



RENEWING THE MIND, RESTORING THE SPIRIT

STRENGTHENING
our
COMMUNITIES

2018
ANNUAL REPORT

A DEDICATION

This report is dedicated to Eastpointe's team of employees.

Every day you demonstrate
your personal commitment
to the members we serve.

In big ways. In small ways.

In good times. In bad times.

On weekdays. On weekends.

When it's convenient.

When it's not.

When you have the answers.

When you need to invent a
new approach.

In ways that can be measured.

And, most importantly, in
ways that can't.

Your dedicated and selfless
pursuit of community
service is an inspiration.

Thank you for all that you do.

THE PARTS OF OUR STORY

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WELCOME

COMMUNITY
IS AT OUR CORE



Sarah A. Stroud
SARAH STROUD
Eastpointe CEO



J.W. Simmons
J.W. SIMMONS
Eastpointe Area
Board Chairman

Strengthening our communities. This goal guides everything we do:

IT'S THE BEST WAY TO DESCRIBE OUR MISSION.

We're dedicated to fulfilling our member's needs to the best of our ability. As our members grow healthier, our communities grow stronger.

IT'S A PROMISE ON WHICH EVERY EASTPOINTE EMPLOYEE DELIVERS.

Our community-based outreach teams blanketed our service area, attending thousands of events to raise awareness about behavioral health challenges.

Again this year, Eastpointe's operational performance exceeded state benchmarks in every category.

Eastpointe members recognized us as the top-performing LME-MCO in the 2017 Consumer Perception of Care Report. There is no higher honor than this recognition from those for whom we work every day.

IT'S A GUIDE FOR OUR INVESTMENT STRATEGY.

We've always complemented our member focus with support, including both financial and human resources, for our diverse network of providers and community partners.

With our members' needs growing—and despite a shrinking state budget—we increased our provider reimbursements to help ensure they had the necessary resources to deliver the highest-quality care.

Over the last three years, we increased reimbursements for residential care facilities for our members with Intellectual and Developmental Disabilities.

Our outreach teams expanded their efforts to train first responders to better recognize and help neighbors experiencing behavioral health challenges.

We faced the continuing opioid epidemic with renewed determination. We expanded our public education efforts and invested in



local task forces. Eastpointe also participated in pilot programs with law enforcement to ensure those detained for opioid possession could get quicker access to treatment.

IT DEFINES OUR APPROACH TO MEDICAID TRANSFORMATION.

As North Carolina transforms its Medicaid program to deliver integrated care and address the social determinants of health, Eastpointe is taking the initiative to provide for our members' physical and behavioral health needs. We're establishing relationships with providers practicing integrated care. We've introduced multi-disciplinary care coordination teams that can provide for a broader range of our members' health needs. And, Eastpointe has placed a behavioral health screening kiosk in every health department in our service area.

By every measure, this has been a year for which Eastpointe, and all of our stakeholders, can be proud.

WE STAND ON THE SHOULDERS OF MANY.

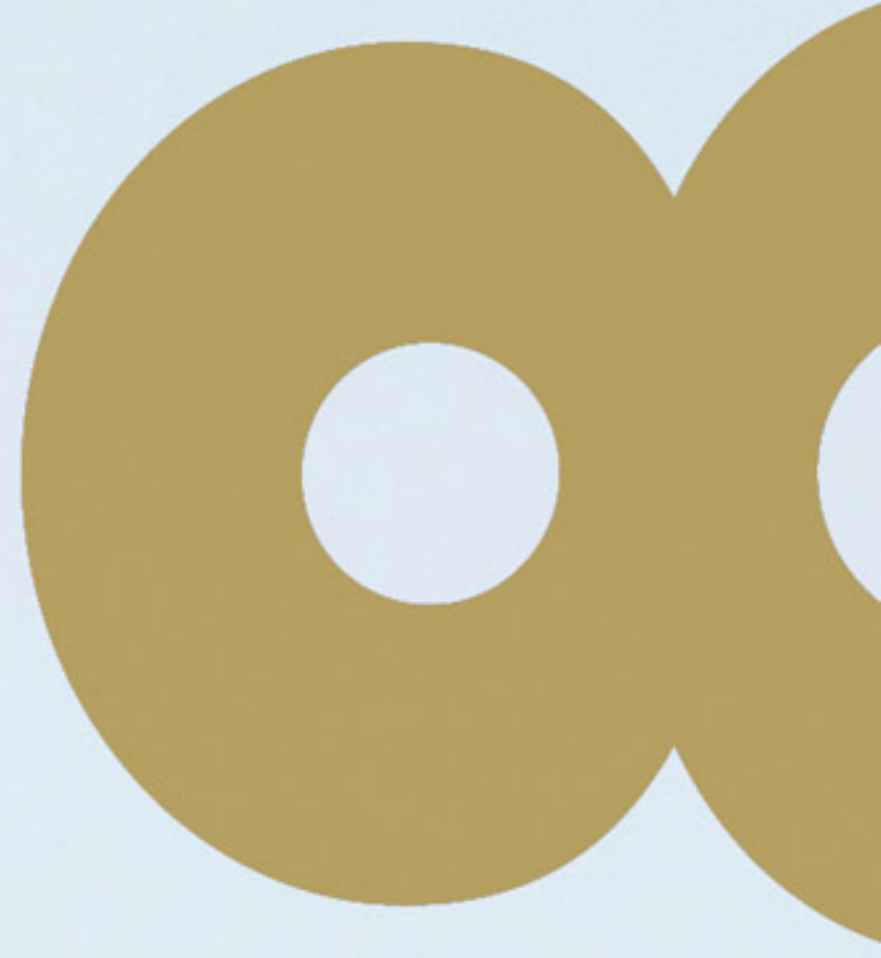
Our success would not be possible without the leadership of our Area Board of Directors, Consumer and Family Advisory Committee, Provider Council, and Human Rights Committee.

We would like to thank the Boards of Commissioners and county managers in each of our ten counties for their continued support and guidance.

To our providers and community partners: We look forward to continuing our work of building a stronger, and healthier, eastern North Carolina.

As always, we close with a heartfelt thank you to Eastpointe's dedicated staff, without whom none of this would be possible.





OPERATIONAL PERFORMANCE

Delivering Excellence for our Members

Our operations are focused on making sure that our members have access to the care they need when they need it. When issues do arise, we quickly address them.

Eastpointe's operational performance continues to be exceptional.

We exceeded state-established benchmarks in each operational area this year, including: call center responsiveness, hospital readmissions, care coordination, authorization of services, and processing speed for both claims and complaints.

