LME-MCO Quarterly Performance Measures:

Performance Report

Third Quarter SFY 2023-2024

January 1 - March 31, 2024

(All Measures Reported)

Prepared by:
Quality Management Team
Division of Mental Health, Developmental Disabilities, and Substance Use Services

October 10, 2024

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Mental Health, Developmental Disabilities and Substance Use Services

Quality
NC DMH/DD/SUS

Introduction

The NC Department of Health and Human Services (NCDHHS), Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) has been tracking the effectiveness of community systems through statewide performance indicators since 2006[1]. These indicators provide a means for Executive Leadership, the NC public and General Assembly to monitor how the public service system is performing its responsibilities. Regular reporting of community progress also assists local and state managers in identifying areas of success and areas in need of attention. Problems caught early can be addressed more effectively. Success in a particular component of the service system by one community can be used as a model to guide development in other communities.

These performance indicators describe an observed level of activity (percent of persons that received a service for a MH, I/DD, or SUD condition or that received a timely follow-up service), but do not explain why the level is as it is. Results do not reveal the substantial "behind-the-scene" activities, processes and interactions involving service providers, LME/MCO and state staff, consumers, and family members, and cannot reveal which factors account for differences in measured levels of quality. Identifying and understanding these factors require additional investigation and may serve as the starting point for program management initiatives or quality improvement efforts.

The performance indicators in this report were chosen to reflect:

- accepted standards of care,
- fair and reliable measures, and
- readily available data sources.

In this report, there are 34 broad category of indicators with 144 items measured. Each performance indicator includes an overview explaining the rationale and a description of the measure. Performance data is summarized for each LME/MCO and the state as a whole for the most recent period for which data is available. For brevity, county-level data for the indicators are not included in this report. That data is maintained separately and may be made available upon request.

The data in this report is a compilation of LME/MCO reported performance measures data submitted to DMH/DD/SUS on 8/17/24 for the 3rd Quarter SFY2024 measurement period. Please note that the performance data for the quarter is based on claims paid as of 4 months following the end of the quarter. It does not include data for claims that may have been adjudicated and paid after that point in time. Therefore, the data may be incomplete. The 4 months claims cutoff following the end of the measurement period is a compromise intended to provide more timely data that should be mostly complete vs. waiting longer for all claims to be processed and paid for the data to be fully complete.

On 9/13/24 LME/MCOs were provided a DRAFT report annotating data anomalies and/or missing data identified by DMH/DD/SUS. LME/MCOs were given the opportunity to review the initial DRAFT report to resolve identified anomalies, provide any missing data, and compare their data to other LME/MCOs and statewide data to ensure their reported numbers are accurate and complete.

LME/MCOs were asked to submit any needed corrections to the DMH/DD/SUS Quality Management Section by 10/1/24 so the DRAFT report could be finalized. The data in this revised report includes all revisions received as of 10/9/24.

Please direct any questions about the performance indicators in this report to the DMH/DD/SUS Quality Management Team at contactdmhquality@dhhs.nc.gov or (984) 236-5200.

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1. This report fulfills the requirements of S.L. 2006-142 (HB 2077) and 122C - 112.1 that directs the Department of Health and Human Services to develop and monitor critical indicators of LME-MCO performance.

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024 **Measurement Period:** Jan - Mar 2024
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2024

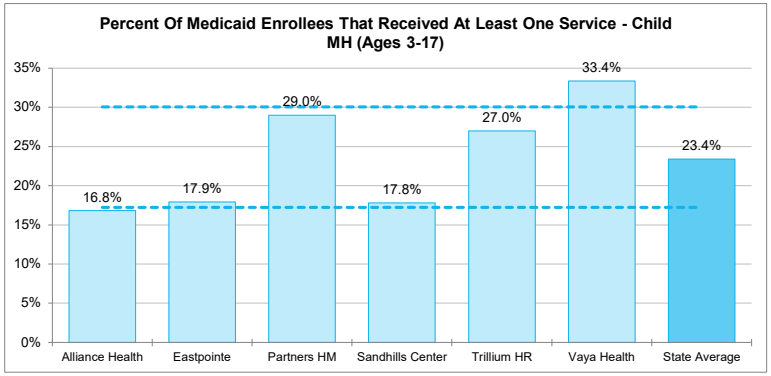
PENETRATION

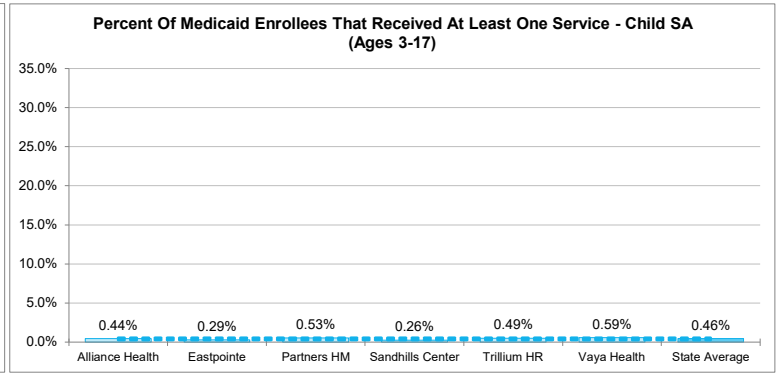
3.1 Persons Served: Medicaid Enrollees

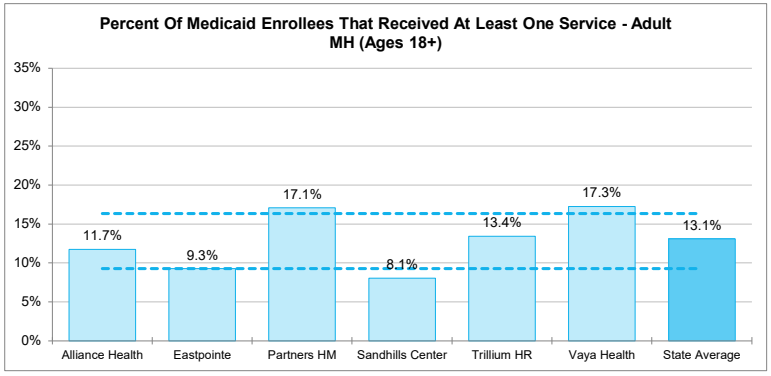
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance. Service penetration is an indicator of system access that has been used to characterize how accessible a particular service or group of services is for persons eligible to receive those services.

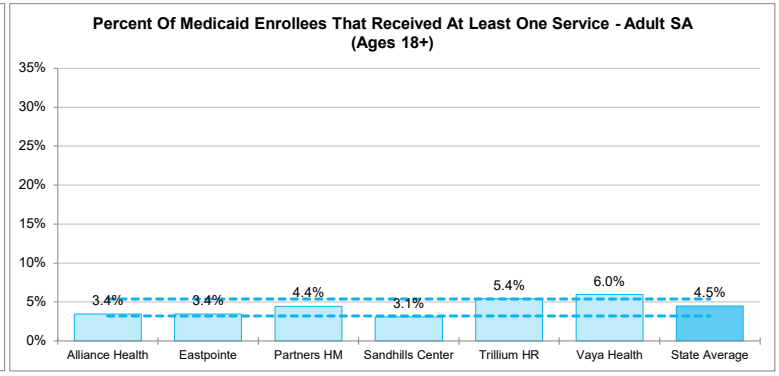
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons enrolled in the Medicaid 1915 b/c waiver, it is the unduplicated number of persons who received a service for a covered condition (e.g. MH, I/DD, or SUD diagnosis) during the measurement period divided by the number of persons enrolled in the Medicaid 1915 b/c waiver during the measurement period. This rate is computed for 6 age-disability groups - Children and Adults with a MH condition, Children and Adults with a Substance Use Disorder, and Children and Adults with an Intellectual or Developmental Disability - and for All Ages and Disabilities combined.

	Child MH (Ages 3-17)			Adult MH (Ages 18+)			Child SA (Ages 3-17)			Adult SA (Ages 18+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**
Alliance Health	8,628	51,336	16.8%	18,603	158,327	11.7%	224	51,336	0.44%	5,431	158,327	3.4%
Eastpointe	1,480	8,249	17.9%	3,799	40,989	9.3%	24	8,249	0.29%	1,406	40,989	3.4%
Partners Health Management	4,828	16,649	29.0%	11,270	66,043	17.1%	88	16,649	0.53%	2,926	66,043	4.4%
Sandhills Center	2,650	14,890	17.8%	4,994	62,016	8.1%	38	14,890	0.26%	1,902	62,016	3.1%
Trillium Health Resources	10,783	39,944	27.0%	23,203	172,819	13.4%	194	39,944	0.49%	9,358	172,819	5.4%
Vaya Health	7,813	23,416	33.4%	15,346	88,939	17.3%	138	23,416	0.59%	5,301	88,939	6.0%
Statewide	36,182	154,484	23.4%	77,215	589,133	13.1%	706	154,484	0.46%	26,324	589,133	4.5%
Standard Deviation			6.4%			3.5%			0.12%			1.1%
LME-MCO Average			23.7%			12.8%			0.43%			4.3%









North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024 **Measurement Period:** Jan - Mar 2024
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2024

PENETRATION

3.1 Persons Served: Medicaid Enrollees

Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance. Service penetration is an indicator of system access that has been used to characterize how accessible a particular service or group of services is for persons eligible to receive those services.

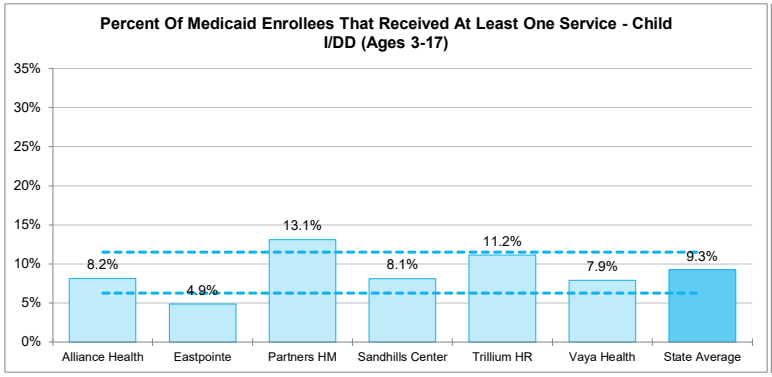
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons enrolled in the Medicaid 1915 b/c waiver, it is the unduplicated number of persons who received a service for a covered condition (e.g. MH, I/DD, or SUD diagnosis) during the measurement period divided by the number of persons enrolled in the Medicaid 1915 b/c waiver during the measurement period. This rate is computed for 6 age-disability groups - Children and Adults with a MH condition, Children and Adults with a Substance Use Disorder, and Children and Adults with an Intellectual or Developmental Disability - and for All Ages and Disabilities combined.

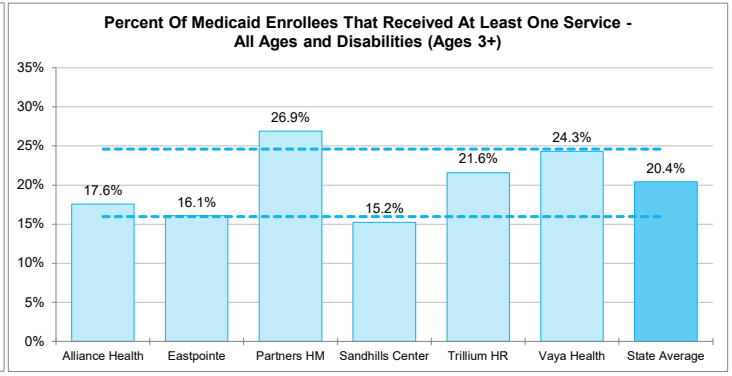
	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18+)			All Ages and Disabilities (Ages 3+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**
Alliance Health	4,193	51,336	8.2%	6,650	158,327	4.2%	36,854	209,663	17.6%
Eastpointe	404	8,249	4.9%	1,227	40,989	3.0%	7,978	49,576	16.1%
Partners Health Management	2,185	16,649	13.1%	4,798	66,043	7.3%	21,942	81,599	26.9%
Sandhills Center	1,212	14,890	8.1%	2,598	62,016	4.2%	11,723	76,906	15.2%
Trillium Health Resources	4,454	39,944	11.2%	7,358	172,819	4.3%	45,931	212,763	21.6%
Vaya Health	1,857	23,416	7.9%	3,847	88,939	4.3%	27,313	112,355	24.3%
Statewide	14,305	154,484	9.3%	26,478	589,133	4.5%	151,741	742,862	20.4%
Standard Deviation			2.6%			1.3%			4.3%
LME-MCO Average			8.9%			4.5%			20.3%

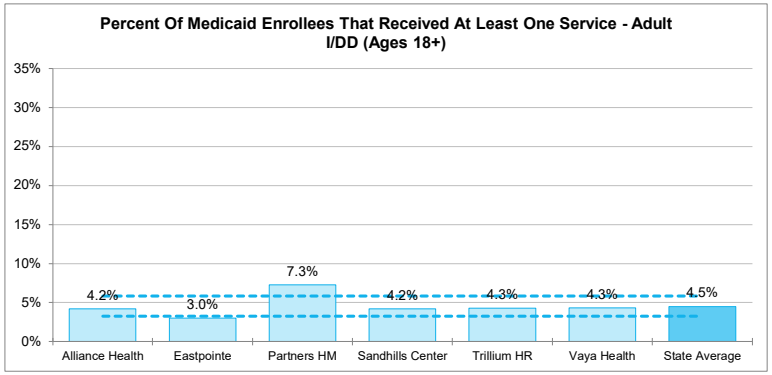
Red font: Number that received a service for All Ages and Disabilities ≥ sum of the numbers in each age disability.*

Sum of # in each age disability that rec'd a service	Medicaid Enrollees Sum of Children + Adults
43,729	209,663
8,340	49,238
26,095	82,692
13,394	76,906
55,350	212,763
34,302	112,355

* The number for All Ages and Disabilities should be < than the sum as persons with dual diagnoses can be included in > one disability group.







North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024 **Measurement Period:** Jul 2023 - Mar 2024
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2024

PENETRATION

3.1 Persons Served: Medicaid Enrollees (SFYTD)

Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance. Service penetration is an indicator of system access that has been used to characterize how accessible a particular service or group of services is for persons eligible to receive those services.

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	Child MH (Ages 3-17)			Adult MH (Ages 18+)			Child SA (Ages 3-17)			Adult SA (Ages 18+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
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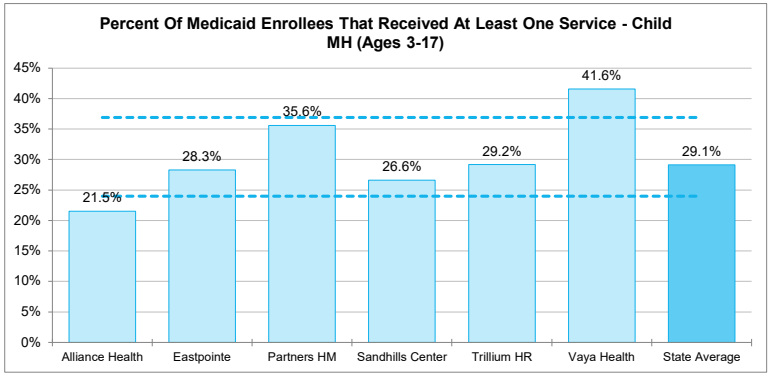
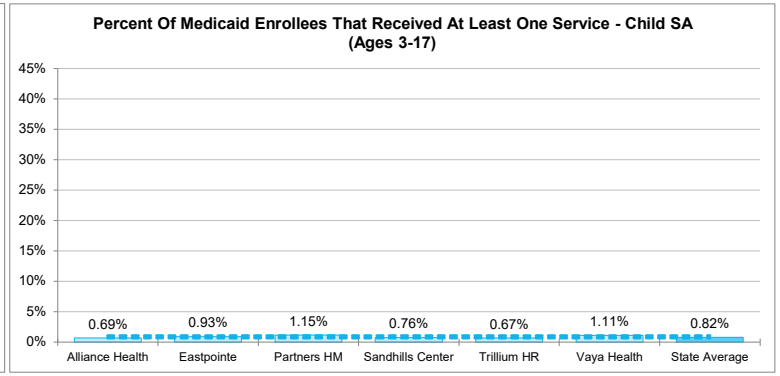
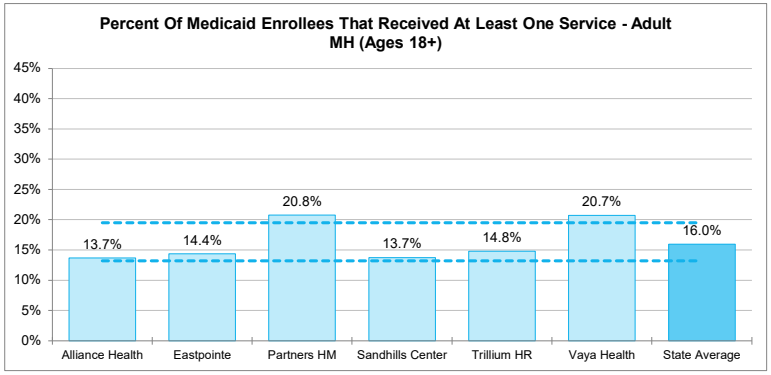
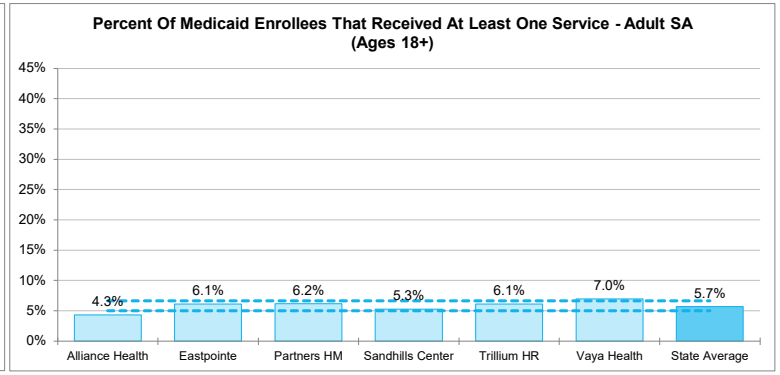
Alliance Health	11,487	53,342	21.5%	23,883	174,480	13.7%	366	53,342	0.69%	7,536	174,480	4.3%
Eastpointe	2,872	10,148	28.3%	6,998	48,691	14.4%	94	10,148	0.93%	2,978	48,691	6.1%
Partners Health Management	6,544	18,374	35.6%	15,689	75,539	20.8%	211	18,374	1.15%	4,665	75,539	6.2%
Sandhills Center	4,818	18,090	26.6%	10,333	75,163	13.7%	138	18,090	0.76%	3,971	75,163	5.3%
Trillium Health Resources	12,708	43,560	29.2%	27,686	186,910	14.8%	293	43,560	0.67%	11,419	186,910	6.1%
Vaya Health	11,342	27,280	41.6%	21,793	105,128	20.7%	302	27,280	1.11%	7,317	105,128	7.0%
Statewide	49,771	170,794	29.1%	106,382	665,911	16.0%	1,404	170,794	0.82%	37,886	665,911	5.7%
Standard Deviation			6.5%			3.1%			0.2%			0.8%
LME-MCO Average			30.5%			16.4%			0.9%			5.8%









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PENETRATION

3.1 Persons Served: Medicaid Enrollees (SFYTD)

Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance. Service penetration is an indicator of system access that has been used to characterize how accessible a particular service or group of services is for persons eligible to receive those services.

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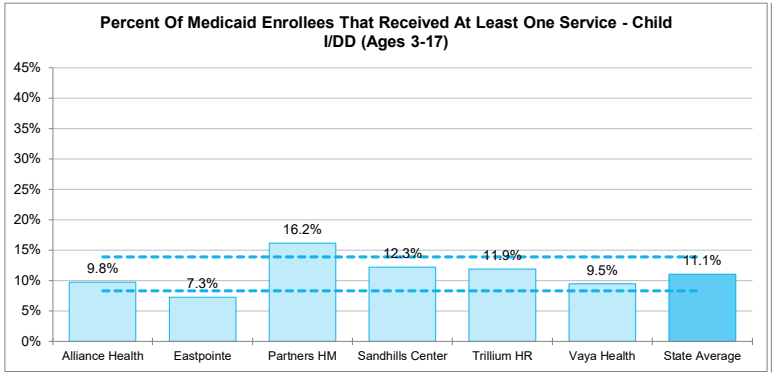
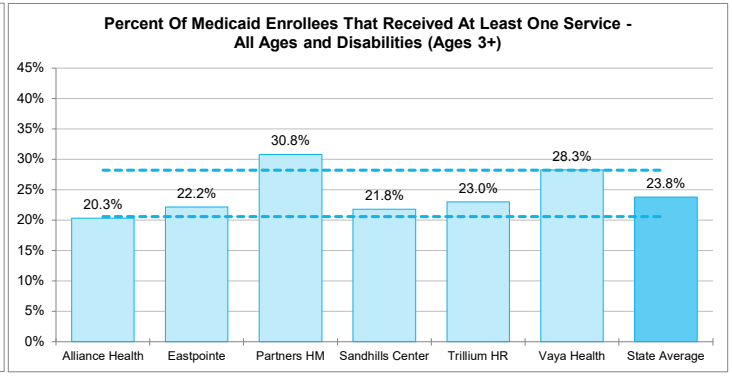
	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18+)			All Ages and Disabilities (Ages 3+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**
Alliance Health	5,214	53,342	9.8%	7,186	174,480	4.1%	46,344	227,822	20.3%
Eastpointe	737	10,148	7.3%	1,511	48,691	3.1%	13,213	59,645	22.2%
Partners Health Management	2,970	18,374	16.2%	5,268	75,539	7.0%	28,941	93,913	30.8%
Sandhills Center	2,217	18,090	12.3%	3,449	75,163	4.6%	20,327	93,253	21.8%
Trillium Health Resources	5,199	43,560	11.9%	8,290	186,910	4.4%	53,004	230,470	23.0%
Vaya Health	2,590	27,280	9.5%	4,376	105,128	4.2%	37,427	132,408	28.3%
Statewide	18,927	170,794	11.1%	30,080	665,911	4.5%	199,256	837,511	23.8%
Standard Deviation			2.8%			1.2%			3.8%
LME-MCO Average			11.1%			4.6%			24.4%

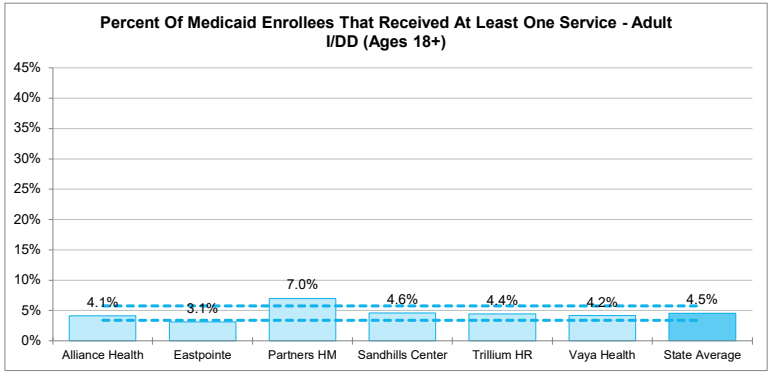
Red font: Number that received a service for All Ages and Disabilities ≥ sum of the numbers in each age disability.*

Sum of # in each age disability that rec'd a service	Medicaid Enrollees Sum of Children + Adults
55,672	227,822
15,190	58,839
35,347	93,913
24,926	93,253
65,595	230,470
47,720	132,408

* The number for All Ages and Disabilities should be < than the sum as persons with dual diagnoses can be included in > one







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State Fiscal Year: 2024 **Measurement Period:** Jan - Mar 2024
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2024

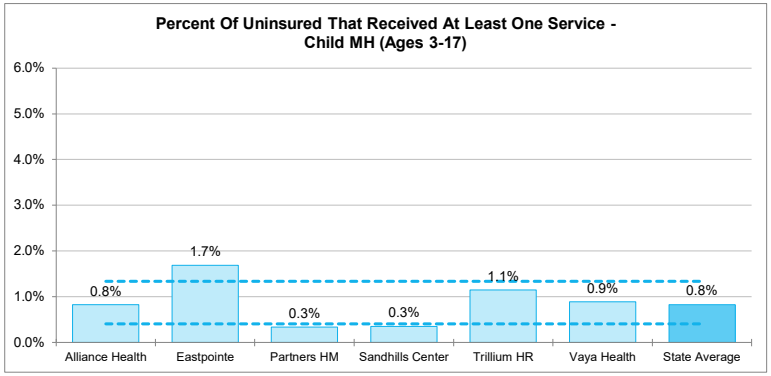
PENETRATION

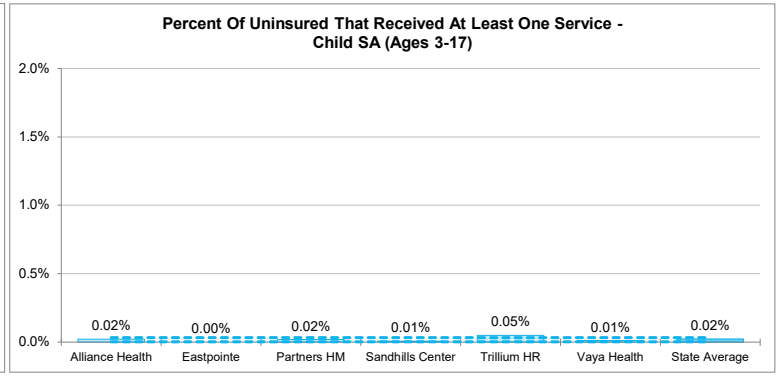
3.2 Persons Served: Non-Medicaid (State and Federal Block Grant Funded)

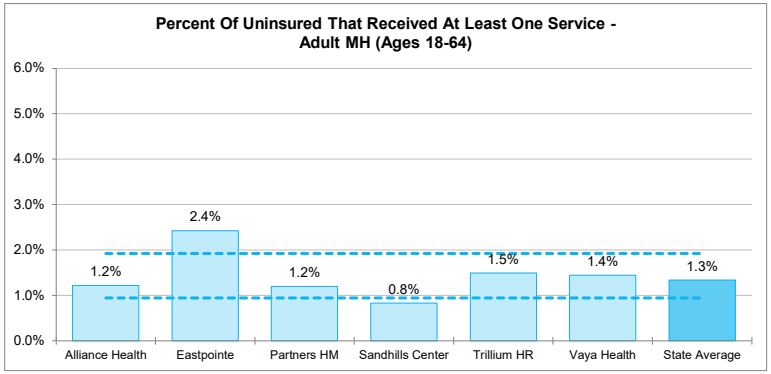
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance. Service penetration is an indicator of system access that has been used to characterize how accessible a particular service or group of services is for persons eligible to receive those services.

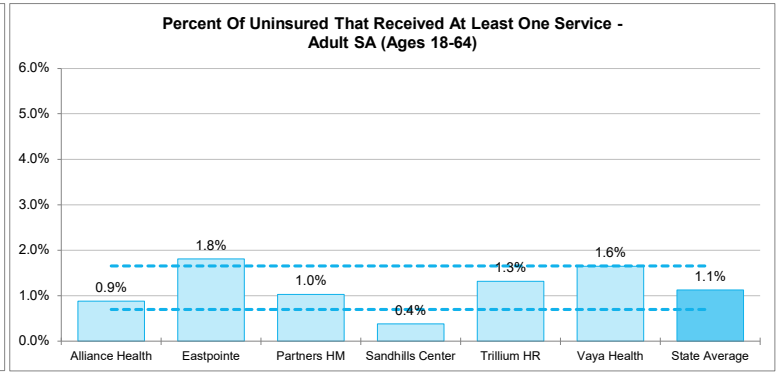
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons receiving State and Federal Block Grant funded services, it is the undupllicated number of persons who received a service for a covered condition (e.g. MH, I/DD, or SUD diagnosis) during the measurement period divided by the estimated number of uninsured non-elderly persons for 6 age-disability groups - Children and Adults under age 65 with a MH condition, Children and Adults under age 65 with a Substance Use Disorder, and Children and Adults under age 65 with an Intellectual or Developmental Disability - and for All Ages under age 65 and Disabilities combined.

	Child MH (Ages 3-17)			Adult MH (Ages 18-64)			Child SA (Ages 3-17)			Adult SA (Ages 18-64)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**
Alliance Health	303	36,663	0.8%	3,742	306,346	1.2%	8	36,663	0.02%	2,685	306,346	0.9%
Eastpointe	116	6,868	1.7%	1,669	68,813	2.4%	0	6,868	0.00%	1,244	68,813	1.8%
Partners Health Management	68	20,501	0.3%	2,494	208,248	1.2%	4	20,501	0.02%	2,142	208,248	1.0%
Sandhills Center	46	13,182	0.3%	1,150	138,792	0.8%	1	13,182	0.01%	530	138,792	0.4%
Trillium Health Resources	349	30,484	1.1%	4,508	301,846	1.5%	15	30,484	0.05%	3,966	301,846	1.3%
Vaya Health	148	16,632	0.9%	2,572	178,339	1.4%	2	16,632	0.01%	2,938	178,339	1.6%
Statewide	1,030	124,329	0.8%	16,135	1,202,383	1.3%	30	124,329	0.02%	13,505	1,202,383	1.1%
Standard Deviation			0.5%			0.5%			0.02%			0.5%
LME-MCO Average			0.9%			1.4%			0.02%			1.2%









North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024 **Measurement Period:** Jan - Mar 2024
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2024

PENETRATION

3.2 Persons Served: Non-Medicaid (State and Federal Block Grant Funded)

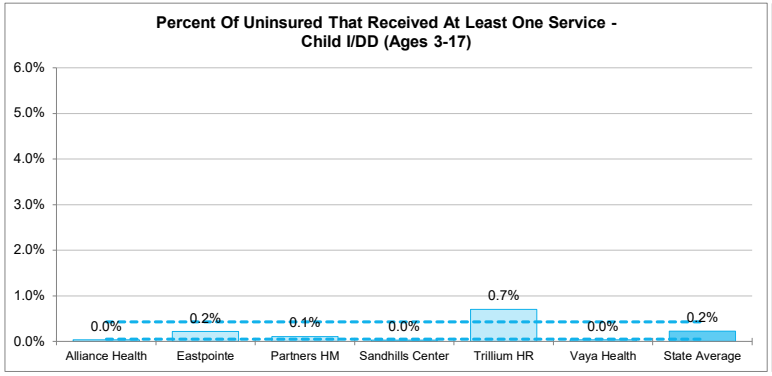
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance. Service penetration is an indicator of system access that has been used to characterize how accessible a particular service or group of services is for persons eligible to receive those services.

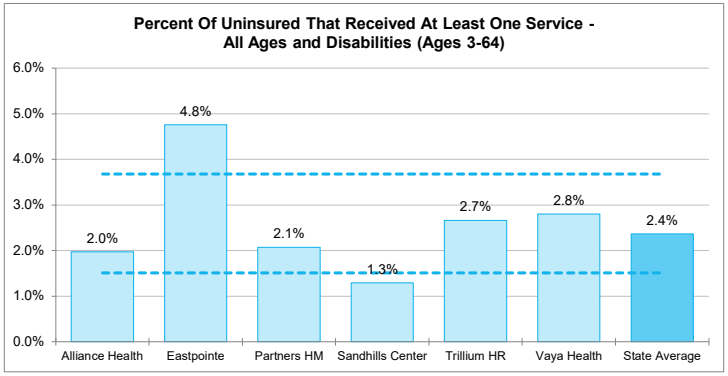
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons receiving State and Federal Block Grant funded services, it is the unduplicated number of persons who received a service for a covered condition (e.g. MH, I/DD, or SUD diagnosis) during the measurement period divided by the estimated number of uninsured non-elderly persons for 6 age-disability groups - Children and Adults under age 65 with a MH condition, Children and Adults under age 65 with a Substance Use Disorder, and Children and Adults under age 65 with an Intellectual or Developmental Disability - and for All Ages under age 65 and Disabilities combined.

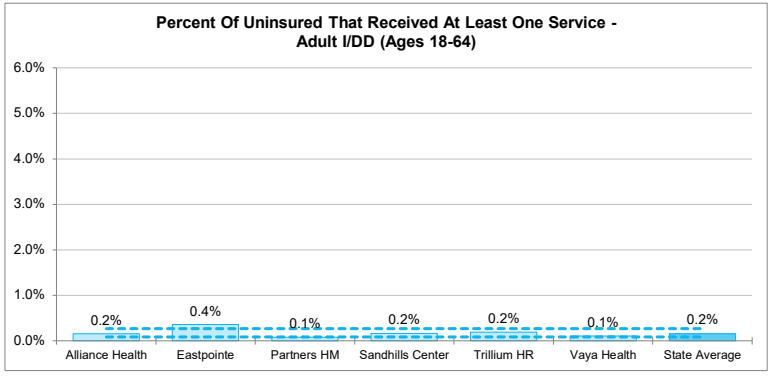
	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18-64)			All Ages and Disabilities (Ages 3-64)			
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	
LME-MCO	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	Sum of # in each age disability that rec'd a service
Alliance Health	14	36,663	0.0%	471	306,346	0.2%	6,554	332,237	2.0%	7,223
Eastpointe	15	6,868	0.2%	247	68,813	0.4%	3,453	72,607	4.8%	**3,291**
Partners Health Management	23	20,501	0.1%	166	208,248	0.1%	4,531	218,476	2.1%	4,897
Sandhills Center	4	13,182	0.0%	231	138,792	0.2%	1,877	145,384	1.3%	1,962
Trillium Health Resources	216	30,484	0.7%	582	301,846	0.2%	8,540	320,667	2.7%	9,636
Vaya Health	7	16,632	0.0%	187	178,339	0.1%	5,276	188,287	2.8%	5,854
Statewide	279	124,329	0.2%	1,884	1,202,383	0.2%	30,231	1,277,658	2.4%	
Standard Deviation			0.2%			0.1%			1.1%	
LME-MCO Average			0.2%			0.2%			2.6%	

Red font: Number that received a service for All Ages and Disabilities ≥ sum of the numbers in each age disability.*

* The number for All Ages and Disabilities should be < than the sum as persons with dual diagnoses can be included in > one







North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024 **Measurement Period:** Jul 2023 - Mar 2024
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2024

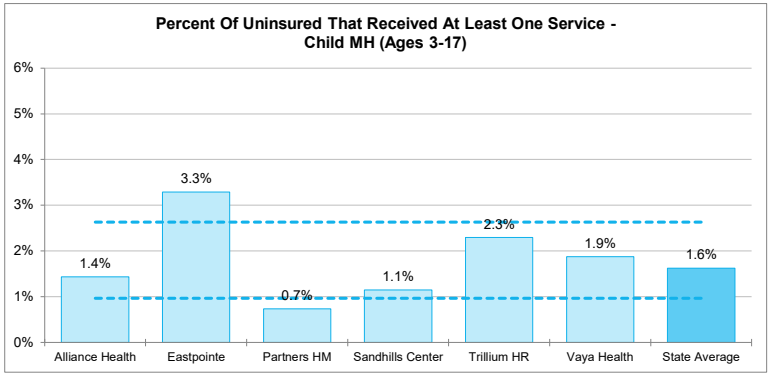
PENETRATION

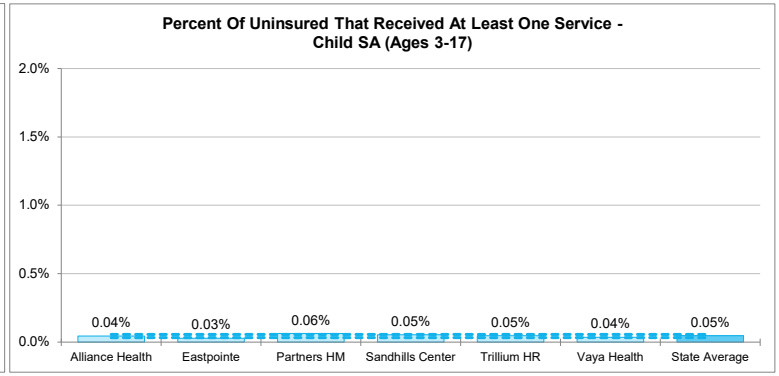
3.2 Persons Served: Non-Medicaid (State and Federal Block Grant Funded) (SFYTD)

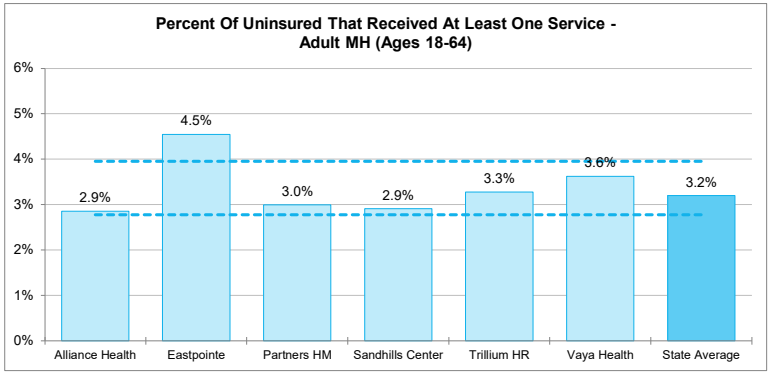
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance. Service penetration is an indicator of system access that has been used to characterize how accessible a particular service or group of services is for persons eligible to receive those services.

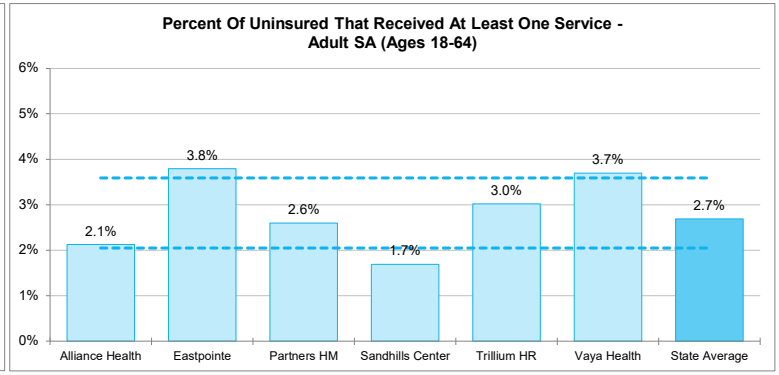
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition withiin a specified time frame. For persons receiving State and Federal Block Grant funded services, it is the undupllicated number of persons who received a service for a covered condition (e.g. MH, I/DD, or SUD diagnosis) during the measurement period divided by the estimated number of uninsured non-elderly persons for 6 age-disability groups - Children and Adults under age 65 with a MH condition, Children and Adults under age 65 with a Substance Use Disorder, and Children and Adults under age 65 with an Intellectual or Developmental Disability - and for All Ages under age 65 and Disabilities combined.

	Child MH (Ages 3-17)			Adult MH (Ages 18-64)			Child SA (Ages 3-17)			Adult SA (Ages 18-64)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**
Alliance Health	527	36,663	1.4%	8,736	306,346	2.9%	16	36,663	0.04%	6,502	306,346	2.1%
Eastpointe	226	6,868	3.3%	3,125	68,813	4.5%	2	6,868	0.03%	2,608	68,813	3.8%
Partners Health Management	151	20,501	0.7%	6,241	208,248	3.0%	13	20,501	0.06%	5,400	208,248	2.6%
Sandhills Center	151	13,182	1.1%	4,037	138,792	2.9%	7	13,182	0.05%	2,343	138,792	1.7%
Trillium Health Resources	545	23,734	2.3%	7,501	228,969	3.3%	11	23,734	0.05%	6,912	228,969	3.0%
Vaya Health	312	16,632	1.9%	6,460	178,339	3.6%	6	16,632	0.04%	6,586	178,339	3.7%
Statewide	1,912	117,580	1.6%	36,100	1,129,507	3.2%	55	117,580	0.05%	30,351	1,129,507	2.7%
Standard Deviation			0.8%			0.6%			0.01%			0.8%
LME-MCO Average			1.8%			3.4%			0.05%			2.8%









North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024 **Measurement Period:** Jul 2023 - Mar 2024
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2024

PENETRATION

3.2 Persons Served: Non-Medicaid (State and Federal Block Grant Funded) (SFYTD)

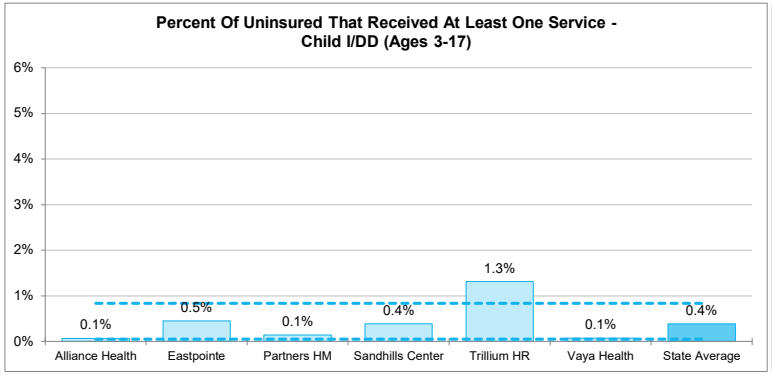
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance. Service penetration is an indicator of system access that has been used to characterize how accessible a particular service or group of services is for persons eligible to receive those services.

