## LME-MCO Quarterly Performance Measures:

# Performance Report

## SFY 2024-2025

### October 1 - December 31, 2024

### (All Measures Reported)

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

July 24, 2025

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 requires 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 categories 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 5/17/25. 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 four 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 6/13/25 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 6/30/25 so the DRAFT report could be finalized. The data in this revised report includes all revisions received as of 6/30/25.

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**
**State Fiscal Year:** 2025 **Measurement Period:** Oct - Dec 2024
**Based On Claims Paid As Of:** Apr 30, 2025

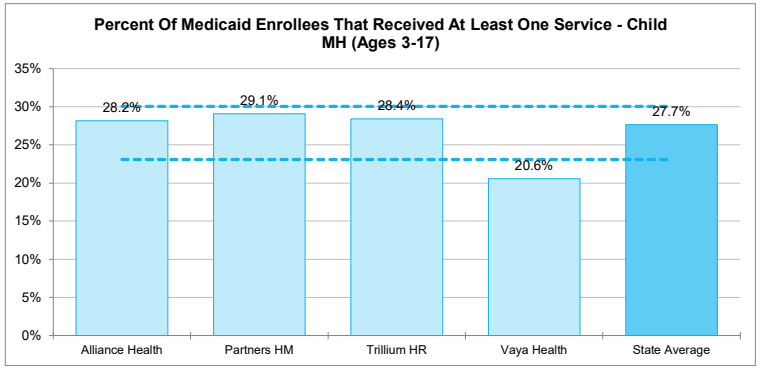
**PENETRATION**

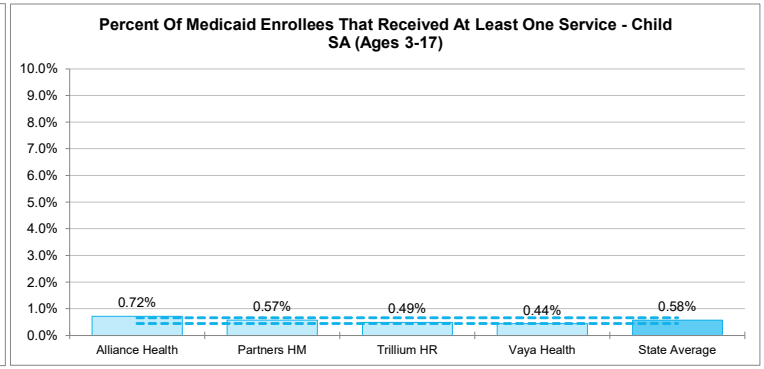
## 3.1 Persons Served: Medicaid Enrollees

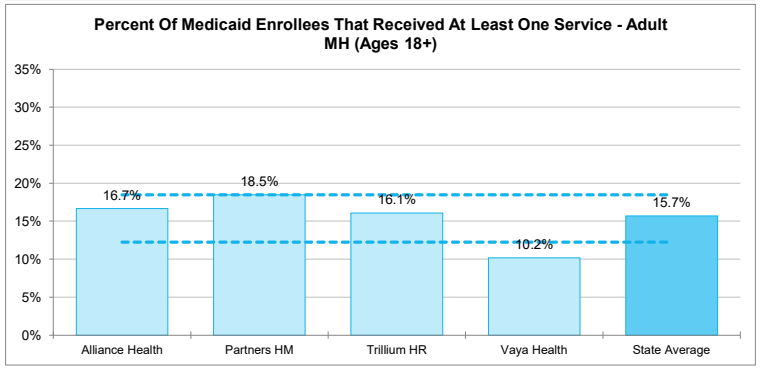
**Rationale**: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is 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.

