

# Reinvestment Plan

*Realizing the Promise of Medicaid Managed Care  
In the Public Sector*

February 2016

Transforming Lives





When the State of North Carolina made the decision to implement managed care for Medicaid-funded behavioral health and intellectual and other developmental disability services, it did so to achieve the goals of all Medicaid reform efforts: improve the quality of care and consumer satisfaction through more efficient use of resources; provide budget predictability; and create a sustainable system. Those goals have been achieved in the three (3) years since the 1915 (b)/(c) Medicaid Waiver has been implemented statewide. However, by operating Medicaid managed care in the public sector, the State also understood that it might achieve another benefit – any savings realized through more efficient use of resources would be available to reinvest in the system. Since the public Local Management Entities/Managed Care Organizations (LME/MCOs) are governmental entities that cannot, by definition, earn a profit and do not have stockholders expecting a return on their investment, any savings that the LME/MCOs earn are available to reinvest one-time dollars in additional services and initiatives that improve the lives of the people they serve and the communities in which they live.

Trillium Health Resources has operated the Waiver since April 2012. [Note that Trillium Health Resources was created through the consolidation of CoastalCare and East Carolina Behavioral Health. ECBH has operated the Waiver since April 2012, CoastalCare since March 2013.] The Board and management of Trillium Health Resources have developed and are implementing a robust plan to reinvest the savings that the organization has achieved in projects that address the most pressing needs of the people and communities we serve. We are proud to present this plan to reinvest \$63,403,249.00 to our stakeholders and the public.

Trillium Health Resources has prioritized its reinvestments in the following areas:

- Evidence-Based Services and Support
- Supports and Community Inclusion for people with intellectual and other developmental disabilities (I/DD)
- Recovery-Oriented Systems of Care
- Using Technology to improve the lives of people we serve
- Population Health/Integrated Care

In addition to these specific projects, Trillium Health Resources has also used savings to stabilize the system through increased rates for critical services such as:

- Psychiatry and psychology
- Trauma Informed Therapy
- Institutional care for persons with I/DD
- Innovations Waiver Services
- Crisis Services: Mobile Crisis Teams and Facility Based Crisis Units
- Evidenced-Based Practices: Assertive Community Treatment Teams (ACTT) and Multi-Systemic Therapy (MST) for children and adolescents

What is outlined below is not an exhaustive list of all projects which Trillium Health Resources will undertake and we fully anticipate adding to this list as funding becomes available.

# Trillium Health Resources Fund Balance

<b>Total at January 31, 2016</b>		<b>\$149,809,285.34</b>
Less:		
Investment in Fixed Assets <sup>1</sup>	10,731,565.60	
Medicaid Risk Reserve <sup>2</sup>	18,265,741.14	
Pugh Memorial Funds <sup>3</sup>	18,602.00	
Year to Date Earned Income <sup>4</sup>	7,916,350.89	36,932,259.63
Subtotal, Available for Expenditure		\$112,877,025.71
Board Reservations:		
Reserve for Reinvestment	63,403,249.00	
Reserve for Building Needs	2,884,124.00	
Retiree Health Insurance <sup>5</sup>	9,589,022.00	
Reserve for IT Needs	1,000,000.00	
Single Stream Reduction Replacement	16,742,256.00	93,618,651.00
<b>Total Unreserved/Undesignated Fund Balance</b>		<b>\$ 19,258,374.71</b>

<sup>1</sup> Investment in Fixed Assets is a non-cash asset which cannot be expended for other purposes or redirected for other expenditures.

<sup>2</sup> The Medicaid Risk Reserve is required by the Waiver and may only be used if the LME/MCO experiences catastrophic expenditures and only then with the approval of the Department of Health and Human Services.

<sup>3</sup> The Pugh Memorial is a dedicated donation from the estate of the donor. The funds may only be used for specific consumer services.

<sup>4</sup> Year to date earned income can only be used to fund Medicaid services for individuals entitled to those services during the year in which it is earned. It is not available for reinvestment purposes until subsequent fiscal years. In addition, since the Restricted Medicaid Risk Reserve Fund Balance amount is updated via an annual entry, \$3,916,863.07 of the Year to Date Earned Income is actually the deposits thus far in SFY 2016 to the Medicaid Risk Reserve.

<sup>5</sup> The Retiree Health Insurance benefit is only available to Trillium employees who were employed on July 1, 2015, who retire through the Local Government Retirement System, and whose last twenty (20) years of employment in the Local Government Retirement System were with Trillium Health Resources or its predecessor agencies. The benefit closed on July 1, 2015 and is not available to employees hired after that date. The benefit pays for health insurance until the retired employee reaches age 65 and is eligible for Medicare.