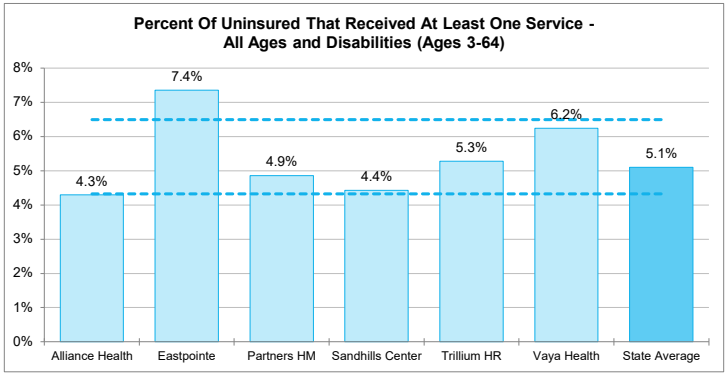
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition withihn a specified time frame. For persons receiving State and Federal Block Grant funded services, it is the undupllicated number of persons who received a service for a covered condition (e.g. MH, I/DD, or SUD diagnosis) during the measurement period divided by the estimated number of uninsured non-elderly persons for 6 age-disability groups - Children and Adults under age 65 with a MH condition, Children and Adults under age 65 with a Substance Use Disorder, and Children and Adults under age 65 with an Intellectual or Developmental Disability - and for All Ages under age 65 and Disabilities combined.

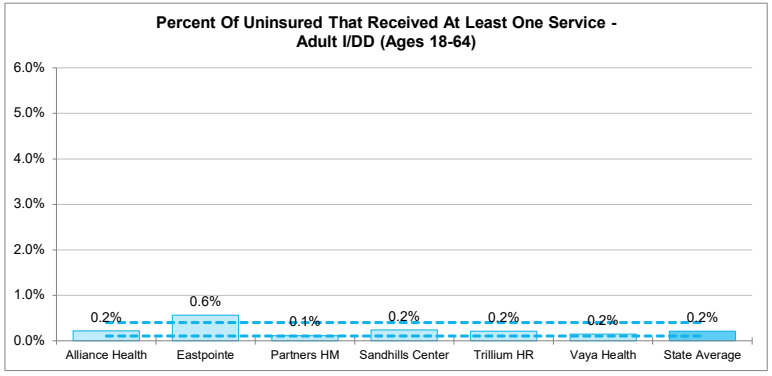
	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18-64)			All Ages and Disabilities (Ages 3-64)			
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	
LME-MCO	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	Sum of # in each age disability that rec'd a service
Alliance Health	25	36,663	0.1%	682	306,346	0.2%	14,267	332,237	4.3%	16,488
Eastpointe	31	6,868	0.5%	389	68,813	0.6%	5,341	72,607	7.4%	6,381
Partners Health Management	29	20,501	0.1%	240	208,248	0.1%	10,622	218,476	4.9%	12,074
Sandhills Center	51	13,182	0.4%	337	138,792	0.2%	6,431	145,384	4.4%	6,926
Trillium Health Resources	312	23,734	1.3%	491	228,969	0.2%	12,922	244,671	5.3%	15,772
Vaya Health	12	16,632	0.1%	272	178,339	0.2%	11,756	188,287	6.2%	13,648
Statewide	460	117,580	0.4%	2,411	1,129,507	0.2%	61,339	1,201,663	5.1%	
Standard Deviation			0.4%			0.1%			1.1%	
LME-MCO Average			0.4%			0.3%			5.4%	

Red font: Number that received a service for All Ages and Disabilities ≥ sum of the numbers in each age disability.

* The number for All Ages and Disabilities should be < than the sum as persons with dual diagnoses can be included in > one disability group.







INITIATION AND ENGAGEMENT

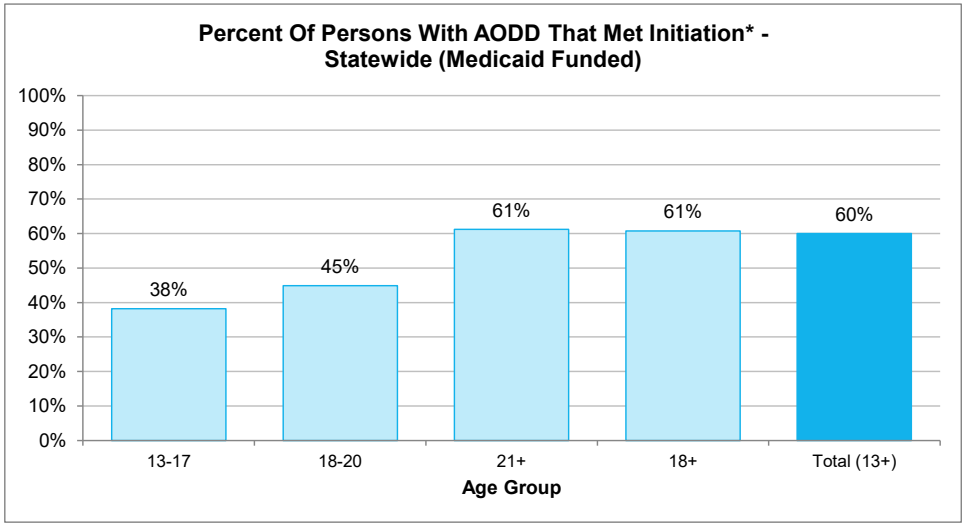
4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

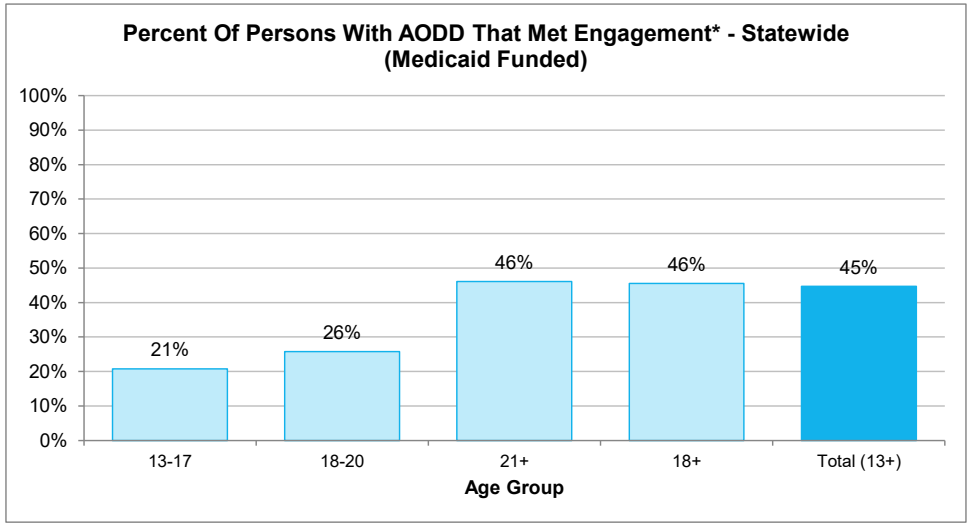
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

Description: ***Initiation*** is measured as the percent of persons starting a new episode of alcohol or other drug dependence (defined as having no prior Medicaid or state-funded mh/dd/su service for an AOD diagnosis for at least 60 days) who receive a 2nd service for an AOD diagnosis within 14 days of the first service. ***Engagement*** is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for an AOD diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (13-17, 18-20, 21+, 18+, and 13+).

Medicaid Funded

	Numerator1			Numerator2	Denominator	Rate1			Rate2
Age Groups	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
13-17	116	48	140	63	304	38%	16%	46%	21%
18-20	101	31	93	58	225	45%	14%	41%	26%
21+	5,189	1,023	2,270	3,905	8,482	61%	12%	27%	46%
18+	5,290	1,054	2,363	3,963	8,707	61%	12%	27%	46%
Total (13+)	5,406	1,102	2,503	4,026	9,011	60%	12%	28%	45%





* Received a 2nd service or visit within 14 days of the 1st service.

* Received 2 or more services or visits within 30 days after meeting initiation requirements.

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2024	**Measurement Period:**	Jan - Mar 2024
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2024

INITIATION AND ENGAGEMENT

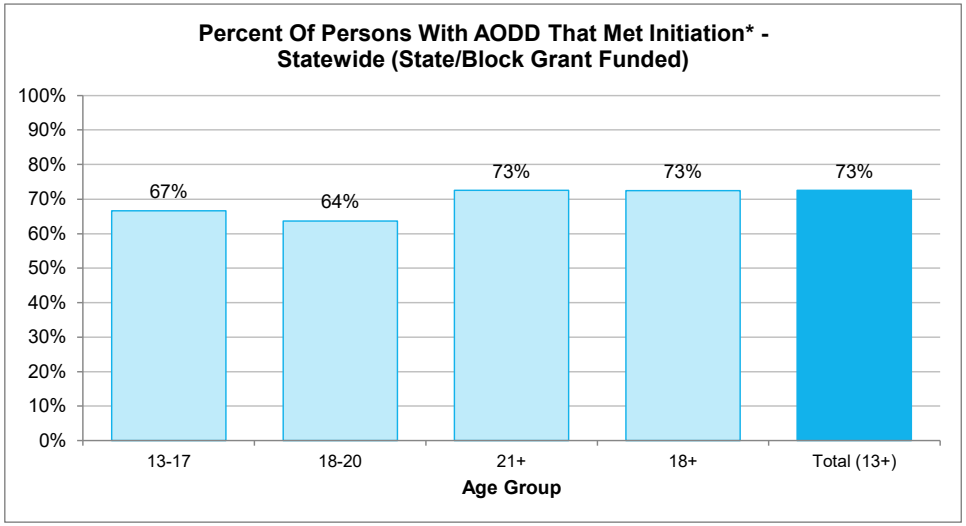
4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

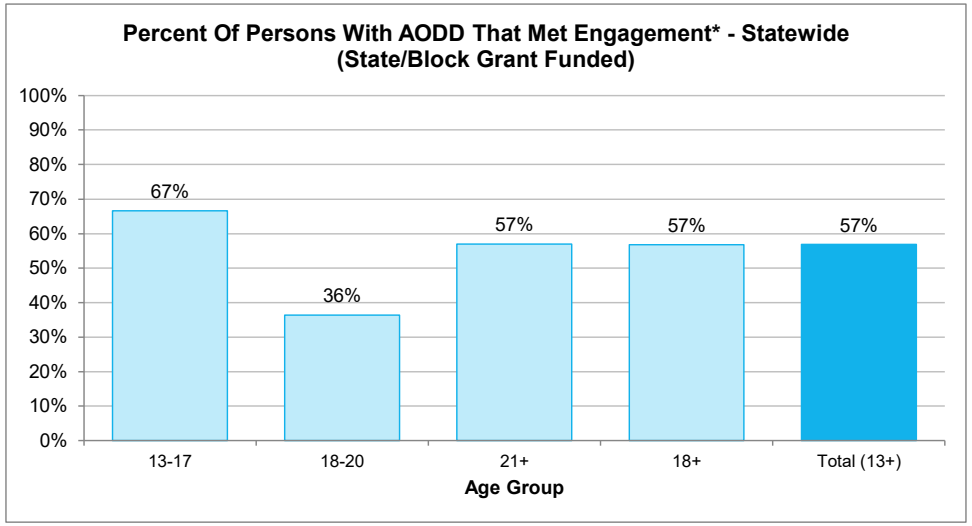
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

Description: ***Initiation*** is measured as the percent of persons starting a new episode of alcohol or other drug dependence (defined as having no prior Medicaid or state-funded mh/dd/su service for an AOD diagnosis for at least 60 days) who receive a 2nd service for an AOD diagnosis within 14 days of the first service. ***Engagement*** is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for an AOD diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (13-17, 18-20, 21+, 18+, and 13+).

State/Block Grant Funded

	Numerator1			Numerator2	Denominator	Rate1			Rate2
Age Groups	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
13-17	4	1	1	4	6	67%	17%	17%	67%
18-20	14	0	8	8	22	64%	0%	36%	36%
21+	1,802	237	443	1,415	2,482	73%	10%	18%	57%
18+	1,816	237	451	1,423	2,504	73%	9%	18%	57%
Total (13+)	1,820	238	452	1,427	2,510	73%	9%	18%	57%





* Received a 2nd service or visit within 14 days of the 1st service.

* Received 2 or more services or visits within 30 days after meeting initiation requirements.

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2024	**Measurement Period:**	Jan - Mar 2024
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2024

INITIATION AND ENGAGEMENT

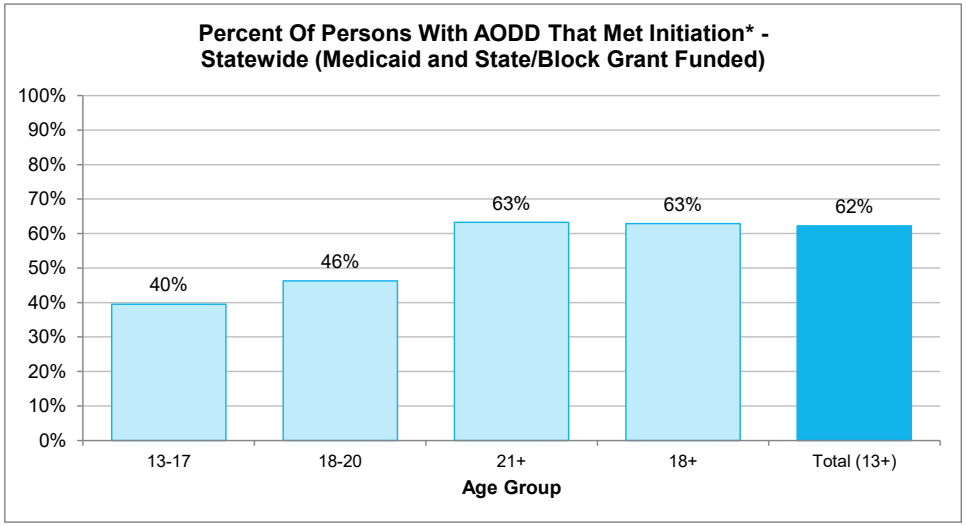
4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

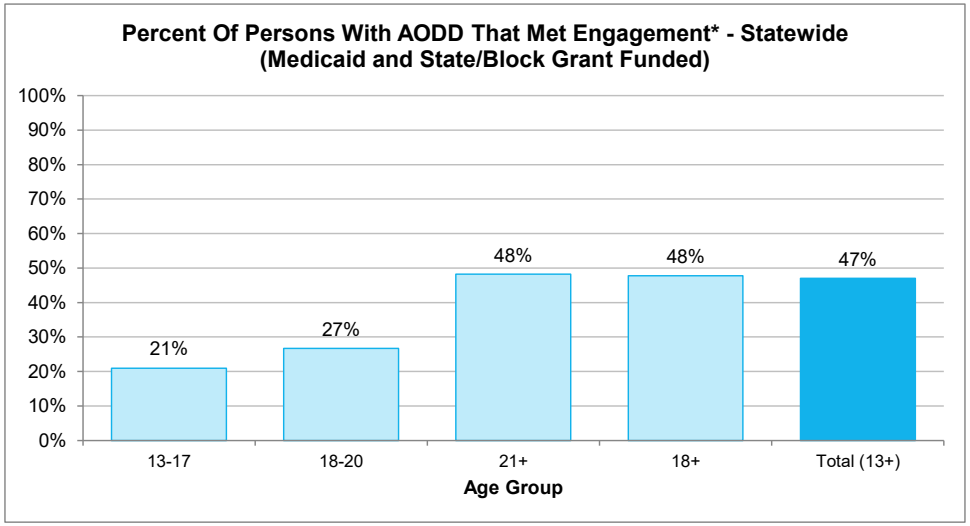
Description: ***Initiation*** is measured as the percent of persons starting a new episode of alcohol or other drug dependence (defined as having no prior Medicaid or state-funded mh/dd/su service for an AOD diagnosis for at least 60 days) who receive a 2nd service for an AOD diagnosis within 14 days of the first service. ***Engagement*** is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for an AOD diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (13-17, 18-20, 21+, 18+, and 13+).

Medicaid and State/Block Grant Funded

	Numerator1			Numerator2	Denominator	Rate1			Rate2
Age Groups	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
13-17	130	51	148	69	329	40%	16%	45%	21%
18-20	118	32	105	68	255	46%	13%	41%	27%
21+	7,239	1,319	2,889	5,519	11,447	63%	12%	25%	48%
18+	7,357	1,351	2,994	5,587	11,702	63%	12%	26%	48%
Total (13+)	7,487	1,402	3,142	5,656	12,031	62%	12%	26%	47%



* Received a 2nd service or visit within 14 days of the 1st service.



* Received 2 or more services or visits within 30 days after meeting initiation requirements.

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
Report Year: 2024
Report Quarter: 4th Quarter

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

Measurement Period: Jan - Mar 2024
Based On Claims Paid As Of: Jul 31, 2024

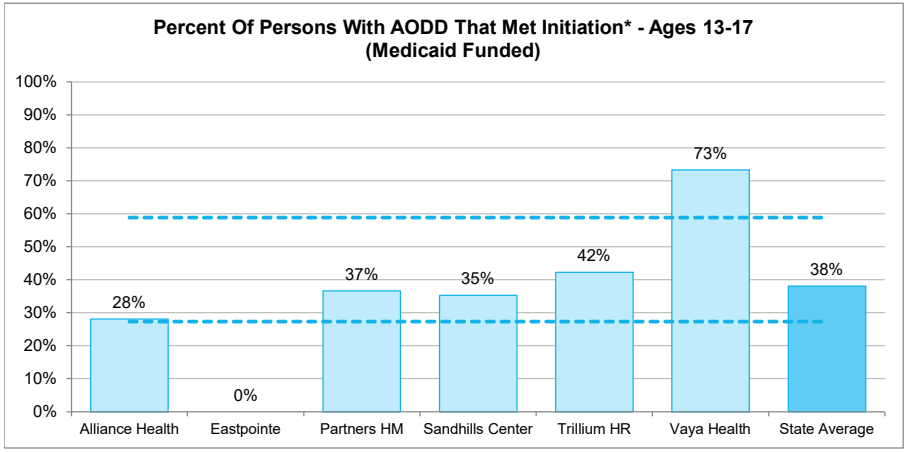
INITIATION AND ENGAGEMENT

4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

Description: ***Initiation*** is measured as the percent of persons starting a new episode of alcohol or other drug dependence (defined as having no prior Medicaid or state-funded mh/dd/su service for an AOD diagnosis for at least 60 days) who receive a 2nd service for an AOD diagnosis within 14 days of the first service. ***Engagement*** is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for an AOD diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (13-17, 18-20, 21+, 18+, and 13+).

	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
Persons Ages 13-17 (Medicaid Funded)									
Alliance Health	27	14	55	17	96	28%	15%	57%	18%
Eastpointe	0	0	0	0	0				
Partners Health Management	15	7	19	3	41	37%	17%	46%	7%
Sandhills Center	6	1	10	4	17	35%	6%	59%	24%
Trillium Health Resources	57	26	52	32	135	42%	19%	39%	24%
Vaya Health	11	0	4	7	15	73%	0%	27%	47%
State Average	116	48	140	63	304	38%	16%	46%	21%
Standard Deviation						15.8%	7.3%	12.0%	12.9%
LME-MCO Average						43%	11%	46%	24%



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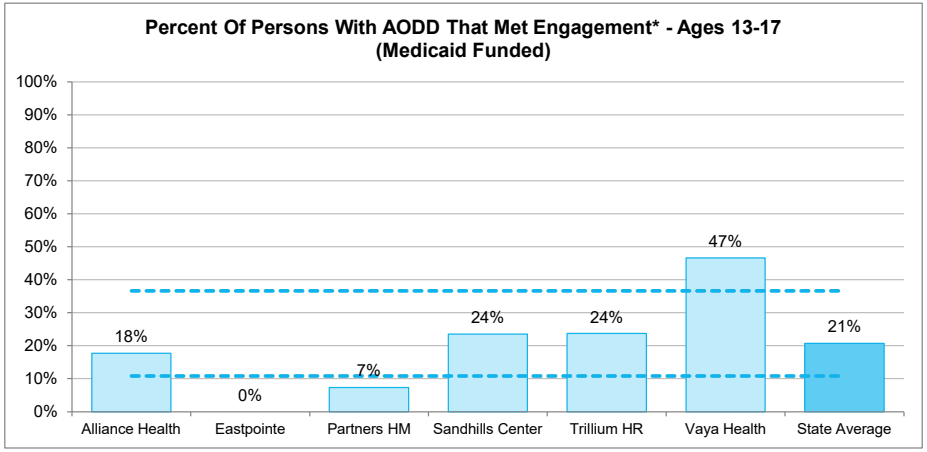

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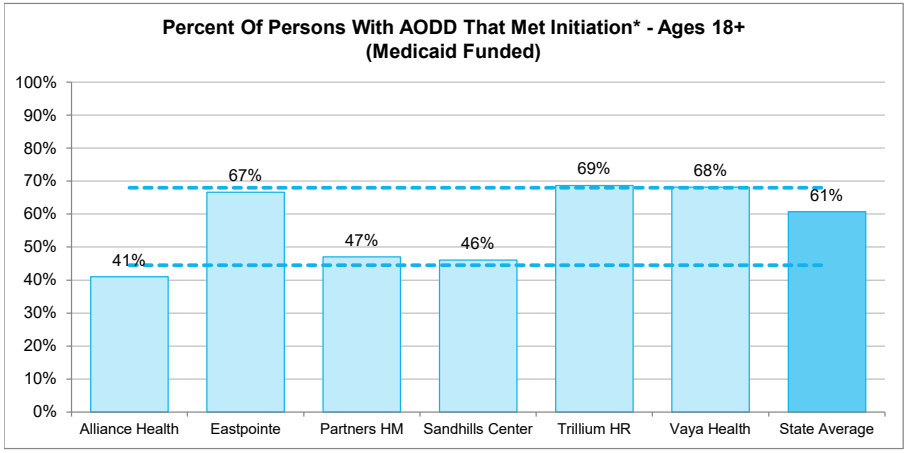
Persons Ages 18+ (Medicaid Funded)									
Alliance Health	583	195	642	381	1,420	41%	14%	45%	27%
Eastpointe	2	0	1	0	3	67%	0%	33%	0%
Partners Health Management	432	107	380	289	919	47%	12%	41%	31%
Sandhills Center	193	6	220	117	419	46%	1%	53%	28%
Trillium Health Resources	3,547	616	1,001	2,977	5,164	69%	12%	19%	58%
Vaya Health	533	130	119	199	782	68%	17%	15%	25%
State Average	5,290	1,054	2,363	3,963	8,707	61%	12%	27%	46%
Standard Deviation						11.7%	6.2%	13.5%	16.7%
LME-MCO Average						56%	9%	35%	28%



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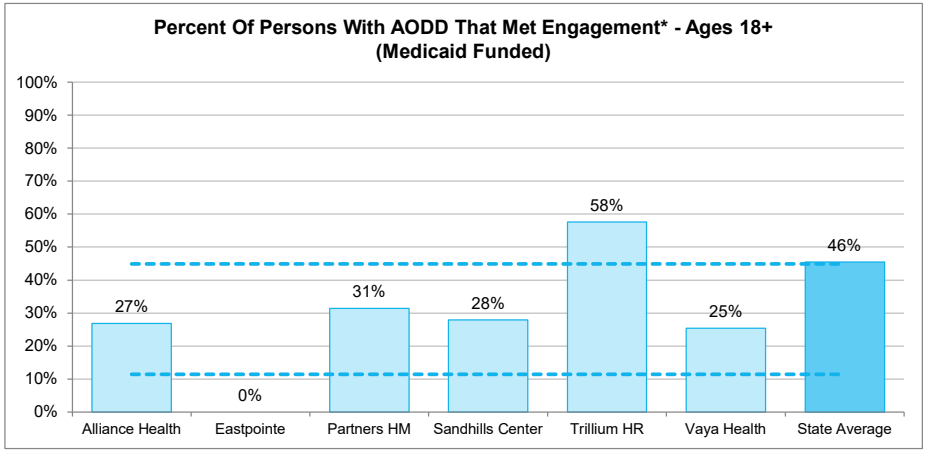

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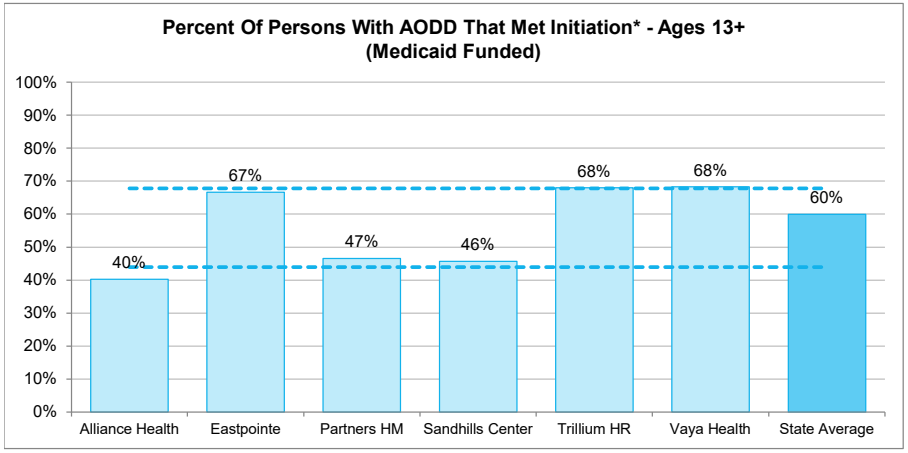
Persons Ages 13+ (Medicaid Funded)									
Alliance Health	610	209	697	398	1,516	40%	14%	46%	26%
Eastpointe	2	0	1	0	3	67%	0%	33%	0%
Partners Health Management	447	114	399	292	960	47%	12%	42%	30%
Sandhills Center	199	7	230	121	436	46%	2%	53%	28%
Trillium Health Resources	3,604	642	1,053	3,009	5,299	68%	12%	20%	57%
Vaya Health	544	130	123	206	797	68%	16%	15%	26%
State Average	5,406	1,102	2,503	4,026	9,011	60%	12%	28%	45%
Standard Deviation						11.9%	6.2%	13.5%	16.5%
LME-MCO Average						56%	9%	35%	28%



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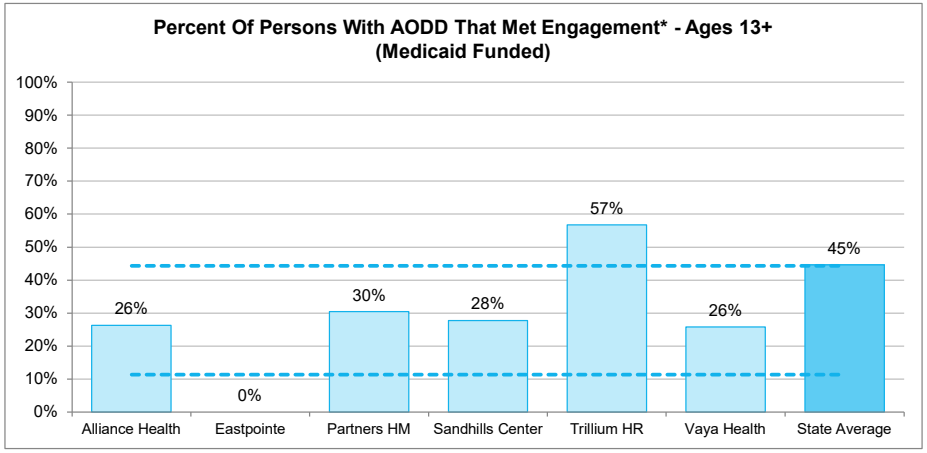

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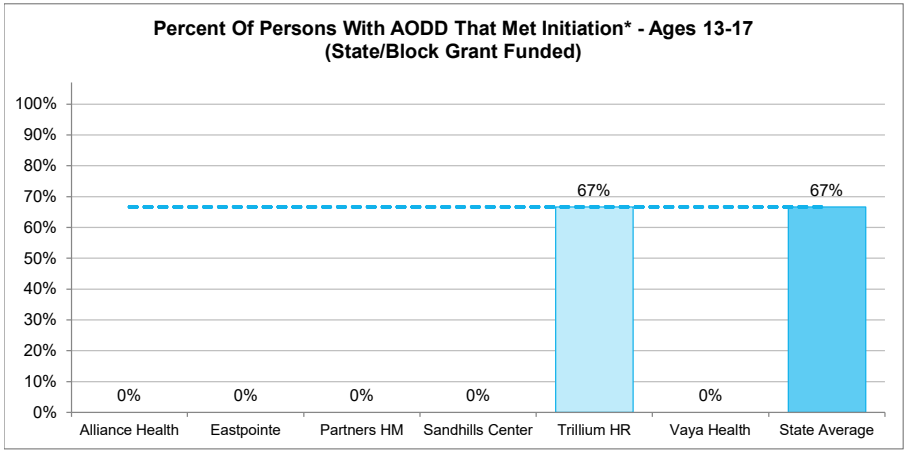
Persons Ages 13-17 (State/Block Grant Funded)									
Alliance Health	0	0	0	0	0				
Eastpointe	0	0	0	0	0				
Partners Health Management	0	0	0	0	0				
Sandhills Center	0	0	0	0	0				
Trillium Health Resources	4	1	1	4	6	67%	17%	17%	67%
Vaya Health	0	0	0	0	0				
State Average	4	1	1	4	6	67%	17%	17%	67%
Standard Deviation						0.0%	0.0%	0.0%	0.0%
LME-MCO Average	[Alliance, Eastpointe, Partners, Sandhills, and Vaya reported no individuals in this age group beginning a new episode of care this quarter.]					67%	17%	17%	67%



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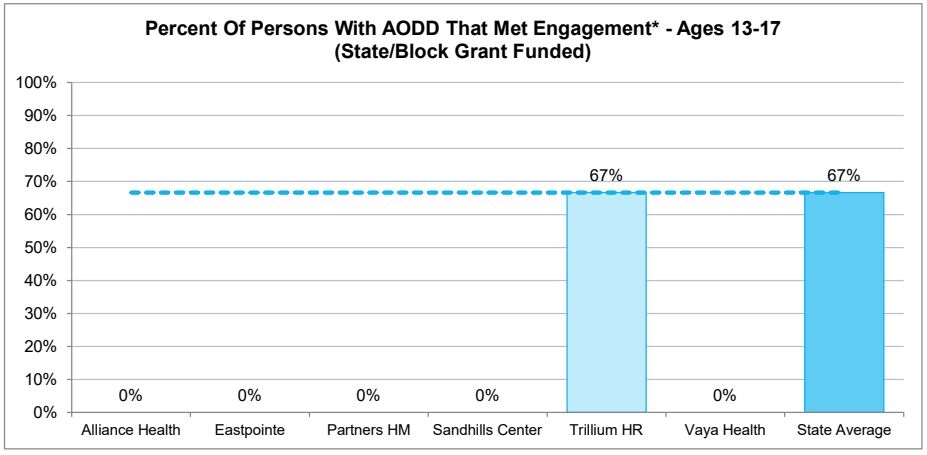

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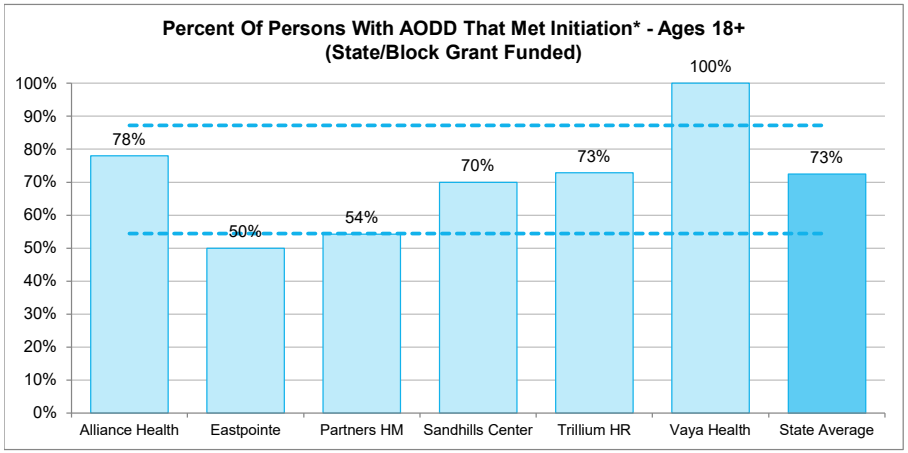
Persons Ages 18+ (State/Block Grant Funded)									
Alliance Health	85	4	20	77	109	78%	4%	18%	71%
Eastpointe	4	1	3	0	8	50%	13%	38%	0%
Partners Health Management	38	4	28	35	70	54%	6%	40%	50%
Sandhills Center	14	0	6	11	20	70%	0%	30%	55%
Trillium Health Resources	1,674	228	394	1,300	2,296	73%	10%	17%	57%
Vaya Health	1	0	0	0	1	100%	0%	0%	0%
State Average	1,816	237	451	1,423	2,504	73%	9%	18%	57%
Standard Deviation						16.4%	4.7%	13.7%	28.1%
LME-MCO Average						71%	5%	24%	39%



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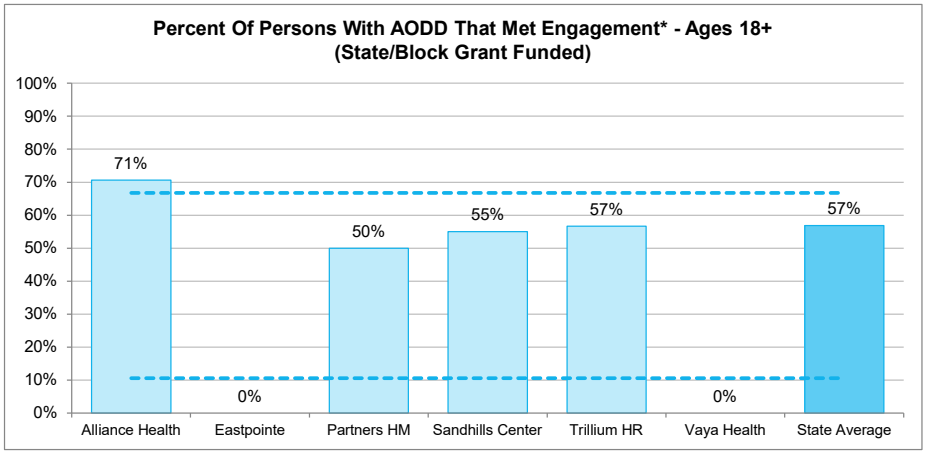

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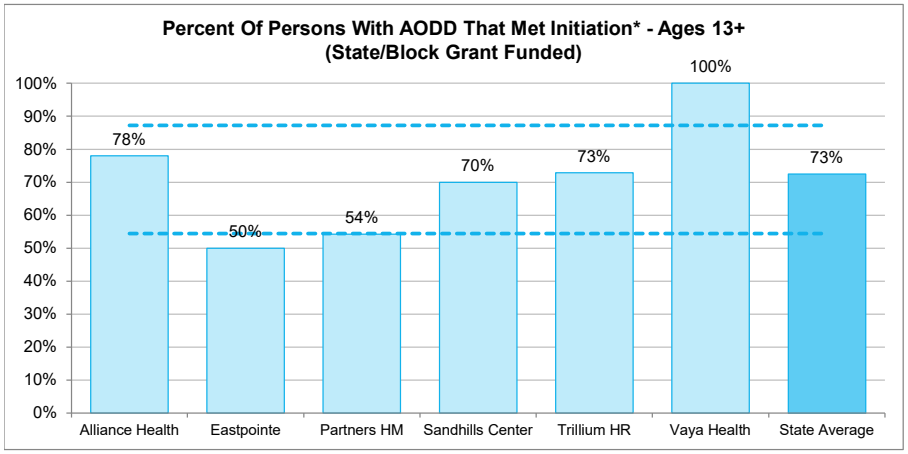
Persons Ages 13+ (State/Block Grant Funded)									
Alliance Health	85	4	20	77	109	78%	4%	18%	71%
Eastpointe	4	1	3	0	8	50%	13%	38%	0%
Partners Health Management	38	4	28	35	70	54%	6%	40%	50%
Sandhills Center	14	0	6	11	20	70%	0%	30%	55%
Trillium Health Resources	1,678	229	395	1,304	2,302	73%	10%	17%	57%
Vaya Health	1	0	0	0	1	100%	0%	0%	0%
State Average	1,820	238	452	1,427	2,510	73%	9%	18%	57%
Standard Deviation						16.4%	4.7%	13.7%	28.1%
LME-MCO Average						71%	5%	24%	39%



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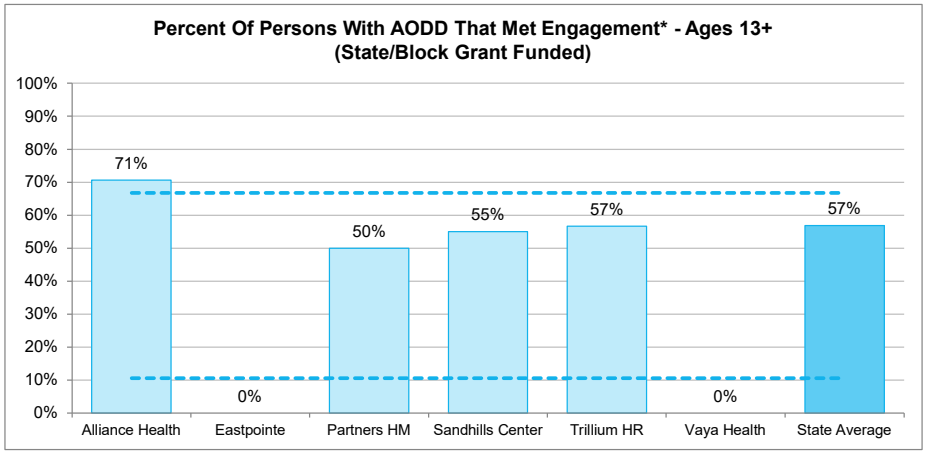

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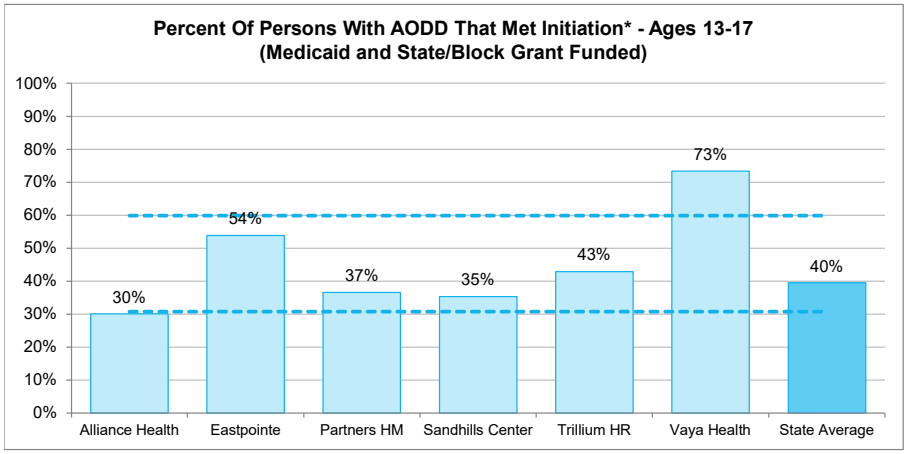
Persons Ages 13-17 (Medicaid and State/Block Grant Funded)									
Alliance Health	31	16	56	20	103	30%	16%	54%	19%
Eastpointe	7	0	6	0	13	54%	0%	46%	0%
Partners Health Management	15	7	19	3	41	37%	17%	46%	7%
Sandhills Center	6	1	10	4	17	35%	6%	59%	24%
Trillium Health Resources	60	27	53	35	140	43%	19%	38%	25%
Vaya Health	11	0	4	7	15	73%	0%	27%	47%
State Average	130	51	148	69	329	40%	16%	45%	21%
Standard Deviation						14.6%	8.0%	10.6%	14.8%
LME-MCO Average						45%	10%	45%	20%



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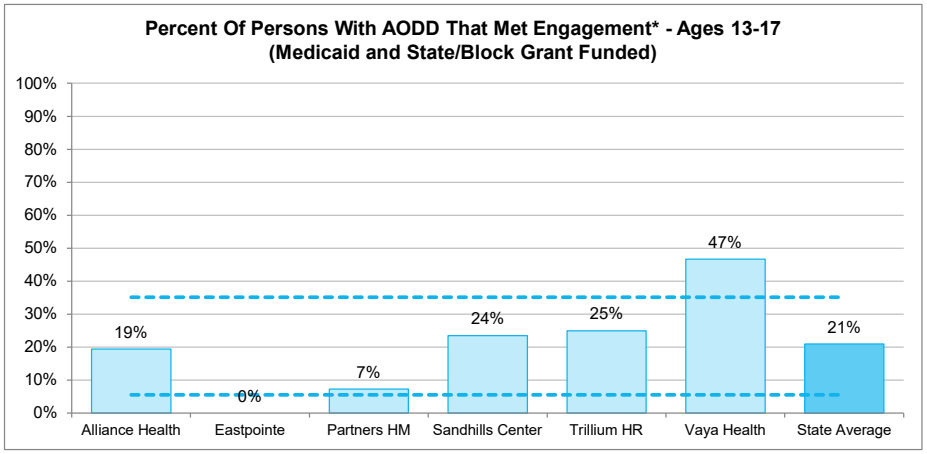

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Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

Measurement Period: Jan - Mar 2024
Based On Claims Paid As Of: Jul 31, 2024

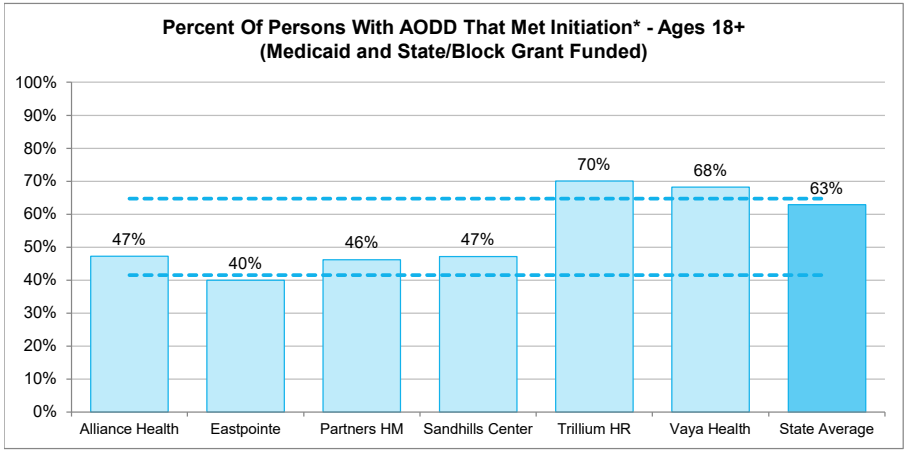
INITIATION AND ENGAGEMENT

4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

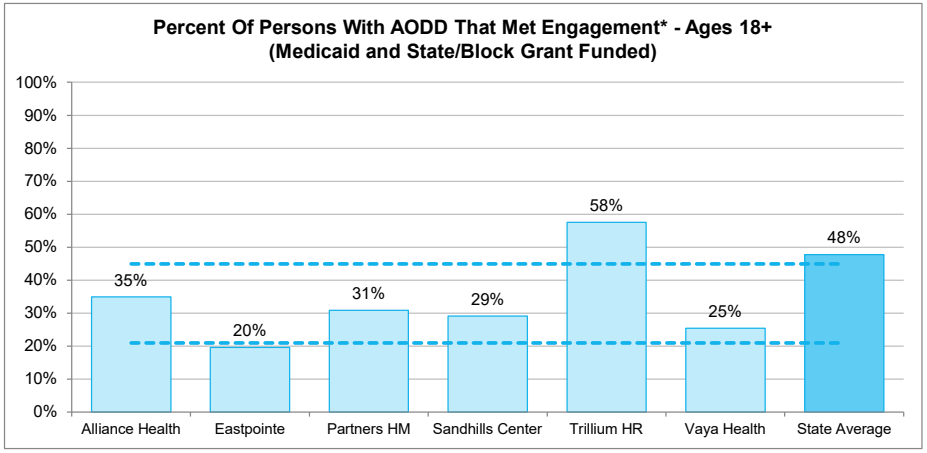
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

Description: ***Initiation*** is measured as the percent of persons starting a new episode of alcohol or other drug dependence (defined as having no prior Medicaid or state-funded mh/dd/su service for an AOD diagnosis for at least 60 days) who receive a 2nd service for an AOD diagnosis within 14 days of the first service. ***Engagement*** is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for an AOD diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (13-17, 18-20, 21+, 18+, and 13+).