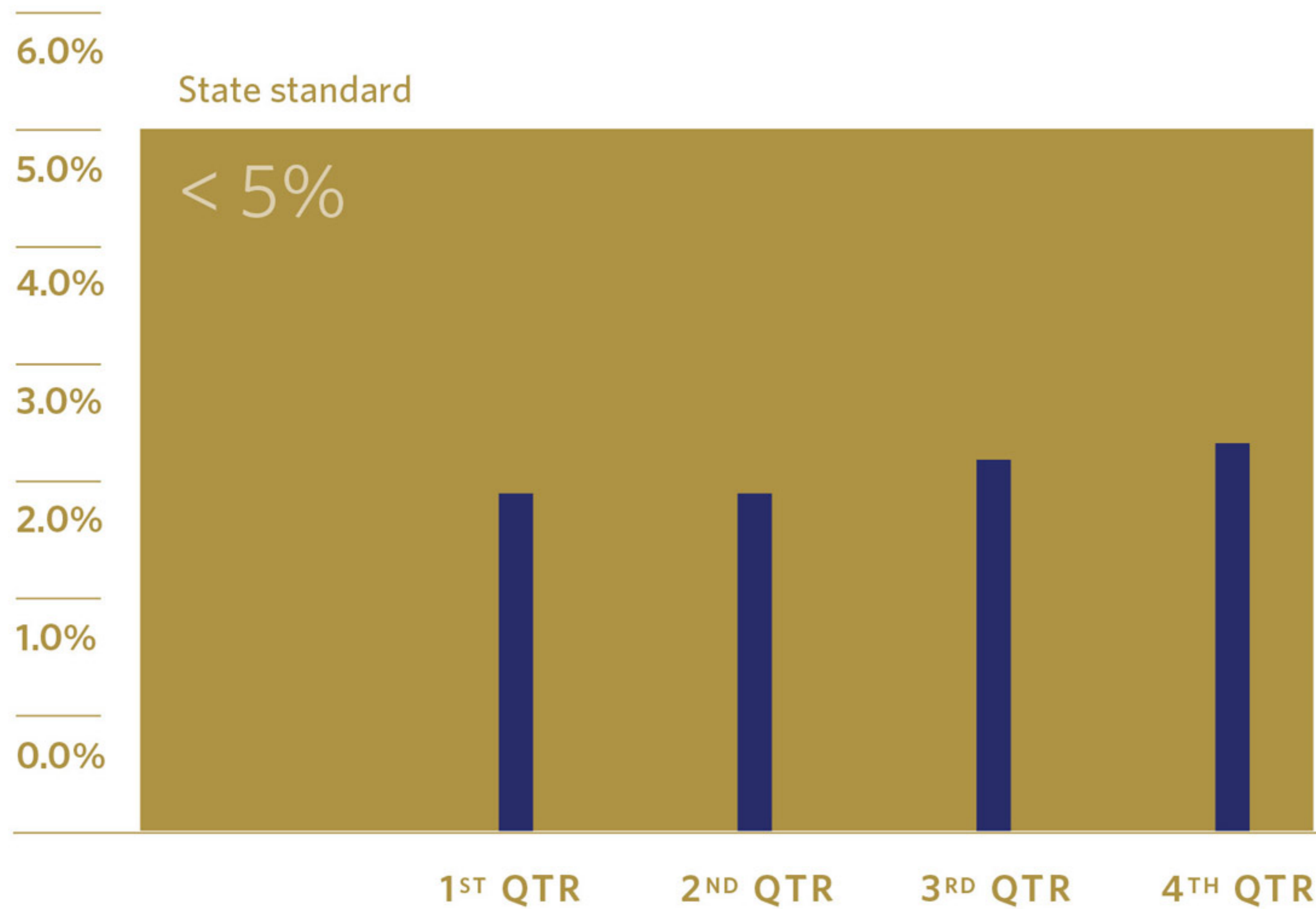


OPERATIONAL PERFORMANCE

Exceeding benchmarks

CALLS ABANDONED

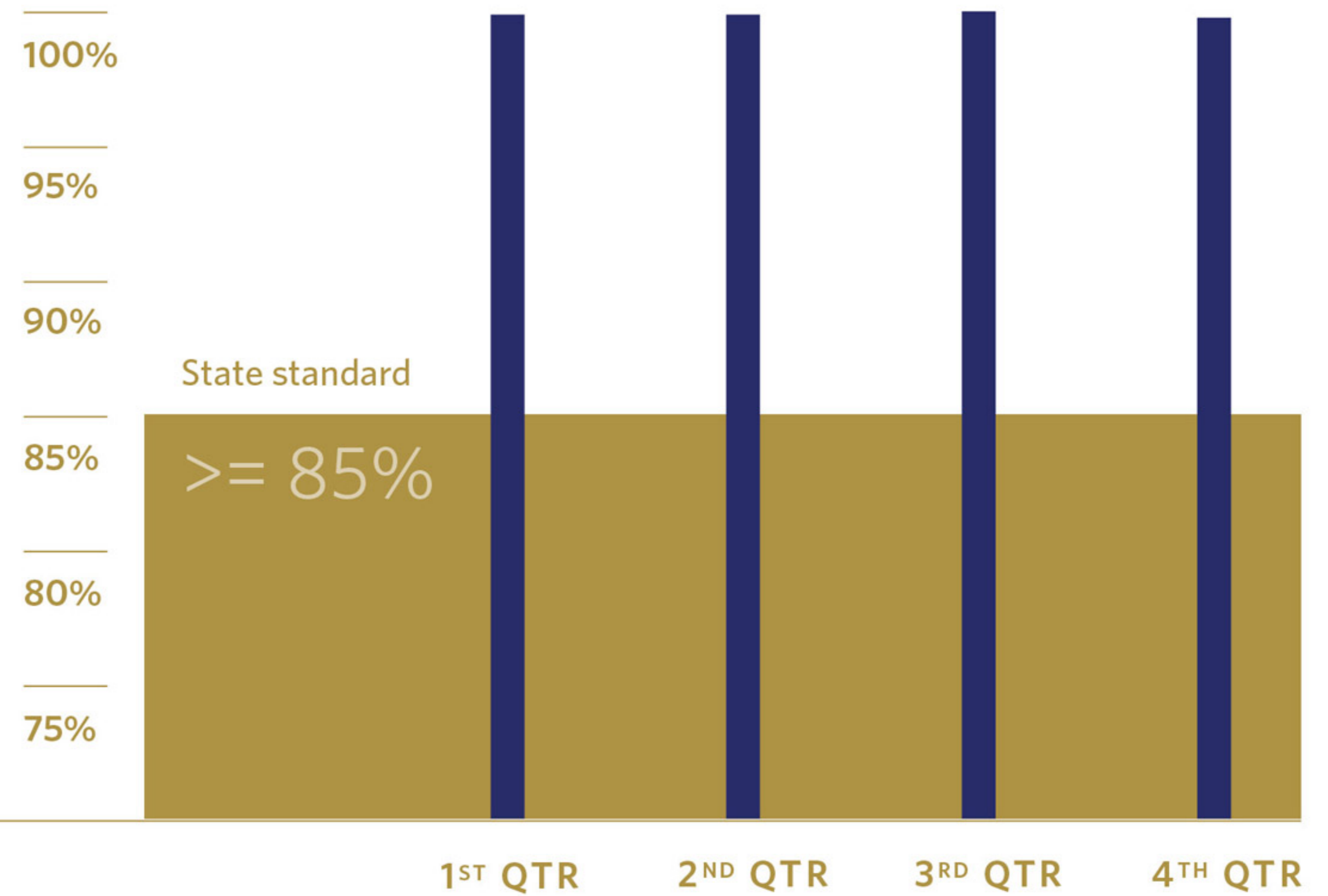
— Eastpointe % of calls abandoned



Our Member Call Center outperformed the state's benchmark of less than 5% for abandoned calls, *averaging just 2%*.

MEMBERS IN NEED OF EMERGENT SUPPORT

— Eastpointe % of readmits assigned to care coordination



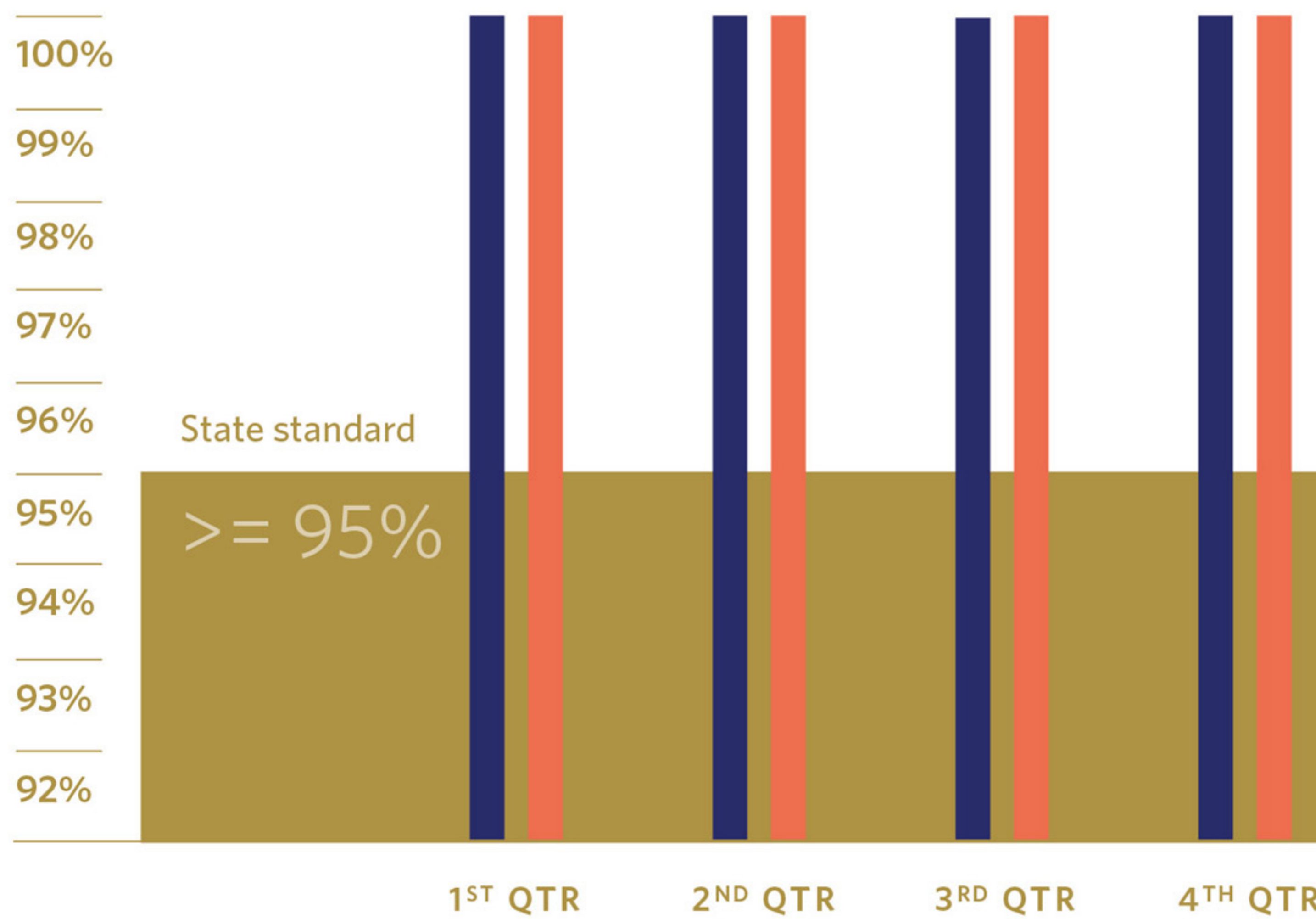
Members admitted to a hospital require special attention and support to ensure they are stable when returning to their community. Of the 13% of our members readmitted to hospitals within 30 days of their initial stay, *100% were provided with assistance from one of our care coordinators*. We exceeded the target benchmark by 15%.

OPERATIONAL PERFORMANCE

Exceeding benchmarks

TIMEFRAME FOR AUTHORIZATION OF SERVICES

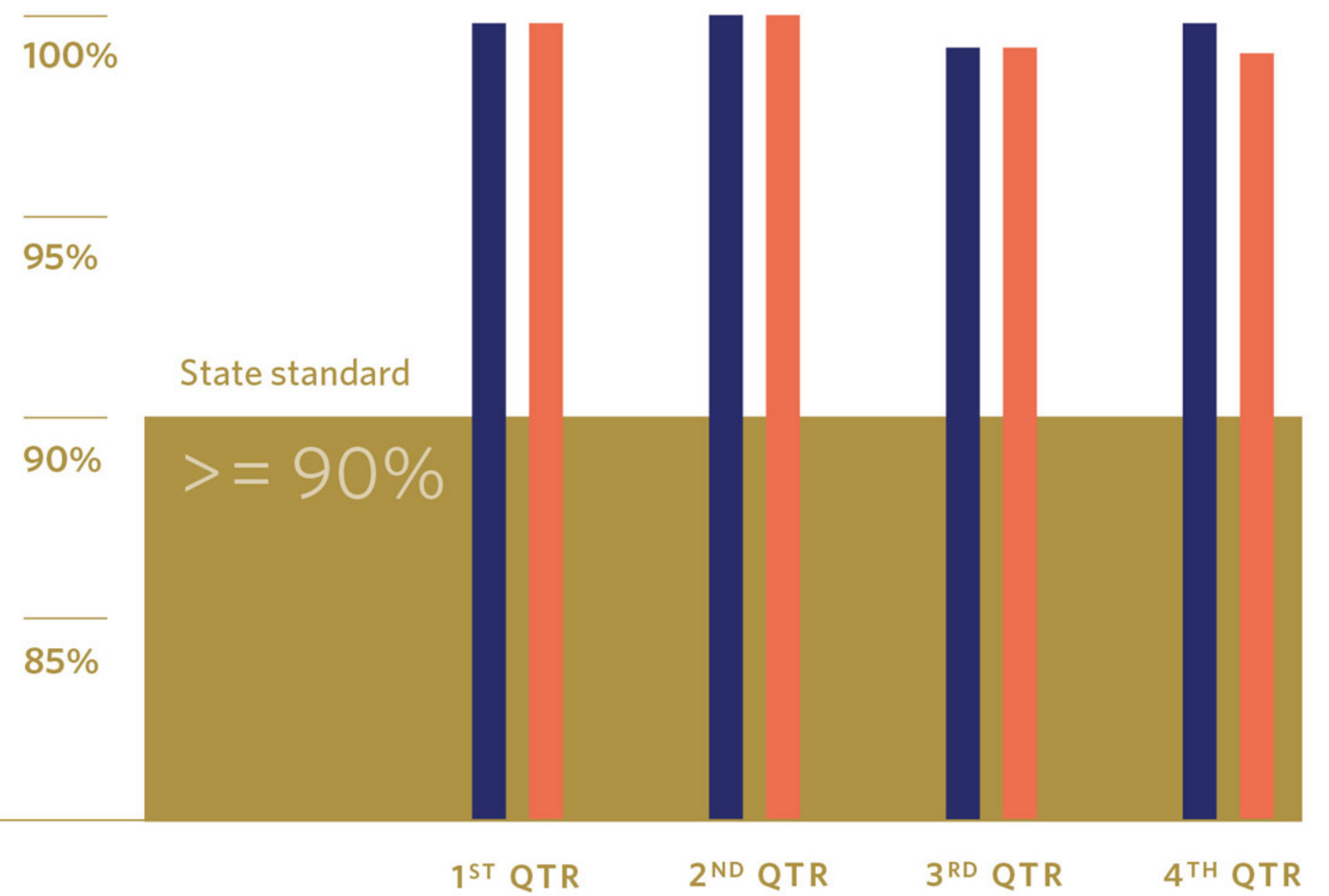
- Eastpointe total % of Medicaid auth. requests processed in required timeframe
- Eastpointe total % of uninsured auth. requests processed in required timeframes



Eastpointe's Utilization Management Department processed 99.9% of our members' requests to receive treatment within state-mandated timeframes, surpassing the target of 95%.