# Evidence-Based Services and Supports Initiatives:

**\$ 13,297,326.00**



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**Child First/Child-Parent Psychotherapy      \$ 7,060,169.00**

Child First is an evidence-based program developed in Connecticut. It works with a caregiver (usually parent or grandparent) and child aged six and younger who has experienced early childhood trauma, which has caused behavioral, attachment or other mental health problems for the child. The goal is to strengthen the caregiver-child bond to reduce the possibility of further trauma and decrease the child and caregiver’s likelihood of needing more intensive services later in life. Child First is a home visiting model that works with the caregiver and child in their home. It is delivered by a two person team that includes a licensed clinician and a case manager who works with the family on other needs, such as housing, employment, food, and coordinating other social and behavioral health services.

Child-Parent Psychotherapy (CPP) is the clinical underpinning of Child First. It is delivered by a licensed clinician. Trillium has already served over 500 young children and families in eastern NC using this model of treatment. The model also integrates care with local Pediatric practices and Child Welfare agencies. Approximately 78% of referrals for this innovative service come from screenings done by Pediatricians and Social Workers in local Departments of Social Services.

Trillium Health Resources will be the first replication site for Child First in NC. Our investment includes training the clinicians and case managers, providing start-up costs for the teams, keeping the teams financially viable while they build their caseloads, and covering the cost for people with no resources and people whose resources will not cover the service. In addition, our cost includes supporting the State Program Office required by Child First until the program expands beyond Trillium Health Resources.

**Why Selected?** Trillium chose to invest in Child First/CPP based on a gap in child mental health services identified in our Gaps and Needs Reports for 2012-2015 and discussions with our stakeholders, including county Departments of Social Services, Departments of Public Health, and primary care physicians.

**Progress To Date:** Trillium has already trained 32 clinicians working for Easter Seals/UCP, Kids First, and the Power of U that are serving families and children using CPP in 21 of Trillium’s 24 counties. Trillium plans to train 28 additional clinicians working for Coastal Horizons in July to serve the other three (3) counties. The State Program Office has been implemented under the direction of the NC Council of Community Programs (The Council). Trillium has contracts in place with The Council, Child First, and the North Carolina Child Treatment Program, who provides the evidence-based clinician training.



**Illness Self-Management and Integrated Dual Disorder Treatment      \$ 2,000,000.00**

Trillium Health Resources has well-developed recovery programs in our northern and central regions, but those efforts are still in their early development in the counties of the southern region. Trillium is negotiating a contract with Recovery Innovations International (RI) to offer Wellness Recovery Action Planning (WRAP), Wellness City, and Integrated Dual Disorder Treatment (IDDT) in the six (6) counties of the southern region. These are all evidence-based practices that assist adults with mental illness learn to manage the symptoms of their illness, achieve recovery and live independently in the community.

RI offers WRAP classes throughout the nineteen (19) counties of the former ECBH area and, through this contract, will begin to offer them in the five (5) remaining counties. WRAP is a self-designed prevention and wellness process that anyone can use to get well, stay well and make their life the way they want it to be. It was developed in 1997 by a group of people who were searching for ways to overcome their own mental health and is now used extensively by people in all kinds of circumstances and by health care and mental health systems all over the world.

Wellness City is founded on the recovery principles of hope, personal choice, empowerment, development of an environment of wellness and independence, and the encouragement of spirituality and community enriched by contribution. It is a community made up of individuals embarking on or expanding their recovery journey. A staff of well-trained peers who have experienced their own recovery challenges and successes share what they have learned and work alongside practitioners and educators who are committed to the founding principles of the recovery community.

Integrated Dual Disorder Treatment (IDDT) model is an evidence-based practice that improves the quality of life for people with co-occurring severe mental illness and substance use disorders by combining substance abuse services with mental health services. It helps people address both disorders at the same time—in the same service organization by the same team of treatment providers. IDDT emphasizes that individuals achieve big changes like sobriety, symptom management, and an increase in independent living via a series of small, overlapping, incremental changes that occur over time. Therefore, IDDT takes a stages-of-change approach to treatment, which is individualized to address the unique circumstances of each person's life.

***Why Selected?*** Trillium is committed to assisting consumers in achieving recovery from mental health and substance use challenges. These three (3) evidence-based practices will afford consumers in the southern region the same access to recovery services as is currently available in the rest of the Trillium area.

***Progress To Date:*** The southern region has two home-grown recovery centers that are in different stages of maturity. The contract with RI will help those facilities to grow and expand into Wellness Cities.



