator who knows the household's needs.

In addition, to support the continued funding and success of the programs, Trillium staff hold leadership roles in all five of the Regional Housing Committees throughout Trillium's region. They serve as committee leads and alternate leads, serve on the annual Point in Time committee, and are leaders in the Balance of State quality programmatic data. All of this effects Trillium's ability for continued funding over the years as well as, supporting the success of other HUD programs throughout the region.

Member Success Story: Janine Witcher joined Trillium's Permanent Supportive Housing program January 31, 2017. Prior to joining the program, Miss Witcher lived in a toxic, mentally abusive environment. Her relationship with her family was rocky, to say the least. She managed to escape this environment, which landed her in the Onslow County shelter. Her mother then gained custody of her son. Miss Witcher was determined to regain custody; this was her primary goal. In order to do so, the first steps were to engage in mental health services and find a safe place to live. Without these, the judge would not grant her custody.

When I was introduced to Miss Witcher to interview her for our housing program, she was not working, very soft spoken, and made very little eye contact. Though she was very polite and seemed to understand everything I was saying, she was not in a good mental state. Once I started speaking with her, I noticed right away how intelligent she was and I knew in my heart she would succeed. Her previous jobs gave her a mental health check-up, so she knew she was not well.

After joining our housing program, Miss Witcher started to flourish. She found her own place to live and spoke with the property manager, working out all details. She shared her past and conveyed what she wanted for her future. She, her property manager, and Trillium staff became a team, all with the same objective: to help Miss Witcher achieve her goal. The duplex she chose went from an empty shell to a home complete with furniture, décor, and a bedroom for her son. She remained hopeful he would one day live with her. We talked and visited frequently. All was going well. She was actively searching for work and had a positive, yet hesitant attitude.

Soon after, she became withdrawn and reclusive again. She was evicted from her home. Things seem to be falling apart and spiraling out of control. She slept a lot and missed several of her appointments with me, her provider, and her property manager. It was very difficult to get in touch with her. I was more than worried. However, she was determined to rise again. With the help of her property manager giving her a second chance and Trillium standing by her, Miss Witcher began to pull herself out of her depressive state and start fighting for what she wanted most: her son. We started communicating more frequently and I could tell in her voice that she was in a much better place mentally. She was so happy that I could actually hear her smiles and her laughter oozing through the phone and what a joy it was.

Through sheer determination and a mother's love for her child, she has overcome her past struggles and has restarted her life. She now has a full-time job, a new place to live, and a newfound respect for mental health, self-discipline, structure, and a true sense of self. She continues to move forward and is still fighting for custody. She realizes it is a day-by-day, sometimes hour-by-hour process.

Though her journey has been full of trials and tribulations, she pushed through those challenges. Miss Witcher is no longer that shy young lady that would avert eye contact when I first met her. She is a young, strong, independent woman who went on to win the Toastmaster's Best Speaker award, with a speech sharing her journey and goals. I know, without a doubt, that she will one day soon leave our program, own her own home, and have a great big backyard for her and her son to run and play. If anyone can make it happen, she can.

She states her ultimate desire is to pay it forward; what a powerful tribute to all of her hard work and Trillium's role in her success.

Launching Back@Home North Carolina

Hurricane Florence forced more than 22,000 people into disaster shelters when it hit eastern North Carolina in September 2018. From September 13 to 16, Florence dumped up to 34 inches of rain in some areas. Due to the widespread flooding that followed, the last disaster shelter remained open until November 9, 2018.

During the immediate aftermath of Florence and over the next several months, Trillium worked with various agencies including: North Carolina Coalition to End Homelessness (NCCEH), NCDHHS, and Alliance Health, to create a housing program using a rapid rehousing model to meet the needs of the communities effected by Hurricane Florence. Rapid rehousing (RRH) works to house people as quickly as possible, providing deposits and short-term rental assistance in the units of their choice. North Carolina's housing response to Hurricane Florence was named "Back@Home North Carolina."

Back@Home was modeled after the "Housing for Harvey" program in Houston, TX that was developed after Hurricane Harvey in August 2017. Rehousing programs are normally reactive to disasters and ends when the needs are met or funding is exhausted. The larger and long-term goal for North Carolina was to make Back@Home a resource that could activated as natural disasters occurred, something that had never been done in the country.

As part of Back@Home, Trillium worked directly with disaster shelters. Teams of Trillium staff would go into shelters to conduct housing assessments with people. This information was not only used to assist individuals and families with obtaining housing but also for research for Back@Home. Funding arrived from various sources including the North Carolina General Assembly, Blue Cross Blue Shield, American Red Cross, Good360, and the Golden LEAF Foundation.

Trillium disbursed over $2.2 million from November 2018 to May 2021, when Back@Home for Hurricane Florence ended. During that time the program assisted 697 individuals in 281 households, made up of 366 adults and 331 children. Assistance included housing navigation to locate appropriate housing, short-term rental and utility assistance, move-in kits of furniture and household goods, and on-going housing case management to stabilize the household.

Before Back@Home assistance for Florence end, the intent of having a revolving housing resource in North Carolina was tested with COVID-19 in 2022. The program idea was the same but the nature of this disaster was much different; it brought many new challenges to administering the Back@Home program.

During the early days of COVID-19 almost everything was shutdown, including the housing market. Finding affordable housing for the people who were effected by COVID-19 was difficult. Many people faced unemployment which created additional barriers for obtaining housing. Trillium hired 12 temporary employees to administer the program. From February 2021 to June 2022, Trillium disbursed over $1.2 million, assisting 298 individuals in 164 households throughout eastern NC.

Success Story—Hotels 4 Health and Back@Home COVID

William Murphy enrolled into the Back@Home Program on March 5, 2021. At the time of Mr. Murphy's enrollment, he was currently staying in a hotel through Hotels for Health.