PROCESSING OF CLAIMS AND COMPLAINTS

- Eastpointe average % Medicaid and uninsured claims processed within 30 days
- Eastpointe % of complaints for Medicaid and uninsured completed within 30 days



The state requires that 90% of both claims and complaints be processed within 30 days. Eastpointe processed 99% of claims and 100% of complaints in that timeframe.

EASTPOINTE AT-A-GLANCE

Employees — **278**

Members served

MEDICAID — **28,721**

STATE — **7,972**

Calls processed — **37,138**

Claims processed

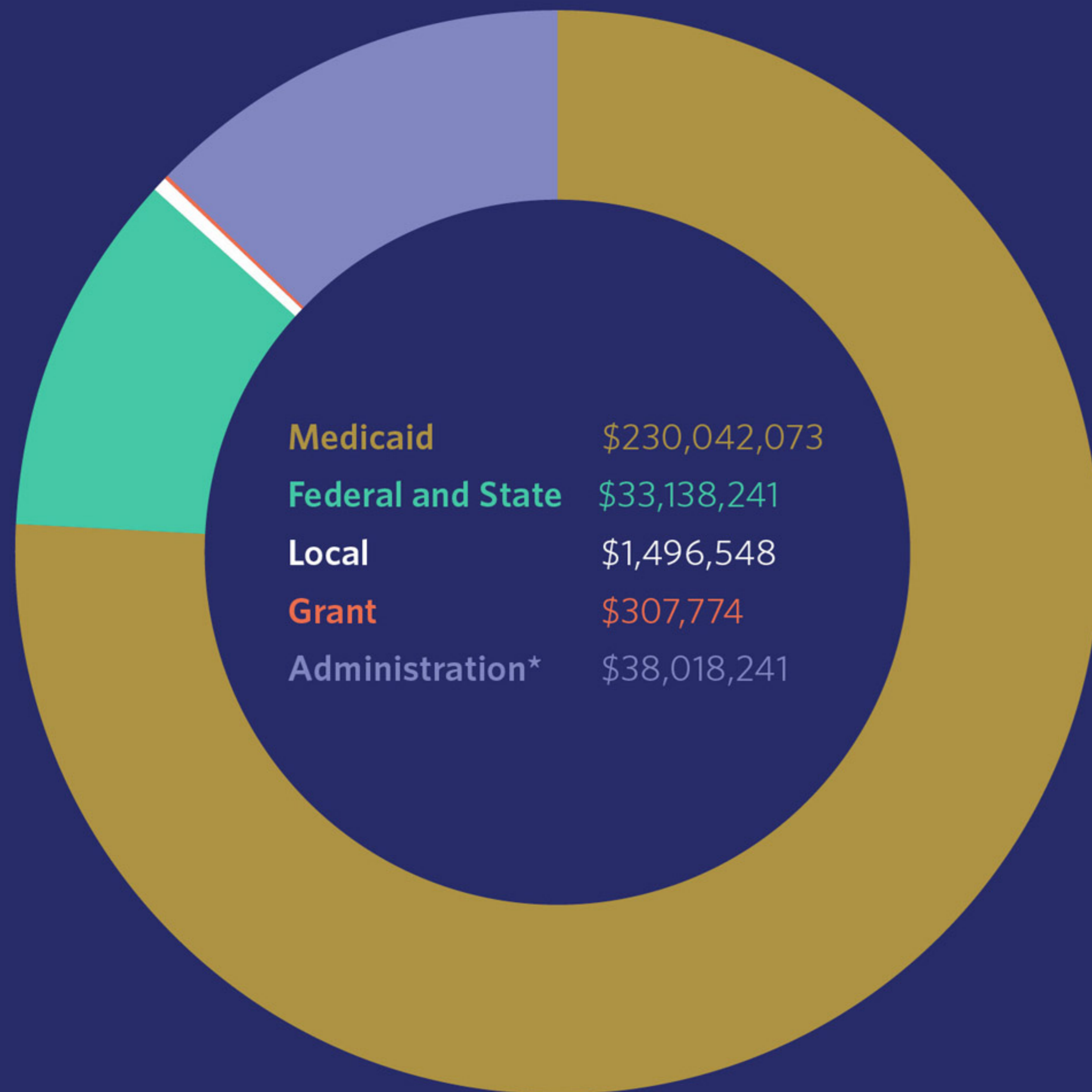
MEDICAID — **694,371**

STATE — **143,953**

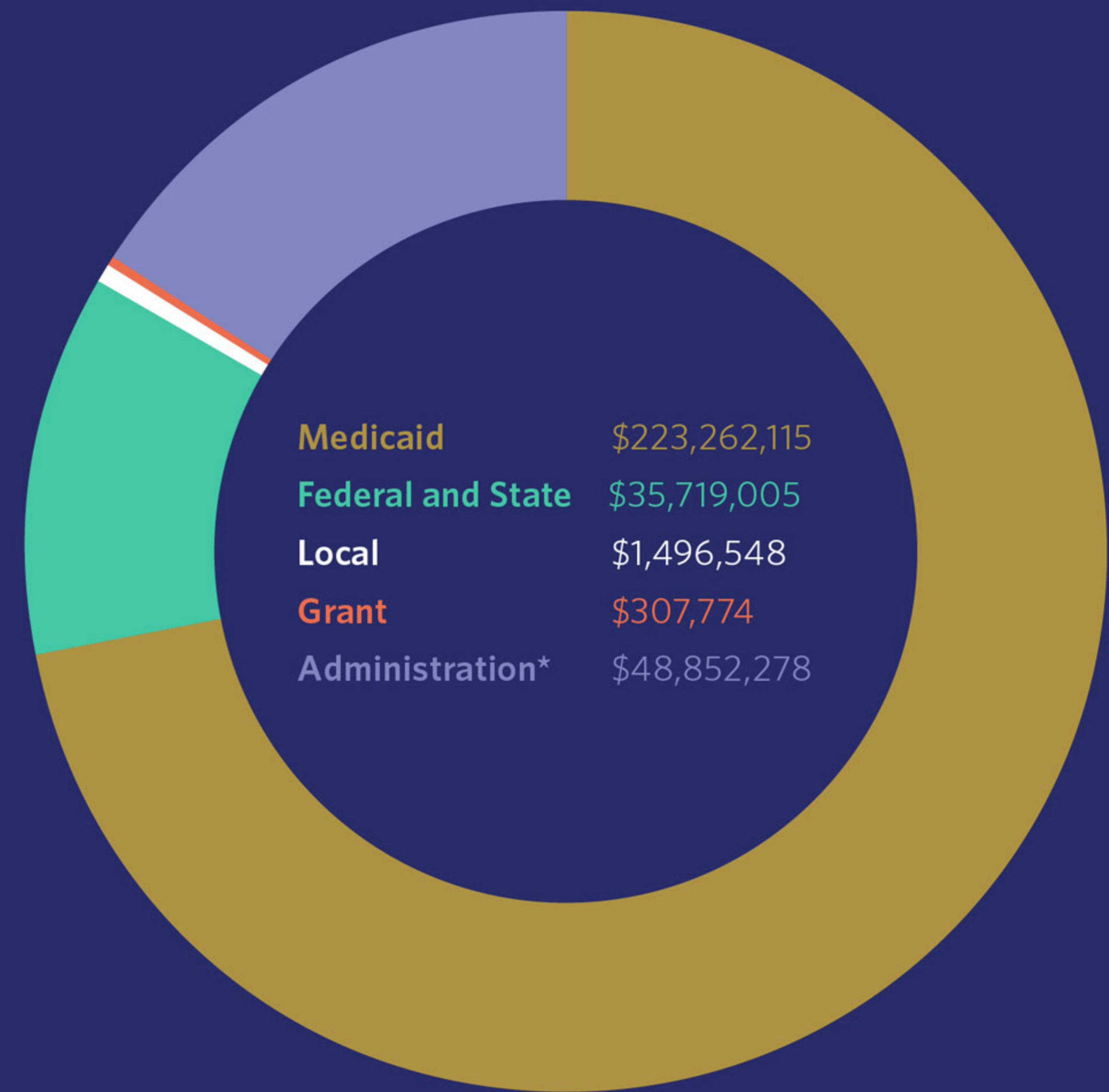


FINANCIAL PERFORMANCE

REVENUE



EXPENDITURES



*The difference between Administration revenues and expenses was the need to fully recognize the expansion of our retiree health insurance program immediately. This was partially offset through prior years' savings.

FINANCIAL PERFORMANCE

Strong Results and Sound Investments

Our strong operational performance helps deliver member care efficiently. This efficiency generates savings over the course of the year.

After offsetting continued reductions in state funding, our priority is investing these savings for the benefit of the communities we serve.

This year our community investments included:

- + Increasing providers' reimbursement rates to help ensure our members continue to receive high-quality care. We provided:
 - *A 4% increase for Intermediate Care Facilities for Individuals with Developmental Disabilities*
 - *A 3% increase for most of our outpatient providers*
 - *Facility-specific increases for inpatient providers*
 - + Continuing support for behavioral health service kiosks in health departments in each county in our service area
 - + Expanding our health insurance benefits to equalize coverage for all qualified Eastpointe retirees
 - + Approving funding for our counties to more effectively respond to the opioid crisis by:
 - *Diverting those dealing with opioid addiction from jail to treatment*
 - *Building local coalitions and task forces to prevent opioid abuse*
 - *Adding new case managers in the Family Drug Treatment Court to better serve those recovering from addiction*
-

Together, these community investments will exceed \$6 million.

OUR PRIORITY WILL ALWAYS BE TO MAKE SURE THAT THE COMMUNITIES WE SERVE ARE THE BENEFICIARIES OF OUR STRONG PERFORMANCE.