## **Direct Course Workforce Development \$ 2,700,000.00**

The direct support workforce faces high turnover rates and inadequate training throughout the industry. The quality of supports that individuals receive is directly related to the quality and consistency of the workforce providing that support. Trillium Health Resources is partnering two other LME/MCOs and with Elsevier, a leader in healthcare workforce training, to offer Direct Course (which includes the College of Direct Supports curriculum) to non-licensed provider staff.

Direct Course training builds a standard of skills and competencies in the provider network – much like the certifications and competencies for healthcare professionals. These courses provide training on contemporary best practices for Direct Support Professionals that is designed to promote a profession of direct support. The CDS is being used in more than 30 states and also in Canada. The curriculum was developed and is maintained and updated by the Research and Training Center on Community Living at the University of Minnesota, who are recognized as leading experts in the field of intellectual and developmental disabilities.

***Why Selected?*** This project was chosen to improve the quality of the supports that individuals receive by improving the knowledge and competencies of the provider staff delivering those supports. By treating these staff as professionals, we also hope to reduce turnover of direct care staff in provider agencies. Many consumers have a hard time adjusting to changes in their support staff; consistency of staffing will improve their satisfaction with the support services they receive.

***Progress To Date:*** Trillium has purchased the Direct Course curriculum from Elsevier and has contracted with the Lewin Group to work with providers to implement this program throughout our provider network.



**Compassion Reaction/Rachel's Challenge \$ 1,537,157.00**

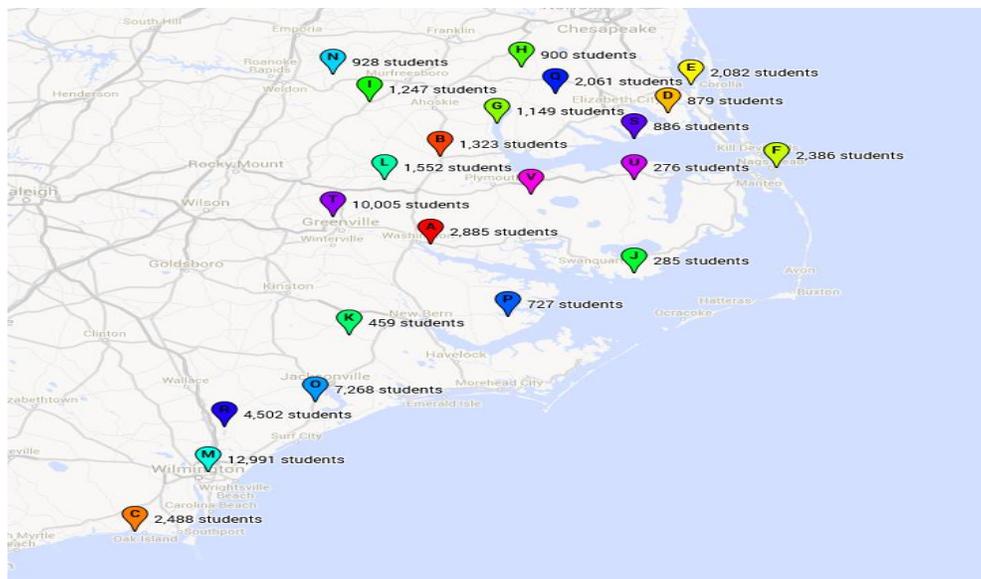
In 2010, suicide ranked among the leading cause of death in NC for ages 15 -54. There were more than 398 individuals, ages 10-24 years old in our northern and central regions who were hospitalized for self-inflicted wounds, and more than 987 individuals in this same age category who presented to Emergency Rooms with self-inflicted wounds. Rachel's Challenge, named after Rachel Scott who was tragically killed at Columbine High School in 1999, is an evidenced-based program that will be utilized at all public schools throughout our area to help defuse bullying, disrespect and prejudice and to build character and hope in students in an effort to prevent suicide. NC Department of Public Instruction endorsed this program for the NC Public School System. The program begins with a kickoff event for each school, a day spent at the school with students completing identified programs, and information to guide the development of a sustainable service club to continue to inform students, parents, and other stakeholders.

Phase 1 of this project was initiated in 2015-2016 to include all Middle, Junior and High Schools in our area. Phase 2, to start with the beginning of the school year in 2016, will include all Elementary schools.

In addition to Rachel's Challenge, the Compassion Reaction program includes the use of myStrength, an evidence-based web-based program that people can use to manage their own mental health.

**Why Selected?** Trillium chose Compassion Reaction due to the incident of child/adolescent suicides and input from stakeholders. The expansion into elementary schools is a direct result of the initial implementation and requests from school systems and stakeholders.

**Progress To Date:** Trillium has implemented Compassion Reaction in the middle, junior and high schools in our 24 counties in the 2015-2016 fiscal year. Implementation of the program in elementary schools will occur in the 2016-2017 fiscal year.