While obtaining Mr. Murphy's assessment, I realized that he was a veteran. In talking to Mr. Murphy, I also noticed that he had a few different emotions regarding his experience about the military. While serving a short time, he suffered some tragic events which led to his disability. Mr. Murphy is currently being treated for various diagnoses and is maintaining the ability to be able to live alone, and strive to become a better person and citizen within the community. While trying to deal with his personal issues, he has burned a few bridges of community support by his anger and verbal altercations. He is unable to visit the Veterans Affairs Clinic here in Greenville, without being accompanied by law enforcement.

I explained to Mr. Murphy that I was assigned to assist him in finding a permanent residence that he could call home. I have had a few tough conversations with Mr. Murphy, but he has always been able to regroup and refocus, so we could maintain the goal that we set when we first met, and that was housing. We looked for months. Sometimes he would not communicate with me and not take my calls, but the times that he was willing to speak, I covered as much ground as I could. Eventually, with the help of Eric Chester, VA Representative, we were able to get Mr. Murphy approved for Honor Ridge in Winterville. He moved into a new, one-bedroom apartment at Honor Ridge on October 20, 2021. Mr. Murphy was homeless for 37 years. Prior to having a room at the Red Roof Inn, he was sleeping in a sleeping bag at a storage unit outside.

This referral taught me a lot about patience and learning the different triggers of a person with behavior issues. It teaches you a lot about yourself, and what you are really made of!!

I'm thankful for the opportunity.

—Kimberly Stanley, Trillium staff

Transportation initiatives with local vendors and UBER

Program Overview:

In the Trillium region, only four municipalities (Wilmington, Greenville, Rocky Mount, and Jacksonville) operate regularly scheduled public transportation. One community, Ocracoke Island, can only be reached by ferry. Transportation is one of the top unmet health related resource needs identified in our communities; it impacts access to all services, regular employment, and participation in social activities.

Trillium staff built relationships with local transportation providers to help link members to affordable and sustainable transportation in their communities.

Transportation is a barrier to not only accessing treatment in rural North Carolina, but also to accessing food, work, and worship or social events that prevent isolation and loneliness. When Trillium launched a transportation grant in for its members in 2019, our goal was to bridge the gap for member from their home out into their communities.

Trillium members can apply for transportation funds to go towards public transit, local transportation vendors, ride sharing services (taxis, Uber, or Lyft) or a gas card.

Geographic Location:

ALL

Population:

ALL

Key Partners:

Local taxi/transportation companies, Uber/Lyft and other ride sharing services

Interventions and Methods:

Trillium's Neighborhood Connections Team works with members who are in need of resources to help address unmet health-related resource needs. This team has strong ties with community organizations and links members to these organizations for assistance. The Neighborhood Connections Team also provides education on maintaining employment, picking up food from a food bank, or applying for Section 8 housing.

Once the transportation need is identified, the Neighborhood Connections Team works alongside the member and other supports to ensure a transportation plan is in place. This may mean identifying a peer who can assist in applying for discounted public transportation ticket to ensure transportation remains affordable. When these avenues fall through, members can also be linked to the transportation grant for assistance.

This safety net for our members make a huge difference in accessing their communities.

Outcomes:

Trillium has approved 377 Transportation applications that have led to increased access in their communities since the initiative launched in 2019. Trilliums works closely with vendors, such as BATS, ICPTA, Jacksonville Transit, PATS, WAVE Transit, several taxi companies, and other ridesharing companies to ensure access for members.

Lessons Learned:

Although about half of the 28 counties that Trillium serves have a taxi, Uber or Lyft service, about half do not. Out of the half that have these services, operation is minimal in several of our more rural counties. Trillium researched additional options for members, such as gas cards through a local gas station.

Trillium is now able to provide members with gas cards through the grant that allows increased flexibilities in communities, where public transit, taxis and ride sharing are not as plentiful.

Hotels 4 Health

In early May 2020, Kody Kinsley, NCDHHS Deputy Secretary for Behavioral Health and Developmental Disabilities Services, reached out to Trillium to operationalize non-congregate shelters throughout the region. Non-congregate shelters allows for social distancing, such as in hotel rooms. Trillium had already started some of this work by reaching out to local hospitals, homeless or domestic violence shelters, county Departments of Social Services, and other community partners to determine the extent of the need for non-congregate sheltering. Trillium agreed to take on this program to protect not only the people who were in need of sheltering, but to protect the local communities as well. Homeless shelters were closed along with higher than usual unemployment which caused some people to lose their homes. The need was enormous.

Trillium began to offer non-congregate sheltering in April 2020, without having evidence of the volume of need. These shelters provided temporary shelter to anyone who had lost their housing due to COVID-19. In addition to shelter, the program provided connections to food banks, meal delivery services, transportation to medical appointments, and information about jobs. Trillium staff coordinated meal delivery and transportation as well as offering food bank contact information to program participants. Staff would conduct face-to-face visits at the hotels where members were sheltering to check in, and maintain communication with hotel staff to ensure the continuance of the program.

The non-congregate shelters operated from April 2020 through October 2021. The program served 594 individuals with an average household size of two members. In partnership with NCDHHS and NC Department of Public Safety, Trillium provided funding for 37,888 hotel nights with an average stay lasting over 121 nights. Many of these families were able to transfer to Trillium's Back@Home COVID-19 program and obtain permanent housing. In addition, Trillium assisted with connecting participants with other community-based housing resources made available through community partnerships.