2017 PERCEPTION OF CARE RESULTS

Eastpointe Outperforms All Other LME-MCOs

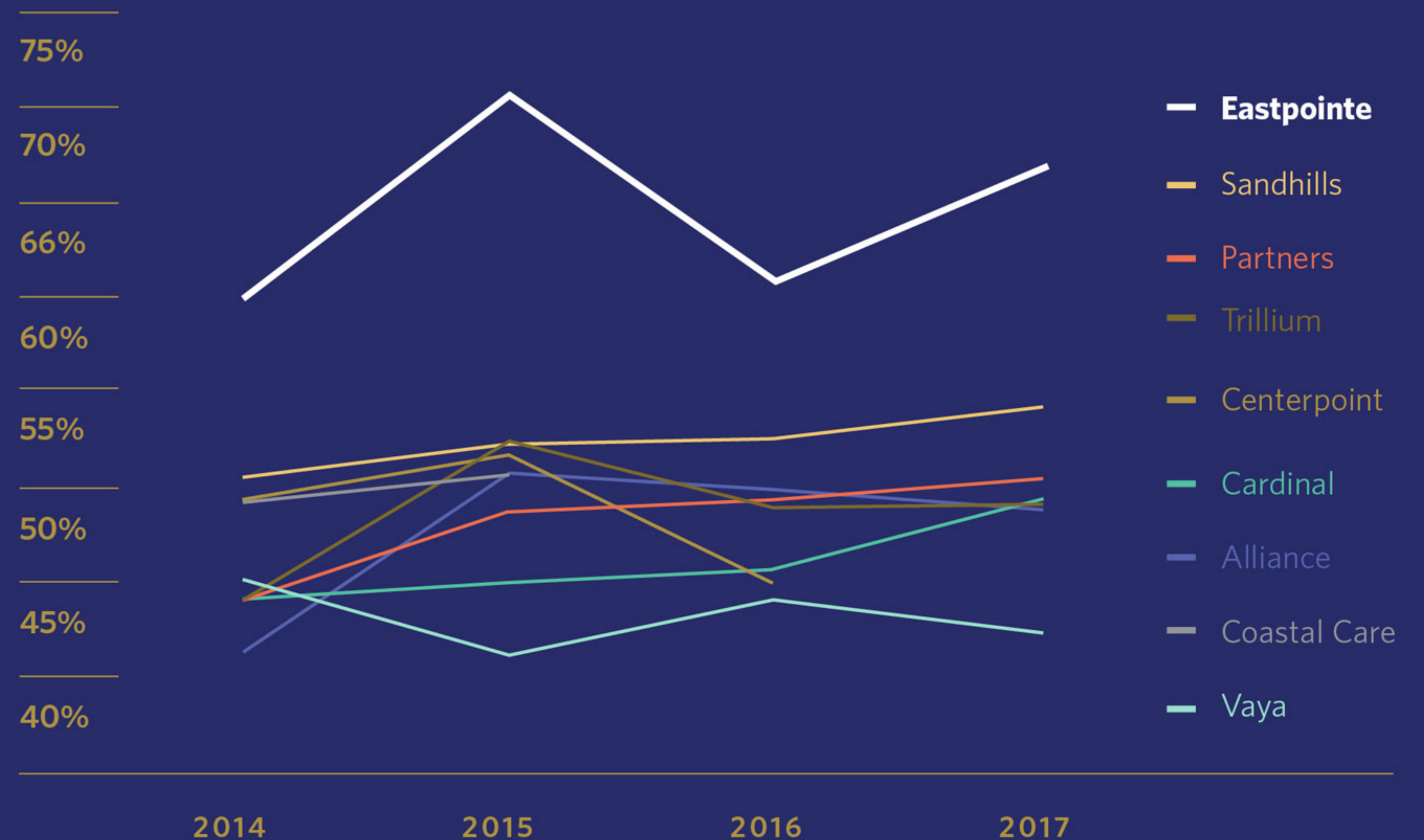
The results of 2017's Mental Health and Substance Use Services' Perception of Care Survey are clear:

MEMBERS RATED EASTPOINTE AS THE TOP-PERFORMING LME-MCO.

We are proud to serve our members with distinction every day, and we're honored to have their recognition.

Here is a detailed breakdown of our performance:

MEMBERS GIVEN A CHOICE OF PROVIDERS

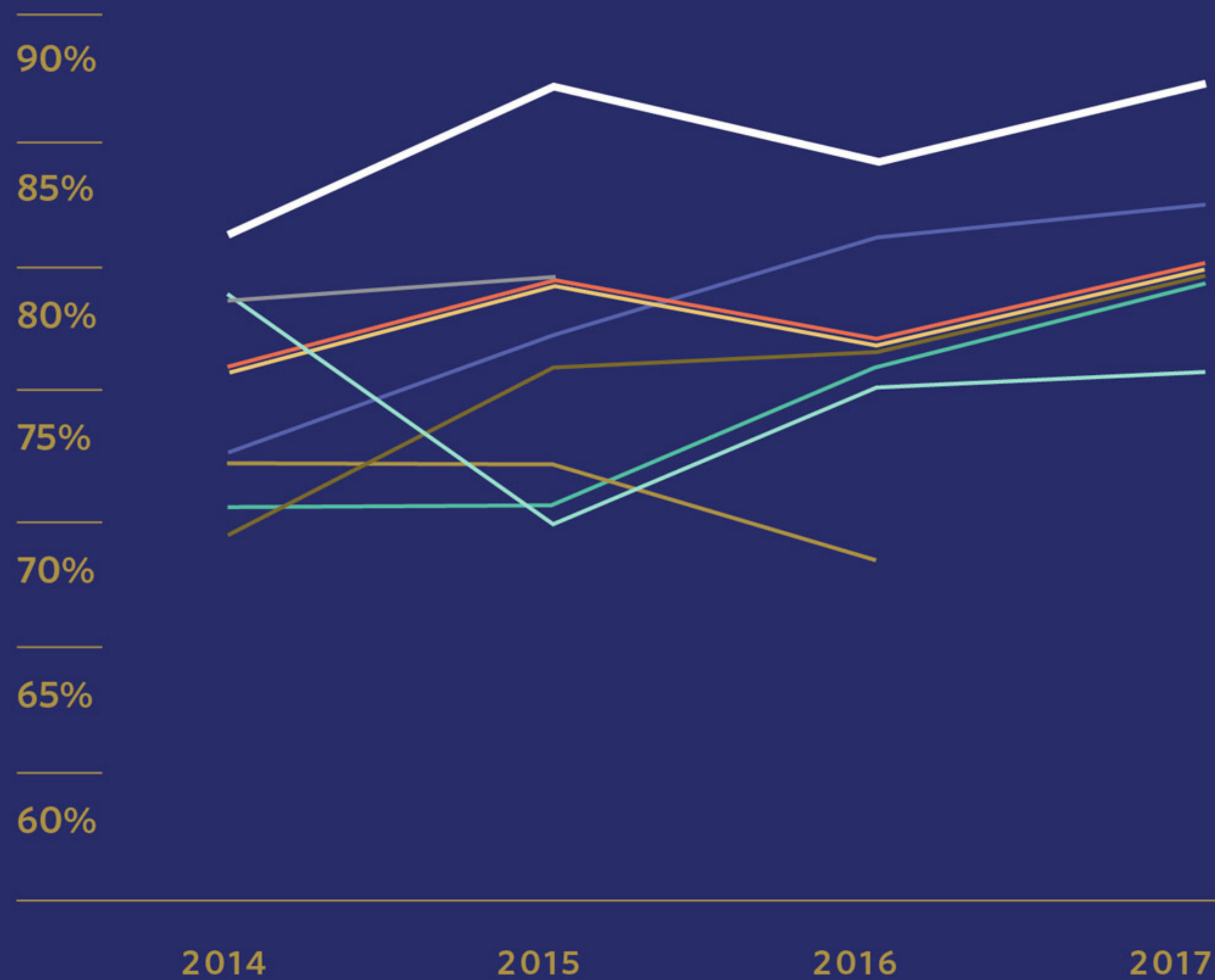


Member choice is a priority for Eastpointe, given that it was a primary reason for North Carolina's Medicaid behavioral health reform. Though Eastpointe serves one of the most rural areas in the state, members felt they were offered a choice of providers.

2017 PERCEPTION OF CARE RESULTS

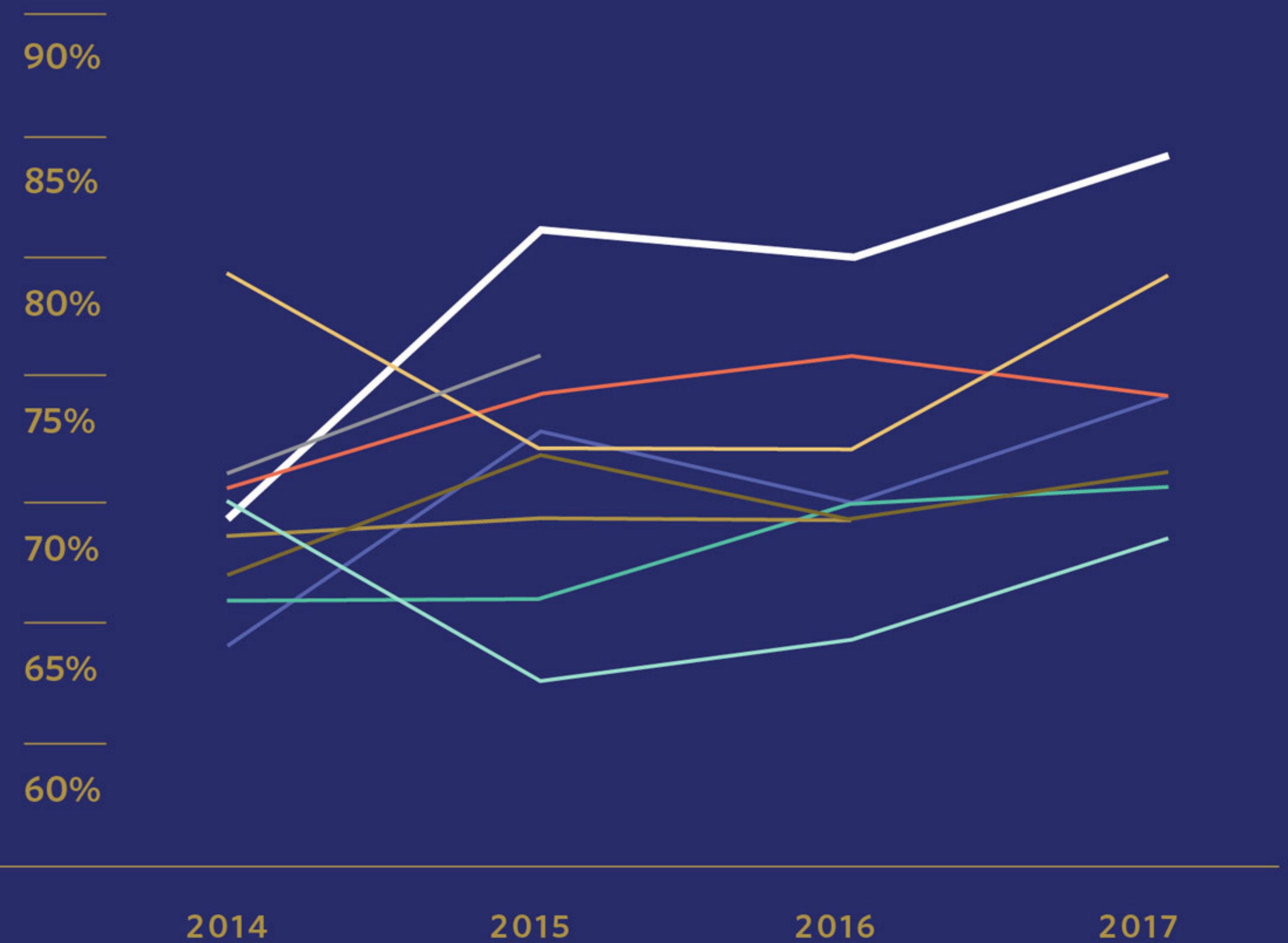
Eastpointe Outperforms All Other LME-MCOs

MEMBERS RECEIVED FIRST SERVICE IN A TIMEFRAME THAT MET THEIR NEEDS



When members seek services, they are likely experiencing significant stress. If members don't get the help they need in a timely way, they likely won't get treatment at all and experience poor outcomes. As shown above, Eastpointe has consistently outperformed the other LME-MCOs in this area.