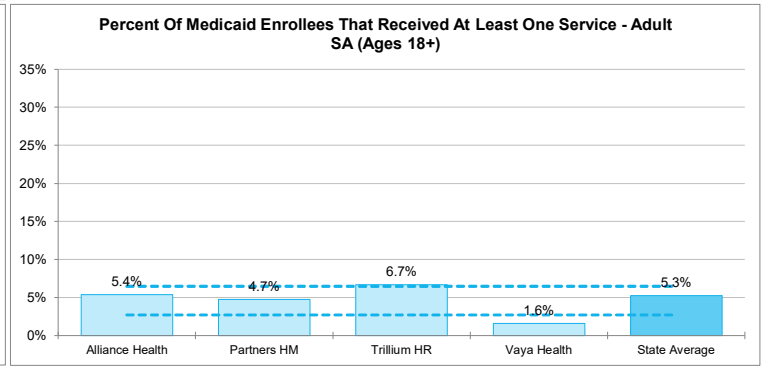
**Description**: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons enrolled in the Medicaid 1915 b/c waiver, it is the unduplicated number of persons who 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 | 10,119 | 35,920 | 28.2% | 21,228 | 127,359 | 16.7% | 258 | 35,920 | 0.72% | 6,845 | 127,359 | 5.4% |
| Partners Health Management | 4,401 | 15,141 | 29.1% | 10,865 | 58,754 | 18.5% | 87 | 15,141 | 0.57% | 2,783 | 58,754 | 4.7% |
| Trillium Health Resources | 12,381 | 43,553 | 28.4% | 28,832 | 179,260 | 16.1% | 214 | 43,553 | 0.49% | 11,987 | 179,260 | 6.7% |
| Vaya Health | 2,119 | 10,303 | 20.6% | 6,505 | 63,765 | 10.2% | 45 | 10,303 | 0.44% | 1,006 | 63,765 | 1.6% |
| Statewide | 29,020 | 104,917 | 27.7% | 67,430 | 429,138 | 15.7% | 604 | 104,917 | 0.58% | 22,621 | 429,138 | 5.3% |
| Standard Deviation | | | 3.5% | | | 3.1% | | | 0.11% | | | 1.9% |
| LME-MCO Average | | | 26.6% | | | 15.4% | | | 0.56% | | | 4.6% |



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

| | | | |
|---|---|---|---|
| **State Fiscal Year:** | 2025 | **Measurement Period:** | Oct - Dec 2024 |
| **Report Quarter:** | 3rd Quarter | **Based On Claims Paid As Of:** | Apr 30, 2025 |

**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.

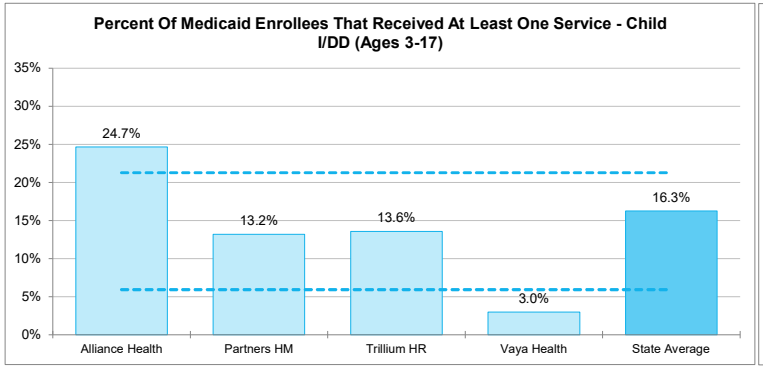
**Description**: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons enrolled in the Medicaid 1915 b/c waiver, it is the unduplicated number of persons who 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.

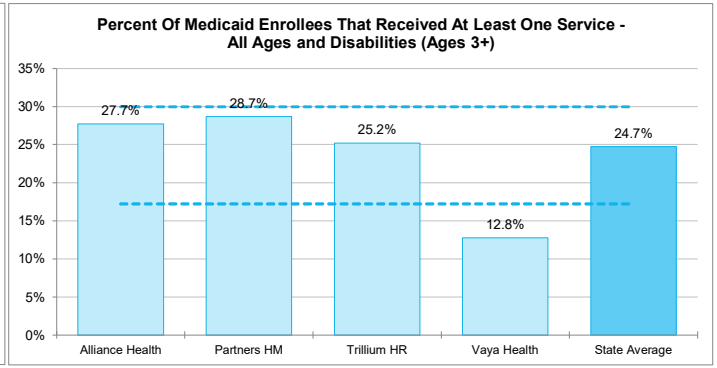
| | Child I/DD (Ages 3-17) | | | Adult I/DD (Ages 18+) | | | All Ages and Disabilities (Ages 3+) | | |
|---|---|---|---|---|---|---|---|---|---|
| | Numerator | Denominator | Rate | Numerator | Denominator | Rate | Numerator | Denominator | Rate |
| **LME-MCO** | **Number That Received At Least One Service** | **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 | 8,857 | 35,920 | 24.7% | 7,816 | 127,359 | 6.1% | 45,246 | 163,279 | 27.7% |
| Partners Health Management | 1,996 | 15,141 | 13.2% | 4,927 | 58,754 | 8.4% | 21,192 | 73,895 | 28.7% |
| Trillium Health Resources | 5,906 | 43,553 | 13.6% | 8,929 | 179,260 | 5.0% | 56,125 | 222,813 | 25.2% |
| Vaya Health | 307 | 10,303 | 3.0% | 1,000 | 63,765 | 1.6% | 9,467 | 74,068 | 12.8% |
| Statewide | 17,066 | 104,917 | 16.3% | 22,672 | 429,138 | 5.3% | 132,030 | 534,055 | 24.7% |
| Standard Deviation | | | 7.7% | | | 2.5% | | | 6.4% |
| LME-MCO Average | | | 13.6% | | | 5.3% | | | 23.6% |