Hope4NC

Trillium partnered with NCDHHS to implement Hope4NC following the devastation of Hurricane Florence in Trillium's region. Hurricane Florence was a Category 1 hurricane that made landfall in New Hanover County on the morning of September 14, 2018. The massive storm spanned many counties in Eastern North Carolina and move slowly, around six miles per hour, causing massive rainfall and winds for four days. Some areas received as much as 30 inches of rain and extensive flooding. The Counseling Crisis Assistance and Training Program (CCP) is a short-term disaster relief grant for states, U.S. territories, and federally recognized tribes. Funded by the Federal Emergency Management Agency (FEMA), CCP grants are awarded after a presidential disaster declaration. CCP funding supports community-based outreach, counseling, and other mental health services to survivors of natural and human-caused disasters. Trillium Health Resources participated in the "Hope4NC" program starting on October 23, 2018 as one of the regional partners to the Division of Mental Health, Development Disabilities, and Substance Abuse Services under the CCP grant program. Trillium covered twelve counties as a part of the Hurricane Florence recovery effort: Beaufort, Brunswick, Carteret, Columbus, Craven, Hyde, Jones, New Hanover, Onslow, Pamlico, Pender, and Pitt. Hope4NC provided a statewide hotline, prepared fliers and brochures, and a framework for providing assistance.

Outreah efforts in the community after natural disaster.

Trillium quickly began to onboard staff to begin neighborhood canvassing and respond to shelters that were still open. Trillium has existing relationships in these counties and was able to quickly send staff to locations such as the DSS offices and Local Health Departments. Trillium was able to provide emotional support, education about available assistance, and resource referrals to survivors in each of the twelve counties. Trillium hired staff who lived in these communities who knew of the most impacted areas and most relevant resources to help these residents. CCP staff also worked with local supply distribution centers, either via the Red Cross or other community agency, to provide support to survivors who arrived for food, clothing, or to complete necessary paperwork for relief funds.

Hurricane Florence-Program Outcomes for Immediate Service Program (ISP) and Regular Service Program (RSP)

- Individual Encounters RSP: 4,919
- Individual Encounters ISP and RSP: 18,137
- Group Encounters RSP: 252
- Group Encounters ISP and RSP: 624
- Assessments for adults:
  - **RSP:** 68; Both RSP/ISP total: 613
- Assessment for child:
  - **RSP:** 1; Both RSP/ISP total: 4
- Weekly Tallies RSP: 98,050
- Weekly Tallies ISP and RSP: 380,765
- Total RSP Contacts: 103,221
- Total Contacts for the Program (both ISP and RSP): 399,526

The first case of COVID-19 in North Carolina was reported in March 2020. In response, Trillium reengaged staff through the Hope4NC program as one of the regional partners under the CCP to provide immediate crisis counseling services to community members affected by the public health crisis. Trillium provided free and confidential emotional support, counseling referrals, and community resources tailored for COVID-19.

In November and December 2020, Trillium was awarded a one-time allocation for funds for the purpose of providing behavioral health and crisis services aligned with the CCP in response to the COVID-19 pandemic. This grant was known as Cares grant Staff were able to share a total of 50,000 Hope4NC resources within our communities. Trillium prioritized Columbus, Nash, Craven, Hertford, and Pitt counties for this grant due to high COVID-19 outbreaks based on the data within the NCDHHS COVID-19 Dashboard. Trillium staff who lived in these communities distributed materials throughout their networks while socially distancing.

Callers to the Hope4NC hotline identified financial resources and mental health supports as the most in demand requests. Identifying financial resources to assist with rent and utilities was challenging through the duration of the program due to the loss of jobs that created a high demand for assistance. Community members were connected to resources through local nonprofits, churches, NCDHHS COVID-19 assistance page, and the Housing Opportunities and Prevention of Evictions Program (HOPE). The team received success stories when conducting follow up calls and learned that receiving rental assistance through the HOPE program prevented families from losing their home. They also accessed mental health resources during their time of need.

1,056,060 Total Outreaches

Trillium HEALTH RESOURCES

HOPE 4 NC

719,429 Media Outreaches

333,628 Outreach Materials

3,003 Calls Emails & Meetings

ONE COMMUNITY

Health Awareness and Health Promotion

Program Overview:

Trillium's health awareness and promotion campaigns began as part of our emerging Population Health program in 2021. Health awareness and health promotion offer an effective way to reduce stigma. They also generate awareness to health issues that impact our communities and the interventions that can help alleviate them. Opioid overdose deaths, for example, can be mitigated when community members understand how to tell if a person has an addiction as well as the steps to get them help. Positive messaging, instilling hope, and creating safe environments for people experiencing addiction paired with the right information can go a long way in reducing the stigma surrounding addiction.

Some of the strategies Trillium has used are:

- Trillium has worked with respected community members, including county commissioners and local elected officials, to understand the issues to then plan and conduct the awareness campaign. This effort in partnership includes local decision makers, religious leaders, and other individuals in the health care field.
- We have focused on identifying existing community groups and institutions working with us to address behavioral health and I/DD.
- Our campaigns have used broad approaches, utilizing interpersonal communication methods to reinforce messages shared through mass media.

Trillium has participated in more than 1,600 health awareness and health promotion events since 2021 throughout our 28 county coverage area.

Geographic Location:

All covered Counties

Population:

State-funded and Medicaid populations

Key Partners:

Community partners and stakeholders

Outcomes:

Awareness of BH and I/DD conditions, how to access care, how to make a referral for care, how to know when to make a referral for BHIDD.