ADULT MEMBERS RECEIVED HELP NEEDED

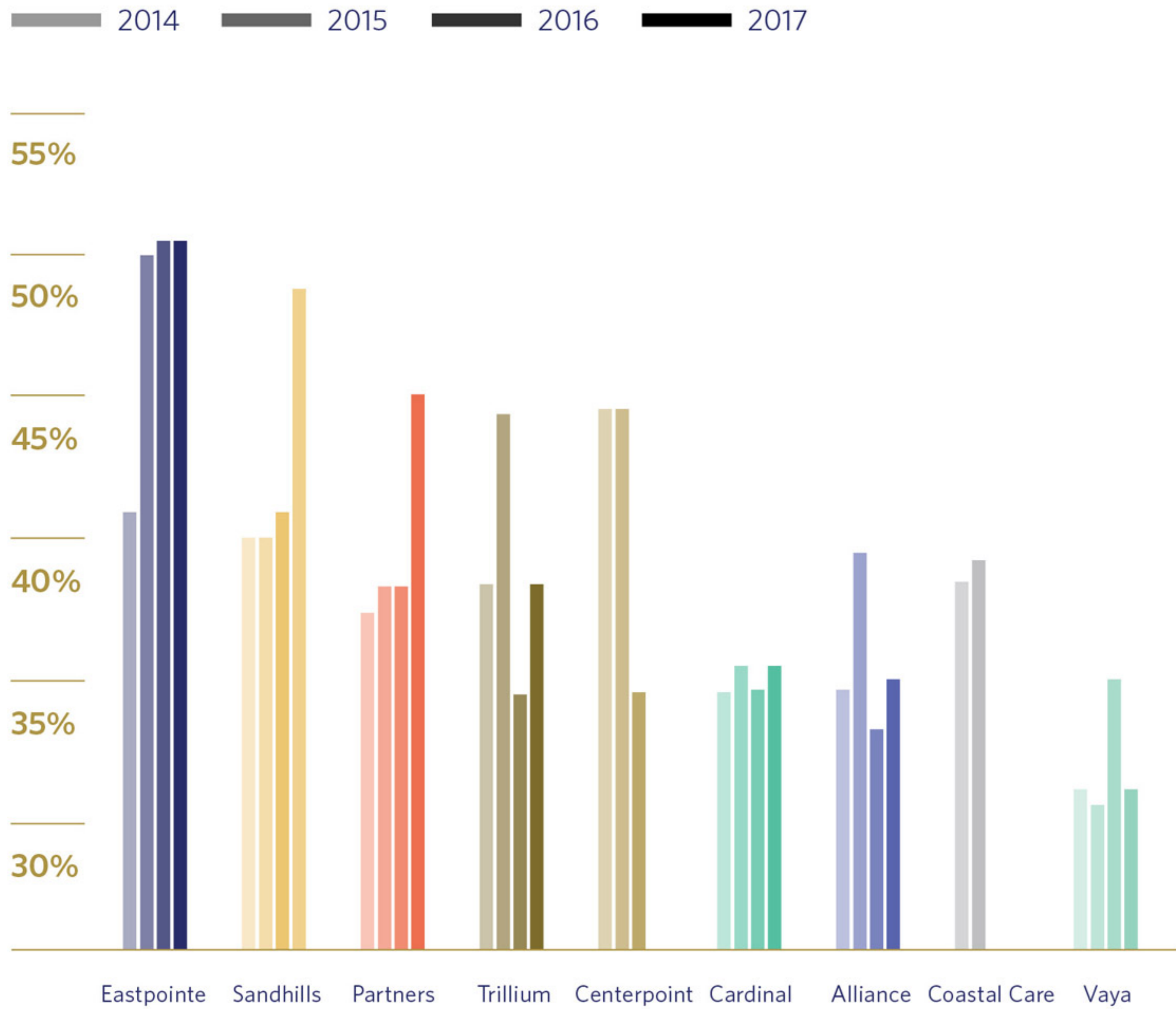


We want to ensure members receive all of the help they need. Members who don't will likely not seek services in the future. For adult members, Eastpointe has shown strong growth in this area and now leads the state with an 84% favorability rate.

2017 PERCEPTION OF CARE RESULTS

Eastpointe Outperforms All Other LME-MCOs

MEMBERS RECEIVED CONSUMER HANDBOOK WITHIN 14 DAYS OF SERVICE



Members who have initiated services must receive a consumer handbook from Eastpointe within 14 days. This handbook includes information about their rights and obligations while in treatment. Eastpointe scored higher than any other LME-MCO for the last three years in this area.