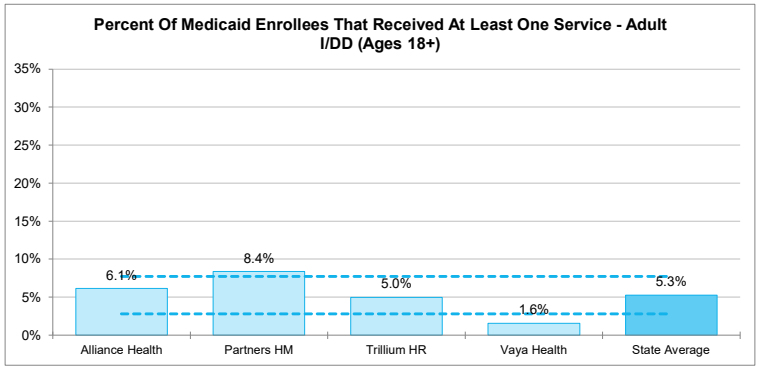
**Red font**: Number that received a service for All Ages and Disabilities ≥ sum of the numbers in each age disability.*

| Sum of # in each age disability that rec'd a service | Medicaid Enrollees Sum of Children + Adults |
|---|---|
| 55,123 | 163,279 |
| 25,059 | 73,895 |
| 68,249 | 222,813 |
| 10,982 | 74,068 |

* 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**
**State Fiscal Year:** 2025 **Measurement Period:** Jul - Dec 2024
**Based On Claims Paid As Of:** Apr 30, 2025