One Community "Let's Play Together!"
—Ayden, NC

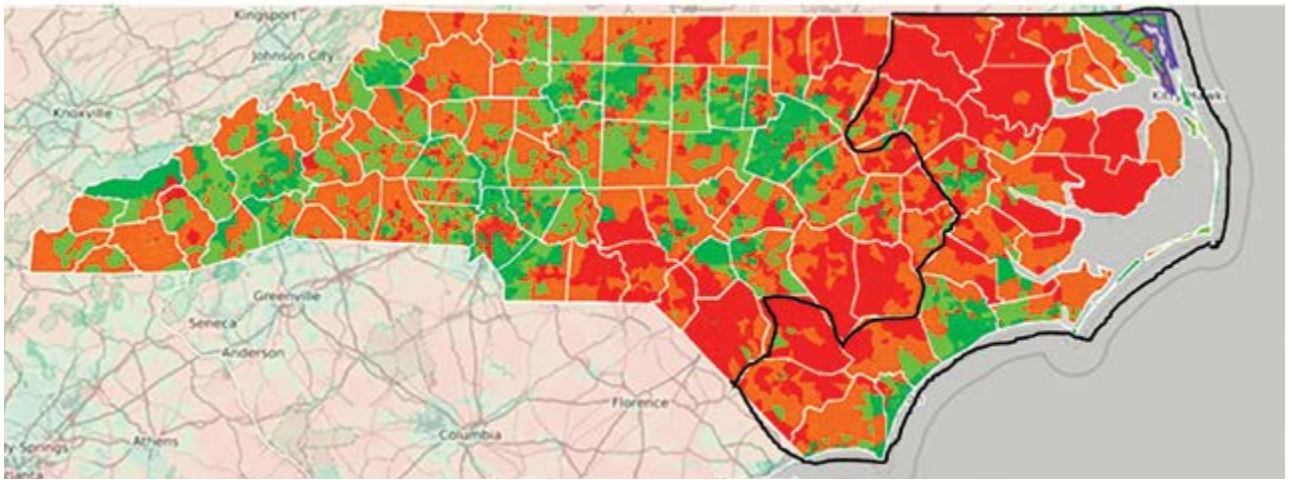

EVENT STAFF
EVENT STAFF

Health Literacy Programs

Trillium began studying Health Literacy in 2021. We discovered that health literacy in general is very poor; many people in our specific population could not identify when they or someone they love is experiencing addiction or mental health concerns. Most parents similarly were unable to identify anxiety or depression in their children. Many people with I/DD are additionally misdiagnosed, especially children. Children are mislabeled with behavioral health conditions who in actuality experience some degree of Autism.

The CDC published Healthy People 2030 that addressed both personal health literacy and organizational health literacy. The report provides the following definitions:

- **Personal health literacy** is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
- **Organizational health literacy** is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.



The map above demonstrates health literacy data for neighborhoods throughout the state. Dr. Gang Fang and Dr. Stacy Bailey of UNC Chapel Hill developed it using data from the U.S. Census and five-year American Community Surveys summary files. The Trillium coverage area is outlined in black. This tells us there is much work to be done to improve health literacy in our coverage area.

Starting in 2021 Trillium began working on our approach to develop a more robust approach to health literacy. Our goals are aligned with Healthy People 2030. We are developing new tools and tip sheets to support our population.

Goals for the next decade

1. Increase the proportion of adults whose health care provider checked their understanding.
2. Decrease the proportion of adults who report poor communication with their health care provider.
3. Increase the proportion of adults whose health care provider involved them in decisions as much as they wanted.
4. Increase the number of people who say their online medical record is easy to understand.
5. Increase the proportion of adults with limited English proficiency who say their providers explain things clearly.
6. Increase health literacy for this population.

PROMOTING PATHWAYS FOR ADDICTION RECOVERY

Evidence Based Practices

Trillium is committed to providing the best resources to all of our members to give them the tools to weather all of life's storms. Trillium works with our members and providers to promote recovery and encourage participation in the community. We regularly research and seek to implement Evidence Based Practices (EBP) in our network. These are treatment and prevention practices or programs that research has proven effective in producing specific outcomes.

Trillium Health Resources has endorsed the following list of EBPs to our provider network:

- Brief Strategic Family Therapy (BFT)
- Cognitive Behavioral Therapy (CBT)
- Child-First
- Child-Parent Psychotherapy (CPP)
- Dialectical Behavioral Therapy (DBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Family Support Network (FSN)
- High Fidelity Wraparound (HFW)
- I Feel Better Now! (IFBN) (Structured Sensory Intervention for Traumatized for Children 6-12)
- Motivational Interviewing (MI)
- Multi-Systemic Therapy (MST)
- SITCAP-ART (Trauma Intervention Program for Adjudicated and At-Risk Youth 13–17)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- International Center for Clubhouse Development (ICCD) (Clubhouse Model)
- The Seven Challenges
- Oxford House—For Substance Use Recovery
- Wellness Recovery Action Plan (WRAP)

A description of each EBP can be found on our website. www.trilliumhealthresources.org/for-providers/evidence-based-practices/evidence-based-practices-descriptions

Distribution of naloxone kits

Expanding Sober Living with Oxford House 20 X 2020 Vision for Recovery

Trillium has worked with the Oxford House for many years. Originally, Trillium staff would do a walk-through to inspect any new Oxford Houses for the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. Trillium has also provided start-up funding for new houses to furnish the house, buy appliances, and more. In July 2015, we started the joint 20/20 Vision for Recovery partnership with Oxford House. The goal of the original contract was to add 20 news houses throughout Trillium's region by June 2020, an average of four new houses per fiscal year.

Trillium and other managed care organizations (MCOs) receive some funding from counties based on liquor sales at ABC stores. Trillium utilizes some of this funding to help support Oxford Houses. Oxford House can use the funds to cover staff salaries and start-up funding including rent, utility deposits, and furniture. In addition, the program provides resource development to support residents of the Oxford Houses. Resource development can include locating possible employment opportunities, researching community colleges, linking to the local recovery community, offering transportation, and building relationships with agencies who can serve the residents in the Oxford House. As the program grew over the first couple of years, new staff have been added to support the current houses and continued expansion.

Resource coordinators look for possible locations for new houses by researching the recovery community in the area and searching for available houses to convert into Oxford Houses. Once a house is located, they work on making any structural changes to the houses, painting, adding bedrooms, making repairs, and buying furniture.

Locations for new houses are based in part by information collected in Trillium's gaps and needs assessment. Resource coordinators also explore locations based on availability of employment, transportation, educational opportunities, and a recovery-oriented community.