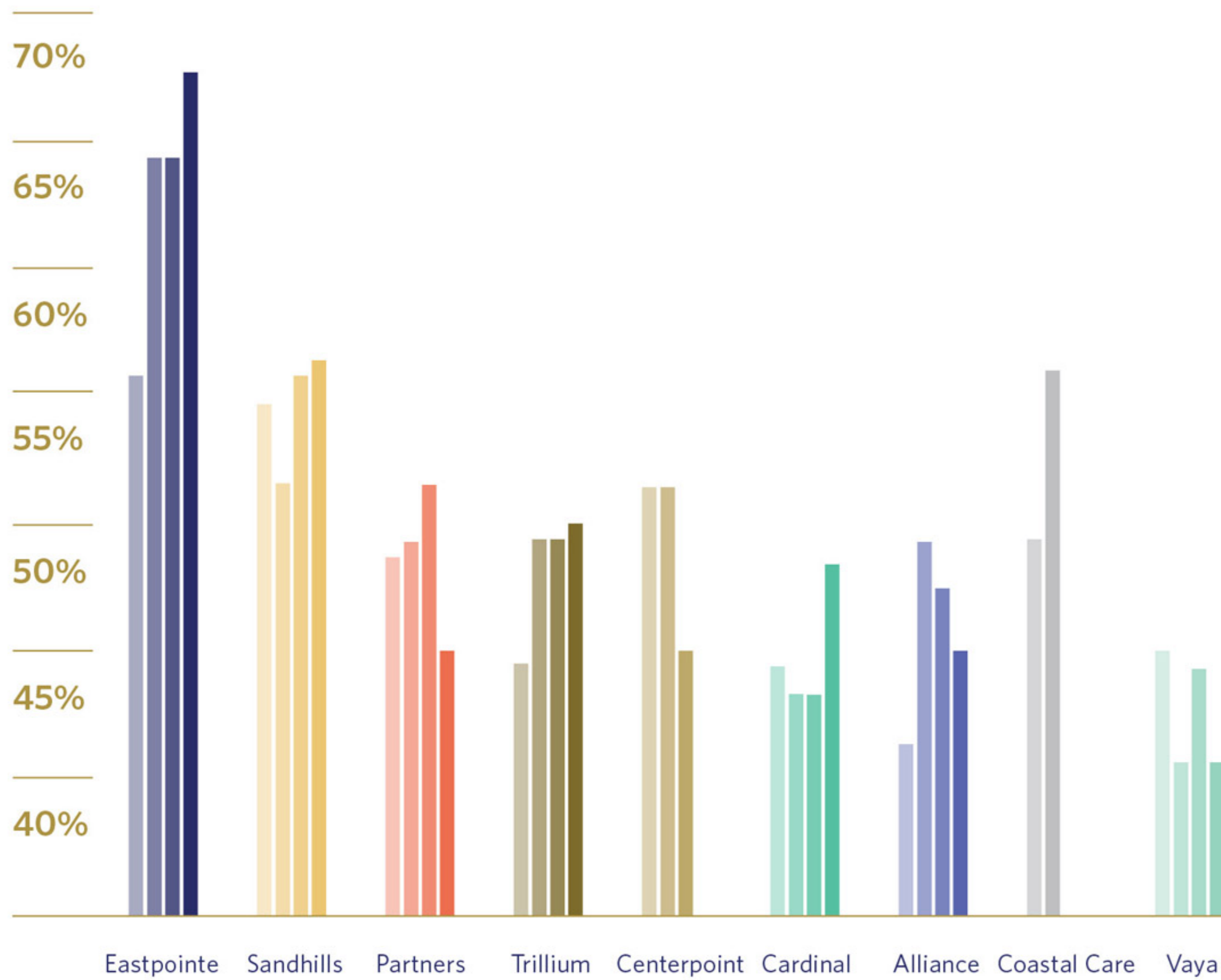


2017 PERCEPTION OF CARE RESULTS

Eastpointe Outperforms All Other LME-MCOs

MEMBERS KNOW HOW TO REGISTER A COMPLAINT WITH LME-MCO

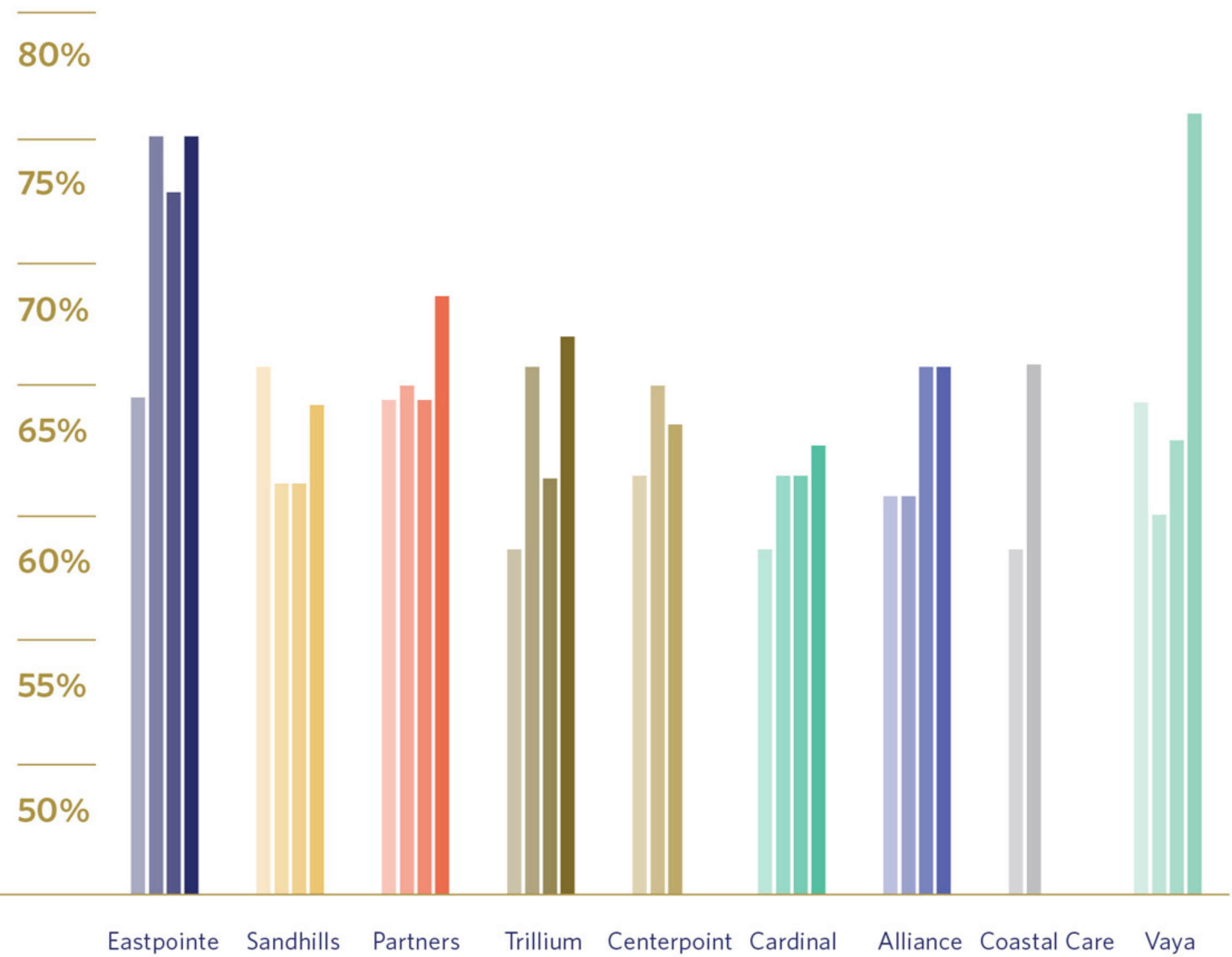
2014 2015 2016 2017



It is important that members are made aware of the complaint filing process in case they are not fully satisfied with their services. For four years, Eastpointe has consistently scored higher in this area than any other LME-MCO. Member data also shows that we typically receive a lower volume of complaints.

MEMBERS RECEIVED AS MUCH INFORMATION AS NEEDED

2014 2015 2016 2017



Informed treatment improves member compliance and, ultimately, leads to better outcomes. We understand that members need all relevant information when seeking treatment to make the best decision quickly. As shown above, Eastpointe has been a leader in this area and continues to show a 75% compliance rate.

COMMUNITY RELATIONS

Everywhere...All the Time

Strengthening communities requires us to be in our communities—every day. Our Community Relations staff educates residents across our 10 counties. Their goal: population health. They deliver by consistently building awareness about behavioral health challenges.

This year, Community Relations made 237 presentations including radio, TV, and newspaper interviews.

Eastpointe's vendor booth appeared at more than 100 other events.

Combined, these efforts allowed Eastpointe to reach over 20,000 people.

Presentation topics included:

EASTPOINTE 101

SUICIDE PREVENTION

BULLYING PREVENTION

RECOVERY MESSAGING

COMMUNITY RESOURCES

AUTISM AWARENESS

HEALTH AND WELLNESS

ADVERSE CHILDHOOD EXPERIENCES (ACE'S)

HIV/AIDS AWARENESS

DEPRESSION AND ANXIETY

SCHOOL SAFETY

DISABILITY AWARENESS

ACCESS TO CARE

MENTAL HEALTH/SUBSTANCE USE SIGNS AND SYMPTOMS

OPIOID-RELATED HARM REDUCTIONS STRATEGIES

REDUCING STIGMA

TRAUMA

TRAUMATIC BRAIN INJURY AWARENESS

CULTURAL DIVERSITY

DOMESTIC VIOLENCE AND TEEN DATING VIOLENCE

ELDER ABUSE/CHILD ABUSE

STRESS MANAGEMENT

ALZHEIMER'S AND DEMENTIA

MENTAL HEALTH AWARENESS



Melissa Reese (R), Eastpointe Community Relations Specialist, presenting a certificate to Dr. Deborah Lamm, President of Edgewood Community College, for allowing 56 staff members to be trained in Adult Mental Health First Aid

Mental Health First Aid (MHFA) is an important component of community education. We completed seven Youth MHFA courses training 97 people. Nine Adult MHFA courses were delivered, training another 143 people.

In addition to presentations, engaging through our community partners is crucial to Eastpointe's success. These partners provide a trusted channel through which we can reach more residents with behavioral health information. They include primary and secondary schools, community colleges, community centers, county

health departments, first responder agencies, and health clinics. *Our Community Relations team attended over 900 meetings with partners this year.*

A final way we educate and raise awareness is through our monthly education series, which is held in each of our 10 counties. Topics are tailored to each county. *We reached over 1,600 people through this education series.*

The Community Relations team's effort is easy to quantify: Hundreds of presentations. Thousands of events attended. Tens of thousands of residents reached.

Their impact, however, is immeasurable.

FIGHTING THE OPIOID EPIDEMIC

Using a Multi-Faceted Approach

The opioid epidemic persists across Eastpointe's service area. We responded by expanding our education and prevention efforts, working together with law enforcement and our community partners.

We took a three-pronged approach to this challenge. We:

- 1. Provided both financial and staff support to local task forces**
- 2. Increased our efforts to provide opioid-focused education**
- 3. Delivered Naloxone (or Narcan) kits to first responders to help prevent overdoses**

SUPPORTING LOCAL TASK FORCES

Our Community Relations team has been an integral part of developing, collaborating, and coordinating opioid forums and the task forces in our counties. We brought the key players to the table and worked hand-in-hand with them to educate their communities.

The task forces we support include:

- + Bladen County: Opioid Task Force
- + Duplin County: Substance Use Coalition
- + Edgecombe County: CORE Meeting
- + Greene County: Substance Use Coalition
- + Lenoir County: Opioid Task Force
- + Robeson County: Opioid Task Force
- + Sampson County: Substance Use Coalition
- + Scotland County: Substance Use Network
- + Wayne County: Substance Abuse Task Force
- + Wilson County: Substance Use Coalition, Coalition Board, Hope Alliance Group, and the Opioid Multidisciplinary Team

The forums at which we presented this year include:

- + Bladen County: September 2017
- + Lenoir County: October 2017
- + Columbus County: November 2017
- + Robeson County: February 2018

PROVIDING OPIOID-FOCUSED TRAINING AND EDUCATION

Eastpointe helped raise awareness about opioids through several events:

We sponsored the 12th Annual Eastern NC Gang and Opioid Conference, held at the North Carolina Justice Academy in Salemburg, on January 19, 2018. The event drew over 240 participants.



J.W. Simmons (L), Eastpointe Area Board Chair, and Eastpointe's Executive Team with keynote speaker Darryl Strawberry



Governor Roy Cooper, Tiffany Purdy, Eastpointe Community Relations Specialist, and Rob Boyette, Wilson County Commissioner and Eastpointe Board Member

We sponsored a discussion at the Recovery Concepts Community Center (RC3) with Governor Roy Cooper and Wilson community leaders to talk about innovative ways to address the opioid epidemic.

Eastpointe partnered with Donald McDonald, MSW, LCAS, Executive Director of Addiction Professionals of NC, to provide Opioid 101 training in all 10 Eastpointe counties in April 2018. We trained 323 people.



Sampson County Training



James Hood presenting in Wilson

Eastpointe worked with James Hood, Paramedic Commander with Lenoir County EMS, to deliver trainings on how to administer Narcan. These trainings were held in Edgecombe, Greene, Robeson, and Wilson Counties. We trained 160 citizens and first responders.

We helped deliver Recovery Coaching Academy (RCA) trainings in Columbus, Lenoir, and Sampson Counties, graduating 27 new coaches. RCA is a five-day intensive training focusing on providing individuals with the skills to guide, mentor, and support those interested in initiating or sustaining long-term recovery from alcohol or drug addiction.



Lumberton Regional Office Training

We partnered with the NC Harm Reduction Coalition to deliver Harm Reduction Summits in Bladen, Duplin, Scotland, and Wayne Counties. A total of 103 people attended.

Topics presented at the summits included:

Harm Reduction Overview

HIV, HCV, Sepsis, Endocarditis and Overdose in NC

Harm Reduction Laws in NC

Syringe Decriminalization and Syringe Exchange Programs

Overdose Prevention

Naloxone Utilization for the Community and Law Enforcement

Law Enforcement-Assisted Diversion

Methadone and Buprenorphine

Why People Have a Tough Time Entering Drug Treatment

Reentry and Drug Use

Working with Directly Impacted People



ROBESON EMS
Cheryl Harris, Eastpointe

DELIVERING NARCAN TO FIRST RESPONDERS

Narcan is used by first responders to prevent opioid overdoses. Eastpointe donated Narcan kits to each of our counties this year.

NARCAN KIT QUANTITIES DISTRIBUTED BY COUNTY

BLADEN	85
COLUMBUS	130
DUPLIN	163
EDGECOMBE	130
GREENE	60
LENOIR	118
ROBESON	130
SAMPSON	230
SCOTLAND	155
WAYNE	152
WILSON	73

TOTAL

1,426

Quantities were based on the amounts requested by each county and the availability of resources at the time of distribution.

Requests for additional kits were fulfilled for Duplin, Sampson, and Scotland Counties with assistance from the NC Harm Reduction Coalition.



**LENOIR COUNTY DEPARTMENT
OF EMERGENCY SERVICES**

Theresa Edmondson and Courtney Boyette, Eastpointe

LAW ENFORCEMENT TRAINING

*Partnering to Better Serve Those
with Mental Illness*

Eastpointe's Crisis Intervention Team (CIT) Training Program is an initiative designed to improve the way law enforcement, EMS, fire and rescue, and phone-based crisis support staff respond to people experiencing mental health crises. The goal is to ensure those experiencing a crisis can get the help they need when it can have the biggest impact.

Our CIT training program is built on strong partnerships between Eastpointe, law enforcement and other first responders, mental health providers, and those affected by mental illness.

Eastpointe supports this initiative by providing CIT Training for free. Eastpointe has been conducting CIT trainings since 2008, training over 1,000 people. This year, we held 13 classes that produced 182 graduates.

Types of CIT Trainings offered by Eastpointe:

LAW ENFORCEMENT
40-hour course

EMS/FIRE/RESCUE
20-hour course

TELE-COMMUNICATOR
16-hour course



CIT Training held at Sampson Community College

Eastpointe Training Specialists coordinate CIT sessions, working closely with our first responder facilitators to help ensure a successful program.

Facilitators are CIT graduates. Their role is to communicate their field expertise, including their knowledge of policies and procedures and safety measures. Facilitators are able to teach students how CIT's goals can be accomplished while following procedure and maintaining their safety. Most importantly, they teach how to balance officer safety with the safety of the individual in crisis.