**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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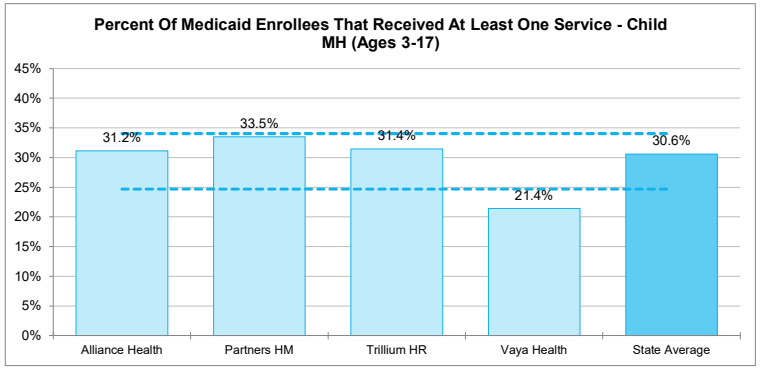
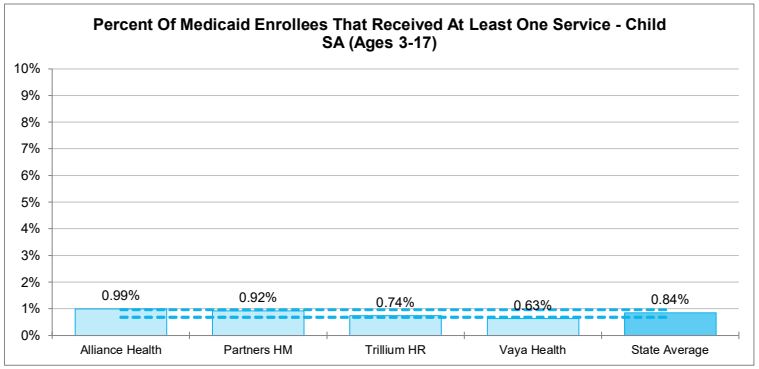
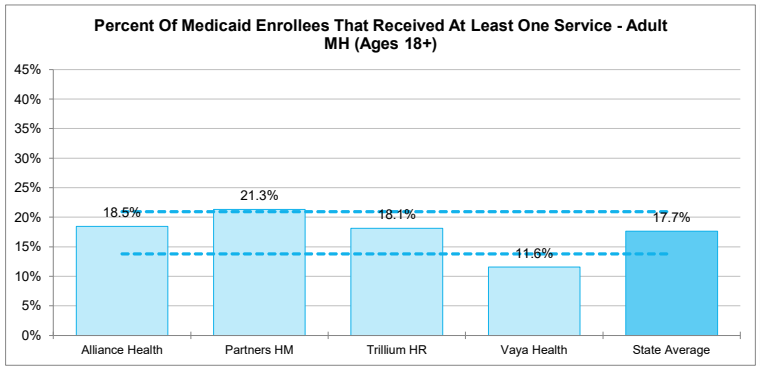
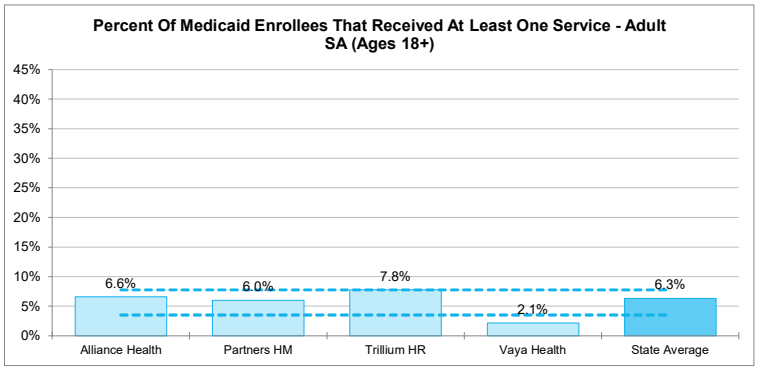
| | Child MH (Ages 3-17) | | | Adult MH (Ages 18+) | | | Child SA (Ages 3-17) | | | Adult SA (Ages 18+) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Numerator | Denominator | Rate | Numerator | Denominator | Rate | Numerator | Denominator | Rate | Numerator | Denominator | Rate |
| **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 | 12,485 | 40,075 | 31.2% | 26,170 | 141,779 | 18.5% | 398 | 40,075 | 0.99% | 9,367 | 141,779 | 6.6% |
| Partners Health Management | 5,374 | 16,054 | 33.5% | 13,503 | 63,355 | 21.3% | 148 | 16,054 | 0.92% | 3,793 | 63,355 | 6.0% |
| Trillium Health Resources | 15,038 | 47,833 | 31.4% | 35,767 | 197,167 | 18.1% | 356 | 47,833 | 0.74% | 15,340 | 197,167 | 7.8% |
| Vaya Health | 2,531 | 11,825 | 21.4% | 8,330 | 71,948 | 11.6% | 75 | 11,825 | 0.63% | 1,533 | 71,948 | 2.1% |
| Statewide | 35,428 | 115,787 | 30.6% | 83,770 | 474,249 | 17.7% | 977 | 115,787 | 0.84% | 30,033 | 474,249 | 6.3% |
| Standard Deviation | | | 4.7% | | | 3.6% | | | 0.1% | | | 2.1% |
| LME-MCO Average | | | 29.4% | | | 17.4% | | | 0.8% | | | 5.6% |



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

| | | | |
|---|---|---|---|
| **State Fiscal Year:** | 2025 | **Measurement Period:** | Jul - Dec 2024 |
| **Report Quarter:** | 3rd Quarter | **Based On Claims Paid As Of:** | Apr 30, 2025 |