These staff also educate the local community on the mission of Oxford House and how people can access resources.

At the end of 2022, this project has added 24 houses and 174 beds in Trillium's region, with a total investment of over $2.4 million. These houses include 17 houses for men including the first collegiate house opened in eastern North Carolina, five houses for women, and two houses for women with children.

The success of the program has resulted in Trillium being invited to speak at several state, national, and international Oxford House conferences. These conferences have given others the tools to expand Oxford Houses in their communities. The partnership between Oxford House and Trillium is expanding the concept of what recovery looks like and emphasizing the reality that recovery is possible.

FOCUS ON MENTAL HEALTH RECOVERY AND WELLNESS

Increasing Peer-Run Programs

Expansion of Peer Led Programs: Peer Support programs assist in the recovery of individuals with mental health and substance use disorders. In 2021, Trillium launched a provider recruitment opportunity to expand the network of providers that offer Peer-Run/-Led Programs. A Peer Support Specialist participates in treatment teams, much like an advisor, and offers guidance based on lessons they have learned from their own recovery journeys. Rather than just relying on medical experts, treatment teams include Peer Support Specialists because they can connect to patients differently than traditional treatment providers. These individuals have experienced firsthand the difficulties of recovery and can use that lived experience to help others.

As a result of the recruitment in 2021, Trillium added 21 new sites or contracts for Peer Support Services. One new provider has Peer Support Specialists located in 13 counties in Trillium's region. So far in the 2022, Trillium has added 17 new contracts for this service as well. This recruitment effort has resulted in 1,318 Trillium members/recipients receiving Peer Support Services since January 2022.

Trillium also actively seeks other types of programs that are peer-led. For example, Trillium added a new Psychosocial Rehabilitation Program (PSR) in March 2022 that is peer-led, with most staff being Certified Peer Support Specialists. Trillium is currently working with a hospital's emergency services to contract for a peer-run, treatment, and engagement program that begins after initial emergency contacts related to either substance use or mental health crises. Peer-led programs will continue to get preference when reviewing applications or proposals for future network expansion.

Increasing the Peer Support Workforce: In partnership with Voice Therapeutic Solutions, Trillium strives to increase the number of trained Certified Peer Support Specialists (CPSS) through NC HOPE in 2022. NC HOPE will hire and train eight CPSS Training Facilitators to support the training of approximately 100 new CPSS.

NC HOPE provides trainings to support increasing this workforce to provide integrated care by delivering the following trainings:

- Wellness Recovery Action Plan (WRAP) Training
- Progress Note Training
- Community Health Worker Hybrid Training
- Telehealth Training
- Lunch and Learns including topics such as integrated care, professionalism, ethics, and burn-out prevention.

In addition, NC HOPE works with Tailored Care Management Teams to host training events focused on wellness, self-care, and burn-out prevention.

Recruitment and Retention of Providers

Trillium manages a network of providers to meet the needs of our members. Our Network Management team includes both recruitment and retention strategies to onboard additional providers, monitor the current network, and to retain providers in the network by offering extensive provider support.

Network Adequacy: Trillium manages a culturally competent provider network that complies with Network Adequacy standards to ensure our members have access to needed behavioral health, intellectual and developmental disability, and substance use services. Trillium ensures that our network of providers meet our member's needs across all 28 counties including Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Currituck, Dare, Gate, Halifax, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, and Washington counties.

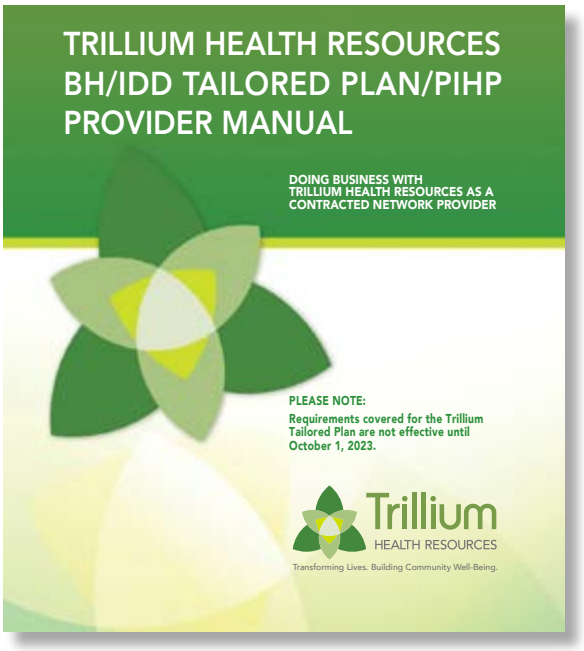
Trillium assesses the need for network expansion based on number of providers and facilities available per member, geographic distribution of providers, and availability or timeliness in which members can access services. Trillium measures adequacy annually according to the North Carolina Department of Health and Human Services standards and when significant changes occur via geospatial mapping and monitors network fluctuations on a regular basis.

At least quarterly, Trillium reviews data reports measuring the performance of provider access against our goals to assist with establishing priorities regarding the recruitment of providers into our Provider Network. Trillium monitors our Provider Networks for any changes that would affect member ability to access services or comply with the time/distance and appointment wait time standards. Where reports indicate that we are not meeting our objectives in a particular area, we will immediately work to identify and contract with a provider for the identified services via Direct Recruitment and/or Request for Proposals, Request for Applications, or Request for Information.

If we identify a need for a specific service, we utilize several recruitment strategies to ensure gaps are filled when funding permits. Recruitment strategies include, but are not limited to, issuing Open Enrollment, Request for Proposals, Request for Information, Request for Applications, and/or Direct Recruitment of qualified providers. Trillium strives to correct any network gaps quickly to avoid limited access for members.