# Supports and Inclusion for People with I/DD Initiatives: \$22,020,568.00



## Inclusive Child I/DD Programs      **\$ 11,310,581.000**

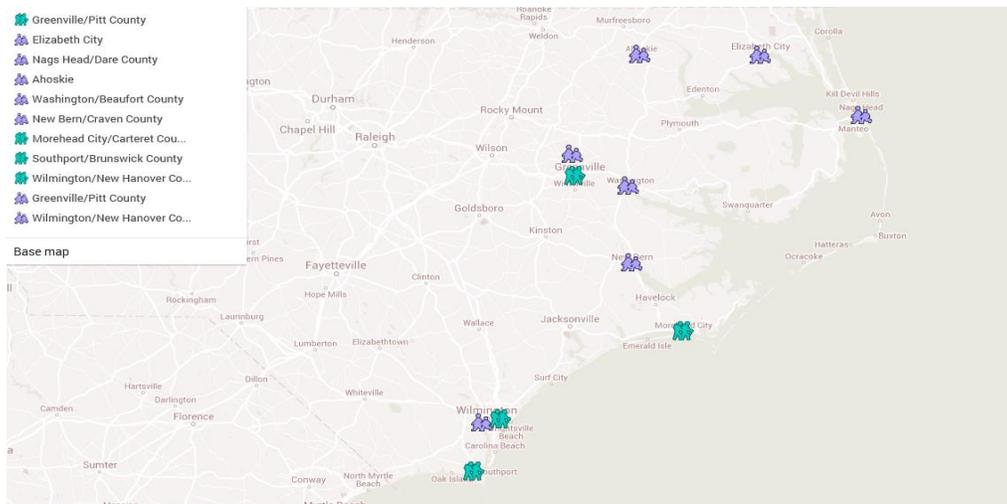
Trillium is investing in facility-based programs offering after school activities, summer day camps, overnight respite and other services and supports for children with intellectual and other developmental disabilities and their families. Contracts have been awarded to Easter Seals/United Cerebral Palsy of North Carolina and Virginia and the Autism Society of NC to create and operate eleven (11) inclusive program sites. These programs will also provide social interaction support groups and psychoeducational classes for parents of children participating in the program as well as an early intervention family support center.

A 2013 analysis indicated that up to 50% of children with I/DD in the Trillium area were not receiving appropriate services due to funding limitations. Creation of these facilities will address that unmet need in a financially viable manner since group services are much less expensive than individual services and supports but have been proven to be equally effective. Overnight respite, in particular, was cited as an unmet need that these programs will address. In addition, the facilities will also offer children with I/DD the same type of social interaction that typically developing children get through summer camps and clubs such as Boy Scouts and Girl Scouts, 4H and athletic leagues.

All locations will be operational by early summer 2016.

**Why Selected?** Trillium chose to address documented unmet needs for children with I/DD in our 24 county area. Surveys of parents with children with I/DD indicated a critical need for respite and a place where they could interact with other families to share information.

**Progress To Date:** Providers have been selected to develop and implement these programs and initial contracts have been signed. Providers are finalizing contracts for locations and contracting for any up fitting and renovations necessary on those facilities.





**Inclusive, Accessible Playgrounds      \$ 10,542,987.00**

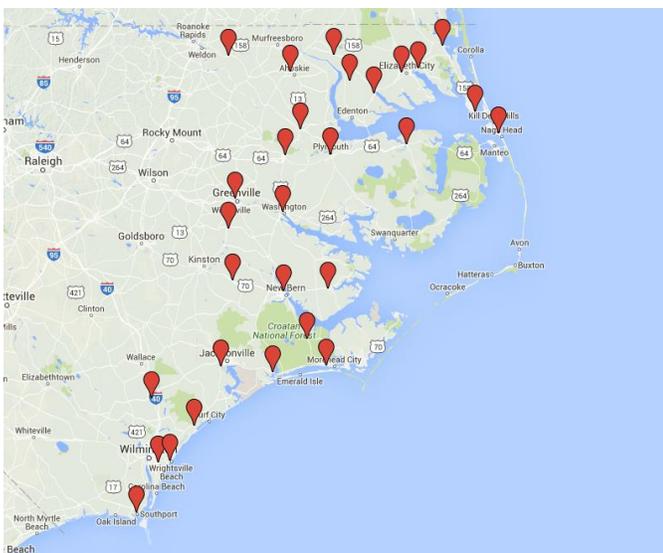
Currently there are only two (2) semi-inclusive and accessible playgrounds in eastern NC and neither of those have wheelchair capable swings. Play Together grants represent a partnership between Trillium Health Resources and our communities to build accessible playgrounds throughout our area. The county or municipality owns the land and agrees to maintain the playground in perpetuity and Trillium provides funding for the equipment and participates in the design of the playground.