**PENETRATION**

## 3.1 Persons Served: Medicaid Enrollees (SFYTD)

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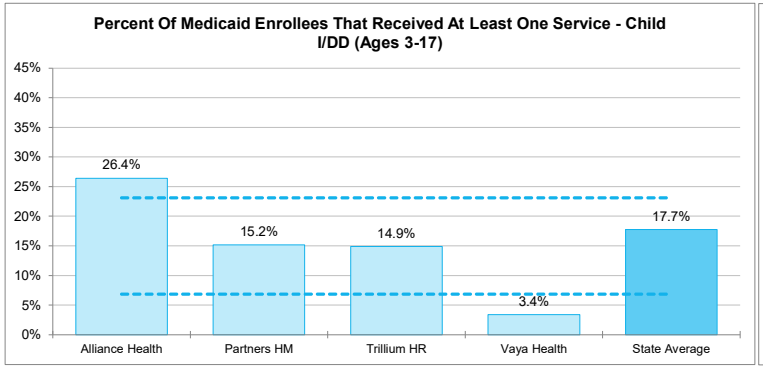
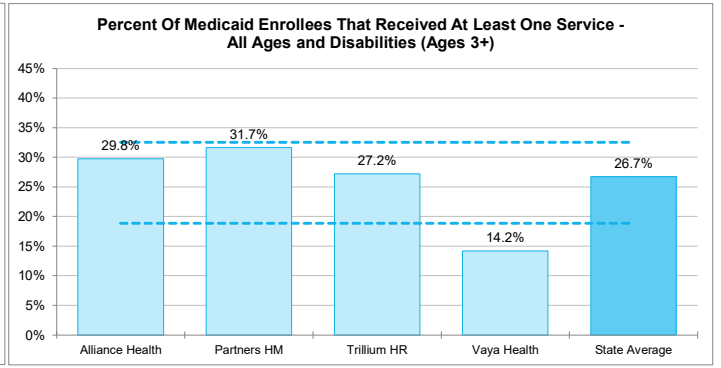
| | Child I/DD (Ages 3-17) | | | Adult I/DD (Ages 18+) | | | All Ages and Disabilities (Ages 3+) | | |
|---|---|---|---|---|---|---|---|---|---|
| | Numerator | Denominator | Rate | Numerator | Denominator | Rate | Numerator | Denominator | Rate |
| **LME-MCO** | **Number That Received At Least One Service** | **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 | 10,586 | 40,075 | 26.4% | 8,553 | 141,779 | 6.0% | 54,111 | 181,854 | 29.8% |
| Partners Health Management | 2,440 | 16,054 | 15.2% | 5,205 | 63,355 | 8.2% | 25,149 | 79,409 | 31.7% |
| Trillium Health Resources | 7,122 | 47,833 | 14.9% | 9,678 | 197,167 | 4.9% | 66,609 | 245,000 | 27.2% |
| Vaya Health | 404 | 11,825 | 3.4% | 1,159 | 71,948 | 1.6% | 11,875 | 83,773 | 14.2% |
| Statewide | 20,552 | 115,787 | 17.7% | 24,595 | 474,249 | 5.2% | 157,744 | 590,036 | 26.7% |
| Standard Deviation | | | 8.1% | | | 2.4% | | | 6.8% |
| LME-MCO Average | | | 15.0% | | | 5.2% | | | 25.7% |

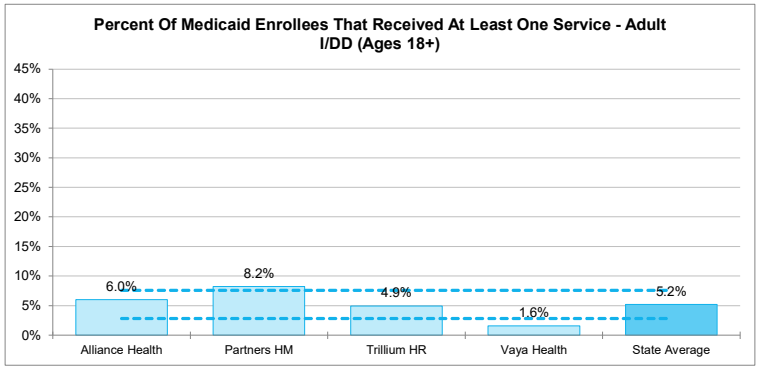
**Red font**: Number that received a service for All Ages and Disabilities ≥ sum of the numbers in each age disability.*

| Sum of # in each age disability that rec'd a service | Medicaid Enrollees Sum of Children + Adults |
|---|---|
| 67,559 | 181,854 |
| 30,463 | 79,409 |
| 83,301 | 245,000 |
| 14,032 | 83,773 |