	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
Persons Ages 18+ (Medicaid and State/Block Grant Funded)									
Alliance Health	870	241	729	643	1,840	47%	13%	40%	35%
Eastpointe	120	14	166	59	300	40%	5%	55%	20%
Partners Health Management	418	107	379	279	904	46%	12%	42%	31%
Sandhills Center	207	6	226	128	439	47%	1%	51%	29%
Trillium Health Resources	5,208	853	1,375	4,279	7,436	70%	11%	18%	58%
Vaya Health	534	130	119	199	783	68%	17%	15%	25%
State Average	7,357	1,351	2,994	5,587	11,702	63%	12%	26%	48%
Standard Deviation						11.6%	5.2%	15.2%	12.0%
LME-MCO Average						53%	10%	37%	33%



* Received a 2nd service or visit within 14 days of the 1st service.



* Received 2 or more services or visits within 30 days after meeting initiation requirements.

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
Report Year: 2024
Report Quarter: 4th Quarter

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

Measurement Period: Jan - Mar 2024
Based On Claims Paid As Of: Jul 31, 2024

INITIATION AND ENGAGEMENT

4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

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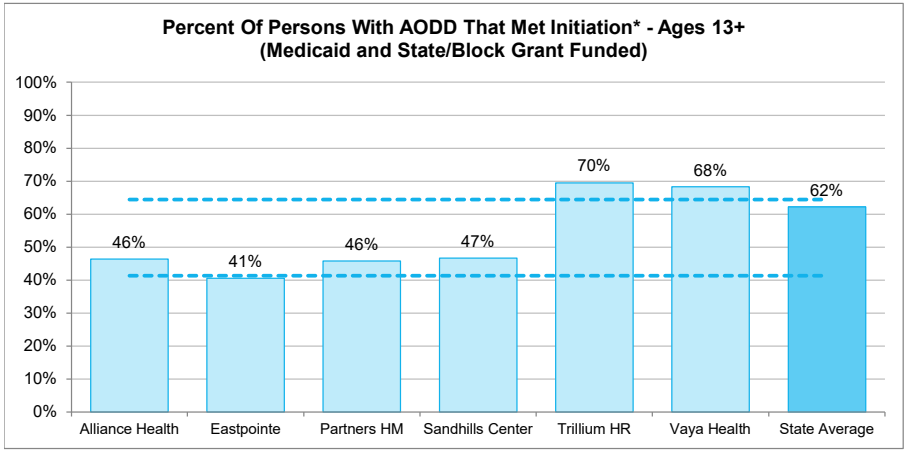
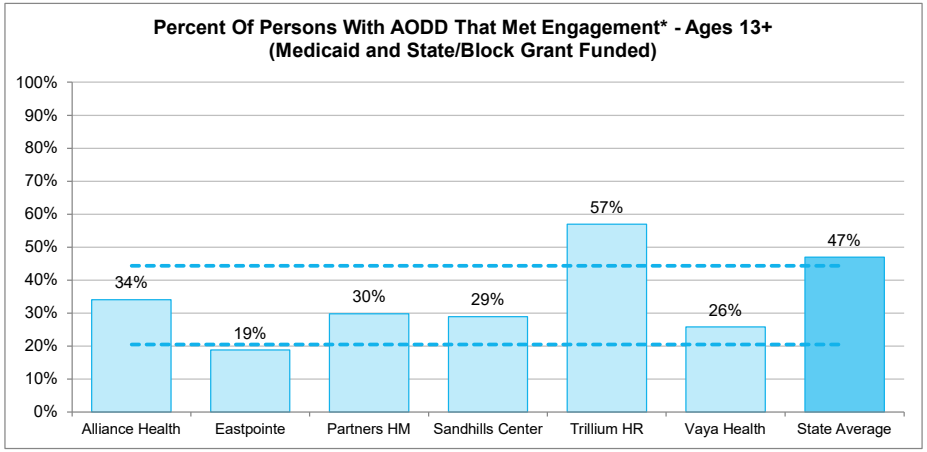
	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
Persons Ages 13+ (Medicaid and State/Block Grant Funded)									
Alliance Health	901	257	785	663	1,943	46%	13%	40%	34%
Eastpointe	127	14	172	59	313	41%	4%	55%	19%
Partners Health Management	433	114	398	282	945	46%	12%	42%	30%
Sandhills Center	213	7	236	132	456	47%	2%	52%	29%
Trillium Health Resources	5,268	880	1,428	4,314	7,576	70%	12%	19%	57%
Vaya Health	545	130	123	206	798	68%	16%	15%	26%
State Average	7,487	1,402	3,142	5,656	12,031	62%	12%	26%	47%
Standard Deviation						11.5%	5.1%	15.1%	11.9%
LME-MCO Average						53%	10%	37%	32%



* Received a 2nd service or visit within 14 days of the 1st service.



* Received 2 or more services or visits within 30 days after meeting initiation requirements.

INITIATION AND ENGAGEMENT

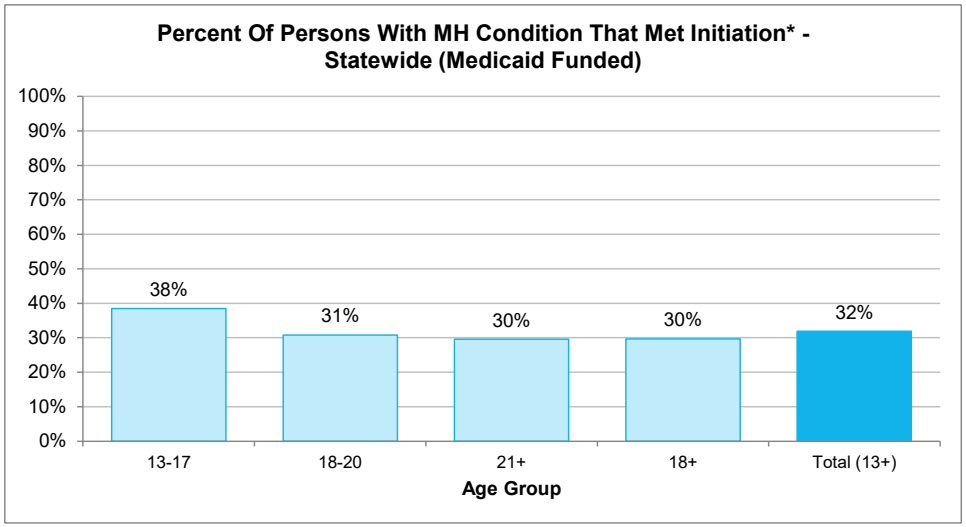
4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

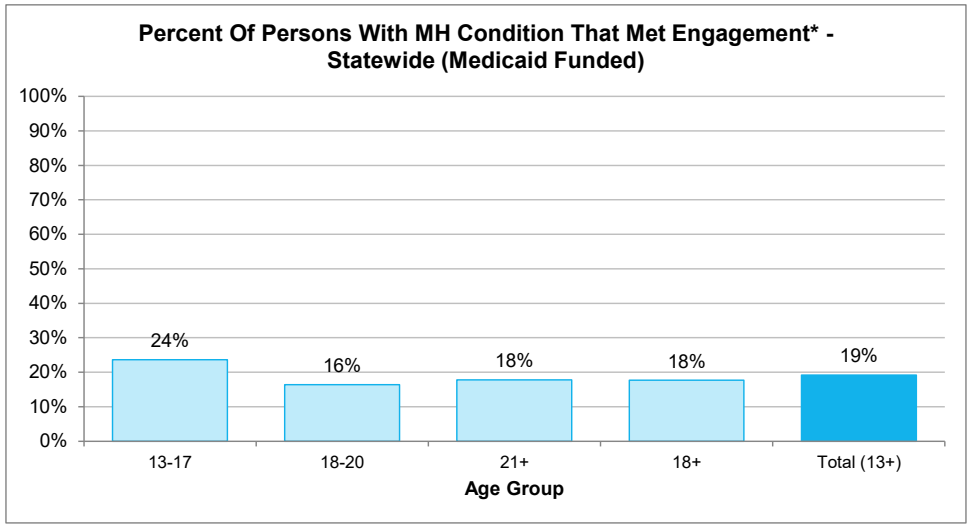
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed as a measure for persons with SUD by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures. The measure was further adapted by DMH/DD/SUS for use with persons with mental illness.

Description: ***Initiation*** is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded mh/dd/su service for an MH diagnosis for at least 180 days) who receive a 2nd service for an MH diagnosis within 14 days of the first service. ***Engagement*** is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for a MH diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (13-17, 18-20, 21+, 18+, and 13+).

Medicaid Funded

	Numerator1			Numerator2	Denominator	Rate1			Rate2
Age Groups	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
13-17	2,603	1,611	2,555	1,597	6,769	38%	24%	38%	24%
18-20	426	364	593	227	1,383	31%	26%	43%	16%
21+	5,362	3,999	8,802	3,224	18,163	30%	22%	48%	18%
18+	5,788	4,363	9,395	3,451	19,546	30%	22%	48%	18%
Total (13+)	8,391	5,974	11,950	5,048	26,315	32%	23%	45%	19%





* Received a 2nd service or visit within 14 days of the 1st service.

* Received 2 or more services or visits within 30 days after meeting initiation requirements.

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2024	**Measurement Period:**	Jan - Mar 2024
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2024

INITIATION AND ENGAGEMENT

4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed as a measure for persons with SUD by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures. The measure was further adapted by DMH/DD/SUS for use with persons with mental illness.

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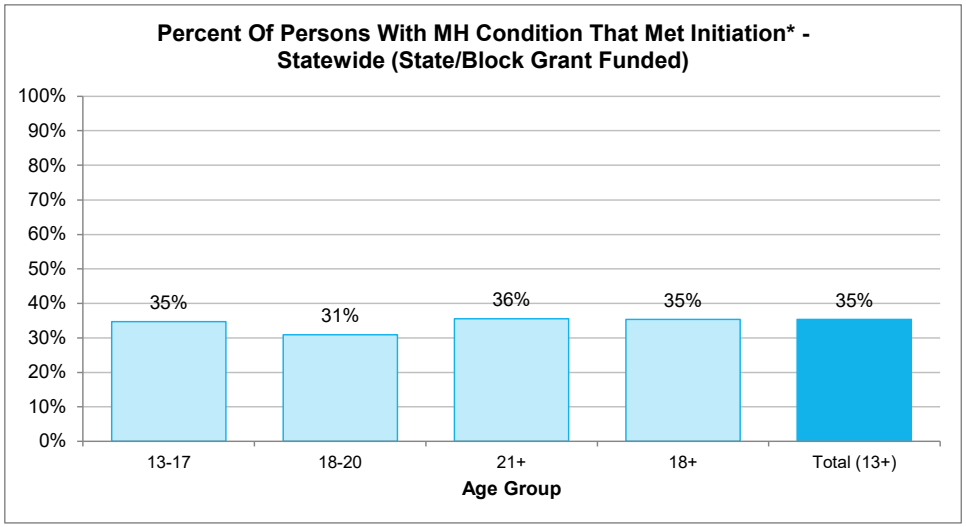
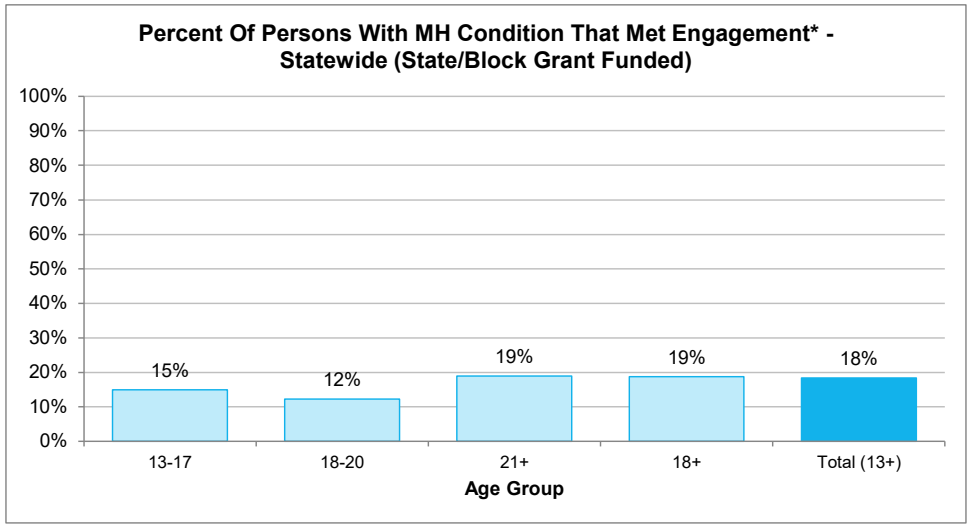
State/Block Grant Funded

	Numerator1			Numerator2	Denominator	Rate1			Rate2
Age Groups	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
13-17	151	40	244	65	435	35%	9%	56%	15%
18-20	43	25	71	17	139	31%	18%	51%	12%
21+	1,225	643	1,578	654	3,446	36%	19%	46%	19%
18+	1,268	668	1,649	671	3,585	35%	19%	46%	19%
Total (13+)	1,419	708	1,893	736	4,020	35%	18%	47%	18%





* Received a 2nd service or visit within 14 days of the 1st service.

* Received 2 or more services or visits within 30 days after meeting initiation requirements.

INITIATION AND ENGAGEMENT

4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed as a measure for persons with SUD by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures. The measure was further adapted by DMH/DD/SUS for use with persons with mental illness.

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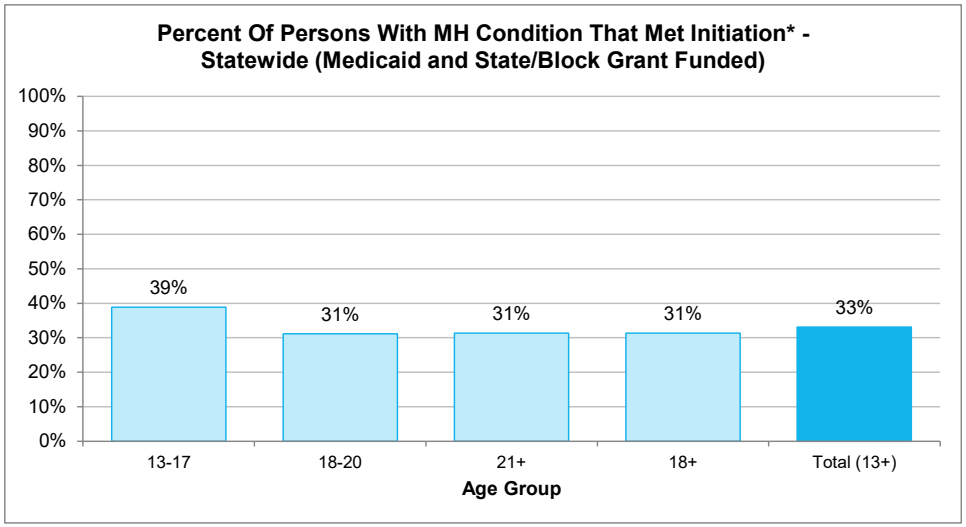
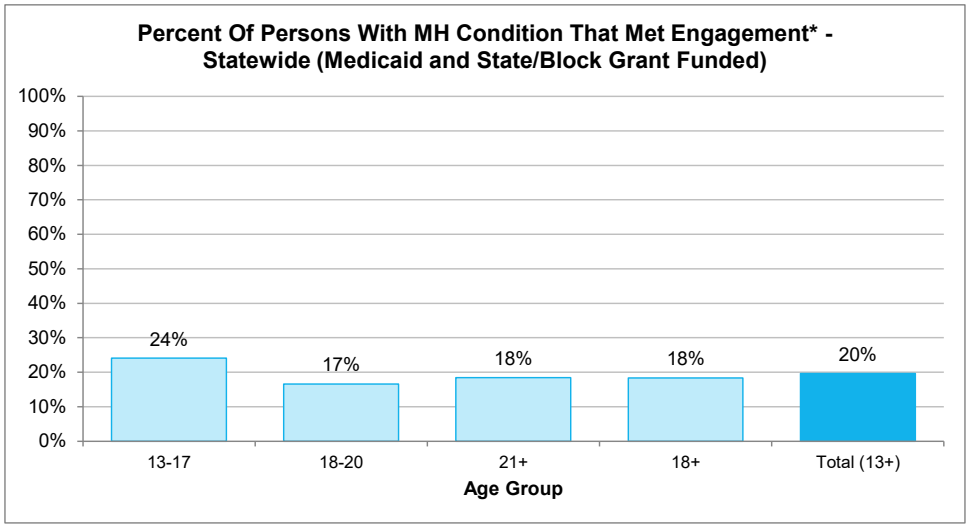
Medicaid and State/Block Grant Funded

	Numerator1			Numerator2	Denominator	Rate1			Rate2
Age Groups	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
13-17	2,822	1,725	2,715	1,749	7,262	39%	24%	37%	24%
18-20	471	399	644	251	1,514	31%	26%	43%	17%
21+	6,861	4,837	10,180	4,035	21,878	31%	22%	47%	18%
18+	7,332	5,236	10,824	4,286	23,392	31%	22%	46%	18%
Total (13+)	10,154	6,961	13,539	6,035	30,654	33%	23%	44%	20%



* Received a 2nd service or visit within 14 days of the 1st service.



* Received 2 or more services or visits within 30 days after meeting initiation requirements.

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
Report Year: 2024
Report Quarter: 4th Quarter

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

Measurement Period: Jan - Mar 2024
Based On Claims Paid As Of: Jul 31, 2024

INITIATION AND ENGAGEMENT

4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed as a measure for persons with SUD by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures. The measure was further adapted by DMH/DD/SUS for use with persons with mental illness.

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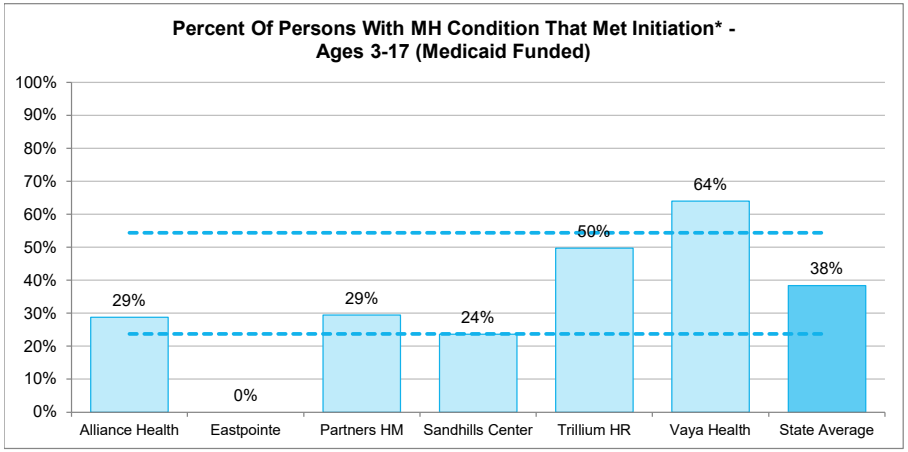
	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
Persons Ages 3-17 (Medicaid Funded)									
Alliance Health	647	507	1,093	474	2,247	29%	23%	49%	21%
Eastpointe	0	0	0	0	0				
Partners Health Management	396	316	634	249	1,346	29%	23%	47%	18%
Sandhills Center	108	13	336	39	457	24%	3%	74%	9%
Trillium Health Resources	1,002	602	412	712	2,016	50%	30%	20%	35%
Vaya Health	450	173	80	123	703	64%	25%	11%	17%
State Average	2,603	1,611	2,555	1,597	6,769	38%	24%	38%	24%
Standard Deviation						15.3%	9.3%	22.1%	8.7%
LME-MCO Average						39%	21%	40%	20%



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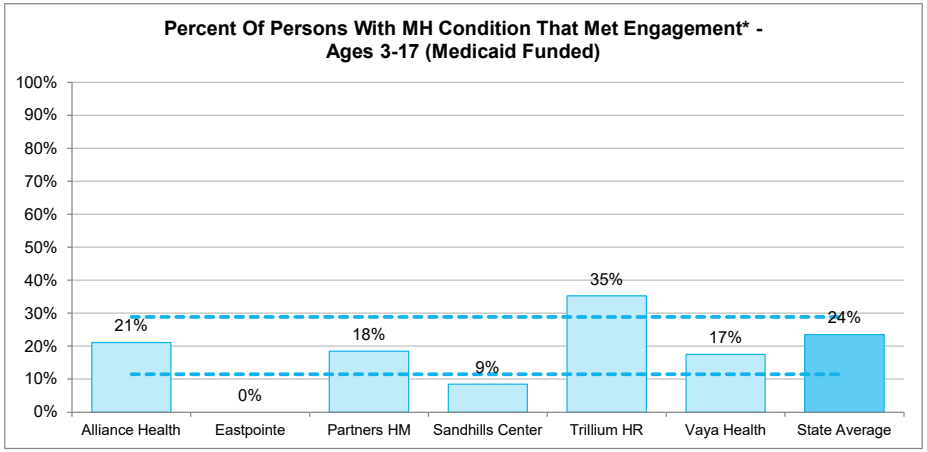

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
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Report Quarter: 4th Quarter

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Measurement Period: Jan - Mar 2024
Based On Claims Paid As Of: Jul 31, 2024

INITIATION AND ENGAGEMENT

4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed as a measure for persons with SUD by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures. The measure was further adapted by DMH/DD/SUS for use with persons with mental illness.

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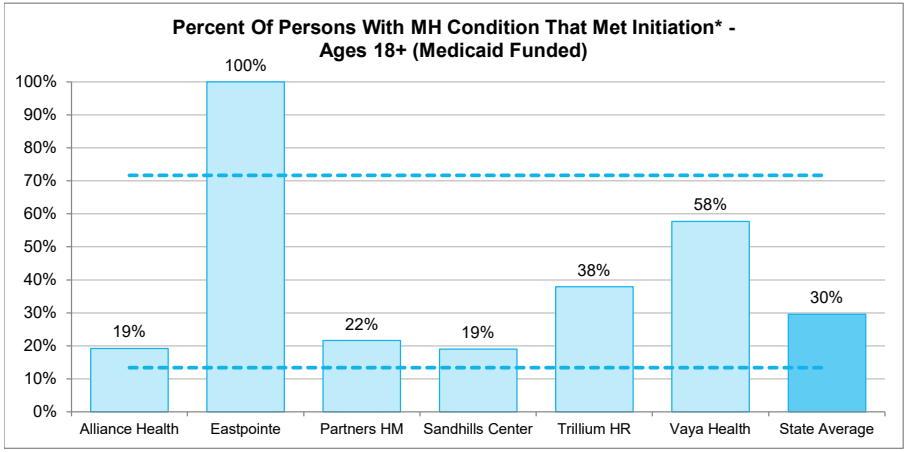
Persons Ages 18+ (Medicaid Funded)									
Alliance Health	978	920	3,188	496	5,086	19%	18%	63%	10%
Eastpointe	1	0	0	1	1	100%	0%	0%	100%
Partners Health Management	796	740	2,153	349	3,689	22%	20%	58%	9%
Sandhills Center	251	26	1,047	49	1,324	19%	2%	79%	4%
Trillium Health Resources	3,231	2,442	2,853	2,400	8,526	38%	29%	33%	28%
Vaya Health	531	235	154	156	920	58%	26%	17%	17%
State Average	5,788	4,363	9,395	3,451	19,546	30%	22%	48%	18%
Standard Deviation						29.1%	11.0%	27.5%	33.1%
LME-MCO Average						43%	16%	42%	28%



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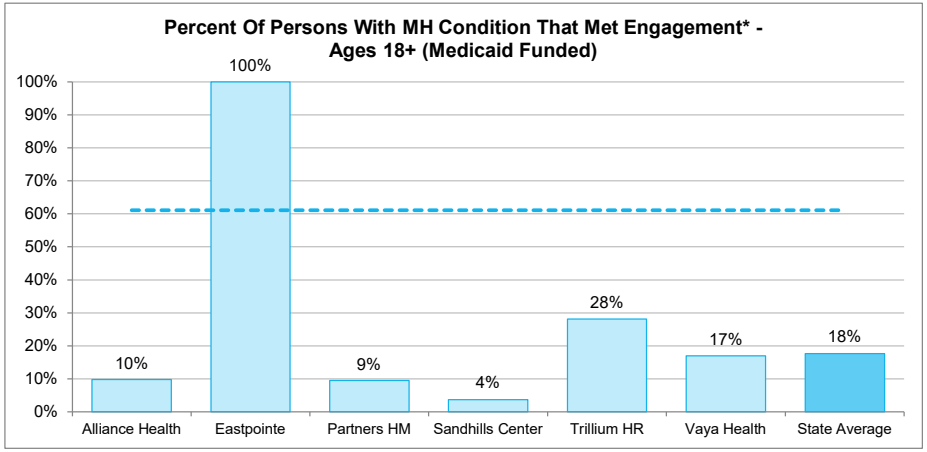

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
Report Year: 2024
Report Quarter: 4th Quarter

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

Measurement Period: Jan - Mar 2024
Based On Claims Paid As Of: Jul 31, 2024

INITIATION AND ENGAGEMENT

4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed as a measure for persons with SUD by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures. The measure was further adapted by DMH/DD/SUS for use with persons with mental illness.

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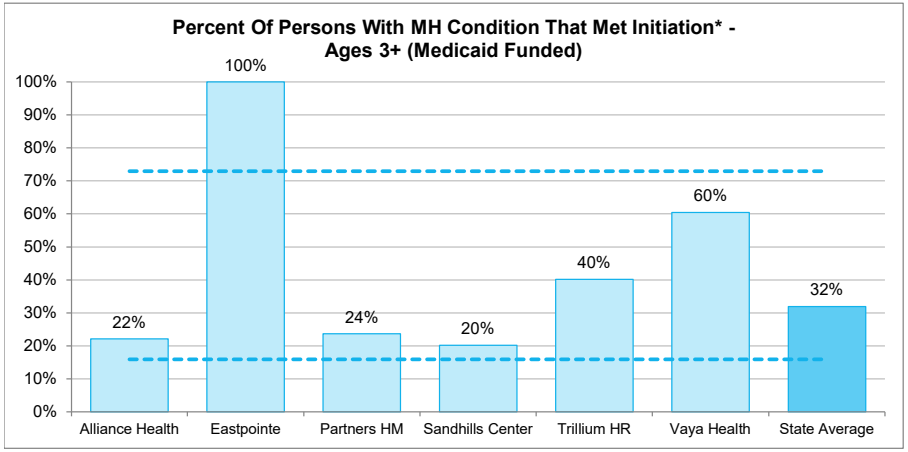
	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
Persons Ages 3+ (Medicaid Funded)									
Alliance Health	1,625	1,427	4,281	970	7,333	22%	19%	58%	13%
Eastpointe	1	0	0	1	1	100%	0%	0%	100%
Partners Health Management	1,192	1,056	2,787	598	5,035	24%	21%	55%	12%
Sandhills Center	359	39	1,383	88	1,781	20%	2%	78%	5%
Trillium Health Resources	4,233	3,044	3,265	3,112	10,542	40%	29%	31%	30%
Vaya Health	981	408	234	279	1,623	60%	25%	14%	17%
State Average	8,391	5,974	11,950	5,048	26,315	32%	23%	45%	19%
Standard Deviation						28.5%			32.4%
LME-MCO Average						44%	16%	39%	29%



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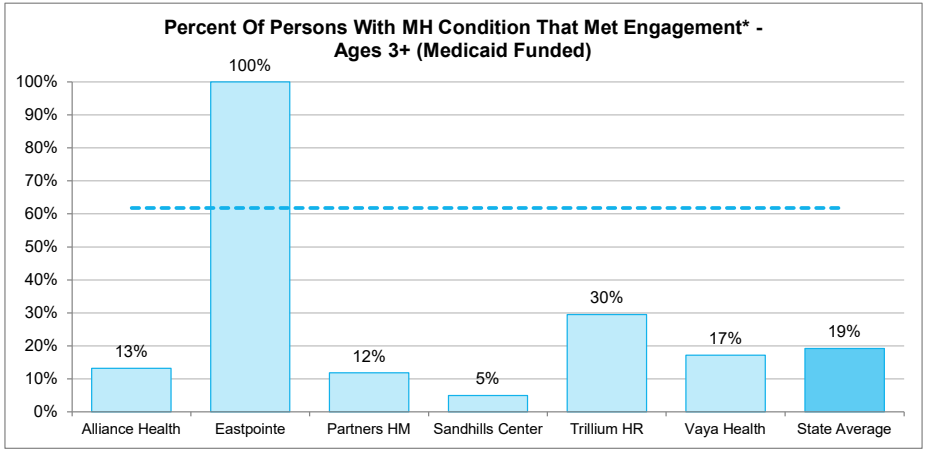

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
Report Year: 2024
Report Quarter: 4th Quarter

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

Measurement Period: Jan - Mar 2024
Based On Claims Paid As Of: Jul 31, 2024

INITIATION AND ENGAGEMENT

4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed as a measure for persons with SUD by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures. The measure was further adapted by DMH/DD/SUS for use with persons with mental illness.

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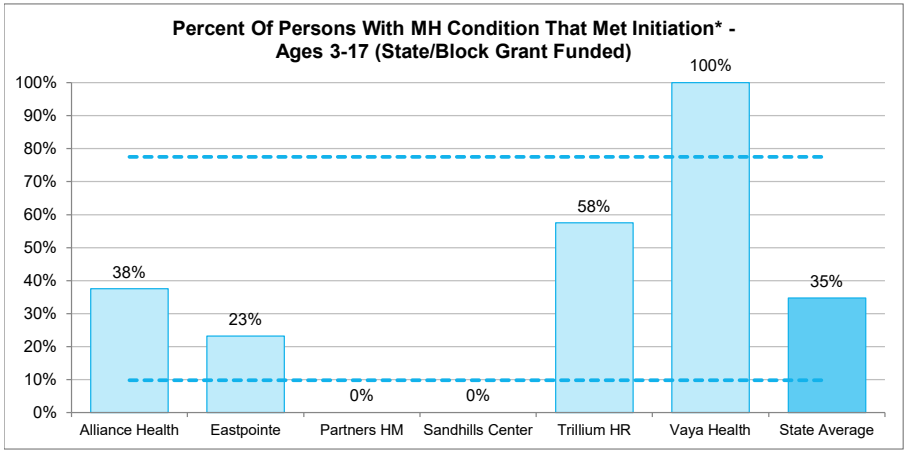
Persons Ages 3-17 (State/Block Grant Funded)									
Alliance Health	3	2	3	1	8	38%	25%	38%	13%
Eastpointe	66	13	206	24	285	23%	5%	72%	8%
Partners Health Management	0	0	1	0	1	0%	0%	100%	0%
Sandhills Center	0	0	0	0	0				
Trillium Health Resources	80	25	34	40	139	58%	18%	24%	29%
Vaya Health	2	0	0	0	2	100%	0%	0%	0%
State Average	151	40	244	65	435	35%	9%	56%	15%
Standard Deviation						33.9%	10.2%	35.4%	10.6%
LME-MCO Average						44%	10%	47%	10%



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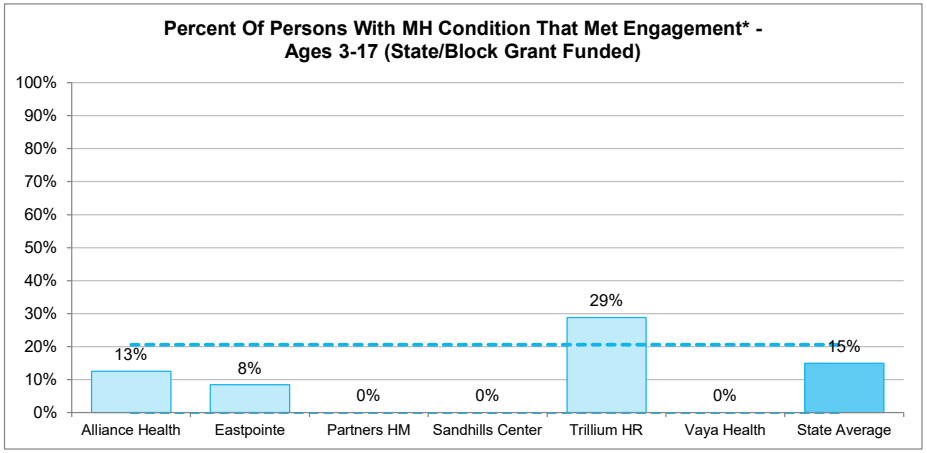

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
Report Year: 2024
Report Quarter: 4th Quarter

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Measurement Period: Jan - Mar 2024
Based On Claims Paid As Of: Jul 31, 2024

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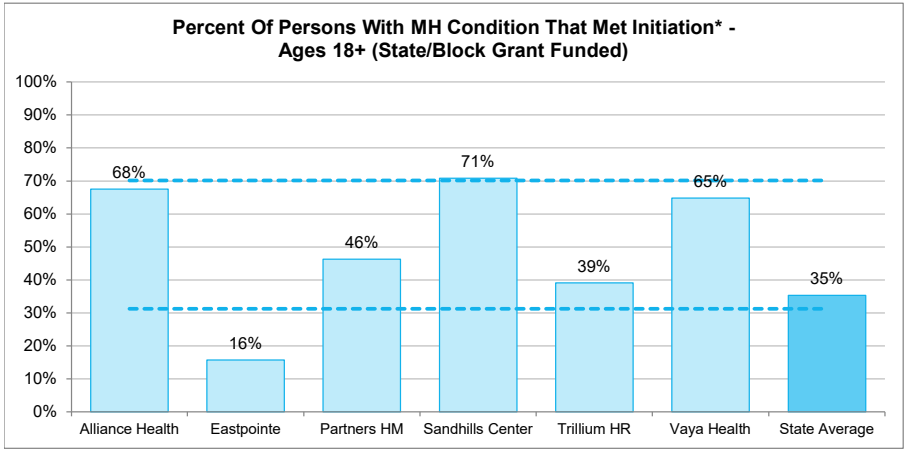
Persons Ages 18+ (State/Block Grant Funded)									
Alliance Health	81	4	35	66	120	68%	3%	29%	55%
Eastpointe	131	20	681	22	832	16%	2%	82%	3%
Partners Health Management	37	3	40	22	80	46%	4%	50%	28%
Sandhills Center	17	0	7	13	24	71%	0%	29%	54%
Trillium Health Resources	967	634	874	532	2,475	39%	26%	35%	21%
Vaya Health	35	7	12	16	54	65%	13%	22%	30%
State Average	1,268	668	1,649	671	3,585	35%	19%	46%	19%
Standard Deviation						19.4%	8.9%	20.1%	18.3%
LME-MCO Average						51%	8%	41%	32%



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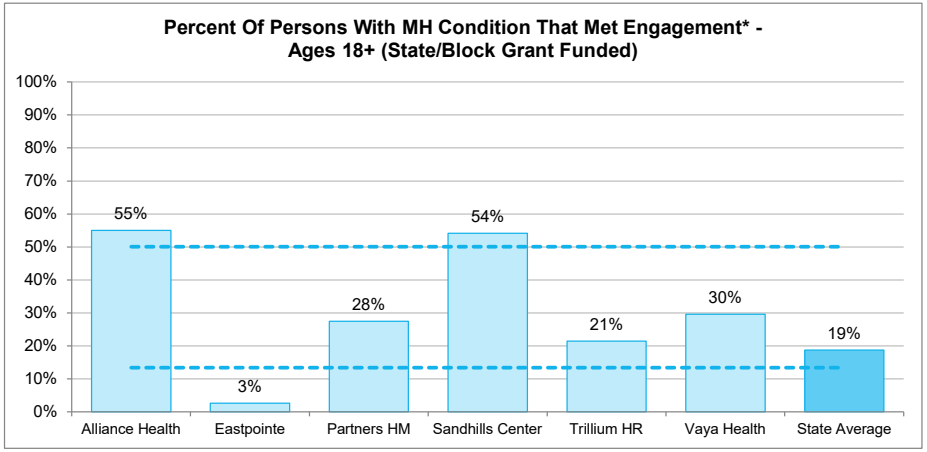

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North Carolina LME-MCO Performance Measurement Reporting
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Report Year: 2024
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Measurement Period: Jan - Mar 2024
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INITIATION AND ENGAGEMENT