Our training facilitators include:

CAPTAIN KENDRA HOWELL
Wilson Police Department

BEVERLY DEANS
Public Safety Division Director,
Wayne Community College

SGT. JOHNATHAN WHITLEY
Lenoir County Sheriff's Office

OFFICER RYAN JORDAN
Vidant Company Police

PAUL MCDOWELL
Chief of Maxton Police
Department, Retired

LT. STOKES MCKOY
Clinton Police Department

ROSALIE COBB
Paramedic Supervisor,
Wayne County EMS

JAMES JONES
Clinton Police Department

JEFF MARTIN
Robeson County
Sheriff's Office, Retired

JOHN BRITT
Edgecombe County
Rescue Squad

BEN PARRISH
Duplin County Sheriff's Office

MARK CASEY
Duplin County EMS



Law Enforcement CIT Training held at Edgecombe Community College

LAW ENFORCEMENT TESTIMONIAL

“The Wilson Police Department views CIT as an essential tool for an officer. We have been involved with the CIT program since its start in 2008. We have made it our priority to send officers to each school that is offered by Eastpointe. Upon graduation from the CIT program, our officers are honored and proud to wear the CIT pin. When interacting with members of the mental health community, we find our greatest asset is our communication skills, which the CIT program expounds upon in the classroom and with role plays. We value each member of our community. Specialty training that [helps us assist] individuals with mental illness, substance abuse, or developmental disabilities is viewed as a priceless tool for our officers.”

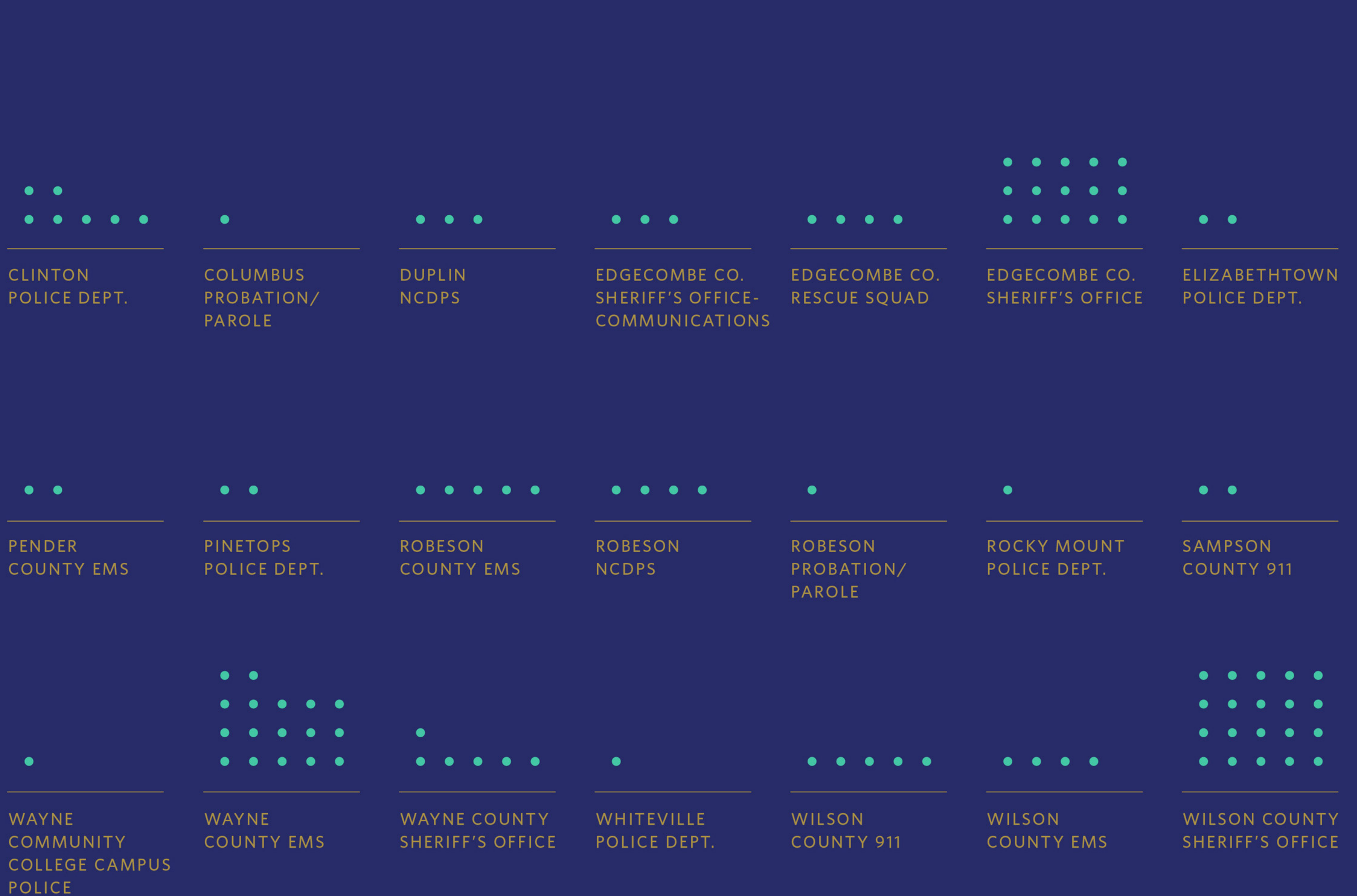
CAPTAIN KENDRA HOWELL

Wilson Police Department
CIT Law Enforcement Facilitator

CIT TRAINEES BY AGENCY



CIT TRAINEES BY AGENCY



THE PROVIDER NETWORK

Reinforcing our Foundation

Our ability to ensure members get the care they need is only as strong as our network providers who deliver it.

This year we continued to make investments to grow and strengthen our network.

INCREASING PROVIDER REIMBURSEMENT RATES

Despite state budget cuts, *we approved our third rate increase in the past four years.*

We provided:

4%
INCREASE

FOR INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

3%
INCREASE

FOR MOST OF OUR OUTPATIENT FACILITIES

FACULTY-SPECIFIC INCREASES

FOR INPATIENT PROVIDERS

DELIVERING WHOLE PERSON CARE

It isn't enough to simply have more providers in our network. We need the right mix to ensure our members' needs are met. This year we focused on incorporating more facilities that have adopted a whole person care approach. More whole person care partnerships will be coming online next year.

DEEPENING RELATIONSHIPS

Provider satisfaction is a priority. Our providers need timely information to deliver great outcomes. Just as with our members, we strive to improve our provider service daily.

Annually, the Division of Medical Assistance completes a provider satisfaction survey to measure the quality of providers' engagement with LME-MCOs. The survey measures LME-MCO interaction with network providers, the LME-MCO's ability

THE PROVIDER NETWORK

Reinforcing our Foundation

to provide training and support, and their ability to provide Medicaid waiver materials to help providers strengthen their practice.

Overall, Eastpointe posted strong results. Providers felt that members we referred to them matched both the services they provide and the member's clinical needs. Our trainings are helpful. Providers' claims are processed accurately and on-time. Providers also felt that Eastpointe keeps them informed of relevant changes.

Eastpointe proudly supports a Provider Council to identify the network's needs and advise us on how to address them. Providers indicated that their interests are properly addressed through the Council.

To be sure, the survey also identified areas for improvement, for which Eastpointe has developed an improvement plan.



PROVIDER NETWORK AT-A-GLANCE

340
PROVIDERS

across the state are
available to serve
our members.

Provider Agencies

248

Licensed Independent Practitioners

53

Hospitals

39

PROVIDER TESTIMONIALS

“Eastpointe creates a culture that encourages community collaboration. They are intentional in creating an atmosphere that prioritizes the needs of the persons served. Communication and engagement with families, members, the provider community, and the community at large are their priorities.”

SESLIE ROUGHTON

Skill Creations, Inc.

Member, Eastpointe Provider Council

PROVIDER TESTIMONIALS

“Working with Eastpointe as a provider, serving as Chair of the Eastpointe Provider Council and serving on the Eastpointe Board (as a non-voting member representing the Provider Council) has been a pleasure.

Eastpointe is great to work with because they have open communication with providers. They are always willing to work through issues. At their monthly Provider Meeting, we can submit questions to which they always respond. They provide free monthly trainings. They send communication bulletins as well as special announcements via their list serve.

The Eastpointe Provider Council is a very active group and takes their responsibility of representing the provider network seriously. Eastpointe will bring issues before the Council to discuss and the Provider Council members do likewise. This builds strong communication and, in return, provides better outcomes for members.”

ENGLISH ALBERTSON

Director of Program Operations

Monarch

WHOLE PERSON CARE

Delivering on the Promise

For good reason, “whole person care” has become a buzzword in our healthcare delivery system.

It's the concept that a person's wellness is determined by more than just their physical health. Wellness is also affected by a person's social health, or their connection to community; their spiritual health; and, of course, their mental health.

When providers and payers work together to deliver whole person care, we keep people healthier and do it more cost-effectively. The need for primary care for behavioral health issues can be identified and provided in a timely way. And, just as important, there is coordination between primary care providers for a person's physical and behavioral health needs.

Eastpointe went beyond just contributing to the buzz this year. We delivered whole person care for our members.

WORKING WITH THE HOSPITAL TRANSITION TEAM (MENTAL HEALTH-SUBSTANCE USE CARE COORDINATION)

There are times when our members with mental health or substance use challenges are treated in emergency rooms or on an inpatient basis. Receiving care for their immediate needs is just the first step in their recovery.

The member then faces the challenge of returning to their community and resuming their normal activities while avoiding a relapse. Especially for those members with both physical and behavioral health needs, this can be the most difficult part of their recovery.

This is why the Hospital Transition Team was created.

This team is led by a registered nurse and staffed by licensed doctors and behavioral health specialists. They work to develop a whole person care plan to help ensure the member successfully transitions back into

WHOLE PERSON CARE

Delivering on the Promise

their community and, once there, has the support they need.

The team's plan is developed in coordination with the treating facility, Eastpointe's medical director, and recommendations from Community Care of North Carolina. If the member needs a place to stay, the team will reach out to Eastpointe's Housing Department.

The Hospital Transition Team is already serving an average of 1,100 members every quarter.

INVESTING IN BEHAVIORAL HEALTH KIOSKS

We continued the process of placing behavioral health assessment kiosks in the health departments in each of our counties.

Now, when residents visit the health department for their physical health needs, the kiosks can help them diagnose any potential behavioral health issues. If they determine that they need help, they can immediately connect to Eastpointe's call center to schedule an appointment.

EXPANDING OUR PROVIDER NETWORK

Our provider network continued to incorporate more facilities that have adopted a whole person care approach. More partnerships focused on whole person care will be coming online in 2019.



INTELLECTUAL AND DEVELOPMENTAL DISABILITY ASSESSMENT TEAM

Speeding Members' Access to Care

Medicaid Part C, otherwise known as the “Innovations Waiver,” is a program for our members with Intellectual and Developmental Disabilities (I/DD) who require more consistent care, usually from several sources. Through the Innovations Waiver, Eastpointe provides these members with care coordination to make sure they’re getting what they need when they need it—as easily as possible.

The number of Eastpointe members who can participate in the Innovations Waiver is determined by the state. There is a county-specific waiting list of members for these Innovations “slots.”

Eastpointe’s I/DD team recognized the need to be able to get members who are awarded Waiver slots integrated into the program’s services more efficiently.

Beginning in February 2018, the team began implementing a strategy to do just that.

CHANGING THE ON-BOARDING APPROACH

When a slot becomes available, a member’s eligibility must be verified before that slot can be officially awarded. This is a time-consuming process.

Prior to February 2018, Eastpointe’s care coordinators were responsible for managing this verification process in addition to helping members already receiving Innovations services.