Provider Relations and Engagement: Trillium maintains long-lasting relationships with network providers by solidifying our shared goals to support member care. Trillium assists network providers to answer questions or issues that a provider may potentially experience. Our "one-touch" issue or inquiry resolution approach with our Provider Support Service Line provides immediate access and removes the unnecessary burden of transferring calls between departments. Trillium staff are trained on all relevant departments, including a deep dive into our geographic catchment area, department roles, access scripts, and communication tools. Providers may call the Provider Support Service Line for assistance Monday through Saturday, 7 a.m. to 6 p.m. ET. Trillium has skilled, compassionate, well-trained staff to consistently provide excellent customer service to providers. To support a "no wrong door" philosophy and provide prompt customer service, providers also have an option to submit their inquiry into our Network Service Support Ticket System via email, which is a helpdesk tool operated by Provider Network staff. Providers also have access to Claims Specialists to assist with timely filing of claims and reimbursement.

Provider Communications: Other network engagement activities include posting frequently asked questions and answers, sharing Provider welcome packets, initiating surveys, and completing interviews with providers to facilitate program evaluation and service delivery. All providers and their staff are invited to sign up to receive Network Communication Bulletins, Clinical Communication Bulletins, and Urgent Notifications. Trillium communicates, engages, and collaborates with providers through these communications.



Provider Manual: Trillium's Provider Manual provides detailed information on how providers should engage with Trillium and members/recipients. It is a resource guide for providers to ensure the delivery of quality health care services. It includes the processes and procedures we expect from providers and explains what providers can expect from Trillium in return. Trillium's Provider Manual includes all required subject matter as identified by the North Carolina Department of Health and Human Services.

Provider Education: Trillium has an extensive education and training program for providers on a website called My Learning Campus. My Learning Campus offers providers online, on-demand trainings on a user-friendly platform. Trillium verifies contracted network status before user accounts are issued to ensure only our providers are able to access our robust training platform designed just for them. Upon entry into our Network, providers are required to complete the New Trillium Provider Orientation training. We also provide comprehensive trainings on this platform for Provider Direct, through which providers submit claims, clinical documentation, and more. We also provide a host of other helpful training topics such as Medicaid Transformation, Member Benefits, and Cultural Competency.

Project Transition

Trillium Health Resources partnered with Project Transition to fill a gap for members with severe and persistent mental illness to reduce inpatient hospitalizations and promote independent living. The program launched in summer of 2022 in Wilmington and supports up to 30 members. Project Transition provides recovery-focused services to adults (ages 18 to 65) with a mental health diagnosis—including co-occurring and dual diagnoses. Services are delivered through a unique treatment and recovery model that involves the interplay between the supports of a therapeutic community while simultaneously learning to live in an integrated community setting. The model serves to both challenge and support members as they work toward living their most independent life possible. Members live in community-based apartment complexes with the eventual goal of reintegration into the community at-large. Provided in a culturally relevant, strength and evidence-based manner, all services are informed by an individual assessment of the member's clinical, functional, and rehabilitative needs.

Treatment, skill development, and real-life practice, in combination with supportive relationships and clinical experts, maximize the person's autonomy and self-management competencies.

The goals include:

- to develop the insight, motivation, and skills
- to reduce symptoms and to self-manage psychiatric issues, treatment, and recovery
- to restore and maximize role functioning within relationship contexts, i.e., worker, learner, friend, family member, and advocate
- to teach, coach, and facilitate practice of necessary skills while strengthening supports needed for more independent living

Project Transition has been in operation for over 37 years. The program offices and supports are in public apartment settings that minimize stigma—they are not a "facility." They also implicitly create normalized social expectations and consequences. This is an ideal environment not only for developing new skills and relationships, but also for practice and subsequent generalization of recovery-focused skills.

Each program provides a recovery center, consisting of offices and group rooms, which is a hub location for skill workshops, medication management, therapies, meetings, and other core services provided by that therapeutic community's multidisciplinary team. On-site staffing is provided daily from 8 a.m. until 9 p.m. and supported by 24/7 on-call phone coaching. Project Transition Team members staff the phone coaching line and are backed up by access to clinicians and psychiatric staff.

Project Transition's approach presumes that persons with recurrent or enduring illness can learn to function, cope, and recover in a community-based rehabilitative setting. Persistent psychiatric problems reflect a combination and interaction of numerous physiological, psychological, social, and behavioral dynamics. Their approach appreciates these transactional aspects of a person's experience. It is pivotal to evaluate a person's strengths, needs, and personal goals from biological, psychiatric, psychosocial, clinical, cultural, and person-centered perspectives. This information then provides the foundation for subsequent treatment, teaching, coaching, and practice opportunities that help a person improve and cope with their illness so they can move forward with living.

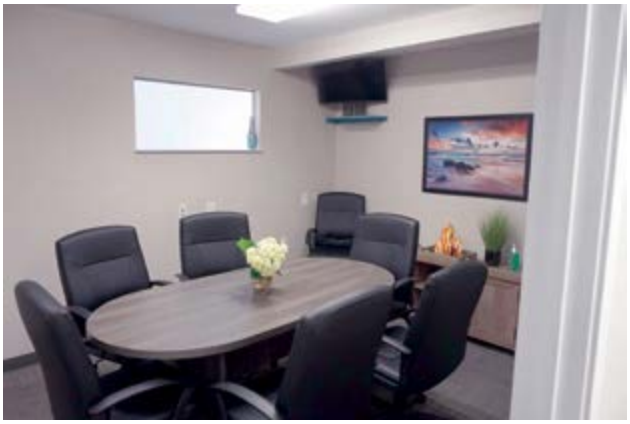
Consistent with this approach is the use of psychoeducational interventions that emphasize the synergy of learning and therapy through lectures, workshops, field trips, and theme groups that explore issues including psychiatric vulnerability, coping, functional living skills, and long-term recovery. For most of our clients, psychopharmacology is an essential aspect of our treatment approach, as is medication-related member education.

