



HEALTHCARE INDUSTRY GROUP

Significant Healthcare Voices



Significant Healthcare Voices Podcast: Featuring Cindy Ehlers, COO, Trillium Health

Transcript

[00:00:00] Cindy Ehlers: I would say it has to be equity, right? It's equity for people with severe and persistent mental illness, addiction and intellectual or developmental disabilities. It's being able to access the care that they need in their community, which is a real challenge in rural parts of our state.

[00:00:34] Kristina Park: Welcome to A&M's inaugural episode of Significant Healthcare Voices Podcast Series. I am Kristina Park, a Managing Director in Alvarez and Marsal's Health Industry Group. Today, I'm joined by my colleague and co-host, Doris Stein, who's also Managing Director and our Co-Leader of the Health Plans in Managed Care Service Practice.

We're thrilled to be here for our inaugural episode of this podcast series and especially fortunate as we have been able to be joined by our guest and kick off this series with Cindy Ehlers. Cindy serves as Chief Operating Officer of Trillium Health Resources, a local specialty care management organization that manages mental health, substance use disorder, and intellectual development disability services in Eastern North Carolina, but even more importantly than her title is actually her incredible work and passion that she brings to the community of Eastern North Carolina and the state. It's our pleasure to welcome Cindy to the podcast. Welcome, Cindy.

[00:01:30] Cindy: Thank you so much, Kristina and Doris. Thank you for this opportunity.

[00:01:35] Doris: Welcome, Cindy. Excited to have you join our podcast here. We know you've been a leader with Trillium for nearly 20 years now and have a long history of working in the mental healthcare space in North Carolina. Would you share with us some of your key leadership positions you've held and what's drawn you to those positions?

[00:01:55] Cindy: Sure. Thanks, Doris. Probably for most of those 20 years, I have been the executive vice president over the clinical operations of Trillium. As we've evolved from a community mental health center into what will be an integrated care plan for behavioral health and IDD, the position that I've primarily held has oversight of the development and operations for things like our member services call center, behavioral health crisis line, utilization, management, care management, and network operations.

I've managed all of those at different times for different lengths of time over my 20-year career. I think what propelled me most in the job was the fact that in my late 20s, I was one of those early adopters of technology. Even then, I was drawn to how much better care



would be if it was streamlined and efficient for people. I started off in an agency that was then four counties, and over those 20 years, we have grown through mergers and acquisitions to serve the 28 easternmost counties in North Carolina.

For me, personally, that's just been amazing because Eastern North Carolina is where I was born and raised and went to college and spent my entire life, and so we had about seven mergers to get to be Trillium that we are today, and over those mergers, I've picked up a lot of skill sets along the way.

Also, in the course of that time, I've had a family. I have six children, and some of my children have intellectual and developmental disabilities. Part of what has drawn me into this work is really trying to figure out pathways to make life better for them, to create better access to care for them, to create services that meet their unique needs in a really rural community, and to know that other families just like mine need those same types of resources.

My son Oliver used a wheelchair so I understood the impact from an entirely different level than most executives or board members could. During that same timeframe, Trillium invested another \$10 million in an evidence-based home program called Child First. This program helps keep families together across all 28 counties.

One of my children is adopted from the foster care system. The first four years of his life were very hard, something no child should ever experience. When I heard about Child First, it was something I knew we had to do. Child First is a program that helps children and their primary caregivers from age zero to five. I have lived my entire life in Eastern North Carolina and I know the rural challenges families experience.

My final job here at Trillium and the one I'm in today is chief operations officer, my new title, I started back in February although this role is one that will have a lot of the unique attributes of all my previous roles rolled up into this one new role and that'll be the position I'll have going into the integrated tailored plan.

[00:5:10] Kristina: Cindy, it's amazing all the different initiatives and investments and throughout your career how all of this has progressed and just built upon your experiences and everything that life has brought to you. It's amazing and it's such an inspiration. Can you elaborate a little bit and tell us what's top of mind for you as a leader in the healthcare industry, what's critical to your ability across the different organizations that you've helped build and establish to deliver healthcare services and particularly those in the most need of care and surrounding supports, what's been most important to you as a leader, what attribute and characteristic for you?