Care coordinators assist those receiving services with outreach to every organization that plays a role in supporting or providing that member’s care, including: psychological assessment providers, Social Security, and the Department of Social Services. Care coordinators closely monitor the member’s care.

INTELLECTUAL AND DEVELOPMENTAL DISABILITY ASSESSMENT TEAM

Speeding Members' Access to Care

Handling all of these tasks in addition to the verification process meant that care coordinators had to divide their time and attention.

Starting in February, the I/DD staff created the role of Assessment Team Care Coordinator to focus solely on the verification process. Now, when a member decides to engage in the process of verifying their eligibility to receive an Innovations Waiver slot, that individual is assigned an Assessment Team Care Coordinator. Immediately, they contact the member or their guardian to start the process.

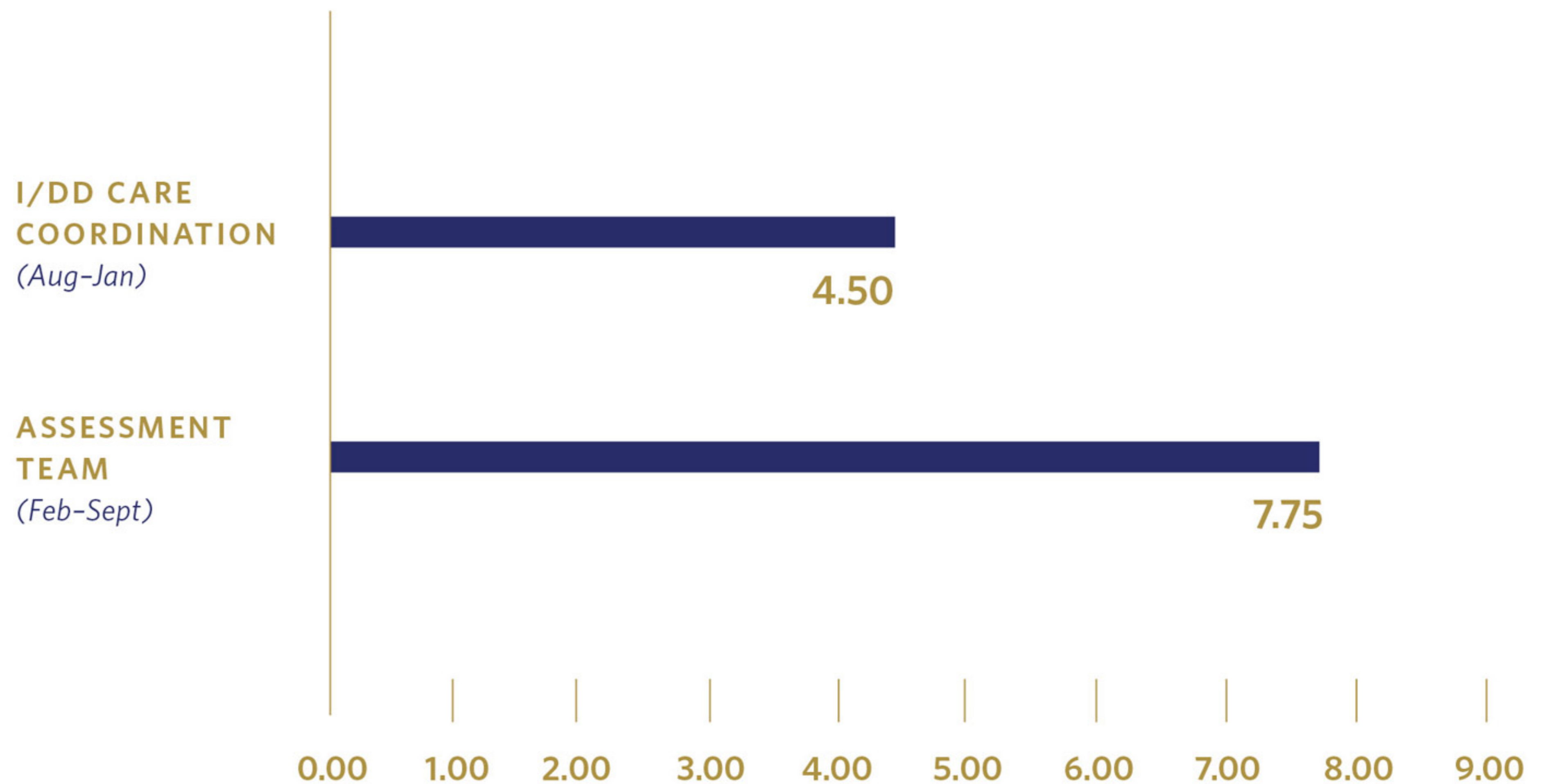
Care coordinators can now focus on just those members already receiving care.

*Note that the Innovations Waiver fiscal year typically runs from August-July. However, the 2018 fiscal year has been extended by the state.

IMPROVING PROGRAM RESULTS

With Assessment Team Care Coordinators dedicated to bringing individuals onto the Waiver, **Eastpointe has been able to increase the average number of newly-integrated members each month by 72%.**

I/DD CARE COORDINATION VS. ASSESSMENT TEAM INNOVATIONS WAIVER ENROLLES*





Bridgette Liles with her son, Jaden

I/DD MEMBER STORY

“My son, Jaden, was diagnosed with an autism spectrum disorder when he was seven. It took a few months to get services for him with local case management agencies, but once that was completed, Jaden received both developmental therapy and personal care assistance. These services fluctuated from 12 hours a week down to a mere five.

I/DD MEMBER STORY

As a single parent, it is hard trying to be the “whole” package my child needs and work full-time. I am so grateful for the wonderful support system that I have, but there were still services and assistance my son desperately needed to be successful.

After 12 years on the waiting list, I finally received the call that an Innovations Waiver slot was available for Jaden. I immediately felt a weight lifted! I could finally get help for my son—and for me. I was stretched so thin, but I am the kind of mother that believes ‘you do what you have to do’ to make life work as beautifully as possible for your child. I draw my strength from God.

Once my initial call with Eastpointe was completed, Crystal and her amazing team literally took-off into action! Within just two months, Jaden began to receive the services and assistance he needed to thrive as a young man.

I want to thank Crystal and Carmita for their assistance, diligence and professionalism in getting this done so quickly.”

BRIDGETTE LILES

TRANSITION TO COMMUNITY LIVING

Developing a New Approach to Serve More Members

North Carolina's community-based living program is designed to help members transitioning out of psychiatric hospitals find a home. Being in familiar surroundings, with greater independence, helps members more quickly and confidently readjust to being back in their community. This supportive housing program is known as the Transition to Community Living Initiative (TCLI).

Finding community-based shelter is typically a slow, time-consuming process. Landlords take extra time to conduct background checks. Members must be in an area that provides easy access to their care providers. And, in Eastpointe's service area, placement options are more limited because of the damage created by Hurricane Matthew.

Eastpointe's TCLI team was determined to create a new approach to help reduce the placement time for members this year. And they delivered.

CREATING OPTIONS AND INCREASING SUPPORT

Most importantly, Eastpointe needed additional placement options for its TCLI candidates. Program Director Tomeka Shaw used Eastpointe's extensive network of community partners to get more recommendations for landlords with which new partnerships could be developed.

With new potential partners identified, the TCLI team launched a campaign to present each with its strategy for helping ensure member success after their placement on the property. This strategy included:

- + Making the TCLI program director available to assist with any crises, including calling Eastpointe's Member Call Center to dispatch a mobile crisis unit, EMS, or CIT-trained law enforcement officers
- + Providing more frequent TCLI staff visits to ensure the member is stable and complying with lease obligations during their 90-day transition period

TRANSITION TO COMMUNITY LIVING

Developing a New Approach to Serve More Members

- + Ensuring assigned providers are taking members to doctor appointments and checking to see if members are taking their medication properly
- + Referring quality of care or safety concerns for members to Eastpointe's medical director for quicker resolution
- + Linking members to additional services to assist them in maintaining housing, if needed

This thorough approach helped convince more landlords to work with the TCLI team and provide space for transitioning members.

DELIVERING DOUBLE

For this fiscal year, the state's benchmark was placing an average of six members in community housing each month. As Eastpointe focused on expanding its placement network, it fell below this average in the months leading up to the end of the fiscal year. To meet the benchmark by year end, we needed to place 11 members in June 2018 (the final month).

With more landlords identified, and the additional support they received from the TCLI team, Eastpointe exceeded its goal, placing 12 members in community housing in June.



TCLI MEMBER STORY

Joseph Zebrowski is 53 years old.

He has been diagnosed with Major Depressive Disorder. He also has difficulty hearing. Joseph resided in an Adult Care Home (ACH) for the past four years. He expressed his interest in living in the community to the TCLI staff while we were on-site visiting another member.

Joseph understood that the ACH had rules but, at times, he felt as if he was “in jail.” He resorted to staying in his room feeling depressed most of the time.

We immediately got to work on his behalf.

After a three-month search, Joseph moved into his new apartment on August 24, 2018. He reported the experience as simply “a great day for him.” He was overjoyed to have more freedom and still feel safe.

Joseph has already made friends in his neighborhood. He watches his neighbor’s mailbox while she’s on vacation. He spends a lot of time using his computer, watching TV, walking, and cooking. He reports that his favorite meals are chicken, pork chops, and fish.

Joseph’s success is the perfect example of the TCLI team delivering on its mission.



Joseph Zebrowski (L) standing in his new apartment with Chad Simpson from Eastpointe

NEWS BRIEFS

Catching-up on Rest of our Year

ACCREDITATION RENEWAL ACHIEVED

Eastpointe successfully completed its URAC review in April 2018 and earned a maximum three-year reaccreditation. We are accredited in Health Utilization Management, Health Call Center, and Health Provider Network.

URAC is the independent leader in promoting healthcare quality through accreditation, certification and measurement. By achieving this status, Eastpointe has demonstrated a comprehensive commitment to quality care, improved processes, and better patient outcomes.

ADDITIONAL HOUSING GRANTS SECURED

Housing is imperative for providing members with stability as they return to their communities. Over the course of the year Eastpointe applied for, and received, over \$2.1 million in housing grants. Housing grants allow our staff to more effectively assist members in finding affordable housing and connect them to necessary support services.

FACILITY-BASED CRISIS CENTER EXPANDED

On August 28, 2017, Eastpointe representatives joined 50 community leaders, including elected officials, social workers, and hospital and school administrators at Monarch's newly expanded facility-based crisis center for a grand reopening ceremony.

The renovated crisis facility provides inpatient treatment options for people with mental illness and substance use disorders who require 24-hour secure and medically supervised care. The extensive renovation grew the facility from 11 beds to 16, increasing the ability to provide services to people in Lumberton and neighboring communities.

Eastpointe provided funding to assist Monarch with the expansion.

THE EASTPOINTE
BOARD OF DIRECTORS

Guiding Our Progress

Our accomplishments during this year would not have been possible without the help of our Area Board of Directors.

Thank you for your support!



J.W. SIMMONS

Chair



HON. JERRY STEPHENS

Vice Chair

**THE EASTPOINTE
BOARD OF DIRECTORS**

Guiding Our Progress



**HON. ROB
BOYETTE**



REBECCA JUDGE



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