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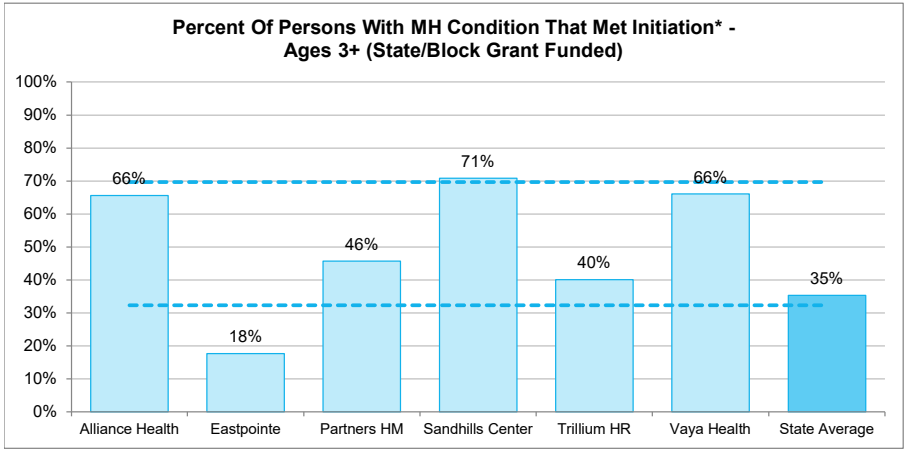
Persons Ages 3+ (State/Block Grant Funded)									
Alliance Health	84	6	38	67	128	66%	5%	30%	52%
Eastpointe	197	33	887	46	1,117	18%	3%	79%	4%
Partners Health Management	37	3	41	22	81	46%	4%	51%	27%
Sandhills Center	17	0	7	13	24	71%	0%	29%	54%
Trillium Health Resources	1,047	659	908	572	2,614	40%	25%	35%	22%
Vaya Health	37	7	12	16	56	66%	13%	21%	29%
State Average	1,419	708	1,893	736	4,020	35%	18%	47%	18%
Standard Deviation						18.7%	8.5%	19.4%	17.4%
LME-MCO Average						51%	8%	41%	31%



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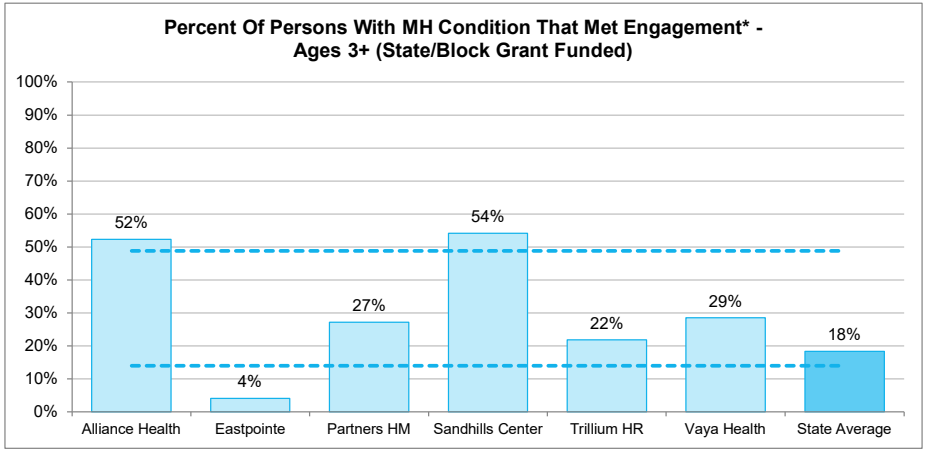

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North Carolina LME-MCO Performance Measurement Reporting
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Report Year: 2024
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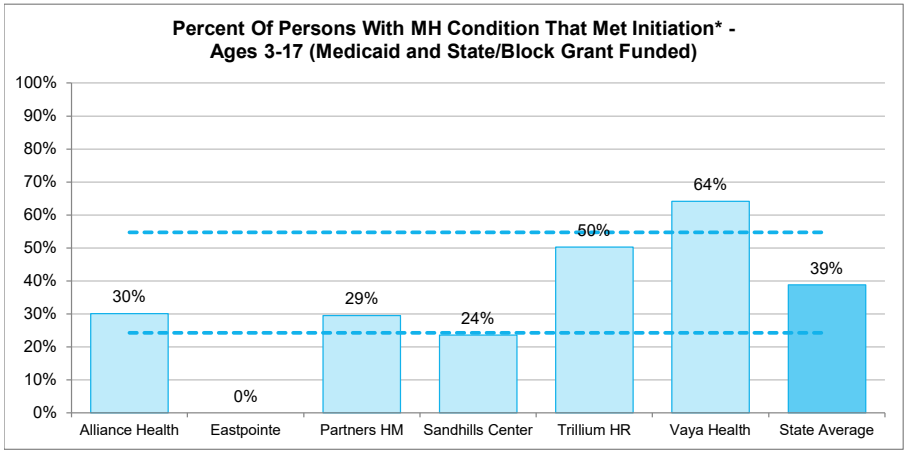
Persons Ages 3-17 (Medicaid and State/Block Grant Funded)									
Alliance Health	781	594	1,224	587	2,599	30%	23%	47%	23%
Eastpointe	0	0	0	0	0				
Partners Health Management	397	317	633	249	1,347	29%	24%	47%	18%
Sandhills Center	108	13	336	39	457	24%	3%	74%	9%
Trillium Health Resources	1,084	628	442	751	2,154	50%	29%	21%	35%
Vaya Health	452	173	80	123	705	64%	25%	11%	17%
State Average	2,822	1,725	2,715	1,749	7,262	39%	24%	37%	24%
Standard Deviation						15.3%	9.1%	22.0%	8.6%
LME-MCO Average						40%	21%	40%	20%



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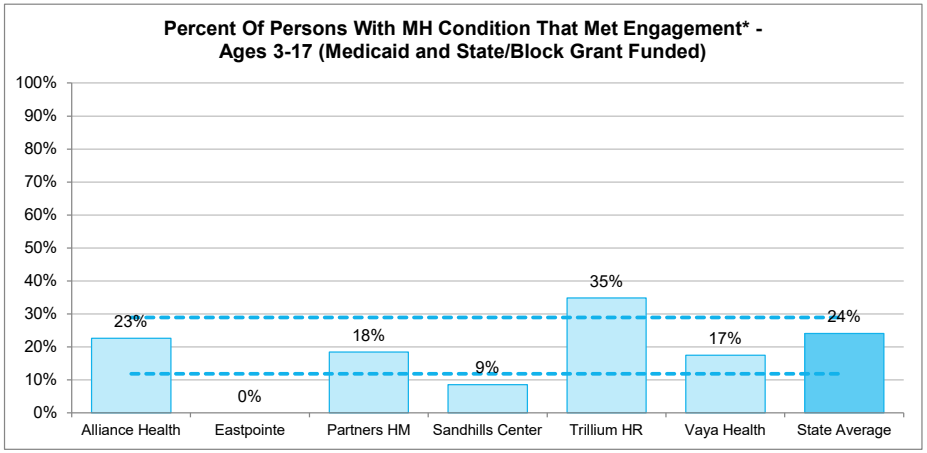

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
Report Year: 2024
Report Quarter: 4th Quarter

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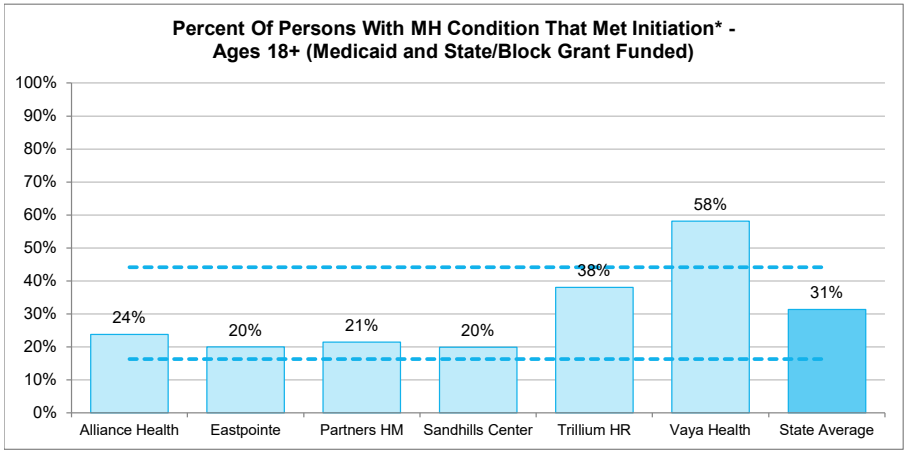
Persons Ages 18+ (Medicaid and State/Block Grant Funded)									
Alliance Health	1,526	1,149	3,746	773	6,421	24%	18%	58%	12%
Eastpointe	1	0	4	1	5	20%	0%	80%	20%
Partners Health Management	788	732	2,146	353	3,666	21%	20%	59%	10%
Sandhills Center	268	26	1,054	62	1,348	20%	2%	78%	5%
Trillium Health Resources	4,183	3,087	3,708	2,925	10,978	38%	28%	34%	27%
Vaya Health	566	242	166	172	974	58%	25%	17%	18%
State Average	7,332	5,236	10,824	4,286	23,392	31%	22%	46%	18%
Standard Deviation						14.0%	10.8%	22.6%	7.2%
LME-MCO Average						30%	15%	54%	15%



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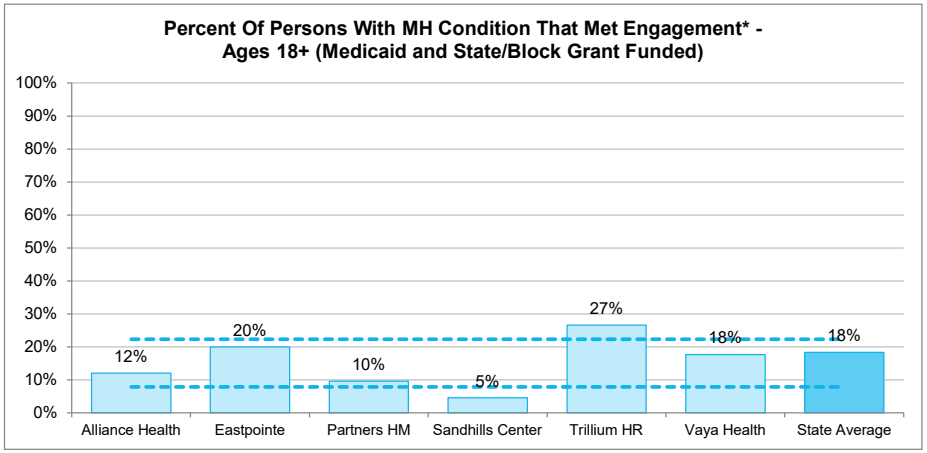

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
Report Year: 2024
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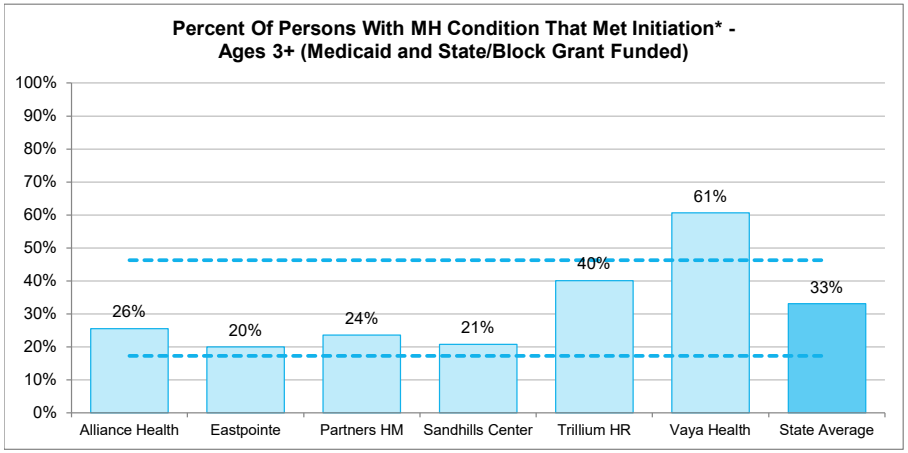
Persons Ages 3+ (Medicaid and State/Block Grant Funded)									
Alliance Health	2,307	1,743	4,970	1,360	9,020	26%	19%	55%	15%
Eastpointe	1	0	4	1	5	20%	0%	80%	20%
Partners Health Management	1,185	1,049	2,779	602	5,013	24%	21%	55%	12%
Sandhills Center	376	39	1,390	101	1,805	21%	2%	77%	6%
Trillium Health Resources	5,267	3,715	4,150	3,676	13,132	40%	28%	32%	28%
Vaya Health	1,018	415	246	295	1,679	61%	25%	15%	18%
State Average	10,154	6,961	13,539	6,035	30,654	33%	23%	44%	20%
Standard Deviation						14.5%	10.9%	23.2%	6.9%
LME-MCO Average						32%	16%	52%	16%



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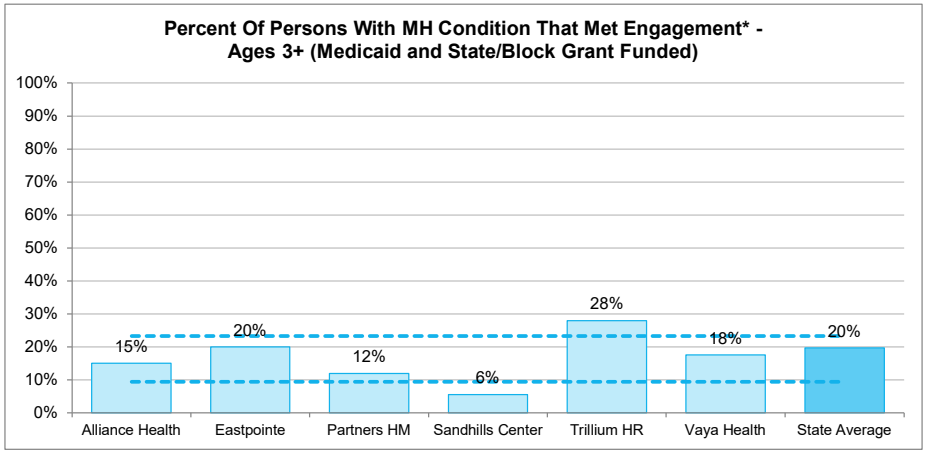

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State Fiscal Year: 2024
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Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

Measurement Period: Jan - Mar 2024

CRISIS AND INPATIENT SERVICES

5.1 Short-Term Care In State Psychiatric Hospitals

Rationale: Serving individuals in crisis in the least restrictive setting as appropriate and as close to home as possible helps families stay in touch and participate in the individual's recovery.

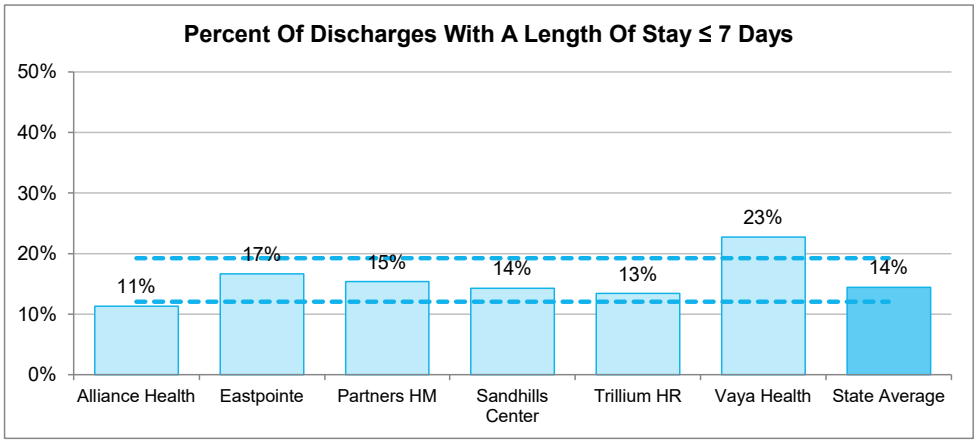
State psychiatric hospitals provide a safety net for the community service system. An adequate community system should provide short-term inpatient care in a local hospital in the community. This reserves high-cost state facility beds for consumers with more intensive, long-term care needs.

Reducing the short-term use of state psychiatric hospitals allows persons to receive acute services closer to home and provides more effective and efficient use of funds for community services. This is a Mental Health Block Grant measure required by the Center for Mental Health Services (CMHS).

Description: This indicator measures the percent of persons discharged from state psychiatric hospitals each quarter, that fall within the responsibility of an LME-MCO to coordinate services (as described in the footnote below), with a length of stay of 7 days or less.

Consumers Discharged With A Length Of Stay Of 7 Days Or Less

	Numerator	Denominator	Rate
LME-MCO	**Number of Discharges with a LOS ≤ 7 Days**	**Total Discharges**	**Percent with a Length Of Stay ≤ 7 Days**
Alliance Health	6	53	11%
Eastpointe	3	18	17%
Partners Health Management	2	13	15%
Sandhills Center	1	7	14%
Trillium Health Resources	9	67	13%
Vaya Health	5	22	23%
State Average	26	180	14%
Standard Deviation			3.6%
LME-MCO Average			16%



Data Source: State Psychiatric Hospital data in CDW as of 4/16/24. Discharges have been filtered to include only "direct" discharges to sources that fall within the responsibility of an LME-MCO to coordinate services (e.g. to other outpatient and residential non state facility, self/no referral, unknown, community agency, private physician, other health care, family friends, nonresidential treatment/habilitation program, acute care hospital, outpatient services, residential care, other). Discharges for other reasons (e.g. transfers to other facilities, to medical visits, out-of-state, to correctional facilities, deaths, etc.) are not included as LME-MCOs would not be expected to coordinate services for these individuals nor to have any impact on readmission rates.

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024 **Measurement Period:** Jan - Mar 2024
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2024

CRISIS AND INPATIENT SERVICES

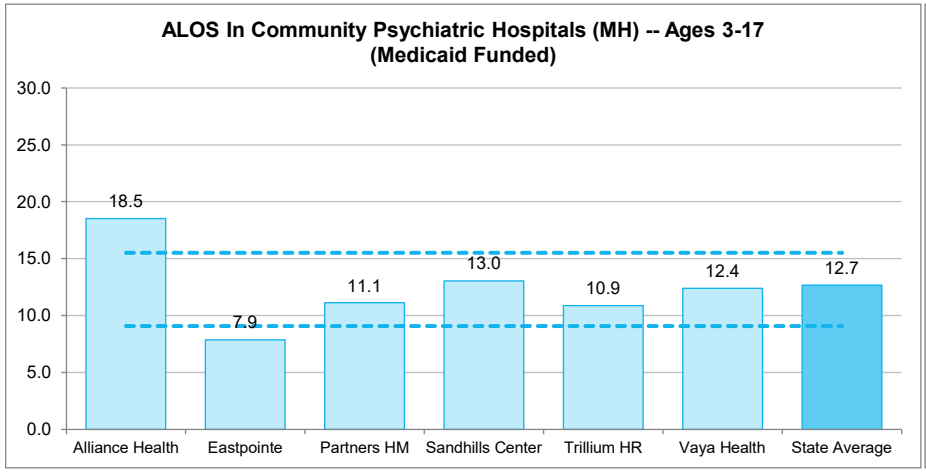
5.3 Length of Stay in Community Psychiatric Hospitals (Principal MH Diagnosis)

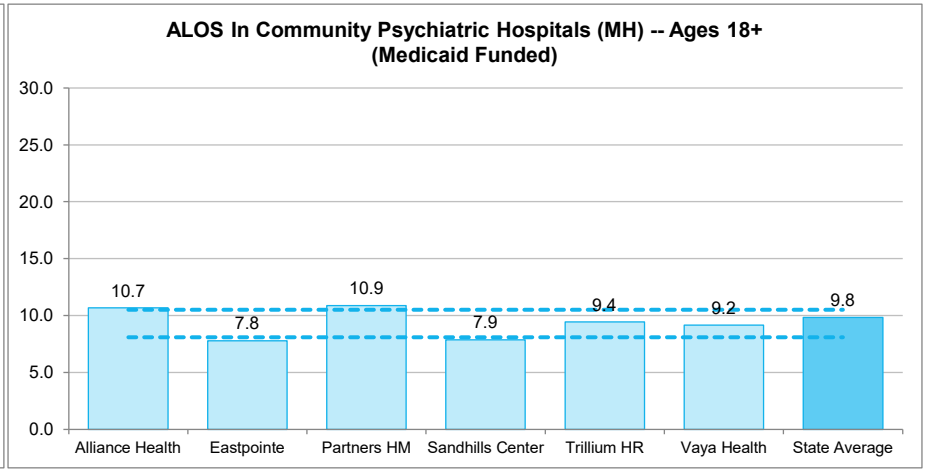
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient to less expensive post-acute settings. Longer stays can be indicative of poor-value care: inefficient hospital processes may cause delays in providing treatment; errors and poor-quality care may mean patients need further treatment or recovery time; poor care co-ordination may leave people stuck in the hospital waiting for ongoing care to be arranged. Stays that are too short can be indicative of poor-value care as well: some people may be discharged too early, when staying in the hospital longer could have improved their outcomes or reduced chances of readmission.

Description: The measure provides the average length of stay for persons with a principal mental health diagnosis who were discharged during the measurement period from a community inpatient facility for acute mental health care.

Length of Stay in Community Psychiatric Hospitals -- Principal MH Diagnosis (Medicaid Funded)

LME-MCO	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
	Ages 3-17			Ages 18+			Total (Ages 3+)		
	Total Number Inpatient Days	Total Number Discharges	Average LOS	Total Number Inpatient Days	Total Number Discharges	Average LOS	Total Number Inpatient Days	Total Number Discharges	Average LOS
Alliance Health	2,834	153	18.5	9,840	922	10.7	12,674	1,075	11.8
Eastpointe	118	15	7.9	459	59	7.8	577	74	7.8
Partners Health Management	1,233	111	11.1	5,232	481	10.9	6,465	592	10.9
Sandhills Center	313	24	13.0	889	113	7.9	1,202	137	8.8
Trillium Health Resources	3,574	329	10.9	10,569	1,122	9.4	14,143	1,451	9.7
Vaya Health	2,541	205	12.4	5,863	640	9.2	8,404	845	9.9
State Average	10,613	837	12.7	32,852	3,337	9.8	43,465	4,174	10.4
Standard Deviation			3.2			1.2			1.3
LME-MCO Average			12.3			9.3			9.8





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024 **Measurement Period:** Jan - Mar 2024
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2024

CRISIS AND INPATIENT SERVICES

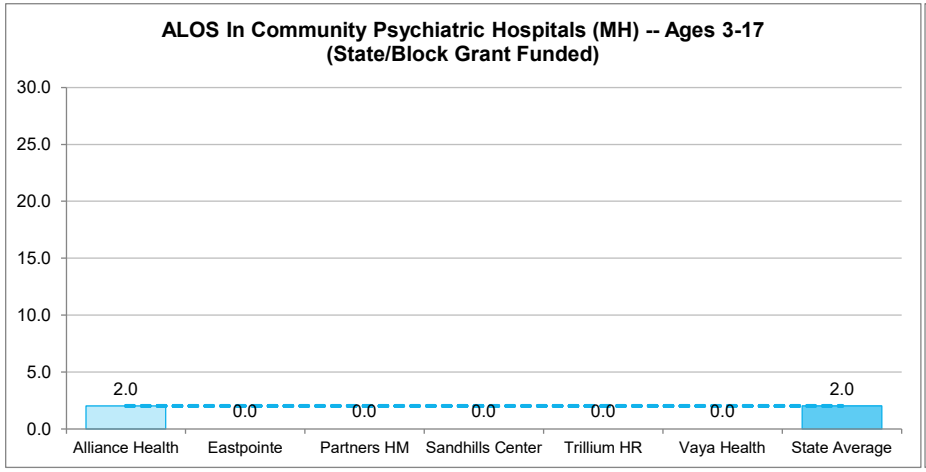
5.3 Length of Stay in Community Psychiatric Hospitals (Principal MH Diagnosis)

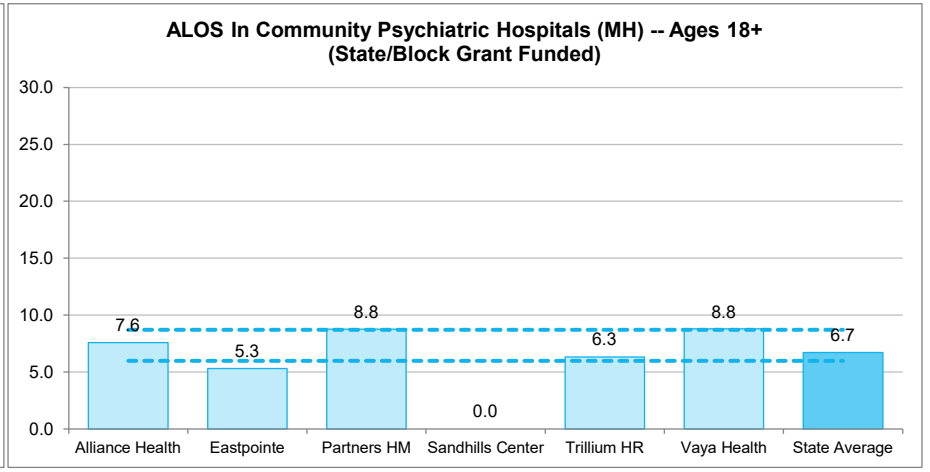
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient to less expensive post-acute settings. Longer stays can be indicative of poor-value care: inefficient hospital processes may cause delays in providing treatment; errors and poor-quality care may mean patients need further treatment or recovery time; poor care co-ordination may leave people stuck in the hospital waiting for ongoing care to be arranged. Stays that are too short can be indicative of poor-value care as well: some people may be discharged too early, when staying in the hospital longer could have improved their outcomes or reduced chances of readmission.

Description: The measure provides the average length of stay for persons with a principal mental health diagnosis who were discharged during the measurement period from a community inpatient facility for acute mental health care.

Length of Stay in Community Psychiatric Hospitals -- Principal MH Diagnosis (State/Block Grant Funded)

LME-MCO	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
	Ages 3-17			Ages 18+			Total (Ages 3+)		
	Total Number Inpatient Days	Total Number Discharges	Average LOS	Total Number Inpatient Days	Total Number Discharges	Average LOS	Total Number Inpatient Days	Total Number Discharges	Average LOS
Alliance Health	2	1	2.0	53	7	7.6	55	8	6.9
Eastpointe	0	0		37	7	5.3	37	7	5.3
Partners Health Management	0	0		35	4	8.8	35	4	8.8
Sandhills Center	0	0		0	0				
Trillium Health Resources	0	0		834	132	6.3	834	132	6.3
Vaya Health	0	0		211	24	8.8	211	24	8.8
State Average	2	1	2.0	1,170	174	6.7	1,172	175	6.7
Standard Deviation			0.0			1.4			1.4
LME-MCO Average			2.0			7.3			7.2





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024 **Measurement Period:** Jan - Mar 2024
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2024

CRISIS AND INPATIENT SERVICES

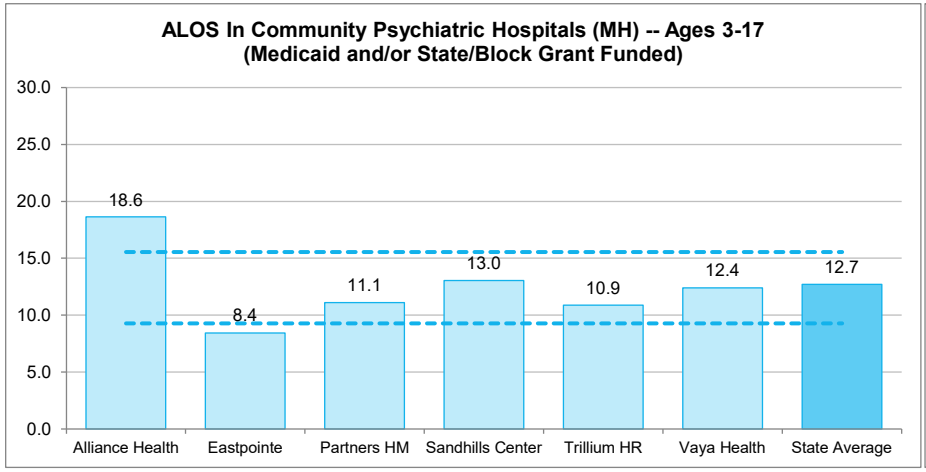
5.3 Length of Stay in Community Psychiatric Hospitals (Principal MH Diagnosis)

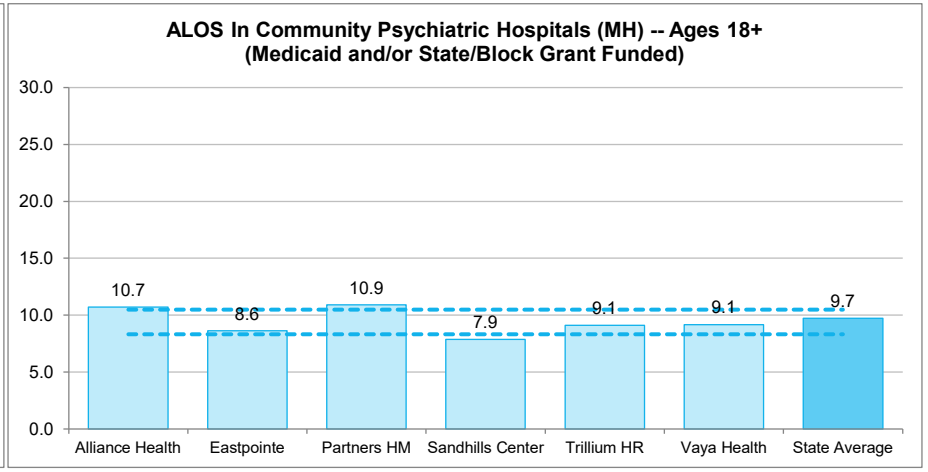
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient to less expensive post-acute settings. Longer stays can be indicative of poor-value care: inefficient hospital processes may cause delays in providing treatment; errors and poor-quality care may mean patients need further treatment or recovery time; poor care co-ordination may leave people stuck in the hospital waiting for ongoing care to be arranged. Stays that are too short can be indicative of poor-value care as well: some people may be discharged too early, when staying in the hospital longer could have improved their outcomes or reduced chances of readmission.

Description: The measure provides the average length of stay for persons with a principal mental health diagnosis who were discharged during the measurement period from a community inpatient facility for acute mental health care.

Length of Stay in Community Psychiatric Hospitals -- Principal MH Diagnosis (Medicaid and/or State/Block Grant Funded)

LME-MCO	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
	Ages 3-17			Ages 18+			Total (Ages 3+)		
	Total Number Inpatient Days	Total Number Discharges	Average LOS	Total Number Inpatient Days	Total Number Discharges	Average LOS	Total Number Inpatient Days	Total Number Discharges	Average LOS
Alliance Health	2,832	152	18.6	9,787	915	10.7	12,619	1,067	11.8
Eastpointe	135	16	8.4	526	61	8.6	661	77	8.6
Partners Health Management	1,233	111	11.1	5,197	477	10.9	6,430	588	10.9
Sandhills Center	313	24	13.0	889	113	7.9	1,202	137	8.8
Trillium Health Resources	3,574	329	10.9	11,403	1,254	9.1	14,977	1,583	9.5
Vaya Health	2,541	205	12.4	6,074	664	9.1	8,615	869	9.9
State Average	10,628	837	12.7	33,876	3,484	9.7	44,504	4,321	10.3
Standard Deviation			3.1			1.1			1.2
LME-MCO Average			12.4			9.4			9.9





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024 **Measurement Period:** Jan - Mar 2024
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2024

CRISIS AND INPATIENT SERVICES

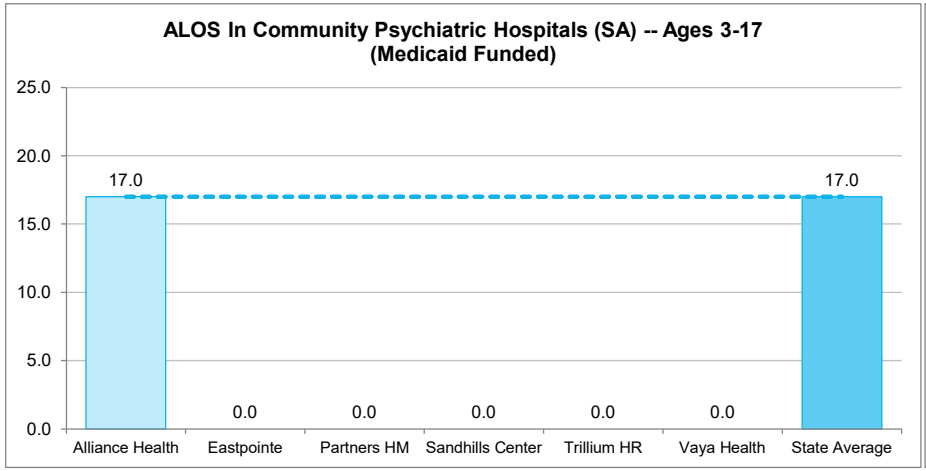
5.4 Length of Stay in Community Psychiatric Hospitals (Principal SA Diagnosis)

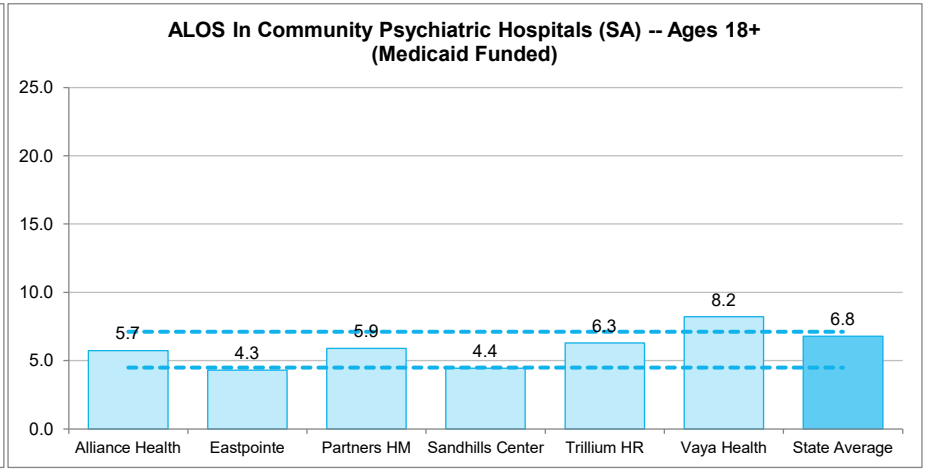
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient to less expensive post-acute settings. Longer stays can be indicative of poor-value care: inefficient hospital processes may cause delays in providing treatment; errors and poor-quality care may mean patients need further treatment or recovery time; poor care co-ordination may leave people stuck in the hospital waiting for ongoing care to be arranged. Stays that are too short can be indicative of poor-value care as well: some people may be discharged too early, when staying in the hospital longer could have improved their outcomes or reduced chances of readmission.

Description: The measure provides the average length of stay for persons with a principal substance use disorder diagnosis who were discharged during the measurement period from a community inpatient facility for acute substance use care.

Length of Stay in Community Psychiatric Hospitals -- Principal SA Diagnosis (Medicaid Funded)

LME-MCO	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
	Ages 3-17			Ages 18+			Total (Ages 3+)		
	Total Number Inpatient Days	Total Number Discharges	Average LOS	Total Number Inpatient Days	Total Number Discharges	Average LOS	Total Number Inpatient Days	Total Number Discharges	Average LOS
Alliance Health	17	1	17.0	623	109	5.7	640	110	5.8
Eastpointe	0	0		60	14	4.3	60	14	4.3
Partners Health Management	0	0		347	59	5.9	347	59	5.9
Sandhills Center	0	0		62	14	4.4	62	14	4.4
Trillium Health Resources	0	0		767	122	6.3	767	122	6.3
Vaya Health	0	0		1,732	211	8.2	1,732	211	8.2
State Average	17	1	17.0	3,591	529	6.8	3,608	530	6.8
Standard Deviation			0.0			1.3			1.3
LME-MCO Average			17.0			5.8			5.8





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024 **Measurement Period:** Jan - Mar 2024
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2024

CRISIS AND INPATIENT SERVICES

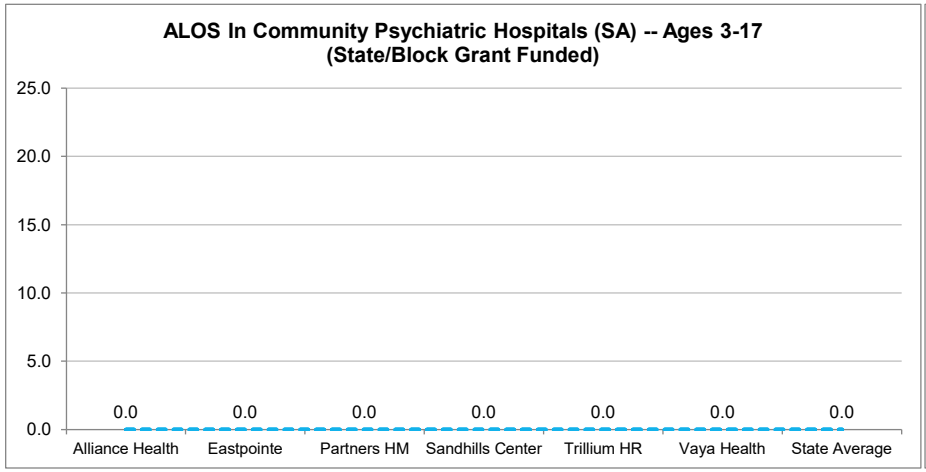
5.4 Length of Stay in Community Psychiatric Hospitals (Principal SA Diagnosis)

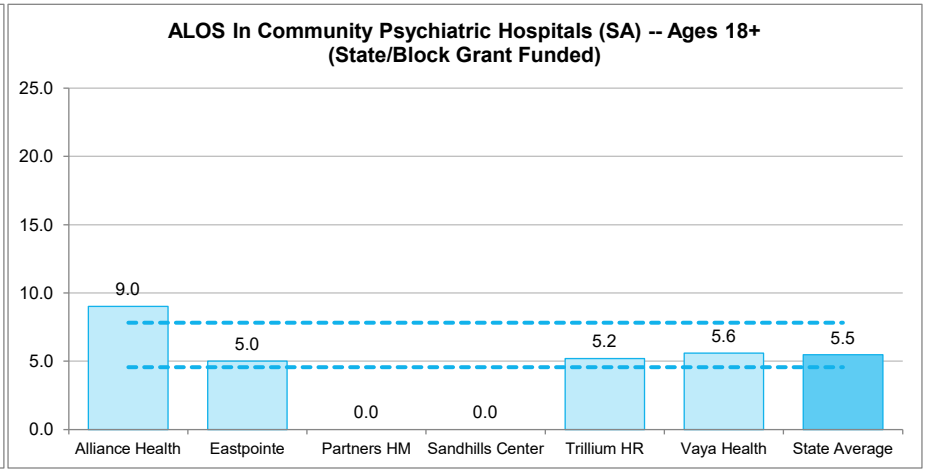
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient to less expensive post-acute settings. Longer stays can be indicative of poor-value care: inefficient hospital processes may cause delays in providing treatment; errors and poor-quality care may mean patients need further treatment or recovery time; poor care co-ordination may leave people stuck in the hospital waiting for ongoing care to be arranged. Stays that are too short can be indicative of poor-value care as well: some people may be discharged too early, when staying in the hospital longer could have improved their outcomes or reduced chances of readmission.

Description: The measure provides the average length of stay for persons with a principal substance use disorder diagnosis who were discharged during the measurement period from a community inpatient facility for acute substance use care.