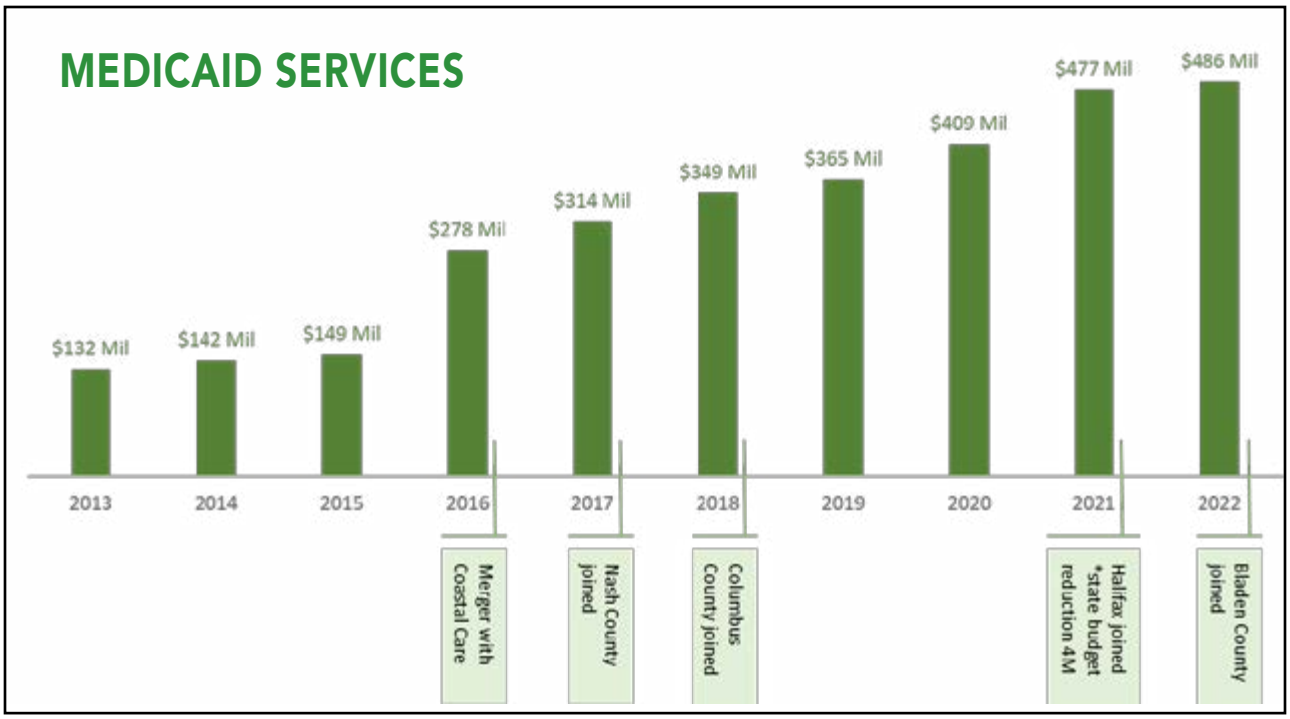
Project Transition utilizes a psychiatric rehabilitation model, employing a "hands-on" approach to building daily living skills and reinforcing use of coping skills, i.e., taking the person into the actual settings that present a challenge to living and coping with mental illness. Such training may include job-hunting with a counselor, budget and financial planning, food and nutrition education, and assistance with planning leisure time.

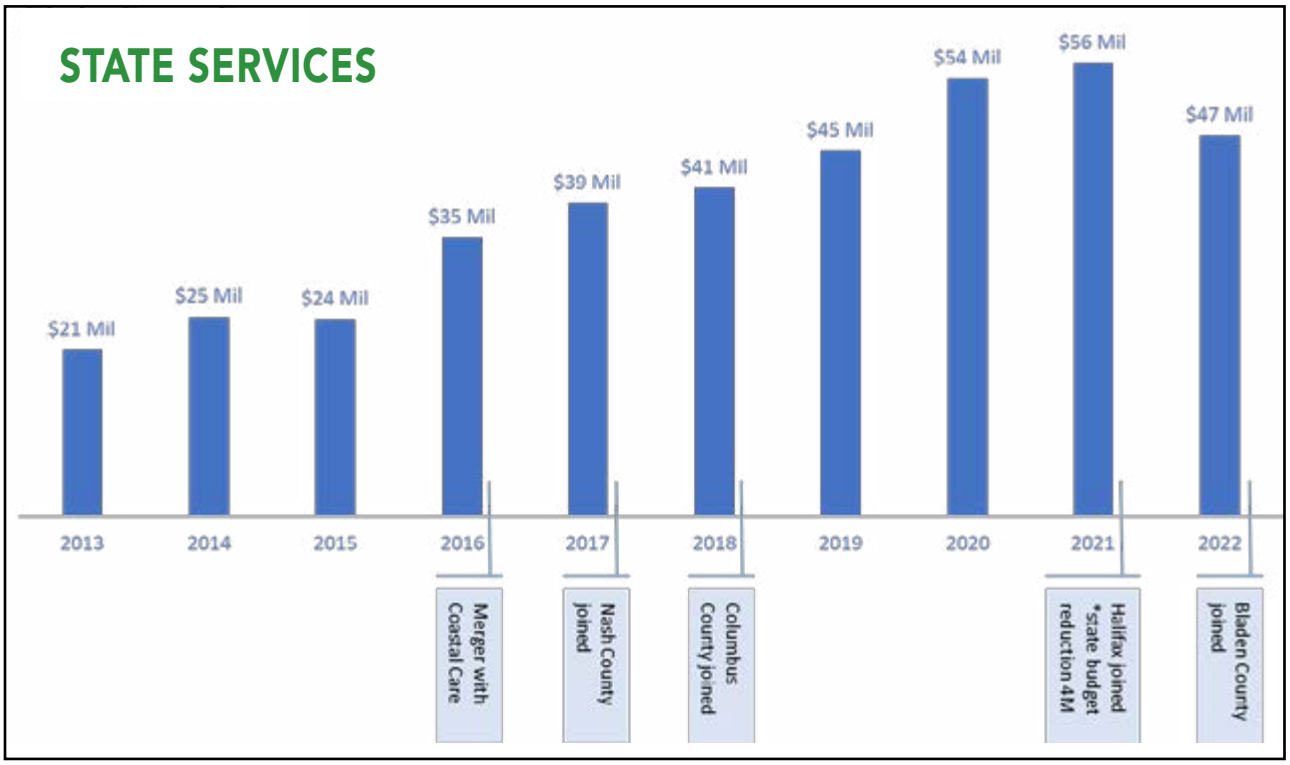
Utilizing the combination of 'in vivo' or lived interventions, individual and group support sessions, and frequent community meetings, Project Transition places a strong emphasis on the therapeutic community. The basic principle is to utilize the power of a community of recovering persons to provide a nurturing, safe environment in which an individual can safely explore how to build the trust and relationships necessary that are gradually generalized to the broader community and often the workplace.