* 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**

| | | | |
|---|---|---|---|
| **State Fiscal Year:** | 2025 | **Measurement Period:** | Oct - Dec 2024 |
| **Report Quarter:** | 3rd Quarter | **Based On Claims Paid As Of:** | Apr 30, 2025 |

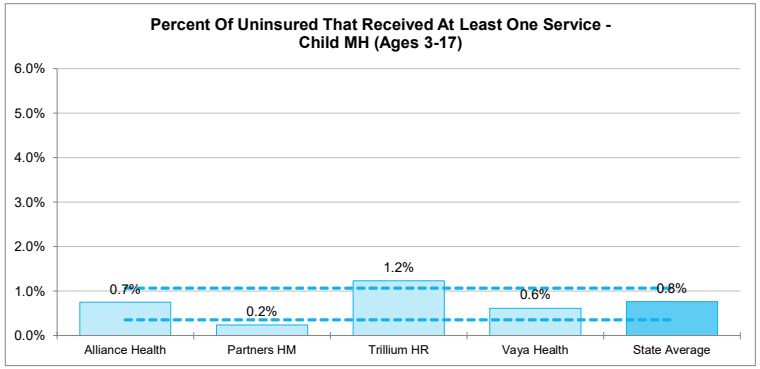
**PENETRATION**

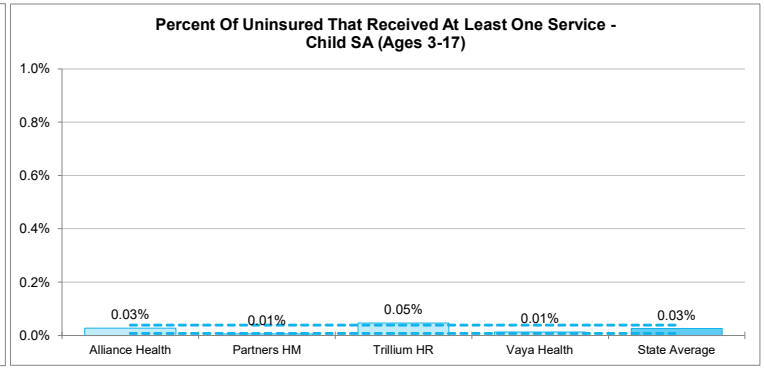
## 3.2 Persons Served: Non-Medicaid (State and Federal Block Grant Funded)

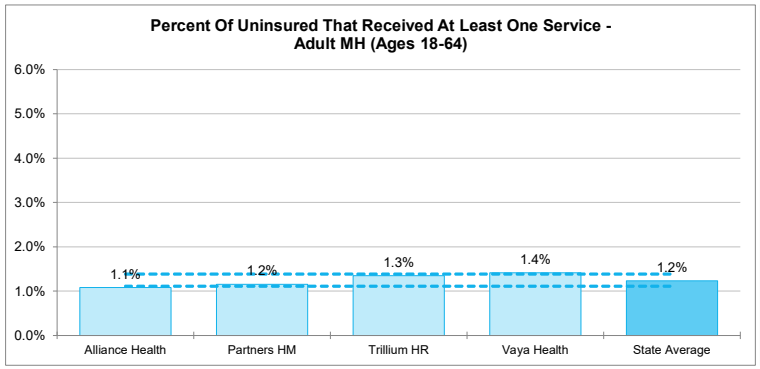
**Rationale**: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is 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.