Length of Stay in Community Psychiatric Hospitals -- Principal SA Diagnosis (State/Block Grant Funded)

LME-MCO	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
	Ages 3-17			Ages 18+			Total (Ages 3+)		
	Total Number Inpatient Days	Total Number Discharges	Average LOS	Total Number Inpatient Days	Total Number Discharges	Average LOS	Total Number Inpatient Days	Total Number Discharges	Average LOS
Alliance Health	0	0		9	1	9.0	9	1	9.0
Eastpointe	0	0		5	1	5.0	5	1	5.0
Partners Health Management	0	0		0	0				
Sandhills Center	0	0		0	0				
Trillium Health Resources	0	0		83	16	5.2	83	16	5.2
Vaya Health	0	0		67	12	5.6	67	12	5.6
State Average	0	0		164	30	5.5	164	30	5.5
Standard Deviation						1.6			1.6
LME-MCO Average						6.2			6.2





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024 **Measurement Period:** Jan - Mar 2024
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2024

CRISIS AND INPATIENT SERVICES

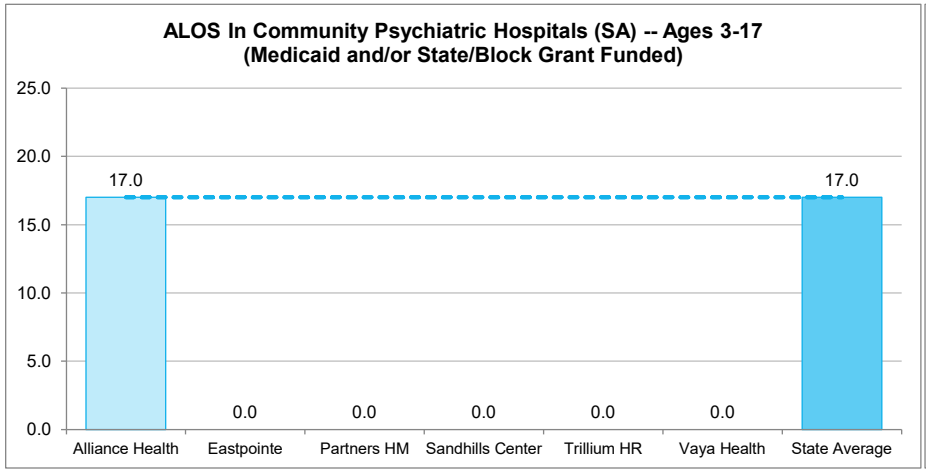
5.4 Length of Stay in Community Psychiatric Hospitals (Principal SA Diagnosis)

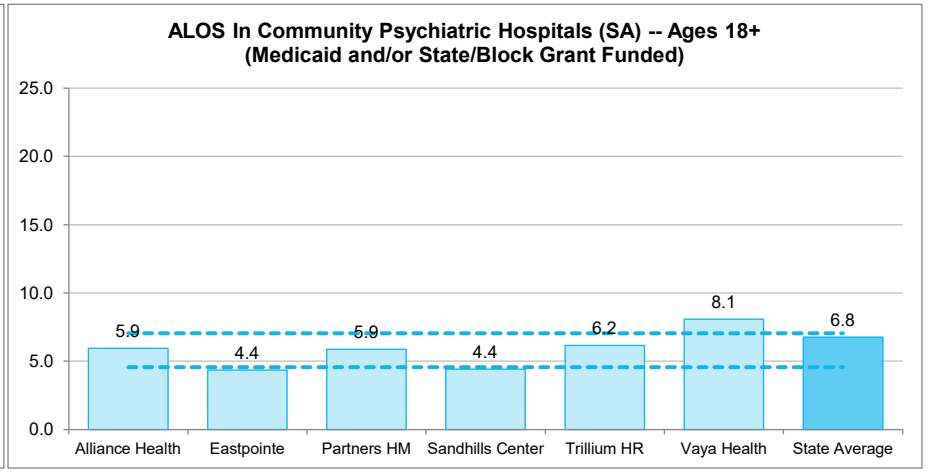
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient to less expensive post-acute settings. Longer stays can be indicative of poor-value care: inefficient hospital processes may cause delays in providing treatment; errors and poor-quality care may mean patients need further treatment or recovery time; poor care co-ordination may leave people stuck in the hospital waiting for ongoing care to be arranged. Stays that are too short can be indicative of poor-value care as well: some people may be discharged too early, when staying in the hospital longer could have improved their outcomes or reduced chances of readmission.

Description: The measure provides the average length of stay for persons with a principal substance use disorder diagnosis who were discharged during the measurement period from a community inpatient facility for acute substance use care.

Length of Stay in Community Psychiatric Hospitals -- Principal SA Diagnosis (Medicaid and/or State/Block Grant Funded)

LME-MCO	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
	Ages 3-17			Ages 18+			Total (Ages 3+)		
	Total Number Inpatient Days	Total Number Discharges	Average LOS	Total Number Inpatient Days	Total Number Discharges	Average LOS	Total Number Inpatient Days	Total Number Discharges	Average LOS
Alliance Health	17	1	17.0	553	93	5.9	570	94	6.1
Eastpointe	0	0		74	17	4.4	74	17	4.4
Partners Health Management	0	0		347	59	5.9	347	59	5.9
Sandhills Center	0	0		62	14	4.4	62	14	4.4
Trillium Health Resources	0	0		850	138	6.2	850	138	6.2
Vaya Health	0	0		1,799	223	8.1	1,799	223	8.1
State Average	17	1	17.0	3,685	544	6.8	3,702	545	6.8
Standard Deviation			0.0			1.2			1.2
LME-MCO Average			17.0			5.8			5.8





North Carolina LME-MCO Performance Measurement Reporting
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State Fiscal Year: 2024
Report Quarter: 4th Quarter
Measurement Period: Jan - Mar 2024
Based On Claims Paid As Of: Jul 31, 2024

CRISIS AND INPATIENT

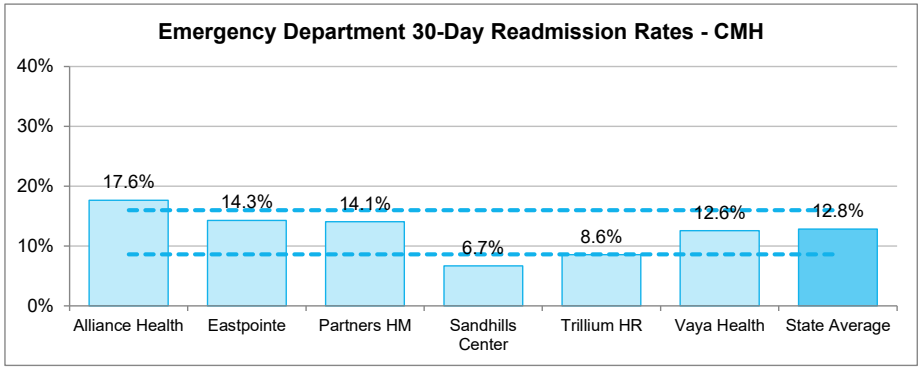
5.5 Emergency Department Readmissions (Medicaid Only)

Rationale: Successful community living following discharge from a emergency department (ED) for a principal MH, I/DD, or SUD diagnosis, without repeated admissions to ED care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. Timely follow-up care and engagement in community care and supports will reduce avoidable utilization of the ED for MH, I/DD, and SUD diagnoses and enable greater recovery. A low ED readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated ED admissions.

Description: This indicator measures the percent of persons admitted to an emergency department each quarter that are readmissions to an emergency department for a MH, I/DD, or SUD principal diagnosis within 30 days of a prior discharge. This rate is computed for 6 age-disability groups - Children and Adults with a MH condition, Children and Adults with a Substance Use Disorder, and Children and Adults with an Intellectual or Developmental Disability - and for All Ages and Disabilities combined.

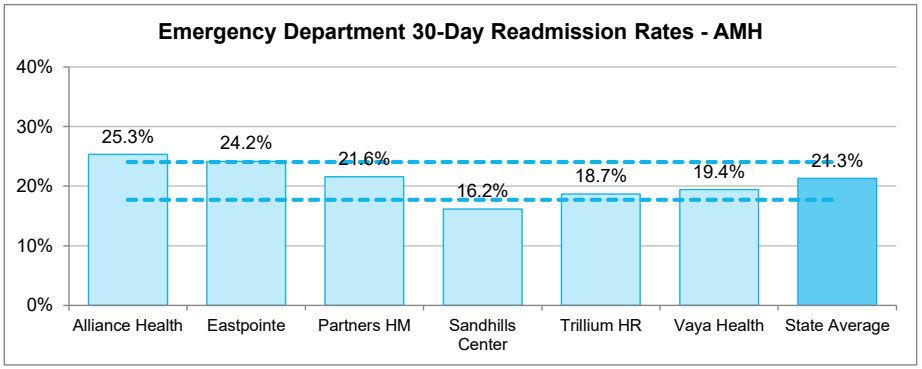
Child Mental Health (Ages 3-17)

LME-MCO	Numerator: Number that are Readmissions within 30 days	Denominator: Number of ED Admissions	Rate: Percent that are Readmissions within 30 Days
Alliance Health	61	346	17.6%
Eastpointe	5	35	14.3%
Partners Health Management	29	206	14.1%
Sandhills Center	3	45	6.7%
Trillium Health Resources	33	385	8.6%
Vaya Health	25	199	12.6%
State Average	156	1,216	12.8%
Standard Deviation			3.7%
LME-MCO Average			12.3%



Adult Mental Health (Ages 18+)

LME-MCO	Numerator: Number that are Readmissions within 30 days	Denominator: Number of ED Admissions	Rate: Percent that are Readmissions within 30 Days
Alliance Health	295	1,165	25.3%
Eastpointe	36	149	24.2%
Partners Health Management	119	552	21.6%
Sandhills Center	27	167	16.2%
Trillium Health Resources	239	1,278	18.7%
Vaya Health	115	592	19.4%
State Average	831	3,903	21.3%
Standard Deviation			3.2%
LME-MCO Average			20.9%



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2024
Report Quarter: 4th Quarter

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

Measurement Period: Jan - Mar 2024
Based On Claims Paid As Of: Jul 31, 2024

CRISIS AND INPATIENT

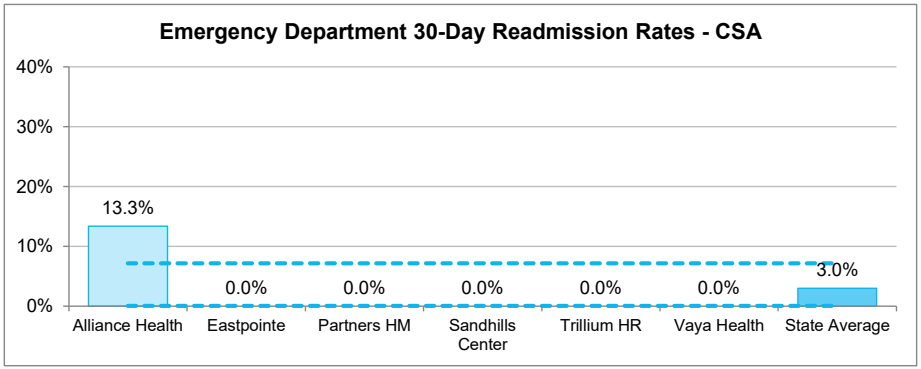
5.5 Emergency Department Readmissions (Medicaid Only)

Rationale: Successful community living following discharge from a emergency department (ED) for a principal MH, I/DD, or SUD diagnosis, without repeated admissions to ED care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. Timely follow-up care and engagement in community care and supports will reduce avoidable utilization of the ED for MH, I/DD, and SUD diagnoses and enable greater recovery. A low ED readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated ED admissions.

Description: This indicator measures the percent of persons admitted to an emergency department each quarter that are readmissions to an emergency department for a MH, I/DD, or SUD principal diagnosis within 30 days of a prior discharge. This rate is computed for 6 age-disability groups - Children and Adults with a MH condition, Children and Adults with a Substance Use Disorder, and Children and Adults with an Intellectual or Developmental Disability - and for All Ages and Disabilities combined.

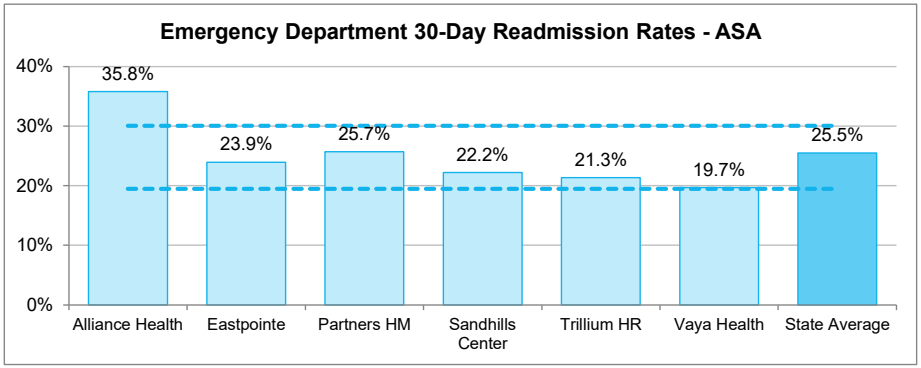
Child Substance Abuse (Ages 3-17)

LME-MCO	Numerator: Number that are Readmissions within 30 days	Denominator: Number of ED Admissions	Rate: Percent that are Readmissions within 30 Days
Alliance Health	2	15	13.3%
Eastpointe	0	5	0.0%
Partners Health Management	0	11	0.0%
Sandhills Center	0	2	0.0%
Trillium Health Resources	0	22	0.0%
Vaya Health	0	12	0.0%
State Average	2	67	3.0%
Standard Deviation			5.0%
LME-MCO Average			2.2%



Adult Substance Abuse (Ages 18+)

LME-MCO	Numerator: Number that are Readmissions within 30 days	Denominator: Number of ED Admissions	Rate: Percent that are Readmissions within 30 Days
Alliance Health	156	436	35.8%
Eastpointe	11	46	23.9%
Partners Health Management	55	214	25.7%
Sandhills Center	20	90	22.2%
Trillium Health Resources	122	572	21.3%
Vaya Health	60	305	19.7%
State Average	424	1,663	25.5%
Standard Deviation			5.3%
LME-MCO Average			24.8%



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024
Report Quarter: 4th Quarter
Measurement Period: Jan - Mar 2024
Based On Claims Paid As Of: Jul 31, 2024

CRISIS AND INPATIENT

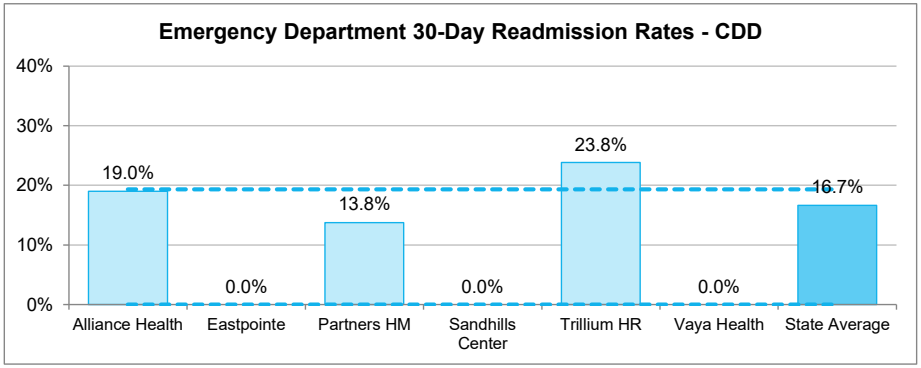
5.5 Emergency Department Readmissions (Medicaid Only)

Rationale: Successful community living following discharge from a emergency department (ED) for a principal MH, I/DD, or SUD diagnosis, without repeated admissions to ED care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. Timely follow-up care and engagement in community care and supports will reduce avoidable utilization of the ED for MH, I/DD, and SUD diagnoses and enable greater recovery. A low ED readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated ED admissions.

Description: This indicator measures the percent of persons admitted to an emergency department each quarter that are readmissions to an emergency department for a MH, I/DD, or SUD principal diagnosis within 30 days of a prior discharge. This rate is computed for 6 age-disability groups - Children and Adults with a MH condition, Children and Adults with a Substance Use Disorder, and Children and Adults with an Intellectual or Developmental Disability - and for All Ages and Disabilities combined.

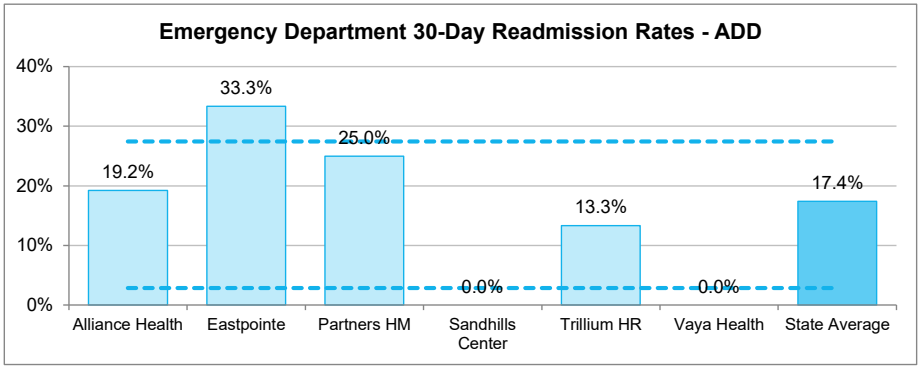
Child Intellectual or Developmental Disabilities (Ages 3-17)

LME-MCO	Numerator: Number that are Readmissions within 30 days	Denominator: Number of ED Admissions	Rate: Percent that are Readmissions within 30 Days
Alliance Health	4	21	19.0%
Eastpointe	0	1	0.0%
Partners Health Management	4	29	13.8%
Sandhills Center	0	3	0.0%
Trillium Health Resources	5	21	23.8%
Vaya Health	0	3	0.0%
State Average	13	78	16.7%
Standard Deviation			9.9%
LME-MCO Average			9.4%



Adult Intellectual or Developmental Disabilities (Ages 18+)

LME-MCO	Numerator: Number that are Readmissions within 30 days	Denominator: Number of ED Admissions	Rate: Percent that are Readmissions within 30 Days
Alliance Health	5	26	19.2%
Eastpointe	1	3	33.3%
Partners Health Management	4	16	25.0%
Sandhills Center	0	2	0.0%
Trillium Health Resources	2	15	13.3%
Vaya Health	0	7	0.0%
State Average	12	69	17.4%
Standard Deviation			12.3%
LME-MCO Average			15.1%



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024
Report Quarter: 4th Quarter
Measurement Period: Jan - Mar 2024
Based On Claims Paid As Of: Jul 31, 2024

CRISIS AND INPATIENT

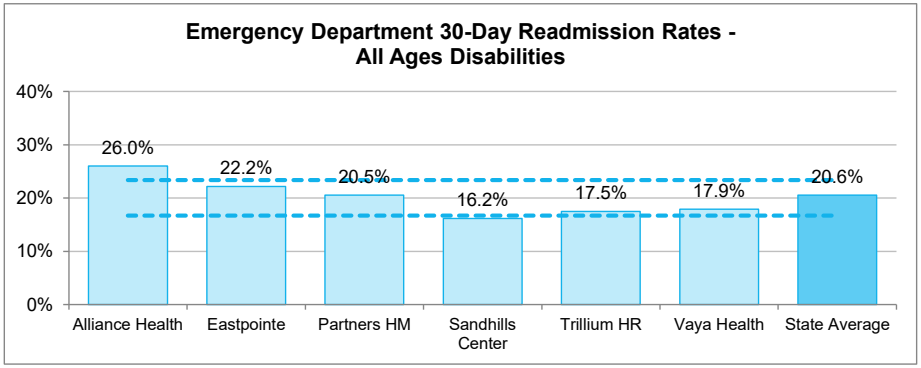
5.5 Emergency Department Readmissions (Medicaid Only)

Rationale: Successful community living following discharge from a emergency department (ED) for a principal MH, I/DD, or SUD diagnosis, without repeated admissions to ED care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. Timely follow-up care and engagement in community care and supports will reduce avoidable utilization of the ED for MH, I/DD, and SUD diagnoses and enable greater recovery. A low ED readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated ED admissions.

Description: This indicator measures the percent of persons admitted to an emergency department each quarter that are readmissions to an emergency department for a MH, I/DD, or SUD principal diagnosis within 30 days of a prior discharge. This rate is computed for 6 age-disability groups - Children and Adults with a MH condition, Children and Adults with a Substance Use Disorder, and Children and Adults with an Intellectual or Developmental Disability - and for All Ages and Disabilities combined.

All Ages and Disabilities (Ages 3+)

LME-MCO	Numerator: Number that are Readmissions within 30 days	Denominator: Number of ED Admissions	Rate: Percent that are Readmissions within 30 Days
Alliance Health	523	2,009	26.0%
Eastpointe	53	239	22.2%
Partners Health Management	211	1,028	20.5%
Sandhills Center	50	309	16.2%
Trillium Health Resources	401	2,293	17.5%
Vaya Health	200	1,118	17.9%
State Average	1,438	6,996	20.6%
Standard Deviation			3.3%
LME-MCO Average			20.0%



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024
Report Quarter: 4th Quarter
30-Day Readmission Measurement Period: Jan - Mar 2024
180-Day Readmission Measurement Period: Oct - Dec 2023

CRISIS AND INPATIENT SERVICES

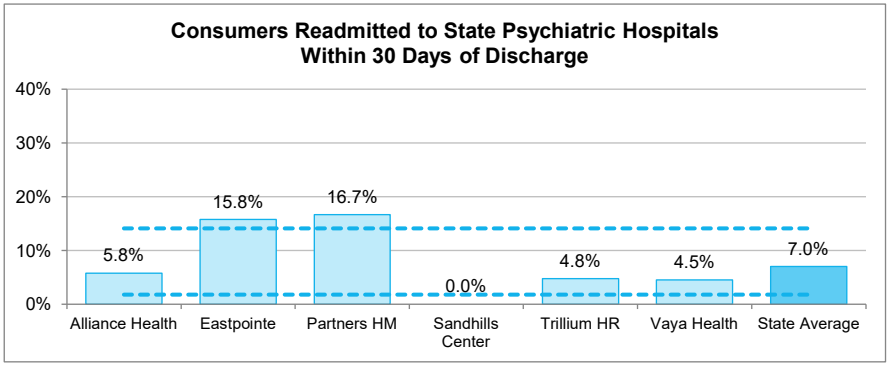
5.6 State Psychiatric Hospital Readmissions within 30 Days and 180 Days

Rationale: Successful community living following hospitalization, without repeated admissions to inpatient care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low psychiatric hospital readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated hospitalizations. This is a MH Block Grant measure required by the Center for Mental Health Services (CMHS).

Description: This indicator measures the percent of persons discharged from a state psychiatric hospital each quarter, that fall within the responsibility of an LME-MCO to coordinate services (as described in the footnote below) that are readmitted to any state psychiatric hospital within 30 days and within 180 days following discharge.

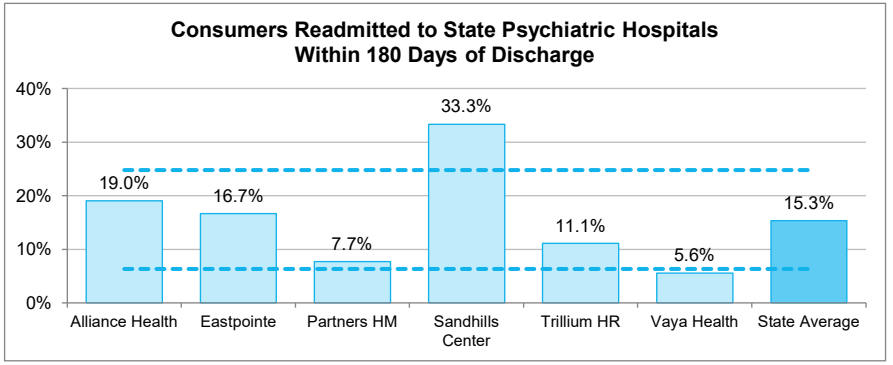
Readmitted within 30 Days (Discharges Jan - Mar 2024)

LME-MCO	Numerator: Number Readmissions	Denominator: Total Discharges	Rate: Percent Readmitted
Alliance Health	3	52	5.8%
Eastpointe	3	19	15.8%
Partners Health Management	3	18	16.7%
Sandhills Center	0	11	0.0%
Trillium Health Resources	3	63	4.8%
Vaya Health	1	22	4.5%
State Average	13	185	7.0%
Standard Deviation			6.2%
LME-MCO Average			7.9%



Readmitted within 180 Days (Discharges Oct - Dec 2023)

LME-MCO	Numerator: Number Readmissions	Denominator: Total Discharges	Rate: Percent Readmitted
Alliance Health	8	42	19.0%
Eastpointe	11	66	16.7%
Partners Health Management	1	13	7.7%
Sandhills Center	2	6	33.3%
Trillium Health Resources	2	18	11.1%
Vaya Health	1	18	5.6%
State Average	25	163	15.3%
Standard Deviation			9.2%
LME-MCO Average			15.6%



Data Source: State Hospital data in CDW as of 7/15/24. Discharges have been filtered to include only "direct" and program completion discharges to sources that fall within the responsibility of an LME-MCO to coordinate services (e.g. to other outpatient and residential non state facility, self/no referral, unknown, community agency, private physician, other health care, family friends, nonresidential treatment/habilitation program, other). Discharges for other reasons (e.g. transfers to other facilities, deaths, discharges to medical visits, etc.); to other referral sources (e.g. court, correctional facilities, nursing homes, state facilities, VA); and out-of-state are not included as LMEs would not be expected to coordinate services for these individuals nor to have any impact on readmission rates.

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024 **Measurement Period:** Jan - Mar 2024
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2024

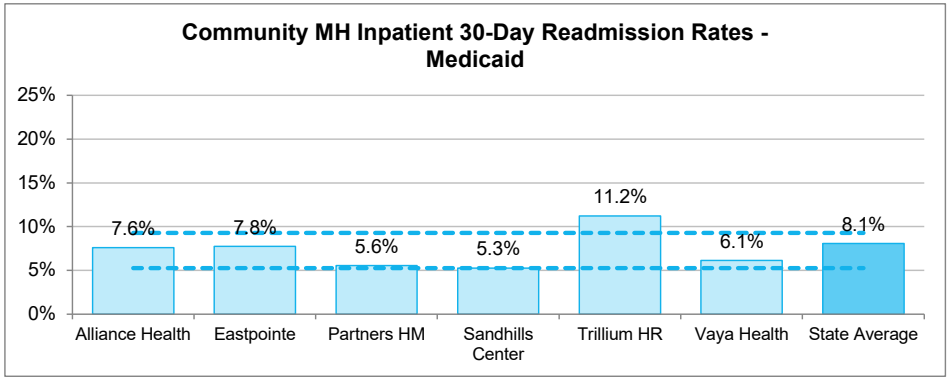
CRISIS AND INPATIENT SERVICES

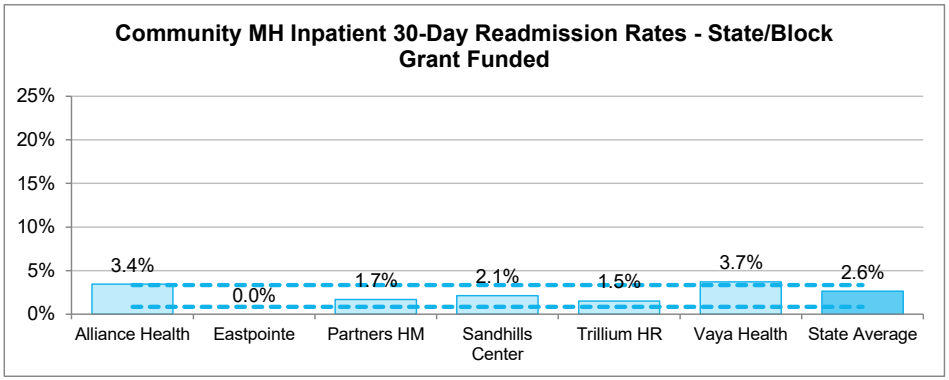
5.7. Community Mental Health Inpatient Readmissions Within 30 Days (Ages 6+)

Rationale: Successful community living following hospitalization, without repeated admissions to inpatient care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low hospital readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated hospitalizations.

Description: This indicator measures the percent of persons discharged from a community-based hospital for a principal MH diagnosis each quarter that are readmitted to any community-based hospital for any MH, I/DD, SUD principal diagnosis within 30 days following discharge.

	Numerator	Denominator	Rate
LME-MCO	**Total Number of Readmissions within 30 days**	**Total Number of Discharges**	**Percent Readmitted Within 30 Days**
Medicaid Funded			
Alliance Health	85	1,117	7.6%
Eastpointe	9	116	7.8%
Partners Health Management	49	881	5.6%
Sandhills Center	7	133	5.3%
Trillium Health Resources	163	1,451	11.2%
Vaya Health	45	732	6.1%
State Average	358	4,430	8.1%
Standard Deviation			2.0%
LME-MCO Average			7.3%
State/Block Grant Funded			
Alliance Health	9	261	3.4%
Eastpointe	0	7	0.0%
Partners Health Management	3	178	1.7%
Sandhills Center	1	47	2.1%
Trillium Health Resources	2	132	1.5%
Vaya Health	5	135	3.7%
State Average	20	760	2.6%
Standard Deviation			1.2%
LME-MCO Average			2.1%





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024
Report Quarter: 4th Quarter
Measurement Period: Jan - Mar 2024
Based On Claims Paid As Of: Jul 31, 2024

CRISIS AND INPATIENT SERVICES

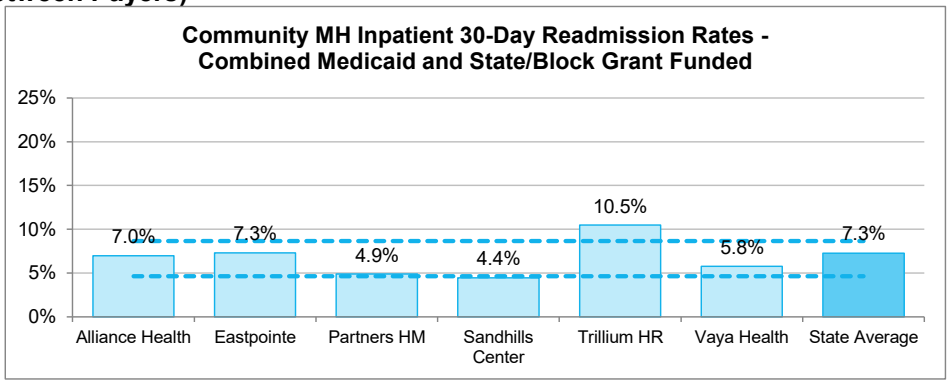
5.7. Community Mental Health Inpatient Readmissions Within 30 Days (Ages 6+)

Rationale: Successful community living following hospitalization, without repeated admissions to inpatient care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low hospital readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated hospitalizations.

Description: This indicator measures the percent of persons discharged from a community-based hospital for a principal MH diagnosis each quarter that are readmitted to any community-based hospital for any MH, I/DD, SUD principal diagnosis within 30 days following discharge.

Combined Medicaid and State/Block Grant Funded (Includes Cross-Overs Between Payers)

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	96	1,378	7.0%
Eastpointe	9	123	7.3%
Partners Health Management	57	1,165	4.9%
Sandhills Center	8	180	4.4%
Trillium Health Resources	166	1,583	10.5%
Vaya Health	50	867	5.8%
State Average	386	5,296	7.3%
Standard Deviation			2.0%
LME-MCO Average			6.6%



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024 **Measurement Period:** Jan - Mar 2024
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2024

CRISIS AND INPATIENT SERVICES

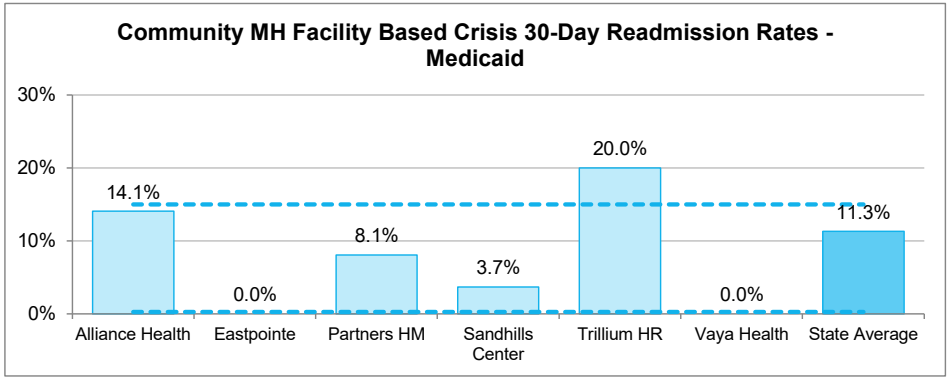
5.7. Community Mental Health Facility Based Crisis Readmissions Within 30 Days (Ages 6+)

Rationale: Successful community living following discharge from a facility based crisis service, without repeated admissions to facility based crisis care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated crisis care.

Description: This indicator measures the percent of persons discharged from a facility based crisis service for a principal MH diagnosis each quarter that are readmitted to a facility based crisis service for any MH, I/DD, SUD principal diagnosis within 30 days following discharge.

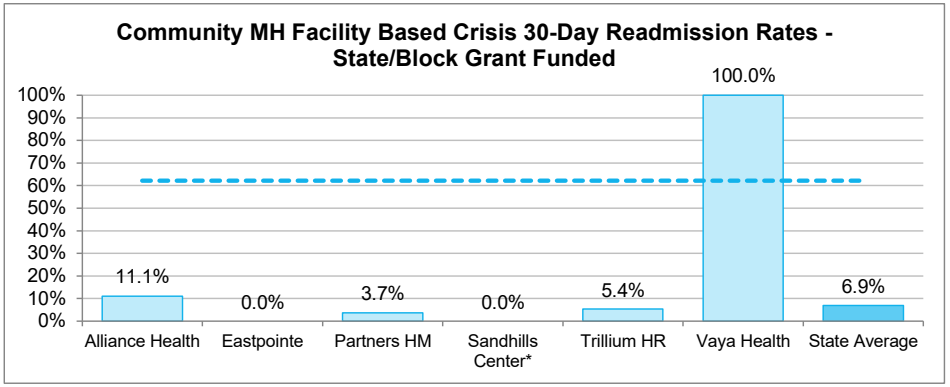
Medicaid Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	9	64	14.1%
Eastpointe	0	7	0.0%
Partners Health Management	5	62	8.1%
Sandhills Center	1	27	3.7%
Trillium Health Resources	9	45	20.0%
Vaya Health	0	7	0.0%
State Average	24	212	11.3%
Standard Deviation			7.4%
LME-MCO Average			7.6%



State/Block Grant Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	3	27	11.1%
Eastpointe	0	0	
Partners Health Management	1	27	3.7%
Sandhills Center	0	5	0.0%
Trillium Health Resources	3	56	5.4%
Vaya Health	1	1	100.0%
State Average	8	116	6.9%
Standard Deviation			38.2%
LME-MCO Average			24.0%



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024
Report Quarter: 4th Quarter
Measurement Period: Jan - Mar 2024
Based On Claims Paid As Of: Jul 31, 2024

CRISIS AND INPATIENT SERVICES

5.7. Community Mental Health Facility Based Crisis Readmissions Within 30 Days (Ages 6+)

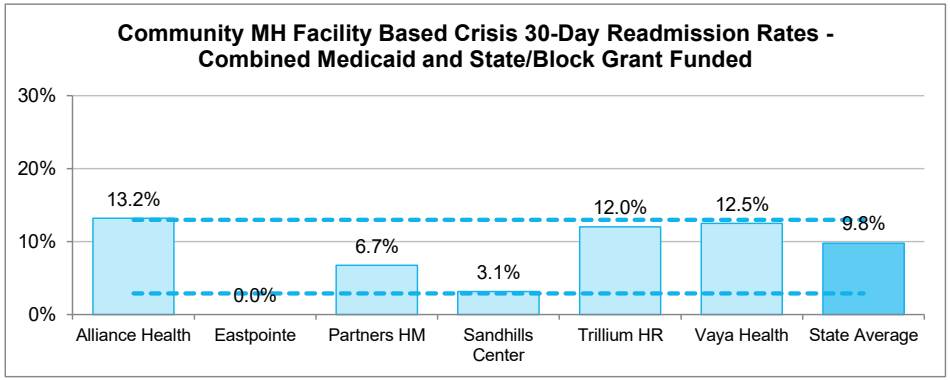
Rationale: Successful community living following discharge from a facility based crisis service, without repeated admissions to facility based crisis care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated crisis care.

Description: This indicator measures the percent of persons discharged from a facility based crisis service for a principal MH diagnosis each quarter that are readmitted to a facility based crisis service for any MH, I/DD, SUD principal diagnosis within 30 days following discharge.

	Numerator	Denominator	Rate
LME-MCO	**Total Number of Readmissions within 30 days**	**Total Number of Discharges**	**Percent Readmitted Within 30 Days**

Combined Medicaid and State/Block Grant Funded (Includes Cross-Overs Between Payers)

Alliance Health	12	91	13.2%
Eastpointe	0	7	0.0%
Partners Health Management	6	89	6.7%
Sandhills Center	1	32	3.1%
Trillium Health Resources	12	100	12.0%
Vaya Health	1	8	12.5%
State Average	32	327	9.8%
Standard Deviation			5.0%
LME-MCO Average			7.9%



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2024
Report Quarter: 4th Quarter

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

Measurement Period: Jan - Mar 2024
Based On Claims Paid As Of: Jul 31, 2024

CRISIS AND INPATIENT SERVICES

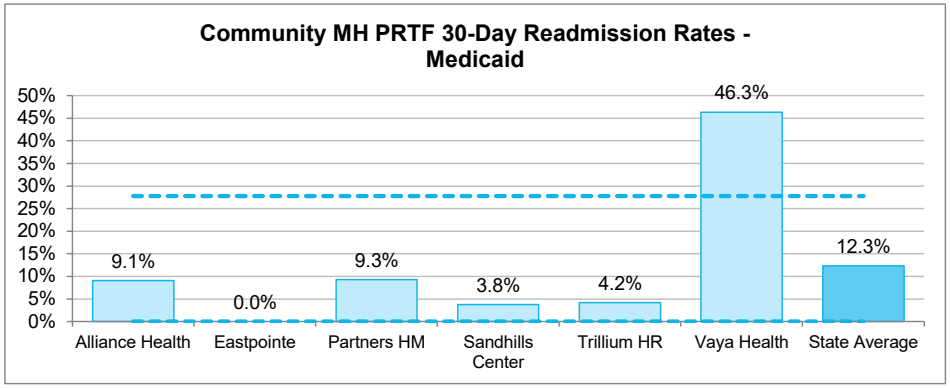
5.7. Community Mental Health PRTF Readmissions Within 30 Days (Ages 6+)

Rationale: Successful community living following care in a Psychiatric Residential Treatment Facility (PRTF), without repeated admissions, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated stays in a PRTF.

Description: This indicator measures the percent of persons discharged from a PRTF for a principal MH diagnosis each quarter that are readmitted to any PRTF within 30 days following discharge.

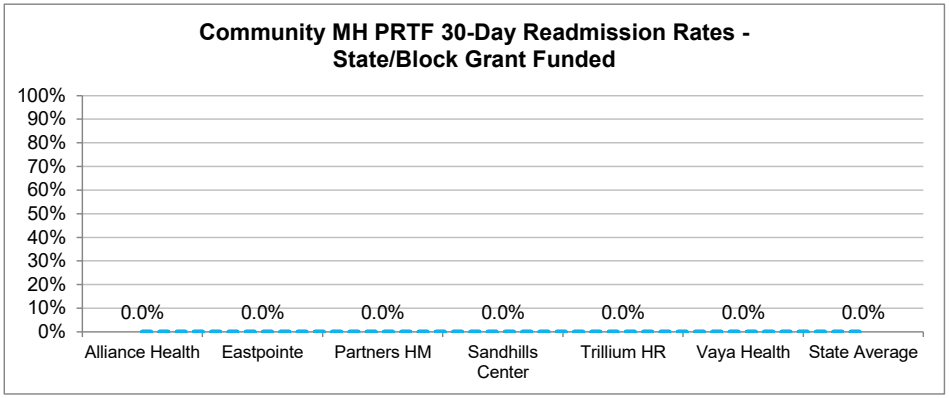
Medicaid Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	5	55	9.1%
Eastpointe	0	1	0.0%
Partners Health Management	4	43	9.3%
Sandhills Center	3	80	3.8%
Trillium Health Resources	2	48	4.2%
Vaya Health	19	41	46.3%
State Average	33	268	12.3%
Standard Deviation			15.6%
LME-MCO Average			12.1%



State/Block Grant Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	0	0	
Eastpointe	0	0	
Partners Health Management	0	0	
Sandhills Center	0	0	
Trillium Health Resources	0	0	
Vaya Health	0	0	
State Average	0	0	
Standard Deviation			0.0%
LME-MCO Average			0.0%



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2024
Report Quarter: 4th Quarter

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

Measurement Period: Jan - Mar 2024
Based On Claims Paid As Of: Jul 31, 2024

CRISIS AND INPATIENT SERVICES

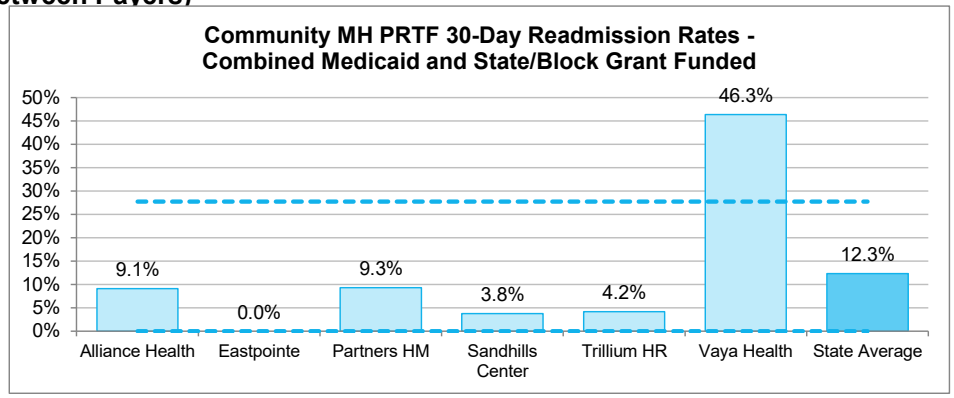
5.7. Community Mental Health PRTF Readmissions Within 30 Days (Ages 6+)

Rationale: Successful community living following care in a Psychiatric Residential Treatment Facility (PRTF), without repeated admissions, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated stays in a PRTF.