The playgrounds will include structures to accommodate wheelchairs, increase social awareness, sensory integration, and increase independence. Investing in natural supports such as these playgrounds will decrease the need for paid supports in the future and promote new relationships, increase self-esteem, and assist with progress on individual goals. The playgrounds will promote increased health outcomes through physical activity and offer another venue to address the crisis of obesity in our communities by providing an attractive setting in which to play and play structures that are inviting and challenging to children with special needs and children with no disabilities. Providing a place where children of all ages, regardless of disability, play together will also reduce the stigma that often follows children special needs.

Playgrounds funded through this initiative will be opening in the spring and summer of 2016.

**Why Selected?** This project was chosen to address the lack of recreational opportunities for children with special needs in our catchment area.

**Progress To Date:** Applications for this program have closed; a total of 29 awards have been made to counties (17) and municipalities (12). Contracts have been finalized for all successful applicants and design is underway.





**Bridge Funding for Group Homes      \$ 167,000.00**

When CMS clarified that the criteria to receive Medicaid-funded personal care in individual homes and groups homes had to be the same, there was a subset of residents in group homes who no longer met the requirements for Medicaid personal care services. When the State came into compliance with those CMS requirements, those group homes were left with a hole in their financial model. The General Assembly provided non-recurring funding for two years and required the DHHS to develop a long-term solution. That solution has not yet been implemented, so those homes are left in SFY 2015-2016 with a financial problem. DHHS asked LME/MCOs to fill that gap, and Trillium Health Resources is pleased to respond affirmatively.

***Why Selected?*** This project was chosen in response to a request by DHHS.

***Progress To Date:*** Trillium has a listing of the group homes that need the funding and is entering into the necessary agreements to make these payments.

# Recovery-Oriented Systems of Care Initiatives: \$ 26,712,355.00



## **Healing Transitions Replication \$ 26,370,355.00**

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Access to substance use disorder services has been the number one unmet need identified in the Gaps and Needs Analysis for Trillium Health Resources and its predecessor agencies for the past five years. There are currently no long-term recovery programs available in eastern NC. Untreated substance use results in increased crime and increased inappropriate use of hospital emergency departments.

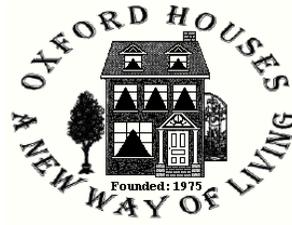
Trillium Health Resources has partnered with Healing Transitions International (formerly The Healing Place of Wake County) to replicate their successful model in two locations in eastern NC – Greenville and Wilmington. In each of these communities, Trillium will build 200 bed facilities that will be operated by Healing Transition to provide long-term, peer-directed recovery services to men with substance use disorders.

Healing Transitions has operated in Wake County for fifteen (15) years. Their experience indicates that the average time a person will spend in this type of treatment is approximately 462 days and 65-75% of those treated remain sober one year after completion of the program. The average cost per individual treated is \$35 per day, a significant savings over the average of \$80.20 per day in jail or \$1,500 for emergency room treatment. According to the National Institute on Drug Abuse, studies show that for every \$1 invested in addiction treatment and recovery, there is an estimated cost savings of between \$4-\$7 in reduced drug-related crime, criminal justice costs, and theft. Our communities should expect a decrease in individuals reporting to local EDs in need of addiction treatment, and decreased expenses for local Sheriff's department in having to transport these individuals' long distances multiple times throughout their treatment.

The Healing Transitions program in Greenville is expected to be operational by December 2017; the Wilmington facility will open approximately four (4) to six (6) months later.

**Why Selected?** This project was chosen to address the number one unmet need in the Trillium area. Initially we planned to only open one facility in Greenville, but working with New Hanover Regional Medical Center and leadership of New Hanover County, we have determined that the need in the southern part of the catchment area requires a separate facility in that area.

**Progress To Date:** Trillium has entered into a long-term lease with Pitt County for land in the county government complex to build the Greenville facility. We already own suitable land in New Hanover County. We have issued Requests for Qualifications (RFQ) and have selected an architect for the project and currently have an RFQ open to select a construction-manager-at-risk. We have contracted with Health Transitions International to oversee all programmatic aspects of the construction. The New Hanover County Commissioners have approved funding for the purchase of 25 beds as soon as the Wilmington facility is operational. In the meantime, Trillium has contracted with Healing Transitions in Raleigh to provide access to a limited number of beds in their male and female programs. The first male for our area to complete the program in Raleigh graduated this week after fifteen (15) months at the facility. He says his goal is to come home to Greenville to work in that program to help others in eastern NC achieve the success that he has, when it is opened.