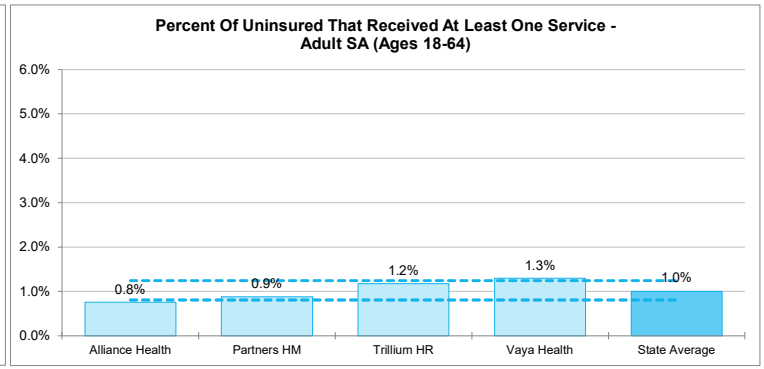
**Description**: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons receiving State and Federal Block Grant funded services, it is the undupllicated number 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 | 245 | 32,794 | 0.7% | 3,064 | 283,651 | 1.1% | 9 | 32,794 | 0.03% | 2,132 | 283,651 | 0.8% |
| Partners Health Management | 47 | 19,371 | 0.2% | 2,161 | 187,659 | 1.2% | 1 | 19,371 | 0.01% | 1,648 | 187,659 | 0.9% |
| Trillium Health Resources | 349 | 28,234 | 1.2% | 3,639 | 270,142 | 1.3% | 13 | 28,234 | 0.05% | 3,177 | 270,142 | 1.2% |
| Vaya Health | 95 | 15,498 | 0.6% | 2,354 | 166,634 | 1.4% | 2 | 15,498 | 0.01% | 2,152 | 166,634 | 1.3% |
| Statewide | 736 | 95,897 | 0.8% | 11,218 | 908,086 | 1.2% | 25 | 95,897 | 0.03% | 9,109 | 908,086 | 1.0% |
| Standard Deviation | | | 0.4% | | | 0.1% | | | 0.02% | | | 0.2% |
| LME-MCO Average | | | 0.7% | | | 1.2% | | | 0.02% | | | 1.0% |



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

| | | | |
|---|---|---|---|
| **State Fiscal Year:** | 2025 | **Measurement Period:** | Oct - Dec 2024 |
| **Report Quarter:** | 3rd Quarter | **Based On Claims Paid As Of:** | Apr 30, 2025 |

**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.

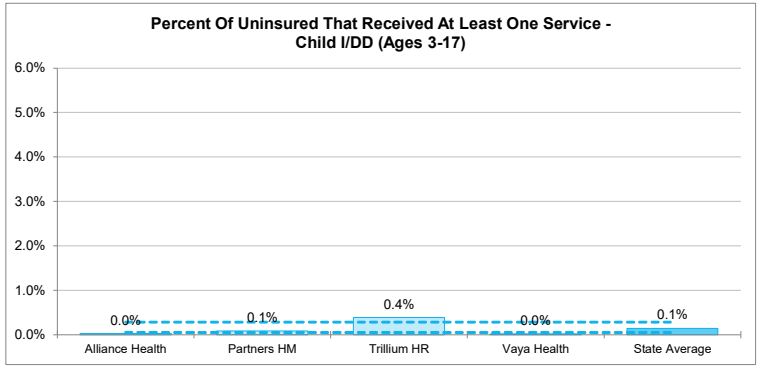
**Description**: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons receiving State and Federal Block Grant funded services, it is the undupllicated number 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.

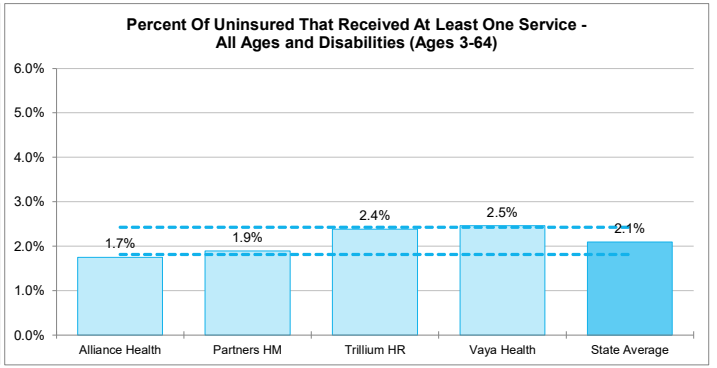
| | Child I/DD (Ages 3-17) | | | Adult I/DD (Ages 18-64) | | | All Ages and Disabilities (Ages 3-64) | | |
|---|---|---|---|---|---|---|---|---|---|
| | Numerator | Denominator | Rate | Numerator | Denominator | Rate | Numerator | Denominator | Rate |
| **LME-MCO** | **Number That Received At Least One 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** |
| Alliance Health | 9 | 32,794 | 0.0% | 336 | 283,651 | 0.1% | 5,352 | 306,032 | 1.7% |
| Partners Health Management | 16 | 19,371 | 0.1% | 135 | 187,659 | 0.1% | 3,751 | 198,740 | 1.9% |
| Trillium Health Resources | 111 | 28,234 | 0.4% | 375 | 270,142 | 0.1% | 6,872 | 288,335 | 2.4% |
| Vaya Health | 4 | 15,498 | 0.0% | 137 | 166,634 | 0.1% | 4,330 | 176,254 | 2.5% |
| Statewide | 140 | 95,897 | 0.1% | 983 | 908,086 | 0.1% | 20,305 | 969,361 | 2.1% |
| Standard Deviation | | | 0.2% | | | 0.0% | | | 0.3% |
| LME-MCO Average | | | 0.1% | | | 0.1% | | | 2.1% |