More than two-thirds of the persons referred to Project Transition have complex trauma and addiction profiles that include substance abuse, suicidal behaviors, and other self-injurious or self-defeating behaviors. Project Transition believes that the seamless access to an array of services at one location is critical to the recovery of persons who struggle with ongoing and multi-diagnostic challenges—individuals who currently are unable to coordinate their own care. All the support is key to fostering member success in navigating the learning, growth, and challenges of living semi-independently in the community-based apartment setting that provides the foundation of the Project Transition program model.

Since opening in July 2022, Project Transitions has maintained almost a full program and has 10 apartments available for members.







2012 through 2022, Trillium has invested more than $3.4 billion in health care in our region. From increasing opportunities for inclusion, to lessening barriers to receive substance use treatment, Trillium has been dedicated to achieving health equity for more than the 1.5 million people who live in eastern North Carolina.

Trillium HEALTH RESOURCES

APRIL 2023

TRILLIUM REGIONAL OFFICES

Trillium Northern Regional Office
144 Community College Rd.
Ahoskie,
NC 27910-9320

Trillium Central Regional Office
201 West First St.
Greenville,
NC 27858-1132

Trillium Southern Regional Office
3809 Shipyard Blvd.
Wilmington,
NC 28403-6150

Behavioral Health Crisis Line:
1-888-302-0738

Member & Recipient Services:
1-877-685-2415

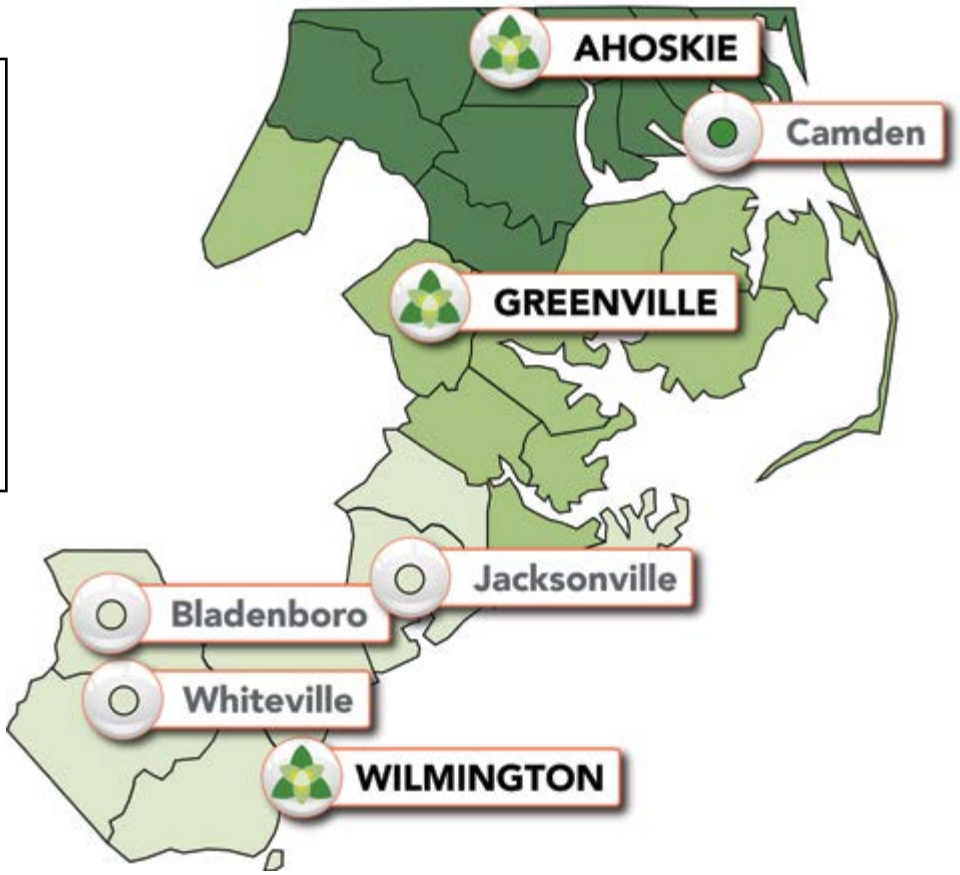
Provider Support Service Line:
1-855-250-1539

Please note the toll-free Member & Recipient Services number, 1-877-685-2415, is intended for and limited to members and recipient issues around member care.

Trillium HEALTH RESOURCES

Trillium Health Resources

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



Trillium
HEALTH RESOURCES

Transforming Lives. Building Community Well-Being.

Call Member and Recipient Service Line: 1-877-685-2415, Monday–Saturday, 7 a.m.–6 p.m.

TrilliumHealthResources.org

Northern Regional Office
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Southern Regional Office
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Administration 1-866-998-2597

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