**Oxford House 20 by 2020      \$ 342,000.00**

Oxford Houses are democratically run, self-supporting drug free homes. The number of residents in a home ranges from six (6) to fifteen (15). There are Oxford Houses for men, women, and houses which accept women and children.

Trillium Health Resources is partnering with Oxford House to create 20 additional Oxford House homes in our communities over the next four years. This involves identifying appropriate properties, including assuring that all zoning restrictions are addressed, furnishing the home, recruiting the initial residents of the home, and ensuring that the home operates in accordance with the successful Oxford House self-run structure.

***Why Selected?*** This project was chosen to increase the availability of sober-living homes in our area. With the implementation of the Healing Transitions facilities, we anticipate the demand for Oxford Houses will increase as sober graduates seek to continue their journey of recovery and will need access to safe, affordable housing. Oxford House residents share expenses, which average \$90-\$130 per person per week.

***Progress To Date:*** Trillium has entered into a contract with Oxford House to develop these homes. Four (4) new homes have already been brought on-line.



# Using Technology to Improve the Lives of People We Serve: \$ 1,198,000.00



## **SmartHome Demonstration Home \$ 750,000.00**

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Trillium Health Resources is partnering with Pitt Community College to build a fully equipped SmartHome. The home will feature universal design, which will be accessible for people with disabilities, and will be outfitted with a wide array of technology designed to increase independence and safety for people with disabilities. Examples include cooking ranges that automatically turn off when someone is not within certain proximity of the appliance, medication dispensing machines, virtual/remote monitoring video equipment, automatic faucets and window coverings that can be adjusted electronically.

The home will be located on the Pitt Community College campus. Students in the College's design curriculum are already working on designs and the actual building of the home will be done by students in all of the construction trades curricula.

When completed, the home will serve as a learning laboratory for students in various allied health professions to learn about the availability and utility of all types of technology. It will also be a place where people with disabilities and their families can see certain technology installed and operational in a home-like setting to be better able to envision how the technology might improve their lives in their own home. Finally, it will be used by physical therapists, occupational therapists, speech therapists and others to evaluate the applicability of certain technologies for their consumers.

**Why Selected?** Disability services have long relied on a paraprofessional workforce to address the needs of people living with disabilities. However, with the aging of the Baby Boom generation and with longer life expectancies for people with and without disabilities, the demand for staff is outpacing the available workforce. In addition, new technologies are dramatically increasing the ability of people to live more independently. This home will help to train the workforce of the future on equipment that can reduce individuals' needs for paid staff. It will also allow current consumers to explore technologies that may improve their quality of life.

The home is anticipated to be completed in late 2017.

**Progress To Date:** Trillium is finalizing the contract with Pitt Community College. The design is already being worked on by students in the design curriculum and the building trades staff are developing their curriculum for the 2016-2017 college year.



**AccessPoint Kiosks \$ 288,000.00**

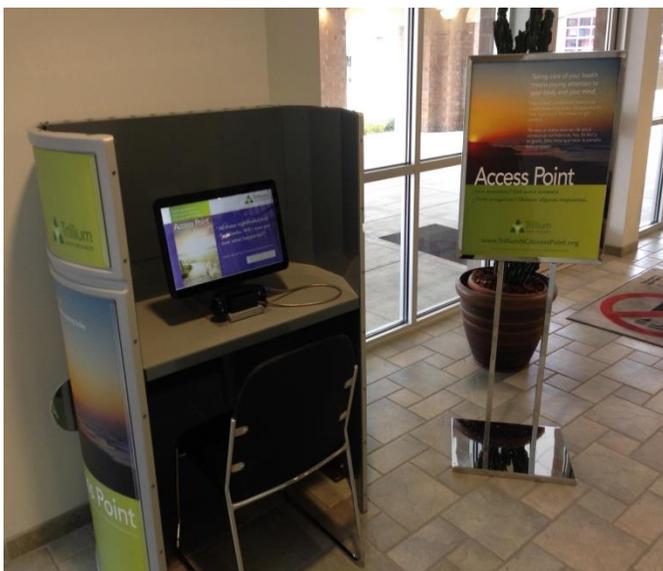
Trillium Health Resources constantly seeks ways to increase people’s access to mental health and substance use disorder services. The AccessPoint kiosks are one more way to use technology to achieve that goal.