Description: This indicator measures the percent of persons discharged from a PRTF for a principal MH diagnosis each quarter that are readmitted to any PRTF within 30 days following discharge.

Combined Medicaid and State/Block Grant Funded (Includes Cross-Overs Between Payers)

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	5	55	9.1%
Eastpointe	0	1	0.0%
Partners Health Management	4	43	9.3%
Sandhills Center	3	80	3.8%
Trillium Health Resources	2	48	4.2%
Vaya Health	19	41	46.3%
State Average	33	268	12.3%
Standard Deviation			15.6%
LME-MCO Average			12.1%



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024
Report Quarter: 4th Quarter
30-Day Readmission Measurement Period: Jan - Mar 2024
180-Day Readmission Measurement Period: Oct - Dec 2023

CRISIS AND INPATIENT SERVICES

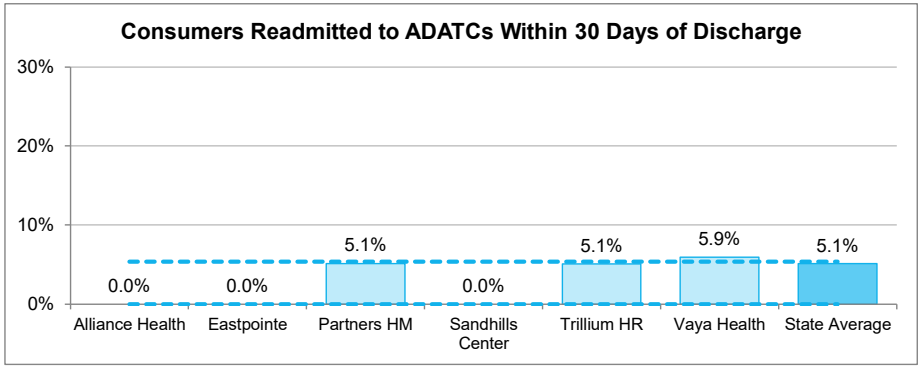
5.8 State ADATC Readmissions within 30 Days and 180 Days

Rationale: Successful community living following care in a State Alcohol and Drug Abuse Treatment Center (ADATC), without repeated admissions, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated stays in an ADATC.

Description: This indicator measures the percent of persons discharged from a State ADATC for a principal SUD diagnosis each quarter that are readmitted to any ADATC within 30 days and within 180 days following discharge.

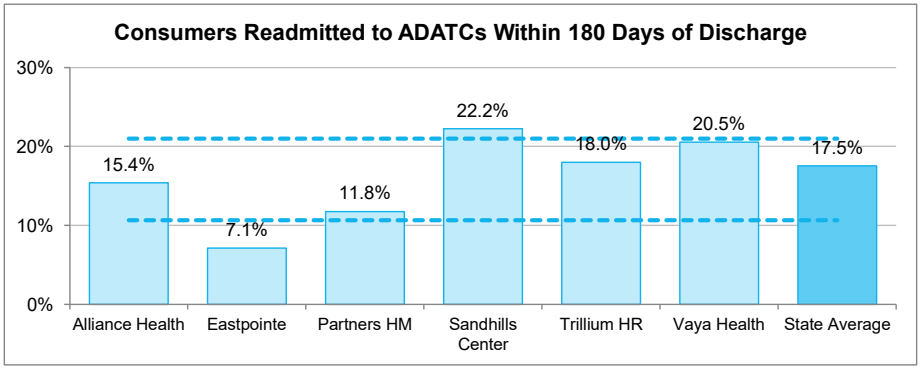
Readmitted within 30 Days (Discharges Jan - Mar 2024)

LME-MCO	Numerator: Number Readmissions	Denominator: Total Discharges	Rate: Percent Readmitted
Alliance Health	0	17	0.0%
Eastpointe	0	8	0.0%
Partners Health Management	2	39	5.1%
Sandhills Center	0	1	0.0%
Trillium Health Resources	6	118	5.1%
Vaya Health	10	169	5.9%
State Average	18	352	5.1%
Standard Deviation			2.7%
LME-MCO Average			2.7%



Readmitted within 180 Days (Discharges Oct - Dec 2023)

LME-MCO	Numerator: Number Readmissions	Denominator: Total Discharges	Rate: Percent Readmitted
Alliance Health	4	26	15.4%
Eastpointe	2	28	7.1%
Partners Health Management	4	34	11.8%
Sandhills Center	2	9	22.2%
Trillium Health Resources	18	100	18.0%
Vaya Health	31	151	20.5%
State Average	61	348	17.5%
Standard Deviation			5.2%
LME-MCO Average			15.8%



Data Source: State ADATC data in CDW as of 7/15/24. Discharges have been filtered to include only "direct" and program completion discharges to sources that fall within the responsibility of an LME-MCO to coordinate services (e.g. to other outpatient and residential non state facility, self/no referral, unknown, community agency, private physician, other health care, family friends, nonresidential treatment/habilitation program, other). Discharges for other reasons (e.g. transfers to other facilities, deaths, discharges to medical visits, etc.); to other referral sources (e.g. court, correctional facilities, nursing homes, state facilities, VA); and out-of-state are not included as LMEs would not be expected to coordinate services for these individuals nor to have any impact on readmission rates.

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2024
Report Quarter: 4th Quarter

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

Measurement Period: Jan - Mar 2024
Based On Claims Paid As Of: Jul 31, 2024

CRISIS AND INPATIENT SERVICES

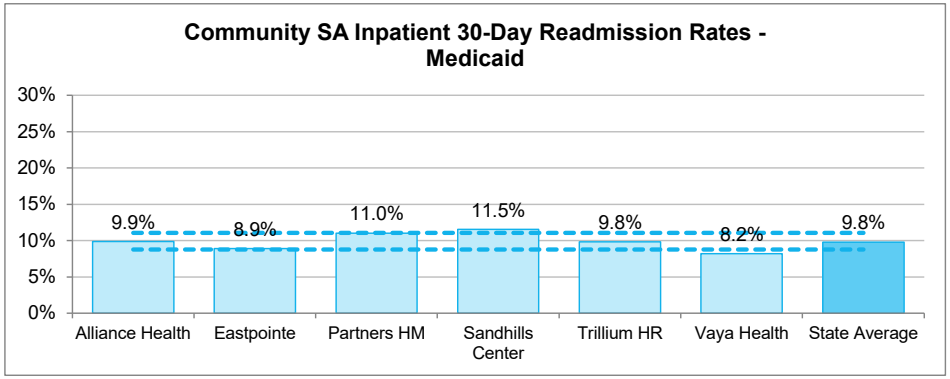
5.9. Community Substance Abuse Inpatient Readmissions Within 30 Days (Ages 6+)

Rationale: Successful community living following hospitalization, without repeated admissions to inpatient care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low hospital readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated hospitalizations.

Description: This indicator measures the percent of persons discharged from a community-based hospital for a principal SUD diagnosis each quarter that are readmitted to any community-based hospital for any MH, I/DD, SUD principal diagnosis within 30 days following discharge.

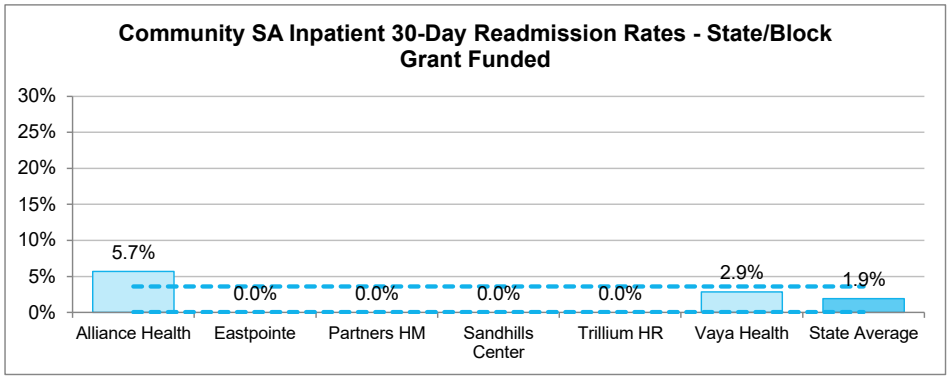
Medicaid Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	18	182	9.9%
Eastpointe	5	56	8.9%
Partners Health Management	17	154	11.0%
Sandhills Center	3	26	11.5%
Trillium Health Resources	12	122	9.8%
Vaya Health	11	134	8.2%
State Average	66	674	9.8%
Standard Deviation			1.1%
LME-MCO Average			9.9%



State/Block Grant Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	2	35	5.7%
Eastpointe	0	11	0.0%
Partners Health Management	0	48	0.0%
Sandhills Center	0	11	0.0%
Trillium Health Resources	0	16	0.0%
Vaya Health	1	35	2.9%
State Average	3	156	1.9%
Standard Deviation			2.2%
LME-MCO Average			1.4%



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2024
Report Quarter: 4th Quarter

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

Measurement Period: Jan - Mar 2024
Based On Claims Paid As Of: Jul 31, 2024

CRISIS AND INPATIENT SERVICES

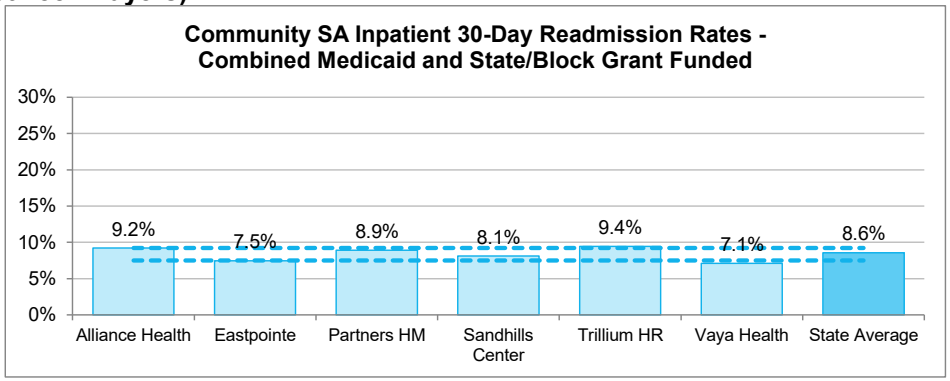
5.9. Community Substance Abuse Inpatient Readmissions Within 30 Days (Ages 6+)

Rationale: Successful community living following hospitalization, without repeated admissions to inpatient care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low hospital readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated hospitalizations.

Description: This indicator measures the percent of persons discharged from a community-based hospital for a principal SUD diagnosis each quarter that are readmitted to any community-based hospital for any MH, I/DD, SUD principal diagnosis within 30 days following discharge.

Combined Medicaid and State/Block Grant Funded (Includes Cross-Overs Between Payers)

	Numerator	Denominator	Rate
LME-MCO	**Total Number of Readmissions within 30 days**	**Total Number of Discharges**	**Percent Readmitted Within 30 Days**
Alliance Health	20	217	9.2%
Eastpointe	5	67	7.5%
Partners Health Management	18	202	8.9%
Sandhills Center	3	37	8.1%
Trillium Health Resources	13	138	9.4%
Vaya Health	12	169	7.1%
State Average	71	830	8.6%
Standard Deviation			0.9%
LME-MCO Average			8.4%



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024 **Measurement Period:** Jan - Mar 2024
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2024

CRISIS AND INPATIENT SERVICES

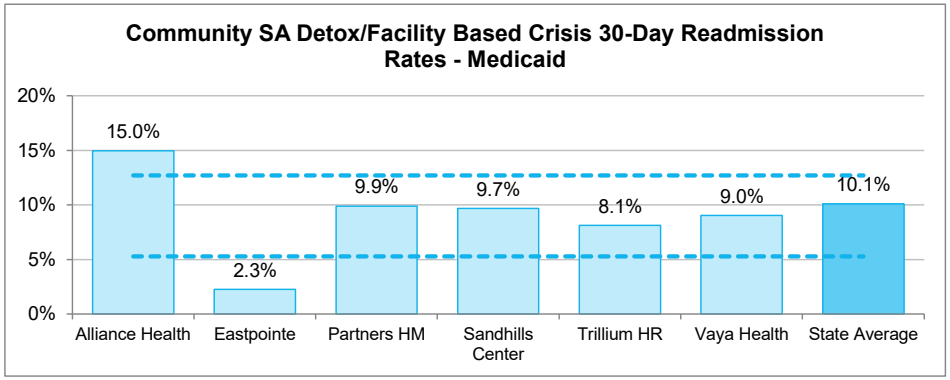
5.9. Community Substance Abuse Detox/Facility Based Crisis Readmissions Within 30 Days (Ages 6+)

Rationale: Successful community living following discharge from a Detox/Facility Based Crisis facility, without repeated admissions to Detox/Facility Based Crisis facility care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated Detox/Facility Based Crisis facility stays.

Description: This indicator measures the percent of persons discharged from a Detox/Facility Based Crisis facility for a principal SUD diagnosis each quarter that are readmitted to any Detox/Facility Based Crisis facility within 30 days following discharge.

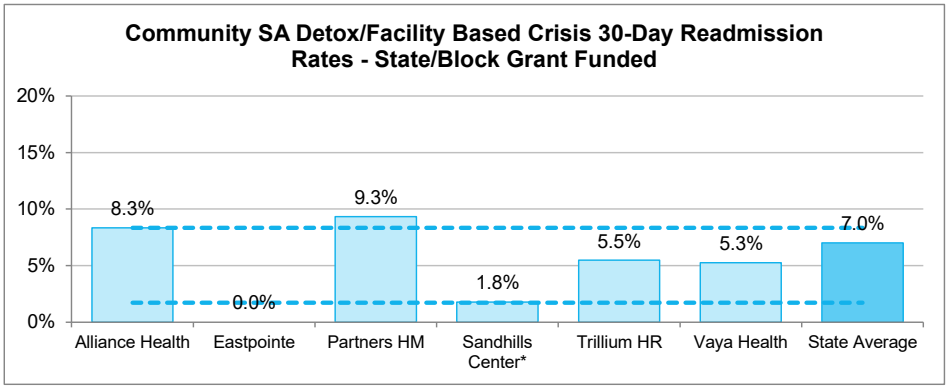
Medicaid Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	38	254	15.0%
Eastpointe	1	44	2.3%
Partners Health Management	36	364	9.9%
Sandhills Center	6	62	9.7%
Trillium Health Resources	26	320	8.1%
Vaya Health	13	144	9.0%
State Average	120	1,188	10.1%
Standard Deviation			3.7%
LME-MCO Average			9.0%



State/Block Grant Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	16	192	8.3%
Eastpointe	0	26	0.0%
Partners Health Management	32	343	9.3%
Sandhills Center	1	56	1.8%
Trillium Health Resources	16	292	5.5%
Vaya Health	4	76	5.3%
State Average	69	985	7.0%
Standard Deviation			3.3%
LME-MCO Average			5.0%



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024
Report Quarter: 4th Quarter
Measurement Period: Jan - Mar 2024
Based On Claims Paid As Of: Jul 31, 2024

CRISIS AND INPATIENT SERVICES

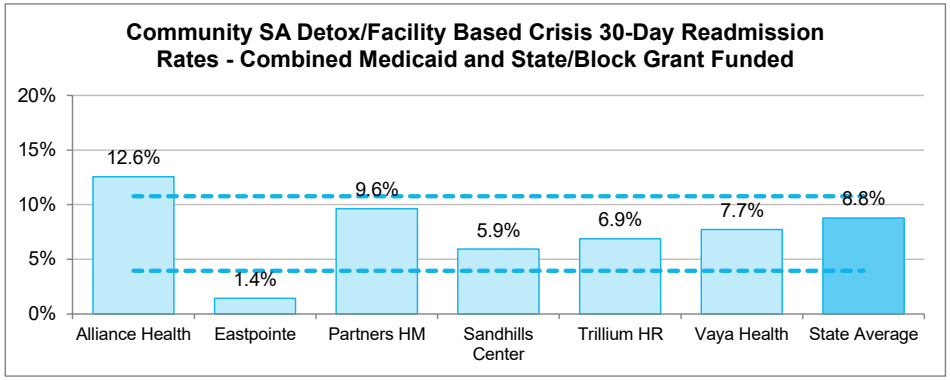
5.9. Community Substance Abuse Detox/Facility Based Crisis Readmissions Within 30 Days (Ages 6+)

Rationale: Successful community living following discharge from a Detox/Facility Based Crisis facility, without repeated admissions to Detox/Facility Based Crisis facility care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated Detox/Facility Based Crisis facility stays.

Description: This indicator measures the percent of persons discharged from a Detox/Facility Based Crisis facility for a principal SUD diagnosis each quarter that are readmitted to any Detox/Facility Based Crisis facility within 30 days following discharge.

Combined Medicaid and State/Block Grant Funded (Includes Cross-Overs Between Payers)

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	56	446	12.6%
Eastpointe	1	70	1.4%
Partners Health Management	68	707	9.6%
Sandhills Center	7	118	5.9%
Trillium Health Resources	42	611	6.9%
Vaya Health	17	220	7.7%
State Average	191	2,172	8.8%
Standard Deviation			3.4%
LME-MCO Average			7.4%



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024 **Measurement Period:** Jan - Mar 2024
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2024

CONTINUITY OF CARE

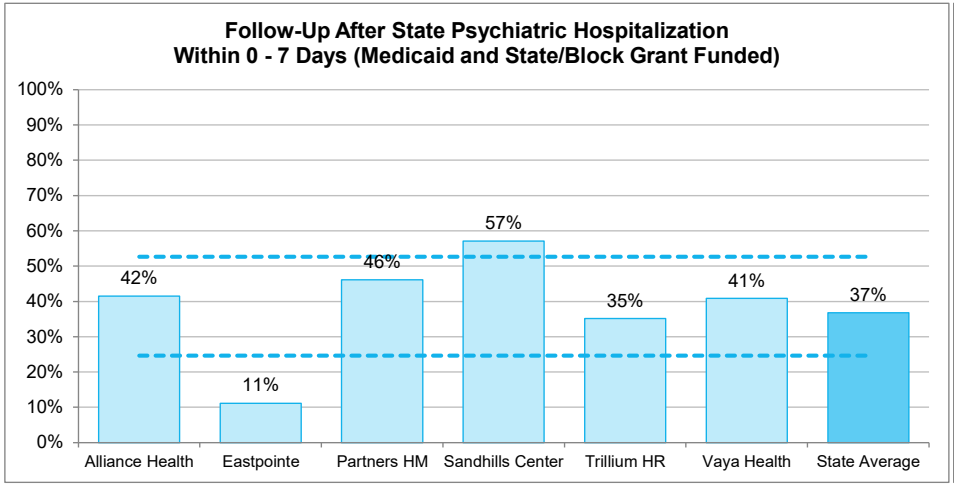
6.1 Follow-Up After Discharge: State Psychiatric Hospitals

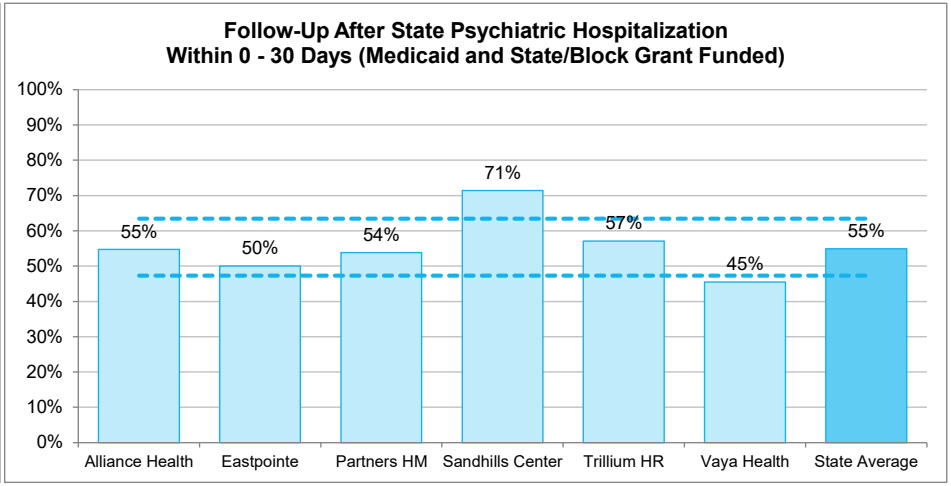
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

Description: This indicator measures the percent of persons discharged from a state psychiatric hospital each quarter, that fall within the responsibility of an LME-MCO to coordinate services, that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Behavioral Health Follow-Up Care (Other Than ED Or Mobile Crisis)**				**Total Number of Discharges**	**Percent Received Behavioral Health Follow-Up Care (Other Than ED Or Mobile Crisis)**			
	0 - 7 Days	**8 - 30 Days**	**>30 Days**	**Not Seen***		**0 - 7 Days**	**8 - 30 Days**	**>30 Days**	**Not Seen***
Follow-Up After State Psychiatric Hospitalization (Medicaid and/or State/Block Grant Funded)									
Alliance Health	22	7	3	21	53	42%	13%	6%	40%
Eastpointe	2	7	3	6	18	11%	39%	17%	33%
Partners Health Management	6	1	1	5	13	46%	8%	8%	38%
Sandhills Center	4	1	0	2	7	57%	14%	0%	29%
Trillium Health Resources	32	20	13	26	91	35%	22%	14%	29%
Vaya Health	9	1	3	9	22	41%	5%	14%	41%
State Average	75	37	23	69	204	37%	18%	11%	34%
Standard Deviation						14.0%			
LME-MCO Average						39%			

* Not Seen by the claims paid cutoff date for the measure.





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024 **Measurement Period:** Jan - Mar 2024
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2024

CONTINUITY OF CARE

6.2. Follow-Up After Discharge: Community Mental Health Inpatient Treatment (Hospital, Ages 6+)

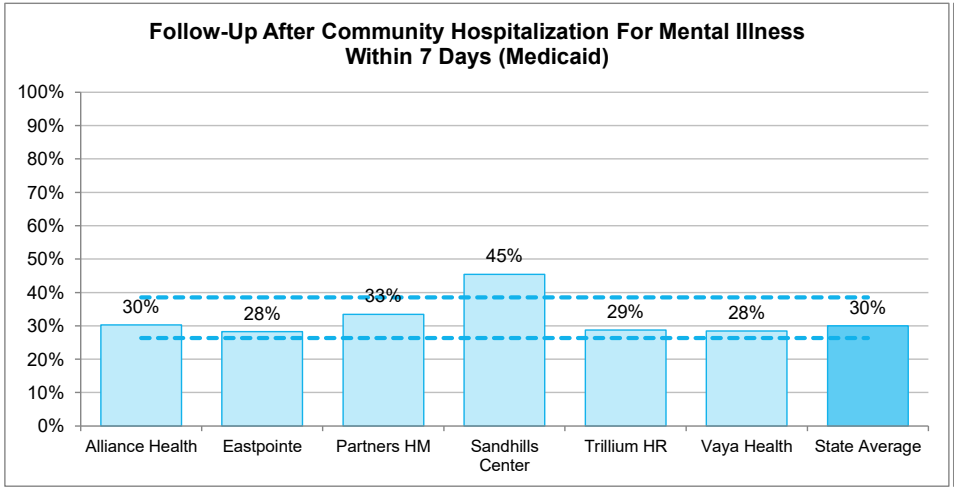
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

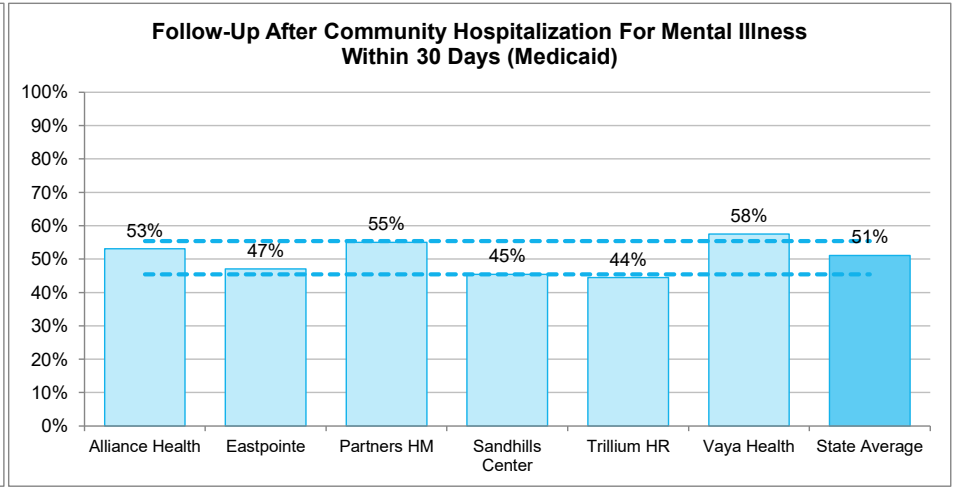
Description: This indicator measures the percent of discharges from a community hospital each quarter for persons with a principal mental health diagnosis that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

Follow-Up After Community Hospitalization (Medicaid Funded)

LME-MCO	Numerator: Total Number Received Outpatient Visit 0 - 7 Days	Numerator: Total Number Received Outpatient Visit 0 - 30 Days	Numerator: Total Number Received Outpatient Visit > 30 Days	Numerator: Total Number Received Outpatient Visit Not Seen*	Denominator: Total Number of Discharges	Rate: Percent Received Outpatient Visit 0 - 7 Days	Rate: Percent Received Outpatient Visit 0 - 30 Days	Rate: Percent Received Outpatient Visit > 30 Days	Rate: Percent Received Outpatient Visit Not Seen*
Alliance Health	301	528	140	326	994	30%	53%	14%	33%
Eastpointe	24	40	28	17	85	28%	47%	33%	20%
Partners Health Management	200	329	102	167	598	33%	55%	17%	28%
Sandhills Center	5	5	0	6	11	45%	45%	0%	55%
Trillium Health Resources	345	533	165	502	1,200	29%	44%	14%	42%
Vaya Health	183	370	104	169	643	28%	58%	16%	26%
State Average	1,058	1,805	539	1,187	3,531	30%	51%	15%	34%
Standard Deviation						6.1%	5.0%		
LME-MCO Average						32%	50%	16%	34%

* Not Seen by the claims paid cutoff date for the measure.





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024 **Measurement Period:** Jan - Mar 2024
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2024

CONTINUITY OF CARE

6.2. Follow-Up After Discharge: Community Mental Health Inpatient Treatment (Hospital, Ages 6+)

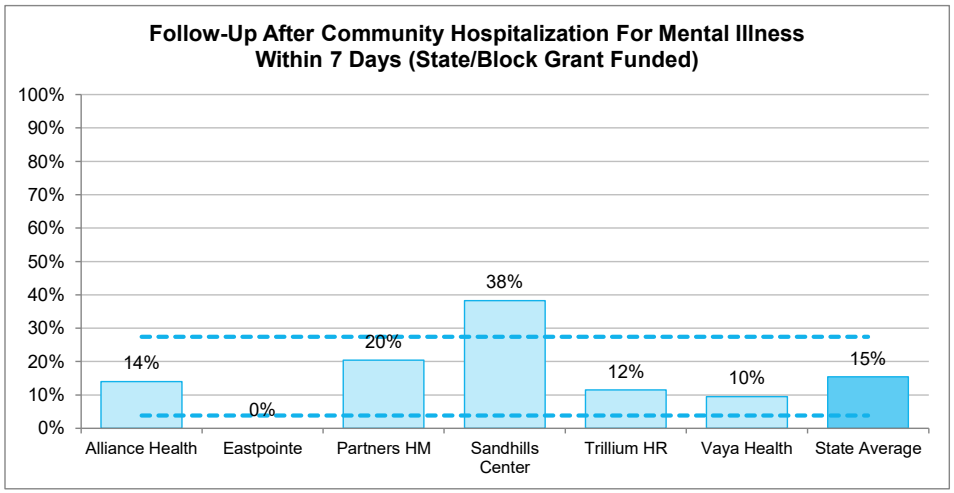
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

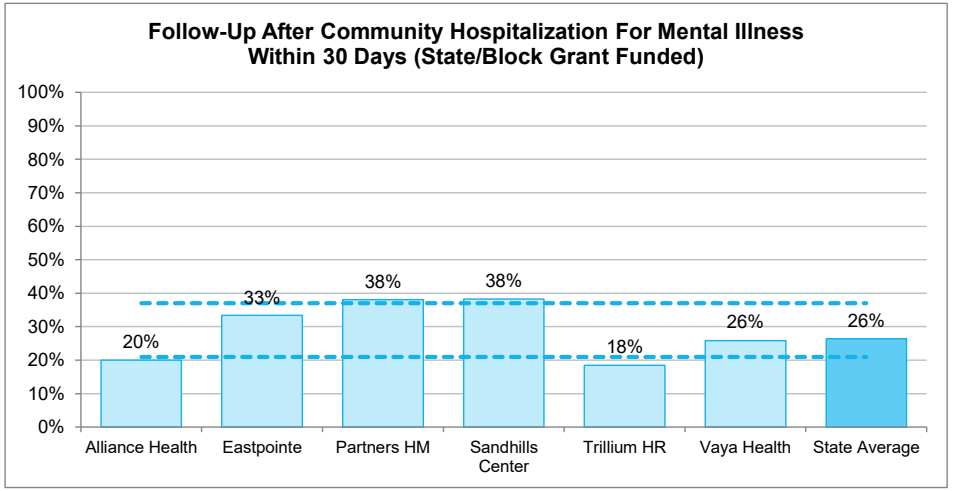
Description: This indicator measures the percent of discharges from a community hospital each quarter for persons with a principal mental health diagnosis that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

Follow-Up After Community Hospitalization (State/Federal Block Grant Funded)

LME-MCO	Numerator: Total Number Received Outpatient Visit 0 - 7 Days	Numerator: Total Number Received Outpatient Visit 0 - 30 Days	Numerator: Total Number Received Outpatient Visit > 30 Days	Numerator: Total Number Received Outpatient Visit Not Seen*	Denominator: Total Number of Discharges	Rate: Percent Received Outpatient Visit 0 - 7 Days	Rate: Percent Received Outpatient Visit 0 - 30 Days	Rate: Percent Received Outpatient Visit > 30 Days	Rate: Percent Received Outpatient Visit Not Seen*
Alliance Health	35	50	21	179	250	14%	20%	8%	72%
Eastpointe	0	4	2	6	12	0%	33%	17%	50%
Partners Health Management	36	67	6	103	176	20%	38%	3%	59%
Sandhills Center	18	18	0	29	47	38%	38%	0%	62%
Trillium Health Resources	15	24	4	102	130	12%	18%	3%	78%
Vaya Health	14	38	16	93	147	10%	26%	11%	63%
State Average	118	201	49	512	762	15%	26%	6%	67%
Standard Deviation						11.8%	8.1%		
LME-MCO Average						16%	29%	7%	64%

* Not Seen by the claims paid cutoff date for the measure.





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024 **Measurement Period:** Jan - Mar 2024
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2024

CONTINUITY OF CARE

6.2. Follow-Up After Discharge: Community Mental Health Inpatient Treatment (Hospital, Ages 6+)

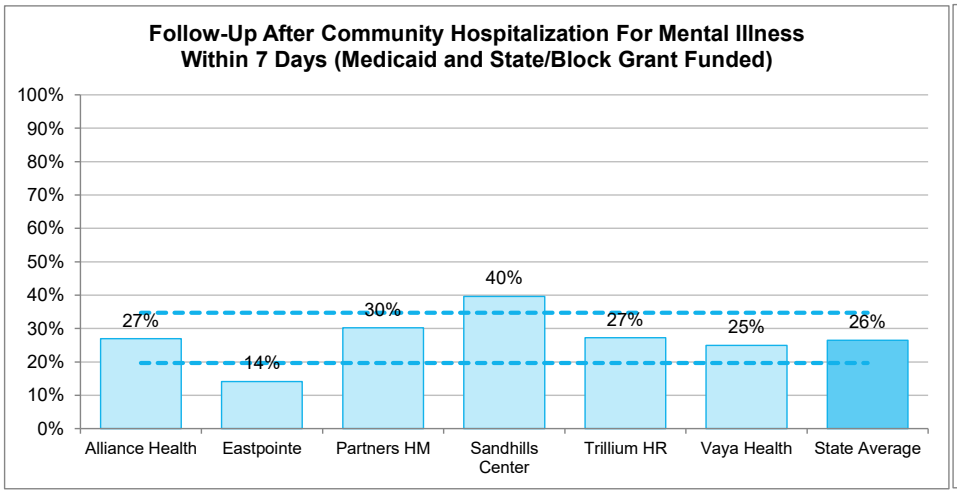
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

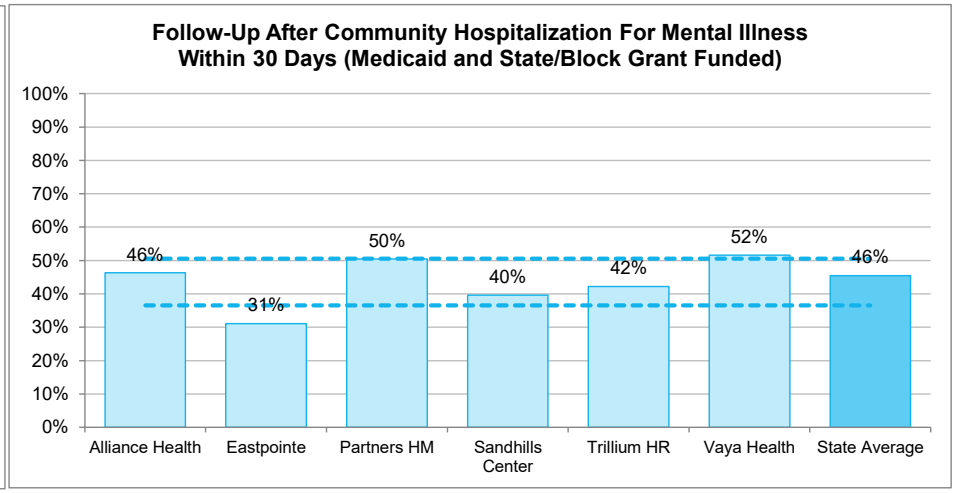
Description: This indicator measures the percent of discharges from a community hospital each quarter for persons with a principal mental health diagnosis that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

Follow-Up After Community Hospitalization (Combined Medicaid and State/Block Grant Funded -- Includes Cross-Overs Between Payers)

LME-MCO	Numerator: Total Number Received Outpatient Visit 0 - 7 Days	Numerator: Total Number Received Outpatient Visit 0 - 30 Days	Numerator: Total Number Received Outpatient Visit > 30 Days	Numerator: Total Number Received Outpatient Visit Not Seen*	Denominator: Total Number of Discharges	Rate: Percent Received Outpatient Visit 0 - 7 Days	Rate: Percent Received Outpatient Visit 0 - 30 Days	Rate: Percent Received Outpatient Visit > 30 Days	Rate: Percent Received Outpatient Visit Not Seen*
Alliance Health	337	580	163	508	1,251	27%	46%	13%	41%
Eastpointe	50	110	30	214	354	14%	31%	8%	60%
Partners Health Management	240	401	110	284	795	30%	50%	14%	36%
Sandhills Center	23	23	0	35	58	40%	40%	0%	60%
Trillium Health Resources	360	557	172	592	1,321	27%	42%	13%	45%
Vaya Health	197	408	120	262	790	25%	52%	15%	33%
State Average	1,207	2,079	595	1,895	4,569	26%	46%	13%	41%
Standard Deviation						7.5%	7.0%		
LME-MCO Average						27%	44%	11%	46%

* Not Seen by the claims paid cutoff date for the measure.





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024 **Measurement Period:** Jan - Mar 2024
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2024

CONTINUITY OF CARE

6.3 Follow-Up After Discharge: State Alcohol and Drug Abuse Treatment Centers (ADATCs)

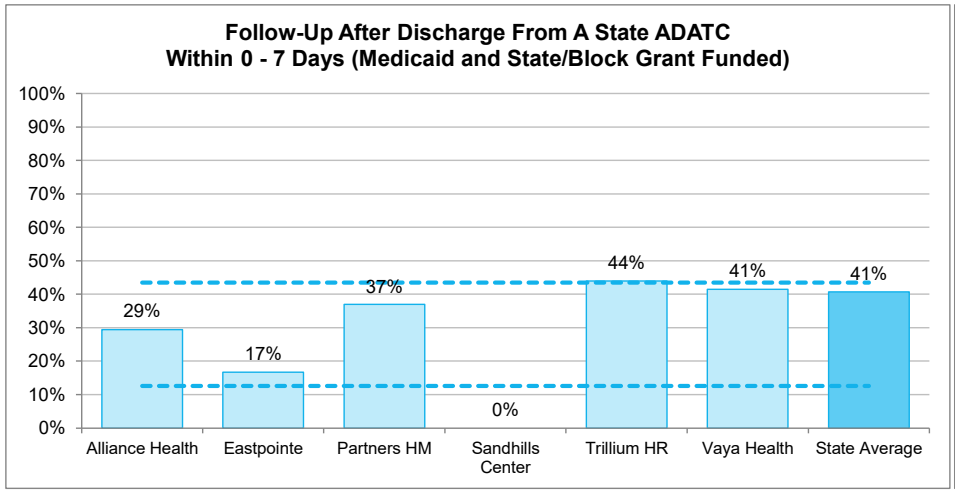
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-admission. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

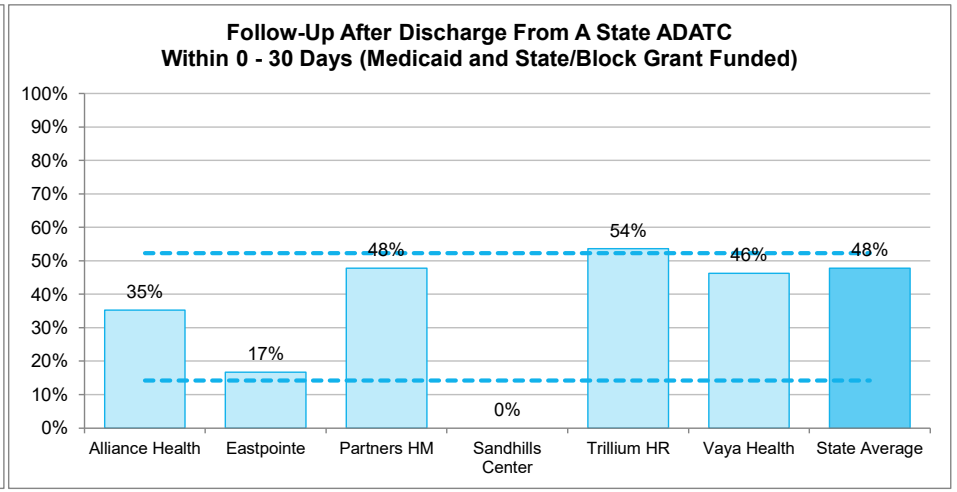
Description: This indicator measures the percent of discharges from an ADATC each quarter, that fall within the responsibility of an LME-MCO to coordinate services, that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge.

Follow-Up After Discharge From A State ADATC (Medicaid and/or State/Block Grant Funded)

LME-MCO	Numerator: Total Number Received Behavioral Health Follow-Up Care (Other Than ED Or Mobile Crisis) 0 - 7 Days	Numerator: 8 - 30 Days	Numerator: >30 Days	Numerator: Not Seen*	Denominator: Total Number of Discharges	Rate: Percent Received Behavioral Health Follow-Up Care (Other Than ED Or Mobile Crisis) 0 - 7 Days	Rate: 8 - 30 Days	Rate: >30 Days	Rate: Not Seen*
Alliance Health	5	1	4	7	17	29%	6%	24%	41%
Eastpointe	1			5	6	17%			83%
Partners Health Management	17	5	4	20	46	37%	11%	9%	43%
Sandhills Center	0	0	0	1	1	0%	0%	0%	100%
Trillium Health Resources	55	12	16	42	125	44%	10%	13%	34%
Vaya Health	78	9	23	78	188	41%	5%	12%	41%
State Average	156	27	47	153	383	41%	7%	12%	40%
Standard Deviation						15.5%			
LME-MCO Average						28%			

* Not Seen by the claims paid cutoff date for the measure.





