



STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

KODY H. KINSLEY
SECRETARY

SECRETARIAL DIRECTIVE 2024-001

DATE: December 30, 2024

SUBJECT: Trillium Health Resources Board Structure and Board Member Appointments

On November 1, 2024, I issued Secretarial Directive 2023-001, pursuant to Session Law 2023-134, directing the reduction of the number of local management entities/managed care organizations (LME/MCOs) from six to four. To achieve the reduction, Sandhills was dissolved consistent with the consolidation agreement between Sandhills Center and Eastpointe except for the counties of Davidson, Harnett, and Rockingham. Eastpointe was then consolidated with Trillium Health Resources pursuant to a Consolidation Agreement I approved on December 18, 2023. The consolidation was effective January 1, 2024. Under the Consolidation Agreement Eastpointe and Trillium agreed to a combined board consisting of eleven (11) then serving members from Eastpointe and eleven (11) then serving members from Trillium Health Resources.

On July 8, 2024, Part XVI of Session Law 2024-34 became effective. Section 16.(a) of the Session Law required the area director of Trillium Health Resources to submit a new alternative board structure to the Secretary of the Department of Health and Human Services for approval. The law allows the Secretary to appoint the initial board members to the newly structured board without each county in the catchment area adopting a resolution approving the board structure or the appointment of the board members. I timely received the proposed new alternative board structure from Trillium Health Resource's Area Director on July 19, 2024.

As always, my goal is to support a strong public system for the delivery of mental health, intellectual and developmental disabilities and substance use services. In reviewing the proposed alternative structure and identifying board members, I have considered the following guiding principles:

- Expertise – The LME/MCOs deliver specialized care to some of the most vulnerable citizens in the state. It is important that the Board understand the complexity of its members conditions as well as the system through which care is delivered.
- Lived Experience – The ability to understand the impact of program, services, policies, and systems through lived experience will inform and improve decision making, promote empowerment, and better reflect the community being served.
- Diversity – Perspectives that reflect those of the community will promote richer discussion and bring deeper insight, enabling the board to recognize disparities and address issues to improve access to care.

Having reviewed the proposed alternative board structure from Trillium Health Resources I find that it will allow for culturally diverse feedback from the local communities, allow for continued county involvement, and provide for equitable representation across the catchment area as well as relevant expertise. Therefore, I approve the alternative board structure for Trillium Health Resources as set forth in *Attachment 1* of this document and as summarized below:

15 voting members, 3 nonvoting members

The Board members will be appointed from the five groups set forth below:

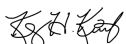
- 1. Regional Advisory Boards (5 members):** Made up of two individuals representing each county within the catchment area with one individual being a county commissioner and one who is not a county commissioner. The individuals shall meet the requirements defined in G.S. 122C-118.1.
- 2. Regional Consumer Family Advisory Committee (CFAC) (5 members):** As established and defined in G.S. 122C-170. Each of the CFAC Chairs, or their appointee, is a member of the Governing Board.
- 3. At large (5 members):** The Governing Board will be the third appointing authority for voting members for at large members and may perform this duty based on a recruitment process, as agreed upon by the Governing Board.
- 4. Provider (2 non-voting):** 2 non-voting members from the Provider Council and DDFA provider community.
- 5. Health Disparities Council Member (1 non-voting):** One representative from Trillium’s Health Disparities Counsel who is not a Trillium employee.

Consistent with the approved alternative board structure, I hereby appoint the following members to the Trillium Health Resources Board (see below). Each appointee’s term will be initially set by the department, based upon a randomly selected term of one, two or three years.

Name	Group	Expertise	County
Denauvo Robinson	Regional Advisory Board	MH clinician/practitioner	Pasquotank
Wally Overman	Regional Advisory Board	Former Commissioner, Finance, Healthcare Board Experience	Dare
Janice Nichols	Regional Advisory Board	Pender County Schools	Pender
Walter Ferguson	Regional Advisory Board	City Council Member	Lee
Priscilla Little-Reed	Regional Advisory Board	County Commissioner	Anson
Sheron Moseby	CFAC	IDD (consumer advocacy)	Pasquotank
Lorraine Washington	CFAC	SUD (consumer advocacy)	Greene
Holly Connor	CFAC	IDD (consumer advocacy)	Onslow
Marie Britt	CFAC	MH (Consumer advocacy)	Robeson
Leanne Henkil	CFAC	MH (consumer advocacy)	Randolph
Laticia Hill Godette	At large	Justice/SUD/Faith-Based	Pitt
Michelle Osborne	At large	Insurance, Risk Management	Harnett
Tony Hunt	At large	County Commissioner; Lumbee Tribe Member	Hoke
Randy Abbott	At large	SUD/family advocate	Guilford
Flor Herrera-Picasso	At large	Latinx Advocacy	Wilson
English Alberson	Non-voting - Provider	Provider Council President	Wayne
Wilson Raynor	Non-voting - Provider	ICF Provider	Wayne
Bo Bean	Non-voting - Health Disparities	Chair, LGBTQ+	New Hanover

This Secretarial Directive is effective as of the date signed and shall remain in effect until rescinded or superseded by another applicable Secretarial Directive or state law.