The kiosks, which will be located in all counties in a location decided mutually between the county and Trillium, will provide residents with access to ten (10) evidence-based screenings for a variety of behavioral health issues, such as depression, bipolar disorder, eating disorders, etc. A person can take the screening for themselves, a friend, or a family member. If the screening indicates a positive result, the kiosk has a dedicated telephone that can be used to immediately connect to the Trillium Call Center to speak to a clinician for further information and to schedule an appointment.

The kiosks, which display information in English and Spanish, also contain learning and resources sections that can educate the person about the various illnesses and resources to address those issues. Persons taking a screening can also email the results to themselves. Though all of the screenings are confidential, Trillium does receive unidentified information to allow us to track the number of people taking a screening, the screening(s) they are taking, and whether or not they follow up to seek services. This information will help to alert us to potential gaps and needs in our communities.

**Why Selected?** This project was chosen to increase access to behavioral health services. The kiosks are the behavioral health equivalent of the blood pressure machines that can be found in almost every pharmacy. Our goal is to make access to behavioral health services as barrier-free as possible.

**Progress To Date:** Kiosks have been installed in Dare and Hyde Counties and are next being located in Brunswick, Carteret, Onslow and Washington Counties.



AccessPoint Kiosk installed in Hyde County



**Choose Independence Grants \$ 160,000.00**

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Trillium believes everyone has the right to choose where they want to live, including, people with intellectual or developmental disabilities. To assist adults and children who have such disabilities, the Choose Independence program offers opportunities for eligible individuals and families to: purchase equipment, supplies and services that strengthen independence; decrease the need for 24-hour/day supervision; increase long term success in living as independently as possible; or provide training for proper use of items and technology. To be eligible, the person or family must have a demonstrated need for the item proposed to be purchased that is directly related to the consumer's disability and the consumer or family must have no other resources available to them to address the need. Many of the individuals awarded funding are on the Innovations Waiver waiting list and the items that are purchased are eligible for purchase by Innovations Waiver participants. Examples of items that may be available through the grant include: Durable Medical Equipment; Communication Device; Home Modifications; Vehicle Modifications; Safety and Security Systems; Smart Home Technology; and Other Adaptive Equipment.

**Why Selected?** Trillium Health Resources has 829 individuals on the Registry of Unmet Needs waiting for Innovations Waiver Services. Unfortunately, Trillium has no ability to add Innovations Waiver slots, since those must be managed on a statewide basis and are subject to appropriation of funds by the NC General Assembly and approval by the federal Centers for Medicare and Medicaid Services (CMS). However, we can assist those consumers and families by purchasing equipment and other items that can assist them to continue to live as independently as possible in the community while they wait for an Innovations slot.

**Progress To Date:** Trillium has been offering these grants for many years with great success for consumers and families.

# Population Health/Integrated Care Initiatives: \$175,000.00



## Population Health Management \$ 150,000.00

Trillium is committed to serving our consumers through the use of best practices, evidenced based care and the use of data analytics to provide consumers with the highest quality care that addresses their specific and individual needs. This is an agency wide commitment that involves multiple departments within Trillium, collaboration with providers and other external stakeholders, and ever evolving analytics to continually improve our efforts.

Many studies in integrated care reveal that persons with severe and persistent mental illness experience greater morbidity and mortality than their peers without the mental health conditions. Often this is secondary to lack or access to care, lack of medical resources in the area willing to provide care, non-adherence to prescribed treatments and regimens, and a lack of natural and community supports to encourage the importance of physical health care. These same difficulties across the entire diagnostic spectrum of individuals in our catchment including substance use, intellectual/developmental disabilities, our geriatric populations, and our Transitions to Community Living population.

Trillium implemented a program that we call **EPIC** – Embracing and Practicing Integrated Care – two years ago. Through EPIC all of our clinical departments focus on assuring whole person care for each consumer with whom they interact. In the Call Center when a consumer is triaged and connected to services our clinicians inquire about the individual’s need for physical health care, as well as about other needs to address the “whole person” such as housing, nutrition and employment. Our care coordinators developing treatment plans include physical health goals and also goals that address the social determinants of health such as tobacco use, housing, employment, diet, etc. We have historically worked closely with the our network providers, the Community Care Plan of Eastern NC, and Community Care of the Lower Cape Fear to coordinate care for individuals with behavioral health or I/DD issues and physical healthcare needs. Our integrated care initiatives help us identify individuals with behavioral health needs and co-occurring physical health needs.

Trillium’s Population Health Management Initiatives will take this approach to the next level. It encompasses multiple trainings and conferences to prepare our organization in the development, adoption and implementation of advanced healthcare analytics to better manage care within our network. We also contract with Care Management Technologies to use their proprietary software as a tool in the healthcare analytic process.