[00:12:46] Cindy: I would say it has to be equity, right? It's equity for people with severe and persistent mental illness, addiction and intellectual or developmental disabilities. It's being able to access the care that they need in their community, which is a real challenge in rural parts of our state. It's at top of mind for me, because I'm also in a role that will help operationalize making that happen for this population as the next phase of my career unfolds in what will probably be my final season as I'm approaching retirement.

One of the challenges of building equity in really rural areas has a lot to do with the workforce. It's important while doing that, that the workforce has the empathy for the population, cultural competency, and the skills. When I say skills, I don't mean I need to bring a lot of doctors and nurses and clinics necessarily. It can mean a career path for highly trained community health workers that are paid great wages to deliver some health-related services in this part of the state. That's really at top of mind is equity, how to create it, and make it available for these populations that we serve here at Trillium.

[00:7:19] Doris: Cindy, that's amazing. We all know that North Carolina is moving to an integrated care delivery model. How do you believe this transition is really going to change the way Trillium engages with its members?

[00:7:36] Cindy: I think in terms of, again, just being in this really rural area, we don't have the same infrastructure that you find in most of the urban areas. In many cases, we become the infrastructure or we are developing that infrastructure. One example of an area that we become that infrastructure is when it comes to housing for this population, in about 19 of our 28 counties, we are the entity that applies for all of the HUD grants for permanent supported housing, for people who have chronic mental illness and are homeless.

We get around \$2 million a year from HUD. If we had not applied for and administer, wouldn't be available at all in our communities because there's no infrastructure there, there's no housing group that's out applying for that money. We just decided to be that entity and apply for those funds and have great relationships with HUD, but it's really a little bit out of our normal business line. Again, something we just saw had to do because there isn't any other infrastructure to get that done.

The things that are going to have to change as we engage our members are hopefully Medicaid expansion. North Carolina is one of the few states that hasn't done Medicaid expansion. It has created a lot more barriers for people to access healthcare. If we had Medicaid expansion, it would mean an incredible amount, more funding for the services in our areas that are really rural and many of them experience incredible disparities in healthcare.

In terms of the things that are going to help Trillium as an organization, it's really being able to figure out how to do that infrastructure, build it or create it. I mentioned earlier the playground project, so healthy playgrounds are a big part of life for children, for young children. One of the ways that we built that infrastructure to do the playgrounds, to give this inclusive environment, to normalize experiences for families with young children, to give children opportunities to just be kids versus disabled kids, to be able to do that was by working with our local county governments.

To be able to do that, nowhere else in the state of North Carolina and in the country, mostly you only see these types of playgrounds in big cities. Very rarely would you see them in a county the size of Tyrrell county, which has 4,000 people, but a \$300,000 park. Every child that has a disability and in fact, every child can play at that park in Columbia, North Carolina because we leveraged, that type of relationship with our county.

We're going to continue to do that. With the mobile vehicles, the counties are helping us identify the communities that those mobile clinics need to go in and providing us with the amount of resources that they have to match the resources that we can bring. Those partnerships will be very critical in going forward to help transform healthcare in this part of the state.

[00:11:08] Kristina: Cindy, as you continue to talk about the just incredible investments and perspectives that Trillium's bringing to the table. and as North Carolina continues to serve as a bit of a trailblazer in bringing together a very holistic and critically integrated care delivery system across behavioral and physical pharmacy, LTSS, social determinants of health, all of these needs that our members have and people need, can you give us your perspective and elaborate a little bit on what this really means to some of your members, with the advent of the or the use of the mobile clinics and the healthy playgrounds from a member's perspective and from a recipients perspective, how does that really affect their lives on a day to day basis?

[00:12:01] Cindy: A student in a rural county will be able to access healthcare when they go to school, including access to specialists through telehealth, like maybe a psychiatrist, a therapist, in that setting gets around some of the transportation issues children have, gets around the fact that mom and dad can't take paid time off in their jobs to take the kid to therapy, to the extent that we can increase school based therapy or school based healthcare, improved access to healthcare in rural and marginalized areas with health disparities.

It could be an adult that needs medication assisted therapy to stay in recovery from opioids, could walk over to the mobile clinic in their community, to get their prescription and check in with their care team right there in their own community versus trying to navigate transportation, or not have transportation, and therefore they don't get those medication assisted therapies.

Maybe it's a woman with breast cancer who also has bipolar disorder, who gets assigned a care team that includes a peer support specialist who has been there and is able to help her navigate all of her options for treatment to get help and help her cope with the treatment that she'll undergo through radiation and chemotherapy.