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024 **Measurement Period:** Jan - Mar 2024
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2024

CONTINUITY OF CARE

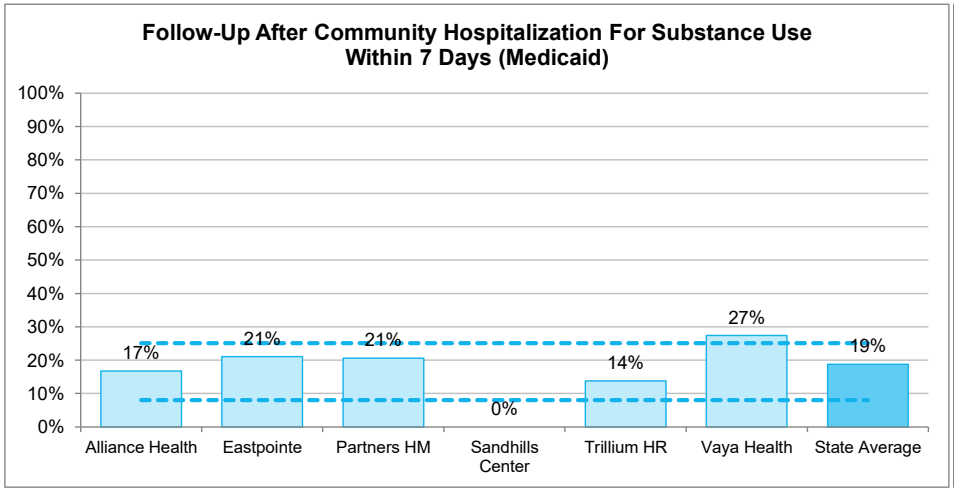
6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

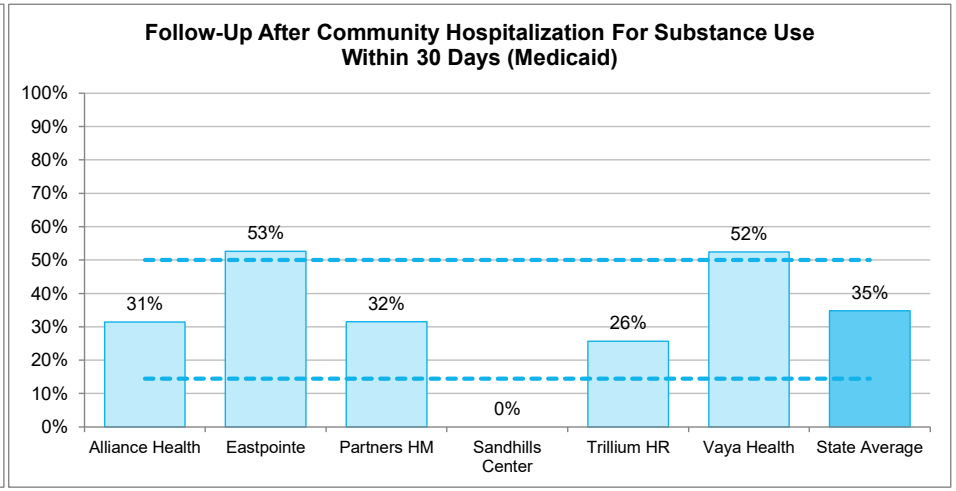
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Outpatient Visit**				**Total Number of Discharges**	**Percent Received Outpatient Visit**			
	0 - 7 Days	**0 - 30 Days**	**> 30 Days**	**Not Seen***		**0 - 7 Days**	**0 - 30 Days**	**> 30 Days**	**Not Seen***
Follow-Up After Community Hospitalization (Medicaid Funded)									
Alliance Health	23	43	30	64	137	17%	31%	22%	47%
Eastpointe	4	10	0	9	19	21%	53%	0%	47%
Partners Health Management	15	23	21	29	73	21%	32%	29%	40%
Sandhills Center	0	0	0	3	3	0%	0%	0%	100%
Trillium Health Resources	15	28	10	71	109	14%	26%	9%	65%
Vaya Health	23	44	8	32	84	27%	52%	10%	38%
State Average	80	148	69	208	425	19%	35%	16%	49%
Standard Deviation						8.5%	17.8%		
LME-MCO Average						17%	32%		

* Not Seen by the claims paid cutoff date for the measure.





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024 **Measurement Period:** Jan - Mar 2024
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2024

CONTINUITY OF CARE

6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

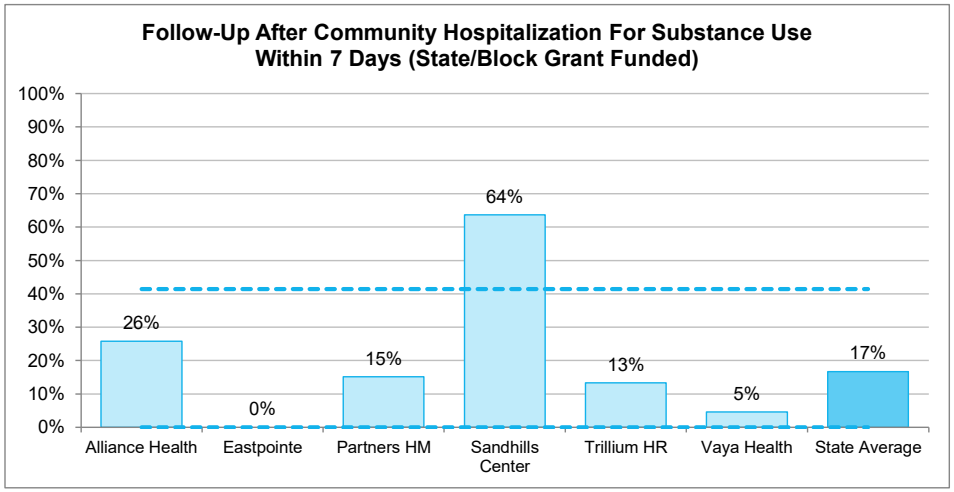
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

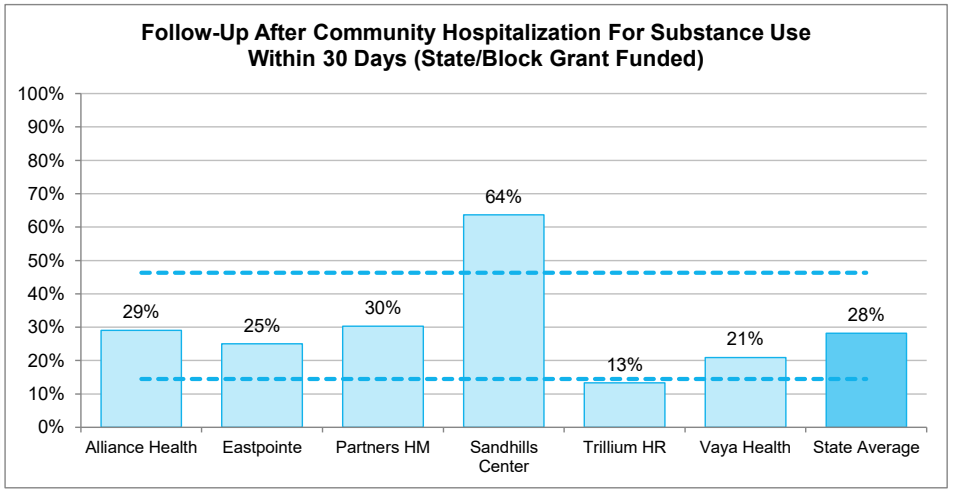
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

Follow-Up After Community Hospitalization (State/Federal Block Grant Funded)

LME-MCO	Numerator: Total Number Received Outpatient Visit 0 - 7 Days	Numerator: Total Number Received Outpatient Visit 0 - 30 Days	Numerator: Total Number Received Outpatient Visit > 30 Days	Numerator: Total Number Received Outpatient Visit Not Seen*	Denominator: Total Number of Discharges	Rate: Percent Received Outpatient Visit 0 - 7 Days	Rate: Percent Received Outpatient Visit 0 - 30 Days	Rate: Percent Received Outpatient Visit > 30 Days	Rate: Percent Received Outpatient Visit Not Seen*
Alliance Health	8	9	2	20	31	26%	29%	6%	65%
Eastpointe	0	2	0	6	8	0%	25%	0%	75%
Partners Health Management	10	20	6	40	66	15%	30%	9%	61%
Sandhills Center	7	7	0	4	11	64%	64%	0%	36%
Trillium Health Resources	2	2	0	13	15	13%	13%	0%	87%
Vaya Health	2	9	5	29	43	5%	21%	12%	67%
State Average	29	49	13	112	174	17%	28%	7%	64%
Standard Deviation						21.0%	15.9%		
LME-MCO Average						20%	30%		

* Not Seen by the claims paid cutoff date for the measure.





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024 **Measurement Period:** Jan - Mar 2024
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2024

CONTINUITY OF CARE

6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

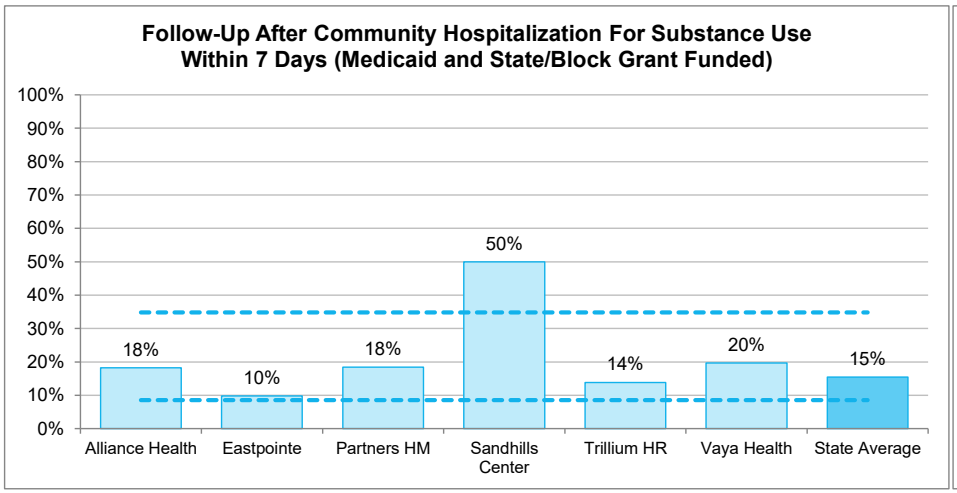
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

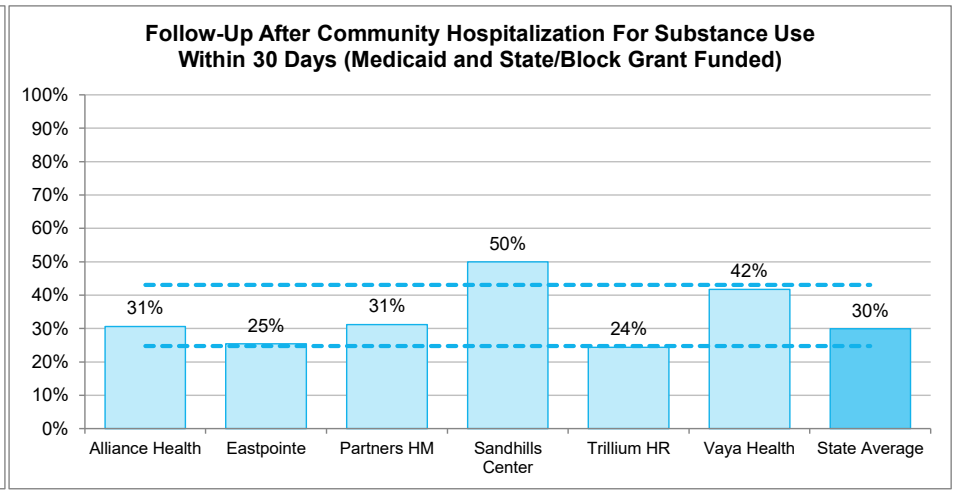
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

Follow-Up After Community Hospitalization (Combined Medicaid and State/Block Grant Funded -- Includes Cross-Overs Between Payers)

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Outpatient Visit**				**Total Number of Discharges**	**Percent Received Outpatient Visit**			
	0 - 7 Days	**0 - 30 Days**	**> 30 Days**	**Not Seen***		**0 - 7 Days**	**0 - 30 Days**	**> 30 Days**	**Not Seen***
Alliance Health	31	52	33	85	170	18%	31%	19%	50%
Eastpointe	30	78	0	229	307	10%	25%	0%	75%
Partners Health Management	26	44	27	70	141	18%	31%	19%	50%
Sandhills Center	7	7	0	7	14	50%	50%	0%	50%
Trillium Health Resources	17	30	10	83	123	14%	24%	8%	67%
Vaya Health	25	53	13	61	127	20%	42%	10%	48%
State Average	136	264	83	535	882	15%	30%	9%	61%
Standard Deviation						13.1%	9.1%		
LME-MCO Average						22%	34%		

* Not Seen by the claims paid cutoff date for the measure.





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024 **Measurement Period:** Jan - Mar 2024
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2024

CONTINUITY OF CARE

6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

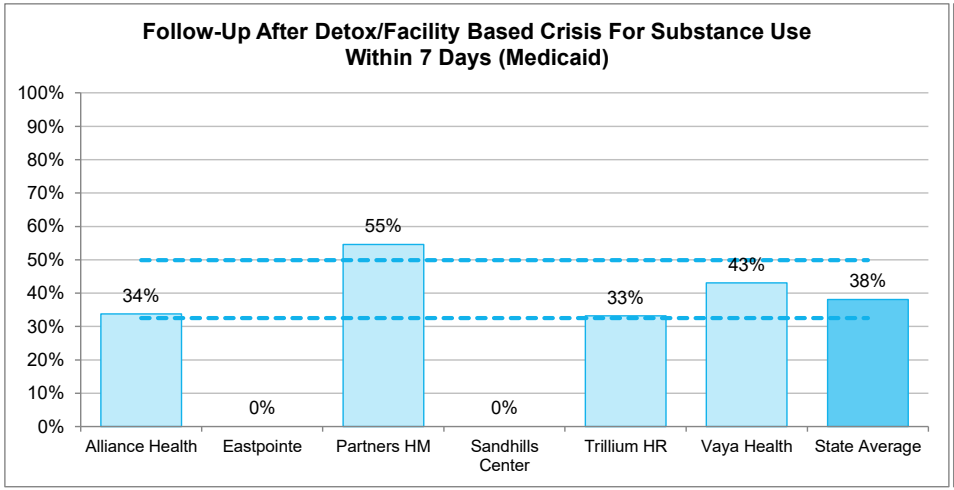
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

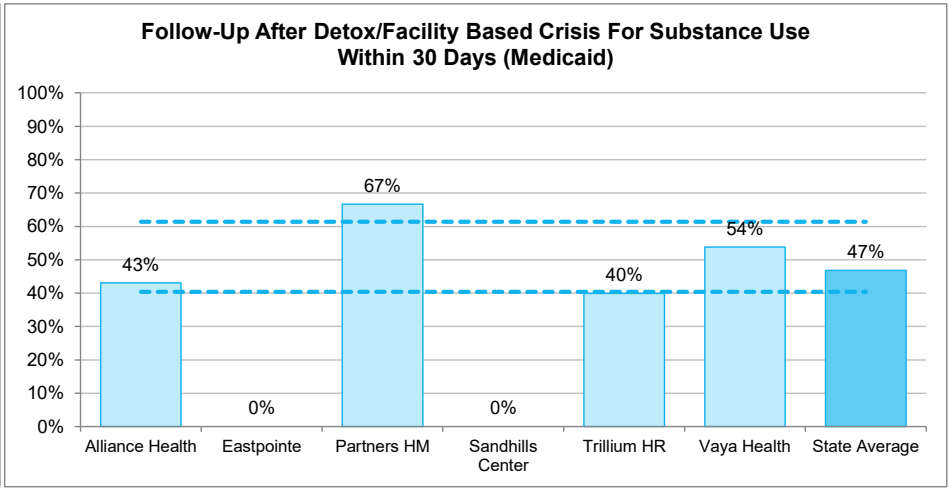
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

Follow-Up After Detox/Facility Based Crisis Services (Medicaid Funded)

LME-MCO	Numerator: Total Number Received Outpatient Visit 0 - 7 Days	Numerator: Total Number Received Outpatient Visit 0 - 30 Days	Numerator: Total Number Received Outpatient Visit > 30 Days	Numerator: Total Number Received Outpatient Visit Not Seen*	Denominator: Total Number of Discharges	Rate: Percent Received Outpatient Visit 0 - 7 Days	Rate: Percent Received Outpatient Visit 0 - 30 Days	Rate: Percent Received Outpatient Visit > 30 Days	Rate: Percent Received Outpatient Visit Not Seen*
Alliance Health	51	65	23	63	151	34%	43%	15%	42%
Eastpointe	0	0	0	0	0				
Partners Health Management	59	72	11	25	108	55%	67%	10%	23%
Sandhills Center	0	0	0	0	0				
Trillium Health Resources	99	119	48	131	298	33%	40%	16%	44%
Vaya Health	28	35	11	19	65	43%	54%	17%	29%
State Average	237	291	93	238	622	38%	47%	15%	38%
Standard Deviation						8.7%	10.5%		
LME-MCO Average						41%	51%		

* Not Seen by the claims paid cutoff date for the measure.





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024 **Measurement Period:** Jan - Mar 2024
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2024

CONTINUITY OF CARE

6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

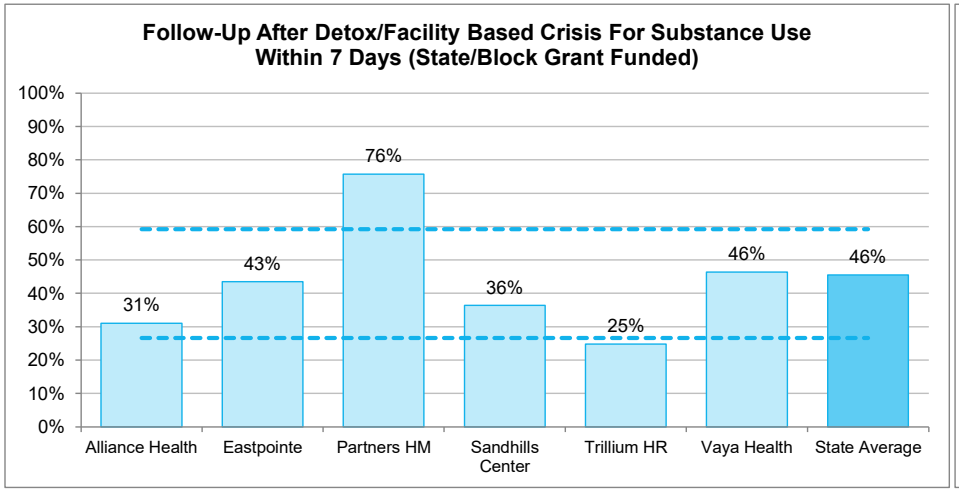
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

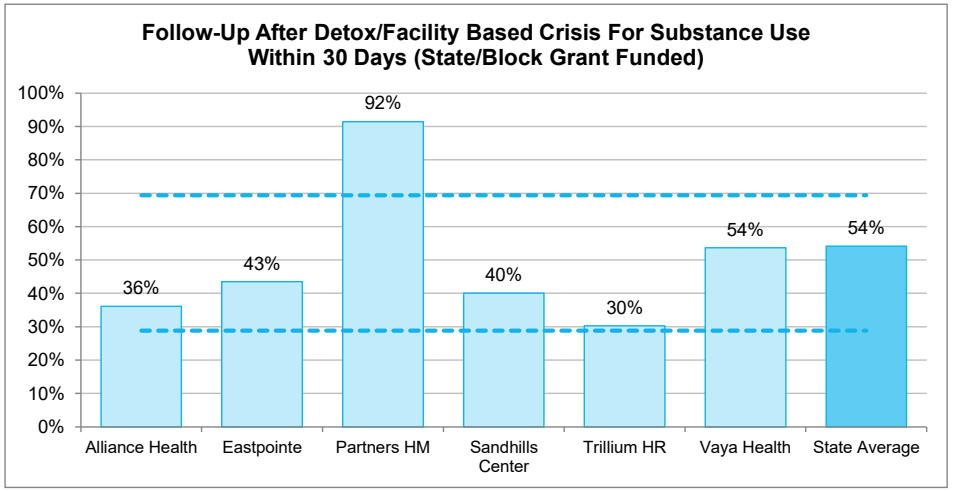
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

Follow-Up After Detox/Facility Based Crisis Services (State/Federal Block Grant Funded)

LME-MCO	Numerator: Total Number Received Outpatient Visit 0 - 7 Days	Numerator: Total Number Received Outpatient Visit 0 - 30 Days	Numerator: Total Number Received Outpatient Visit > 30 Days	Numerator: Total Number Received Outpatient Visit Not Seen*	Denominator: Total Number of Discharges	Rate: Percent Received Outpatient Visit 0 - 7 Days	Rate: Percent Received Outpatient Visit 0 - 30 Days	Rate: Percent Received Outpatient Visit > 30 Days	Rate: Percent Received Outpatient Visit Not Seen*
Alliance Health	49	57	5	96	158	31%	36%	3%	61%
Eastpointe	10	10	0	13	23	43%	43%	0%	57%
Partners Health Management	215	260	0	24	284	76%	92%	0%	8%
Sandhills Center	20	22	0	33	55	36%	40%	0%	60%
Trillium Health Resources	69	84	11	183	278	25%	30%	4%	66%
Vaya Health	32	37	5	27	69	46%	54%	7%	39%
State Average	395	470	21	376	867	46%	54%	2%	43%
Standard Deviation						16.3%	20.3%		
LME-MCO Average						43%	49%		

* Not Seen by the claims paid cutoff date for the measure.





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024 **Measurement Period:** Jan - Mar 2024
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2024

CONTINUITY OF CARE

6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

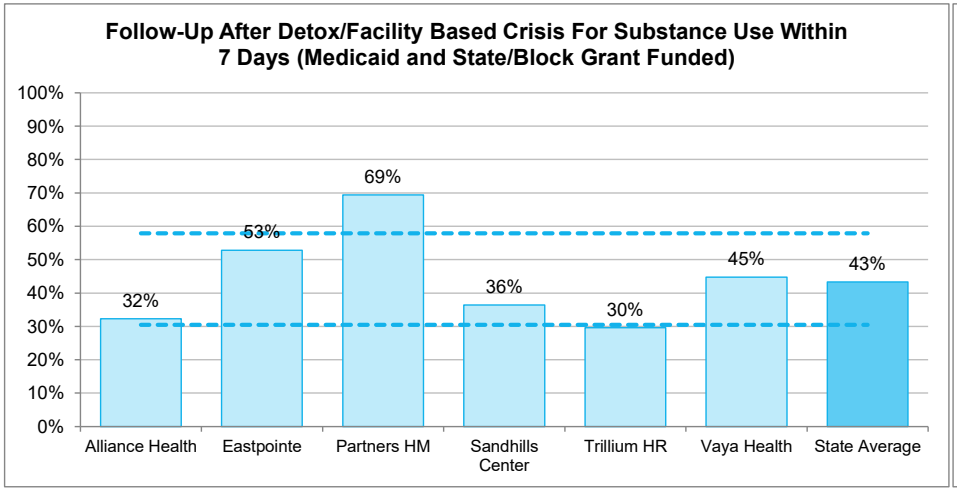
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

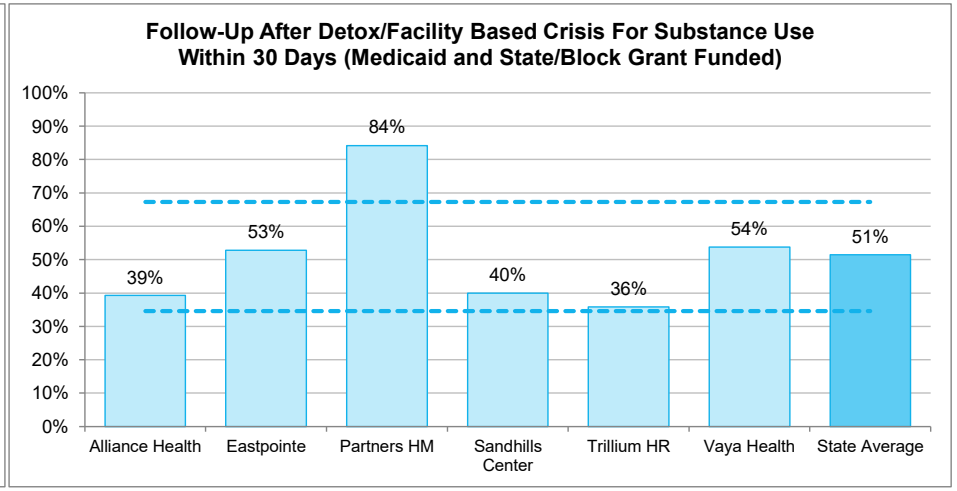
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

Follow-Up After Detox/Facility Based Crisis Services (Combined Medicaid and State/Block Grant Funded -- Includes Cross-Overs Between Payers)

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Outpatient Visit**				**Total Number of Discharges**	**Percent Received Outpatient Visit**			
	0 - 7 Days	**0 - 30 Days**	**> 30 Days**	**Not Seen***		**0 - 7 Days**	**0 - 30 Days**	**> 30 Days**	**Not Seen***
Alliance Health	102	124	28	164	316	32%	39%	9%	52%
Eastpointe	66	66	0	59	125	53%	53%	0%	47%
Partners Health Management	276	335	12	51	398	69%	84%	3%	13%
Sandhills Center	20	22	0	33	55	36%	40%	0%	60%
Trillium Health Resources	170	206	64	305	575	30%	36%	11%	53%
Vaya Health	60	72	16	46	134	45%	54%	12%	34%
State Average	694	825	120	658	1,603	43%	51%	7%	41%
Standard Deviation						13.7%	16.3%		
LME-MCO Average						44%	51%		

* Not Seen by the claims paid cutoff date for the measure.





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024 **Measurement Period:** Jan - Mar 2024
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2024

CONTINUITY OF CARE

6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

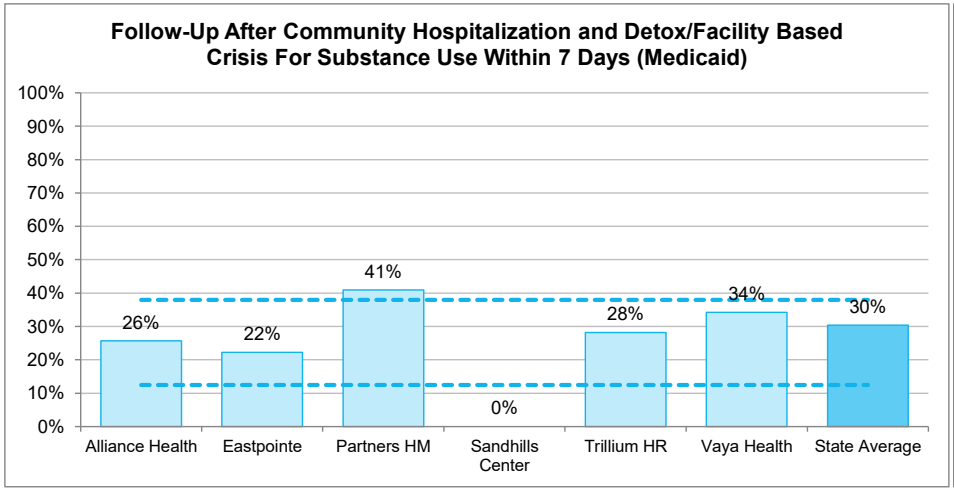
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

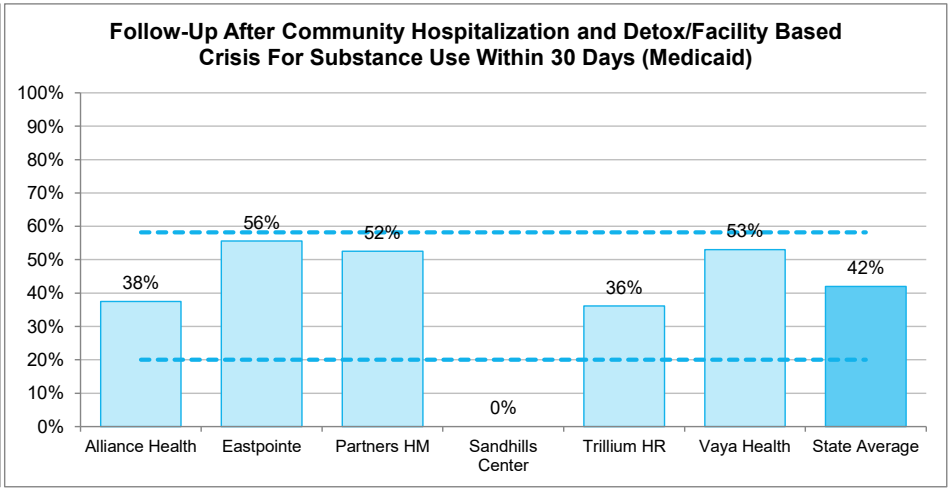
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

Follow-Up After Community Hospitalization and Detox/Facility Based Crisis Services Combined (Medicaid Funded)

LME-MCO	Numerator: Total Number Received Outpatient Visit 0 - 7 Days	Numerator: Total Number Received Outpatient Visit 0 - 30 Days	Numerator: Total Number Received Outpatient Visit > 30 Days	Numerator: Total Number Received Outpatient Visit Not Seen*	Denominator: Total Number of Discharges	Rate: Percent Received Outpatient Visit 0 - 7 Days	Rate: Percent Received Outpatient Visit 0 - 30 Days	Rate: Percent Received Outpatient Visit > 30 Days	Rate: Percent Received Outpatient Visit Not Seen*
Alliance Health	74	108	53	127	288	26%	38%	18%	44%
Eastpointe	4	10	0	8	18	22%	56%	0%	44%
Partners Health Management	74	95	32	54	181	41%	52%	18%	30%
Sandhills Center	0	0	0	3	3	0%	0%	0%	100%
Trillium Health Resources	113	145	58	198	401	28%	36%	14%	49%
Vaya Health	51	79	19	51	149	34%	53%	13%	34%
State Average	316	437	162	441	1,040	30%	42%	16%	42%
Standard Deviation						12.8%	19.1%		
LME-MCO Average						25%	39%		

* Not Seen by the claims paid cutoff date for the measure.





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024 **Measurement Period:** Jan - Mar 2024
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2024

CONTINUITY OF CARE

6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

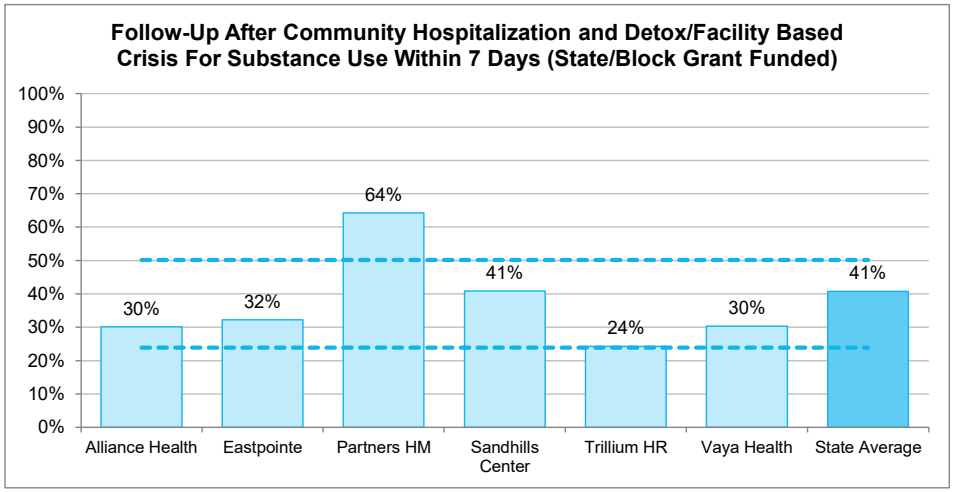
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

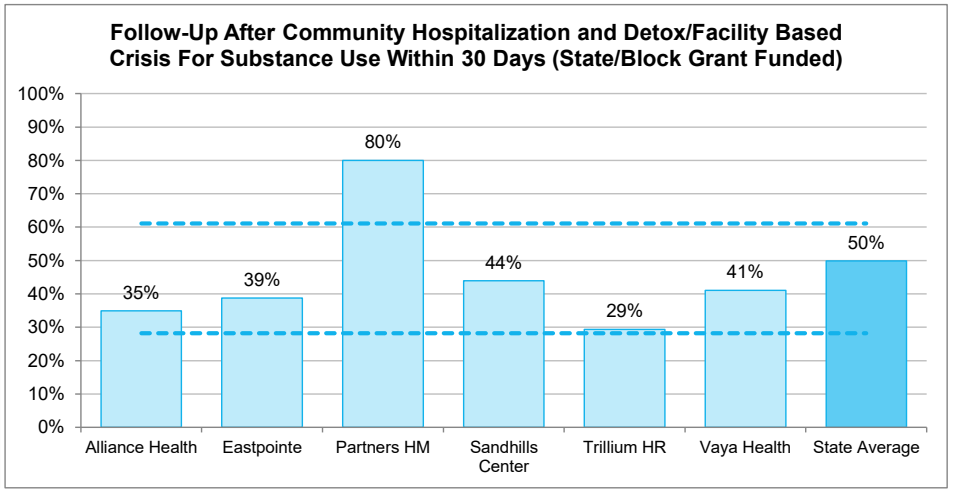
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

Follow-Up After Community Hospitalization and Detox/Facility Based Crisis Services Combined (State/Federal Block Grant Funded)

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Outpatient Visit**				**Total Number of Discharges**	**Percent Received Outpatient Visit**			
	0 - 7 Days	**0 - 30 Days**	**> 30 Days**	**Not Seen***		**0 - 7 Days**	**0 - 30 Days**	**> 30 Days**	**Not Seen***
Alliance Health	57	66	7	116	189	30%	35%	4%	61%
Eastpointe	10	12	0	19	31	32%	39%	0%	61%
Partners Health Management	225	280	6	64	350	64%	80%	2%	18%
Sandhills Center	27	29	0	37	66	41%	44%	0%	56%
Trillium Health Resources	71	86	11	196	293	24%	29%	4%	67%
Vaya Health	34	46	10	56	112	30%	41%	9%	50%
State Average	424	519	34	488	1,041	41%	50%	3%	47%
Standard Deviation						13.1%	16.5%		
LME-MCO Average						37%	45%		

* Not Seen by the claims paid cutoff date for the measure.





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

State Fiscal Year: 2024 **Measurement Period:** Jan - Mar 2024
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2024

CONTINUITY OF CARE

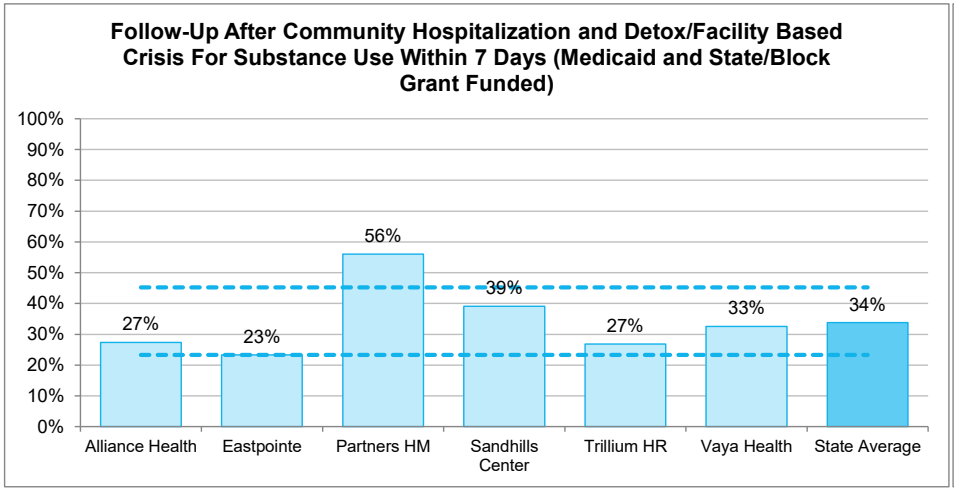
6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

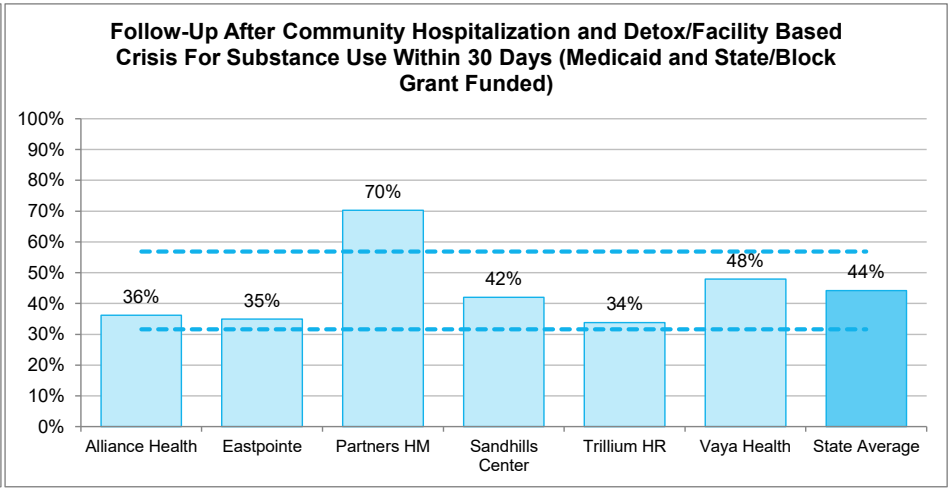
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Outpatient Visit**				**Total Number of Discharges**	**Percent Received Outpatient Visit**			
	0 - 7 Days	**0 - 30 Days**	**> 30 Days**	**Not Seen***		**0 - 7 Days**	**0 - 30 Days**	**> 30 Days**	**Not Seen***
Follow-Up After Community Hospitalization and Detox/Facility Based Crisis Services Combined (Combined Medicaid and State/Block Grant Funded)									
Alliance Health	133	176	61	249	486	27%	36%	12.6%	51.2%
Eastpointe	96	144	0	268	412	23%	35%	0%	65%
Partners Health Management	302	379	39	121	539	56%	70%	7%	22%
Sandhills Center	27	29	0	40	69	39%	42%	0%	58%
Trillium Health Resources	186	234	74	384	692	27%	34%	11%	55%
Vaya Health	85	125	29	107	261	33%	48%	11%	41%
State Average	829	1,087	203	1,169	2,459	34%	44%	8%	48%
Standard Deviation						11.0%	12.6%		
LME-MCO Average						34%	44%		

* Not Seen by the claims paid cutoff date for the measure.





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2024
Report Quarter: 4th Quarter

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

Measurement Period: Jan - Mar 2024
Based On Claims Paid As Of: Jul 31, 2024

CONTINUITY OF CARE

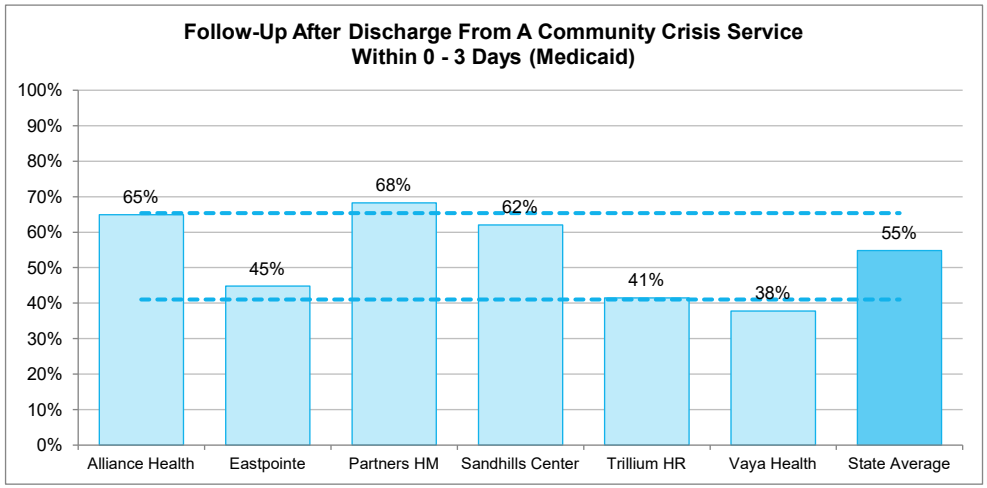
6.5. Follow-Up After Discharge From A Community Crisis Service (Ages 6+)

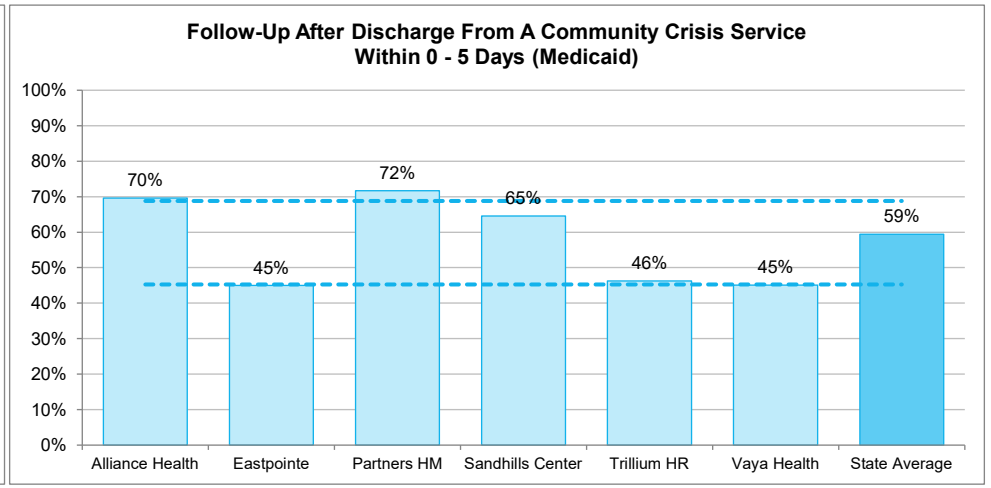
Rationale: Timely follow-up care after discharge from a crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary reuse of crisis services or hospitalization. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

Description: This indicator measures the percent of discharges for persons who received treatment in a community-based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner or a state facility service within 3 days and within 5 days after discharge .