DocuSigned by:



12/30/2024

Kody H. Kinsley
Secretary

Date

*Attachment 1***Trillium's Proposed Alternative Board Structure**

The Board shall be comprised of 18 Governing Board members, 15 of which are voting and 3 non-voting, consisting of the below groups of individuals. This structure builds on Trillium's traditional alternative board structure concept, which has been in place since 2015 and is familiar to members, counties and other stakeholders. Described in detail below, this proposed Governing Board composition also supports member and county voice, while providing for effective governance and oversight by a Governing Board with specialized knowledge, as well as a vested interest in promoting the success of Trillium as a publicly funded health plan contracted with the NC DHHS. Further, this alternative structure is a scalable structure that allows Trillium to continue to grow in the event there is an additional consolidation or merger in the future or Trillium becomes a statewide entity.

1. Regional Advisory Boards:

Purpose: Regional Advisory Boards are made up of two individuals representing each county where services are managed by Trillium. One individual shall be a county commissioner and one individual who is not a county commissioner and who shall meet the other requirements defined N.C.G.S. 122C-118.1. This promotes equity by providing all Trillium counties an equal opportunity for input. Regional Advisory Boards are one of three appointing authorities that may appoint a voting member to the Governing Board. Each Regional Advisory Board appoints one member to the Governing Board. The appointed member from the Regional Advisory Board agrees to serve as a conduit between that Regional Advisory Board and the Governing Board, representing the interests of that region.

2. Regional Consumer Family Advisory Committees (CFACs):

Purpose: CFACs, a self-governing and self-directed organization, are established and defined in N.C.G.S. 122C-170 and have a statutory obligation to advise area authorities on the planning and management of the local public health system. CFAC representation on the Governing Board ensures the voice of those with lived experience have an opportunity to steer the direction of the organization, inform decision-making and increase accountability. CFACs are one of three appointing authorities for voting members that may appoint a member to the Governing Board. Each of the CFAC Chairs, or their appointee, is a member of the Governing Board. Each individual acting as a Regional CFAC Chair, or appointee, agrees to serve as a conduit between that Regional CFAC and the Governing Board, representing the interests of that region as whole.

3. At large:

Purpose: At-large members will draw from their national and statewide experiences in specific areas important to effective managed care to establish criteria for operational and financial performance, offer leadership on strategic decisions that further the interests of the public health care delivery system and develop vision consistent with the mission and values of the organization. The Governing Board will be the third appointing authority for voting members for at large members and may perform this duty based on a recruitment process, as agreed upon by the Governing Board.

4. Provider (non-voting):

Purpose: Representatives from a well-informed Provider Council and DDDFA provider community make up the provider non-voting members of the Governing Board. The value created by Provider representation on the Governing Board refines the focus on delivery of quality services

and clinical utilization, along with realistic policies and procedures. Although a non-voting member by law, representation from the Provider Council Chair, or appointee from the Provider Council, and representation from the DDFA provider community is critical to ensure that the Governing Board includes that voice. These two (2) individuals serve as a conduit between the Provider Council and ICF provider community, and the Governing Board, representing the interests of providers.

5. Health Disparities Council Member (non-voting):

Purpose: One representative from Trillium's Health Disparities Council, who is not a Trillium employee, shall service on the Governing Board to ensure that that the Governing Board understands the historical and lingering barriers and injustices that prevent historically marginalized members from accessing quality care within Trillium's catchment. While non-voting, this Board member will be chair or designee of the Health Disparities Council with the aim of creating a direct avenue for recommendations that meaningfully improve health outcomes to eliminate health disparities that prevent historically marginalized members from attaining their highest level of health.

Each group responsible for appointing individuals selected to serve on the Governing Board shall be charged with ensuring nominated candidates for Board service are reflective of the demographic makeup of Trillium counties and members. The makeup data shall be updated at least every three years to align with governing board membership terms.