Maybe this is a young boy with complex medical and developmental disabilities like dysstasia and co-occurring respiratory issues with spastic cerebral palsy, who will be able to get connected with the physical health supports to live at home rather than an institution. The parents, they won't have to fight the system to gain the access to the services that he needs.

I think the final thing I would add to this in terms of beginning with the end in mind is we get what we measure. These measures are a great start, but certainly not the finish line. It's unbelievable to see what data reveals when you start looking at it.

One example is when we started going down this path for integrated care, we were looking at data and we're astounded to find out that for us adults with intellectual or developmental disabilities, don't get access to preventative care like mammogram and prostate exams like the rest of us do. This plan will help improve that preventative care of this population so that they can live longer and healthier lives.

[00:14:38] Doris: Okay. Cindy, as we all know other states are embarking on this transition to the integrated care model. What would be some of the lessons learned that you would want to share with your peers as they go through this integrated care transition?

[00:14:57] Cindy: Two things, and then I want to share it as a story, know your destination and be flexible enough to enjoy the journey. Back in January, my family took a vacation. Once we got all this mapped out, we had to start the trip, getting everyone in the car on time to leave for the trip. Well, that was the first level challenge, right?

For example, I was packed and ready to go the day before the trip. My daughter tried to pack everything she owned and it was way too much. My son packed way too little, and my spouse didn't pack until five minutes before we were supposed to leave, making us a little bit late first to start the trip. We finally got in the car ready to go, and took off on the trip. Once we got in the car, some things didn't go as planned, some did. Some of the things that we thought would be great ended up being a total bust and we had to adjust our expectations.

Some of the things that we did that were not planned were beyond fantastic, but we didn't know about them before we started this trip. We've learned about along the way.

Probably some of the final points would be flexible. Everything isn't going to go as it is planned, no matter how great your plan is, they got to be flexible and to bend with the changes. Communication about what you're doing, why you're doing it, how, how long it's going to take, and what it looks like when you're done are critical to help keep everybody moving in the same direction at the same time.

Data, so digging into the data before you start mapping out your design or your direction, knowing how long each part's going to take, measuring the existing capacity to get there, and understanding that path in front of you to get there is really important. Vision, know where you're trying to grow is critical to be able to get everyone to align with that. This is defined in lots of way by lots of people in North Carolina. Sometimes the vision gets a little blurred, but the most important thing is to really understand what your system would look like when you get there so that everybody knows when you get there, that you're there.

Those would be some of my lessons learned, it's like planning a vacation, right? You just have to jump in and do it and that's how I would answer that question, Doris.

[00:17:37] Kristina: Cindy, I can't thank you enough for being our first episode of *Significant Voices in Healthcare*. You, without a doubt, have one of the most significant voices that we've heard in the industry after Doris' and my nearly 30 years here. The state of North Carolina is a better place because you're in it. We value the partnership and everything we've been able to do to contribute to the significant impact that Trillium is having in the Eastern part of North Carolina and the overall healthcare system. We really appreciate it and thank you so much for taking the time with us today.

[00:18:17] Doris: Cindy, thank you. You are a true inspiration to everyone that you work with. Kristina and I have been working with you for, I guess almost over two years now and you just truly inspire us every day. Thank you.

ABOUT ALVAREZ & MARSAL

Companies, investors and government entities around the world turn to Alvarez & Marsal (A&M) for leadership, action and results. Privately held since its founding in 1983, A&M is a leading global professional services firm that provides advisory, business performance improvement and turnaround management services. When conventional approaches are not enough to create transformation and drive change, clients seek our deep expertise and ability to deliver practical solutions to their unique problems.

With over 6,000 people across four continents, we deliver tangible results for corporates, boards, private equity firms, law firms and government agencies facing complex challenges. Our senior leaders, and their teams, leverage A&M's restructuring heritage to help companies act decisively, catapult growth and accelerate results. We are experienced operators, world-class consultants, former regulators and industry authorities with a shared commitment to telling clients what's really needed for turning change into a strategic business asset, managing risk and unlocking value at every stage of growth.

To learn more, visit: [AlvarezandMarsal.com](https://www.alvarezandmarsal.com). Follow A&M on [LinkedIn](#), [Twitter](#) and [Facebook](#).