	Numerator	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Non-Crisis Follow-Up Care**					**Total Number of Discharges**	**Percent Received Non-Crisis Follow-Up Care**				
	0 - 3 Days	**4 - 5 Days**	**6 - 14 Days**	**> 14 Days**	**Not Seen***		**0 - 3 Days**	**4 - 5 Days**	**6 - 14 Days**	**> 14 Days**	**Not Seen***
Medicaid Funded											
Alliance Health	2,682	194	398	534	323	4,131	65%	5%	10%	13%	8%
Eastpointe	205	1	2	1	249	458	45%	0%	0%	0%	54%
Partners Health Management	1,902	95	218	348	223	2,786	68%	3%	8%	12%	8%
Sandhills Center	336	14	28	11	153	542	62%	3%	5%	2%	28%
Trillium Health Resources	1,449	168	400	689	791	3,497	41%	5%	11%	20%	23%
Vaya Health	693	134	271	295	440	1,833	38%	7%	15%	16%	24%
State Average	7,267	606	1,317	1,878	2,179	13,247	55%	5%	10%	14%	16%
Standard Deviation							12.2%	2.2%			
LME-MCO Average							53%	4%			

* Not Seen by the claims paid cutoff date for the measure.





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2024
Report Quarter: 4th Quarter

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

Measurement Period: Jan - Mar 2024
Based On Claims Paid As Of: Jul 31, 2024

CONTINUITY OF CARE

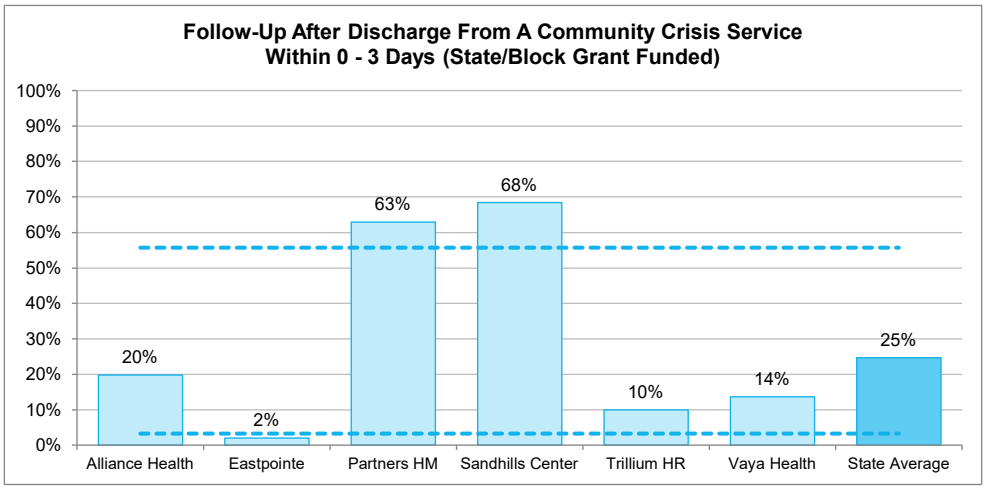
6.5. Follow-Up After Discharge From A Community Crisis Service (Ages 6+)

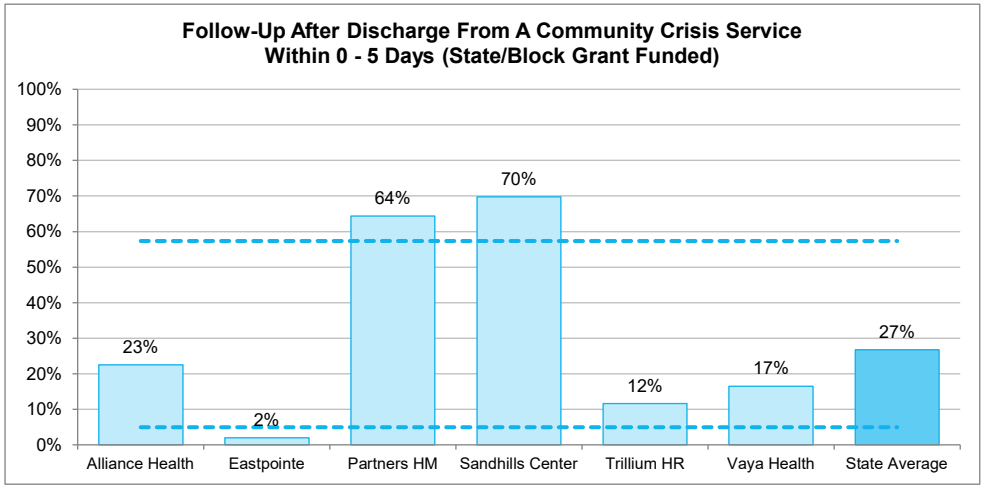
Rationale: Timely follow-up care after discharge from a crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary reuse of crisis services or hospitalization. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

Description: This indicator measures the percent of discharges for persons who received treatment in a community-based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner or a state facility service within 3 days and within 5 days after discharge .

	Numerator	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Non-Crisis Follow-Up Care**					**Total Number of Discharges**	**Percent Received Non-Crisis Follow-Up Care**				
	0 - 3 Days	**4 - 5 Days**	**6 - 14 Days**	**> 14 Days**	**Not Seen***		**0 - 3 Days**	**4 - 5 Days**	**6 - 14 Days**	**> 14 Days**	**Not Seen***
State/Federal Block Grant Funded											
Alliance Health	94	13	17	27	323	474	20%	3%	4%	6%	68%
Eastpointe	1	0	0	0	48	49	2%	0%	0%	0%	98%
Partners Health Management	400	9	43	29	154	635	63%	1%	7%	5%	24%
Sandhills Center	52	1	0	0	23	76	68%	1%	0%	0%	30%
Trillium Health Resources	107	18	39	68	844	1,076	10%	2%	4%	6%	78%
Vaya Health	104	22	58	85	494	763	14%	3%	8%	11%	65%
State Average	758	63	157	209	1,886	3,073	25%	2%	5%	7%	61%
Standard Deviation							26.2%	1.0%			
LME-MCO Average							29%	2%			

* Not Seen by the claims paid cutoff date for the measure.





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2024
Report Quarter: 4th Quarter

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

Measurement Period: Jan - Mar 2024
Based On Claims Paid As Of: Jul 31, 2024

CONTINUITY OF CARE

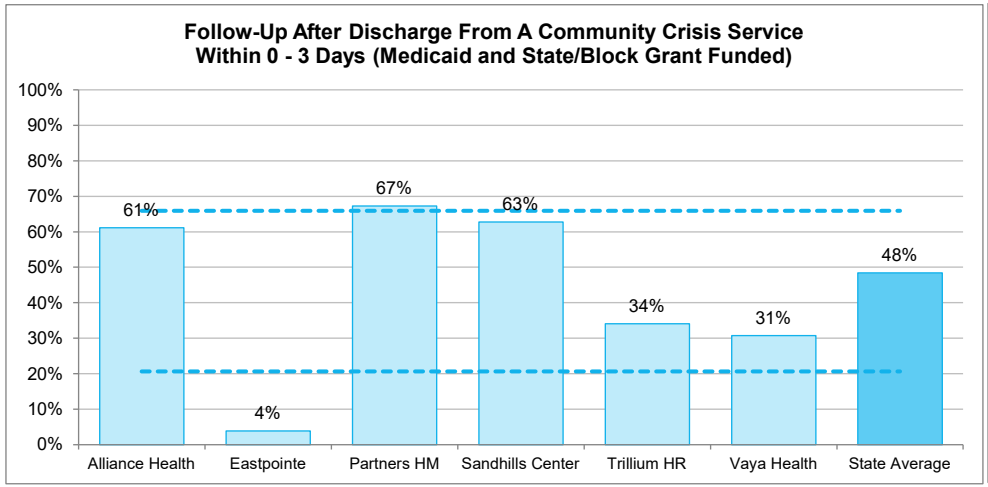
6.5. Follow-Up After Discharge From A Community Crisis Service (Ages 6+)

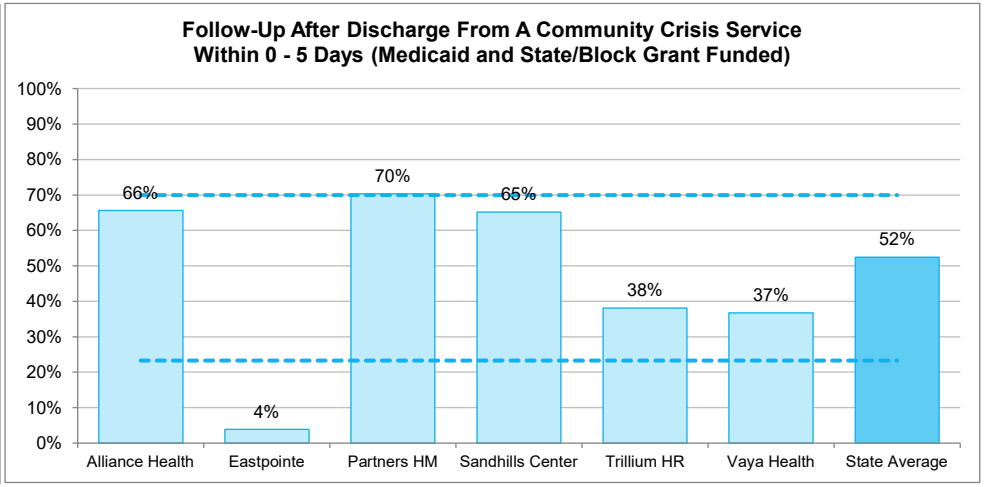
Rationale: Timely follow-up care after discharge from a crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary reuse of crisis services or hospitalization. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

Description: This indicator measures the percent of discharges for persons who received treatment in a community-based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner or a state facility service within 3 days and within 5 days after discharge .

	Numerator	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Non-Crisis Follow-Up Care**					**Total Number of Discharges**	**Percent Received Non-Crisis Follow-Up Care**				
	0 - 3 Days	**4 - 5 Days**	**6 - 14 Days**	**> 14 Days**	**Not Seen***		**0 - 3 Days**	**4 - 5 Days**	**6 - 14 Days**	**> 14 Days**	**Not Seen***
Combined Medicaid and State/Block Grant Funded -- Includes Cross-Overs Between Payers											
Alliance Health	2,816	205	407	547	630	4,605	61%	4%	9%	12%	14%
Eastpointe	18	0	2	1	448	469	4%	0%	0%	0%	96%
Partners Health Management	2,302	104	261	377	377	3,421	67%	3%	8%	11%	11%
Sandhills Center	388	15	28	11	176	618	63%	2%	5%	2%	28%
Trillium Health Resources	1,556	186	439	756	1,634	4,571	34%	4%	10%	17%	36%
Vaya Health	797	156	329	380	934	2,596	31%	6%	13%	15%	36%
State Average	7,877	666	1,466	2,072	4,199	16,280	48%	4%	9%	13%	26%
Standard Deviation							22.6%				
LME-MCO Average							43%	3%			

* Not Seen by the claims paid cutoff date for the measure.





State Fiscal Year: 2024
Report Quarter: 4th Quarter
Measurement Period: Apr 2023 - Mar 2024

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

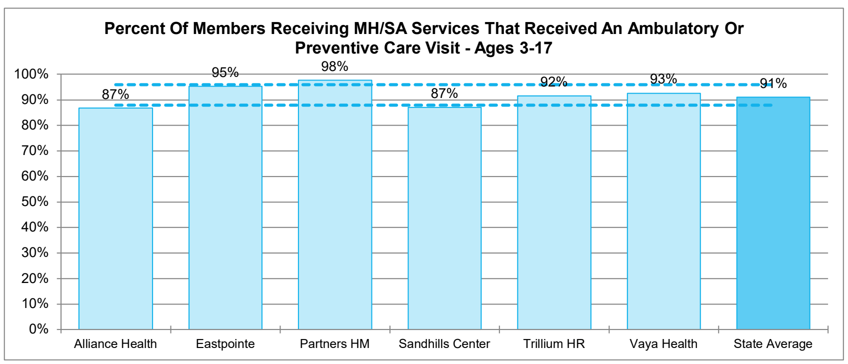
CONTINUITY OF CARE

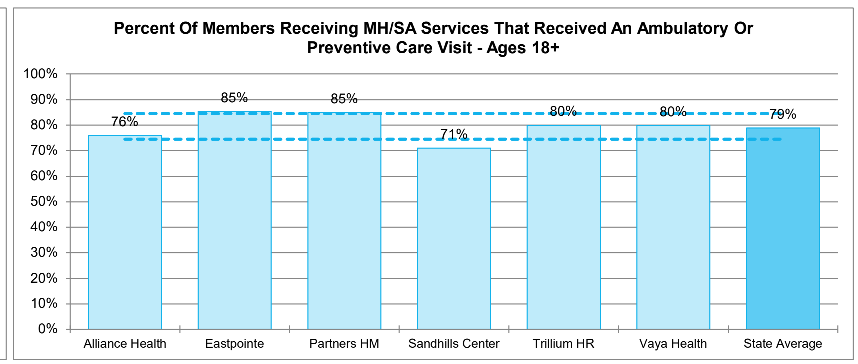
6.6 Medical Care Coordination (Medicaid Only)

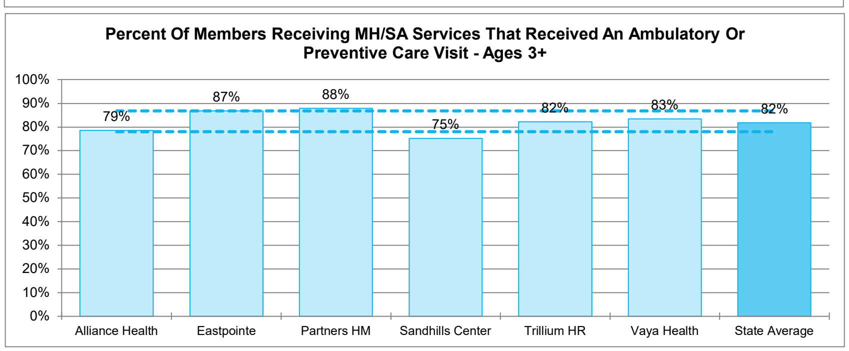
Rationale: Designing programs to integrate the delivery and management of behavioral health and physical health services provides a critical opportunity to achieve better health outcomes as well as control spending. This measure was adapted from two Healthcare Enterprise Data Information System (HEDIS ©) measures -- Adults' Access to Preventive/Ambulatory Health Services and Children and Adolescents' Access to Primary Care Practitioners.

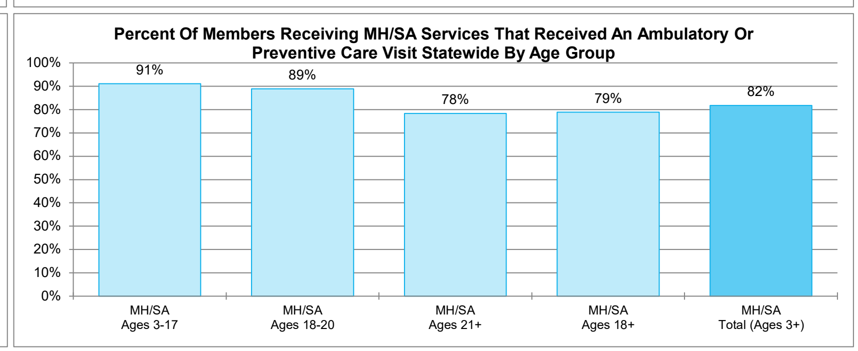
Description: This indicator measures the percentage of continuously enrolled Medicaid recipients under the 1915 b/c waiver who received a behavioral health (MH, I/DD, SUD) service during a rolling one-year period that also had at least one primary care or preventive health visit during that period. For persons ages 7-20, the measure looks for a primary care or preventive health service over the last two years.

	MH/SA Ages 3-17			MH/SA Ages 18+			MH/SA Total (Ages 3+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits	Number Continuously Enrolled Persons That Received ≥1 MH/SA Service During The Measurement Period	Percent Of Members Receiving MH/SA Services That Received An Ambulatory Or Preventive Care Visit	Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits	Number Continuously Enrolled Persons That Received ≥1 MH/SA Service During The Measurement Period	Percent Of Members Receiving MH/SA Services That Received An Ambulatory Or Preventive Care Visit	Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits	Number Continuously Enrolled Persons That Received ≥1 MH/SA Service During The Measurement Period	Percent Of Members Receiving MH/SA Services That Received An Ambulatory Or Preventive Care Visit
Alliance Health	5,961	6,867	87%	16,800	22,111	76%	22,761	28,978	79%
Eastpointe	1,211	1,270	95%	6,384	7,473	85%	7,595	8,743	87%
Partners Health Management	4,625	4,733	98%	13,969	16,426	85%	18,594	21,159	88%
Sandhills Center	4,585	5,264	87%	10,436	14,701	71%	15,021	19,965	75%
Trillium Health Resources	3,272	3,572	92%	11,470	14,342	80%	14,742	17,914	82%
Vaya Health	6,661	7,191	93%	14,727	18,431	80%	21,388	25,622	83%
Statewide	26,315	28,897	91%	73,786	93,484	79%	100,101	122,381	82%
Standard Deviation			4.0%			5.0%			4.4%
LME-MCO Average			92%			80%			82%









North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2024
Report Quarter: 4th Quarter
Measurement Period: Apr 2023 - Mar 2024

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

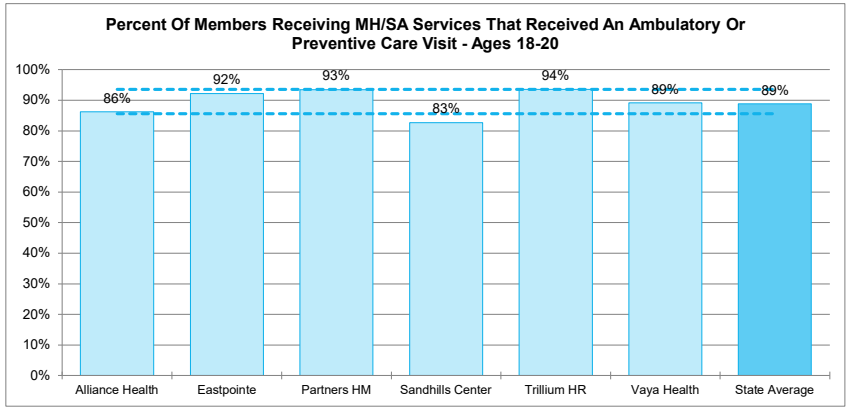
CONTINUITY OF CARE

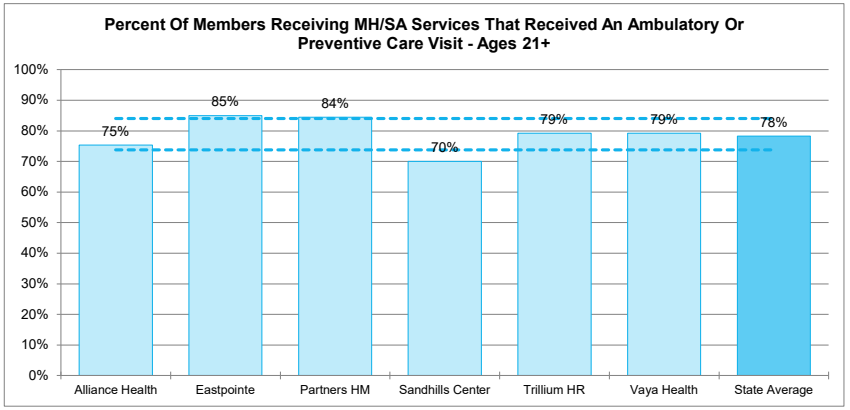
6.6 Medical Care Coordination (Medicaid Only)

Rationale: Designing programs to integrate the delivery and management of behavioral health and physical health services provides a critical opportunity to achieve better health outcomes as well as control spending. This measure was adapted from two Healthcare Enterprise Data Information System (HEDIS ©) measures -- Adults' Access to Preventive/Ambulatory Health Services and Children and Adolescents' Access to Primary Care Practitioners.

Description: This indicator measures the percentage of continuously enrolled Medicaid recipients under the 1915 b/c waiver who received a behavioral health (MH, I/DD, SUD) service during a rolling one-year period that also had at least one primary care or preventive health visit during that period. For persons ages 7-20, the measure looks for a primary care or preventive health service over the last two years.

	MH/SA Ages 18-20			MH/SA Ages 21+		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits**	**Number Continuously Enrolled Persons That Received ≥1 MH/SA Service During The Measurement Period**	**Percent Of Members Receiving MH/SA Services That Received An Ambulatory Or Preventive Care Visit**	**Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits**	**Number Continuously Enrolled Persons That Received ≥1 MH/SA Service During The Measurement Period**	**Percent Of Members Receiving MH/SA Services That Received An Ambulatory Or Preventive Care Visit**
Alliance Health	1,082	1,254	86%	15,718	20,857	75%
Eastpointe	390	423	92%	5,994	7,050	85%
Partners Health Management	948	1,014	93%	13,021	15,412	84%
Sandhills Center	881	1,065	83%	9,555	13,636	70%
Trillium Health Resources	650	695	94%	10,820	13,647	79%
Vaya Health	1,060	1,189	89%	13,667	17,242	79%
Statewide	5,011	5,640	89%	68,775	87,844	78%
Standard Deviation			4.0%			5.2%
LME-MCO Average			90%			79%





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2024
Report Quarter: 4th Quarter
Measurement Period: Apr 2023 - Mar 2024

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

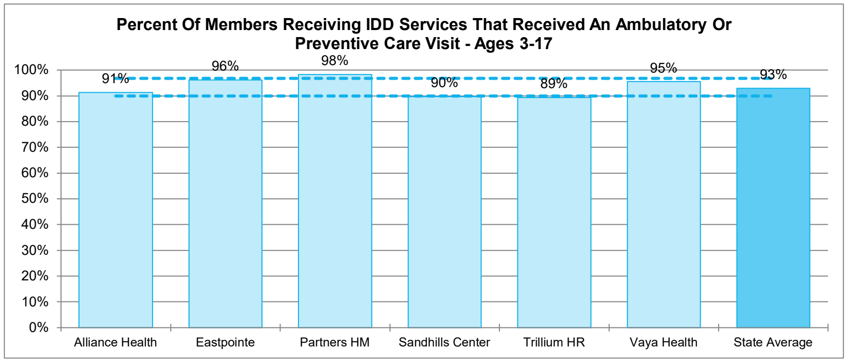
CONTINUITY OF CARE

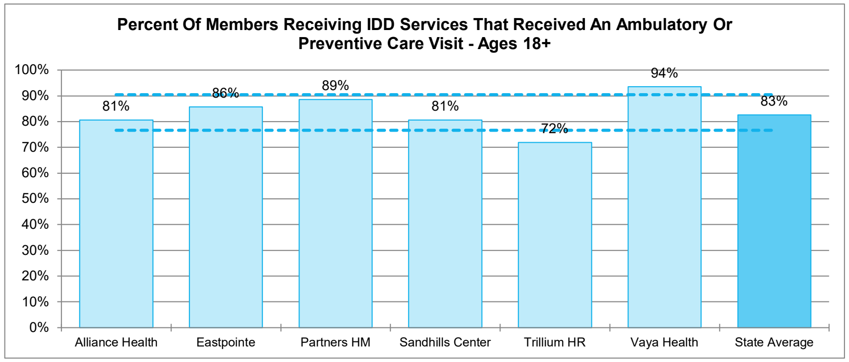
6.6 Medical Care Coordination (Medicaid Only)

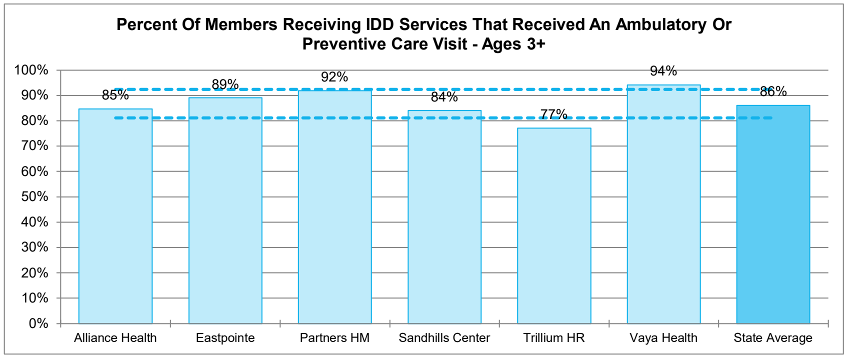
Rationale: Designing programs to integrate the delivery and management of behavioral health and physical health services provides a critical opportunity to achieve better health outcomes as well as control spending. This measure was adapted from two Healthcare Enterprise Data Information System (HEDIS ©) measures -- Adults' Access to Preventive/Ambulatory Health Services and Children and Adolescents' Access to Primary Care Practitioners.

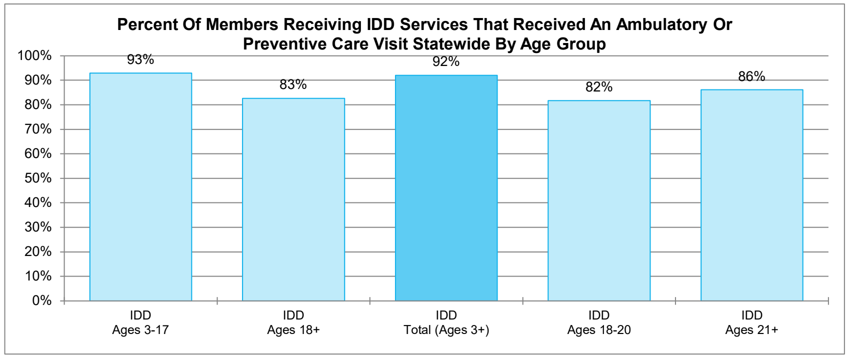
Description: This indicator measures the percentage of continuously enrolled Medicaid recipients under the 1915 b/c waiver who received a behavioral health (MH, I/DD, SUD) service during a rolling one-year period that also had at least one primary care or preventive health visit during that period. For persons ages 7-20, the measure looks for a primary care or preventive health service over the last two years.

	IDD Ages 3-17			IDD Ages 18+			IDD Total (Ages 3+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits	Number Continuously Enrolled Persons That Received ≥1 IDD Service During The Measurement Period	Percent Of Members Receiving IDD Services That Received An Ambulatory Or Preventive Care Visit	Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits	Number Continuously Enrolled Persons That Received ≥1 IDD Service During The Measurement Period	Percent Of Members Receiving IDD Services That Received An Ambulatory Or Preventive Care Visit	Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits	Number Continuously Enrolled Persons That Received ≥1 IDD Service During The Measurement Period	Percent Of Members Receiving IDD Services That Received An Ambulatory Or Preventive Care Visit
Alliance Health	3,396	3,717	91%	4,910	6,090	81%	8,306	9,807	85%
Eastpointe	736	765	96%	1,441	1,680	86%	2,177	2,445	89%
Partners Health Management	2,624	2,669	98%	4,703	5,309	89%	7,327	7,978	92%
Sandhills Center	1,819	2,027	90%	2,720	3,372	81%	4,539	5,399	84%
Trillium Health Resources	1,718	1,922	89%	3,332	4,634	72%	5,050	6,556	77%
Vaya Health	1,081	1,132	95%	2,641	2,821	94%	3,722	3,953	94%
Statewide	11,374	12,232	93%	19,747	23,906	83%	31,121	36,138	86%
Standard Deviation			3.4%			6.9%			5.7%
LME-MCO Average			93%			84%			87%









North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2024
Report Quarter: 4th Quarter
Measurement Period: Apr 2023 - Mar 2024

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

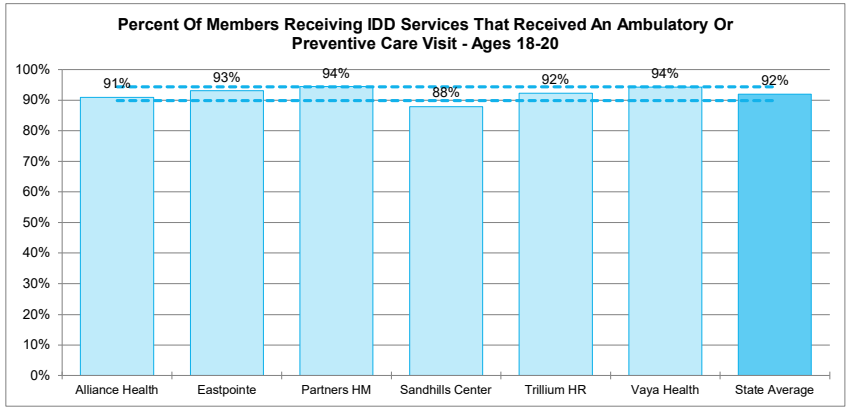
CONTINUITY OF CARE

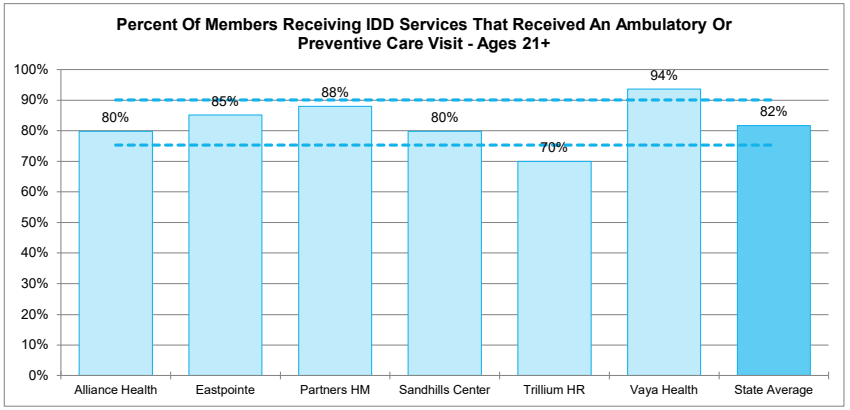
6.6 Medical Care Coordination (Medicaid Only)

Rationale: Designing programs to integrate the delivery and management of behavioral health and physical health services provides a critical opportunity to achieve better health outcomes as well as control spending. This measure was adapted from two Healthcare Enterprise Data Information System (HEDIS ©) measures -- Adults' Access to Preventive/Ambulatory Health Services and Children and Adolescents' Access to Primary Care Practitioners.

Description: This indicator measures the percentage of continuously enrolled Medicaid recipients under the 1915 b/c waiver who received a behavioral health (MH, I/DD, SUD) service during a rolling one-year period that also had at least one primary care or preventive health visit during that period. For persons ages 7-20, the measure looks for a primary care or preventive health service over the last two years.

	IDD Ages 18-20			IDD Ages 21+		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits**	**Number Continuously Enrolled Persons That Received ≥1 IDD Service During The Measurement Period**	**Percent Of Members Receiving IDD Services That Received An Ambulatory Or Preventive Care Visit**	**Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits**	**Number Continuously Enrolled Persons That Received ≥1 IDD Service During The Measurement Period**	**Percent Of Members Receiving IDD Services That Received An Ambulatory Or Preventive Care Visit**
Alliance Health	411	452	91%	4,499	5,638	80%
Eastpointe	121	130	93%	1,320	1,550	85%
Partners Health Management	461	488	94%	4,242	4,821	88%
Sandhills Center	298	339	88%	2,422	3,033	80%
Trillium Health Resources	367	398	92%	2,965	4,236	70%
Vaya Health	196	208	94%	2,445	2,613	94%
Statewide	1,854	2,015	92%	17,893	21,891	82%
Standard Deviation			2.2%			7.4%
LME-MCO Average			92%			83%





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2024
Report Quarter: 4th Quarter
Measurement Period: Apr 2023 - Mar 2024

Data for Eastpointe and Sandhills Center is Jan data. On 2/1/2024 Eastpointe and Sandhills consolidated with Trillium Health Resources. 3 Sandhills counties realigned with the other 3 LME/MCOs.

CONTINUITY OF CARE

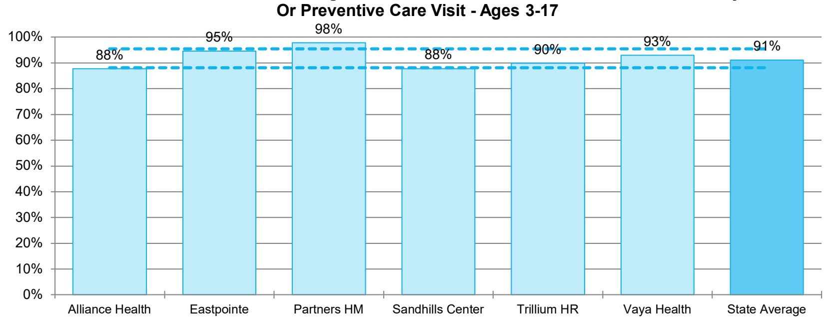
6.6 Medical Care Coordination (Medicaid Only)

Rationale: Designing programs to integrate the delivery and management of behavioral health and physical health services provides a critical opportunity to achieve better health outcomes as well as control spending. This measure was adapted from two Healthcare Enterprise Data Information System (HEDIS ©) measures -- Adults' Access to Preventive/Ambulatory Health Services and Children and Adolescents' Access to Primary Care Practitioners.

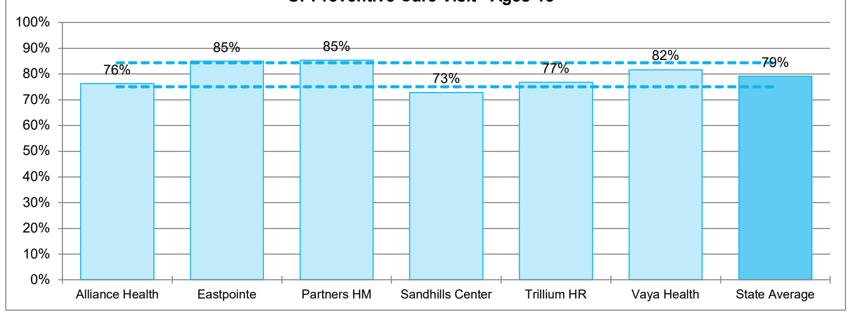
Description: This indicator measures the percentage of continuously enrolled Medicaid recipients under the 1915 b/c waiver who received a behavioral health (MH, I/DD, SUD) service during a rolling one-year period that also had at least one primary care or preventive health visit during that period. For persons ages 7-20, the measure looks for a primary care or preventive health service over the last two years.

	MH/IDD/SA Ages 3-17			MH/IDD/SA Ages 18+			MH/IDD/SA Total (Ages 3+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits	Number Continuously Enrolled Persons That Received ≥1 MH/IDD/SA Service During The Measurement Period	Percent Of Members Receiving MH/IDD/SA Services That Received An Ambulatory Or Preventive Care Visit	Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits	Number Continuously Enrolled Persons That Received ≥1 MH/IDD/SA Service During The Measurement Period	Percent Of Members Receiving MH/IDD/SA Services That Received An Ambulatory Or Preventive Care Visit	Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits	Number Continuously Enrolled Persons That Received ≥1 MH/IDD/SA Service During The Measurement Period	Percent Of Members Receiving MH/IDD/SA Services That Received An Ambulatory Or Preventive Care Visit
Alliance Health	8,418	9,590	88%	20,148	26,399	76%	28,566	35,989	79%
Eastpointe	1,419	1,500	95%	6,930	8,147	85%	8,349	9,647	87%
Partners Health Management	6,049	6,184	98%	16,755	19,621	85%	22,804	25,805	88%
Sandhills Center	6,404	7,291	88%	13,156	18,073	73%	19,560	25,364	77%
Trillium Health Resources	4,044	4,498	90%	12,774	16,630	77%	16,818	21,128	80%
Vaya Health	7,742	8,323	93%	17,368	21,252	82%	25,110	29,575	85%
Statewide	34,076	37,386	91%	87,131	110,122	79%	121,207	147,508	82%
Standard Deviation			3.7%			4.7%			4.2%
LME-MCO Average			92%			80%			83%

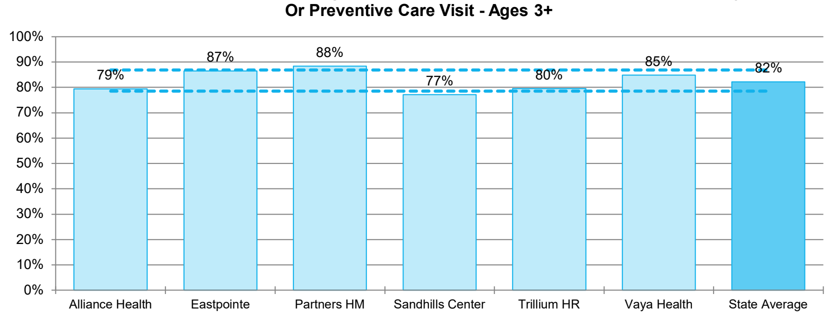
Percent Of Members Receiving MH/IDD/SA Services That Received An Ambulatory Or Preventive Care Visit - Ages 3-17



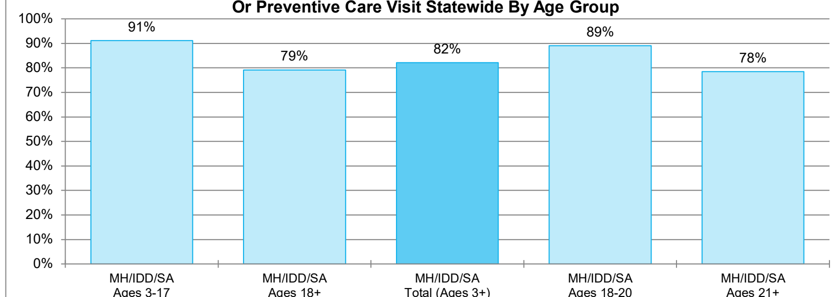
Percent Of Members Receiving MH/IDD/SA Services That Received An Ambulatory Or Preventive Care Visit - Ages 18+



Percent Of Members Receiving MH/IDD/SA Services That Received An Ambulatory Or Preventive Care Visit - Ages 3+



Percent Of Members Receiving MH/IDD/SA Services That Received An Ambulatory Or Preventive Care Visit Statewide By Age Group



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
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CONTINUITY OF CARE

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	MH/IDD/SA Ages 18-20			MH/IDD/SA Ages 21+		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits**	**Number Continuously Enrolled Persons That Received ≥1 MH/IDD/SA Service During The Measurement Period**	**Percent Of Members Receiving MH/IDD/SA Services That Received An Ambulatory Or Preventive Care Visit**	**Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits**	**Number Continuously Enrolled Persons That Received ≥1 MH/IDD/SA Service During The Measurement Period**	**Percent Of Members Receiving MH/IDD/SA Services That Received An Ambulatory Or Preventive Care Visit**
Alliance Health	1,338	1,543	87%	18,810	24,856	76%
Eastpointe	422	458	92%	6,508	7,689	85%
Partners Health Management	1,151	1,230	94%	15,604	18,391	85%
Sandhills Center	1,179	1,404	84%	11,977	16,669	72%
Trillium Health Resources	793	862	92%	11,981	15,768	76%
Vaya Health	1,256	1,397	90%	16,112	19,855	81%
Statewide	6,139	6,894	89%	80,992	103,228	78%
Standard Deviation			3.4%			4.9%
LME-MCO Average			90%			79%