**Why Selected?** Trillium Health Resources is committed maximizing the health of the populations we serve.

**Progress To Date:** Trillium has developed a Medical Affairs Department charged with providing medical and psychiatric oversight to the departments within Trillium. We contract with Care Management Technologies for their proprietary analytics software. Trillium’s Medical Affairs Department and Information Technology Departments are working in collaboration to enhance use of data analytics to improve our services.

**Naloxone Kits \$25,000**



Naloxone has been demonstrated across the country as an effective antidote to opioid overdose. Trillium Health Resources is pleased to join the NC General Assembly in recognizing the NC Harm Reduction Coalition’s efforts to save lives through the use of naloxone. Trillium recognizes that keeping people alive is a first step in helping them recover from substance use disorder when they are using opioids. Through this initiative, we will be able to make more Naloxone kits available to law enforcement and other first responders, especially in our beach communities where opioid overdose is at epidemic levels.

***Why Selected?*** Naloxone is keeping people alive who would have otherwise died from opioid abuse. Trillium wishes to expand the General Assembly’s effort s in our 24 counties by making naloxone kits available to hospitals and law enforcement through our catchment area.

***Progress To Date:*** Trillium has entered into a contract with the NC Harm Reduction Coalition to distribute naloxone kits to hospitals and law enforcement in our area.

# Trillium Health Resources Project Expenditures Estimated by Fiscal Year

Trillium Health Resources Reinvestment Plan						
Project	Total Projected Cost	Committed via Contracts	SFY 2016		Estimated Expended SFY 2017	Estimate Expended SFY 2018
			Expended To Date	Estimated Expended @ June 30, 2016		
<i>Evidence Based Services</i>						
Child First/Child Parent Psychotherapy	7,060,169.00	7,060,169.00	1,655,266.00	2,837,600.00	4,222,569.00	
Illness Self-Management and Integrated Dual Diagnosis Treatment	2,000,000.00			500,000.00	1,500,000.00	
Direct Course Workforce Development	2,700,000.00	235,163.00	0.00	800,000.00	950,000.00	950,000.00
Compassion Reaction	1,537,157.00	1,537,157.00	545,457.00	1,000,000.00	537,157.00	
<i>Evidence-Based Services</i>	<i>13,297,326.00</i>	<i>8,832,489.00</i>	<i>2,200,723.00</i>	<i>5,137,600.00</i>	<i>7,209,726.00</i>	<i>950,000.00</i>
<i>Supports &amp; Inclusion for People with I/DD</i>						
Inclusive Child I/DD Programs	11,310,581.00	2,310,581.00	210.00	2,310,581.00	4,500,000.00	4,500,000.00
Inclusive/Accessible Playgrounds	10,542,987.00	10,542,987.00	58,386.00	8,767,987.00	1,775,000.00	
Bridge Funding for Group Homes	167,000.00			167,000.00		
<i>Supports and Inclusion</i>	<i>22,020,568.00</i>	<i>12,853,568.00</i>	<i>58,596.00</i>	<i>11,245,568.00</i>	<i>6,275,000.00</i>	<i>4,500,000.00</i>
<i>Recovery Oriented Systems of Care</i>						
Healing Transitions Replicaton x 2	26,370,355.00	2,370,355.00	143,218.00	278,218.00	20,000,000.00	6,092,137.00
Oxford House 20 by 2020	342,000.00	342,000.00	0.00	42,000.00	150,000.00	150,000.00
<i>Recovery Oriented Systems of Care</i>	<i>26,712,355.00</i>	<i>2,712,355.00</i>	<i>143,218.00</i>	<i>320,218.00</i>	<i>20,150,000.00</i>	<i>6,242,137.00</i>
<i>Technology</i>						
Smart Home Demonstration	750,000.00	(in process)		75,000.00	675,000.00	
AccessPoint Kiosks	288,000.00	49,900.00	25,307.00	49,900.00	238,100.00	
Choose Independence	160,000.00		114,057.00	160,000.00		
<i>Technology</i>	<i>1,198,000.00</i>	<i>49,900.00</i>	<i>139,364.00</i>	<i>284,900.00</i>	<i>913,100.00</i>	<i>0.00</i>
<i>Population Health/Integrated Care</i>						
Population Health Management	150,000.00			50,000.00	100,000.00	
Naloxone	25,000.00	25,000.00		25,000.00		
<i>Population Health/Integrated Care</i>	<i>175,000.00</i>	<i>25,000.00</i>	<i>0.00</i>	<i>75,000.00</i>	<i>100,000.00</i>	<i>0.00</i>
<b>Grand Total</b>	<b>63,403,249.00</b>	<b>24,473,312.00</b>	<b>2,541,901.00</b>	<b>17,063,286.00</b>	<b>34,647,826.00</b>	<b>11,692,137.00</b>