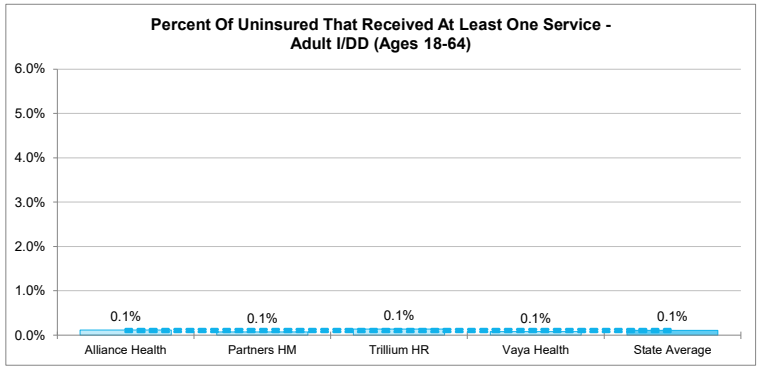
**Red font**: Number that received a service for All Ages and Disabilities ≥ sum of the numbers in each age disability.*

| Sum of # in each age disability that rec'd a service |
|---|
| 5,795 |
| 4,008 |
| 7,664 |
| 4,744 |

* 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**
**State Fiscal Year:** 2025 **Measurement Period:** Jul - Dec 2024
**Based On Claims Paid As Of:** Apr 30, 2025

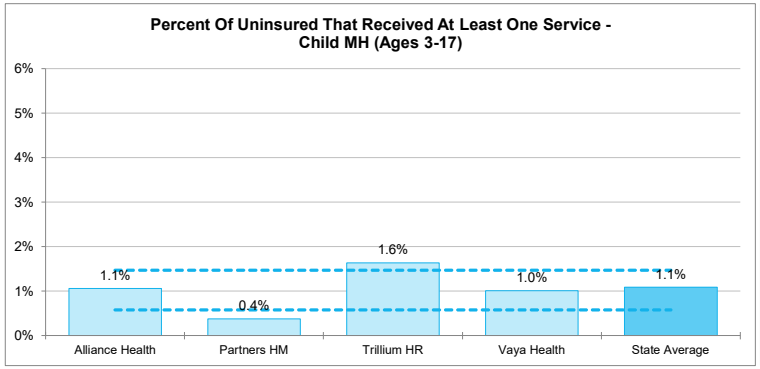
**PENETRATION**

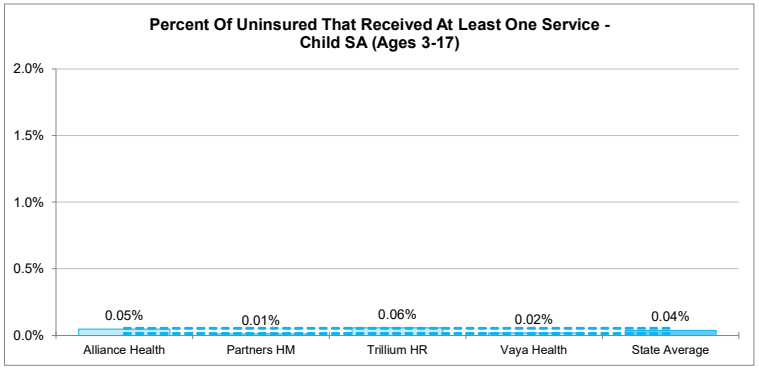
## 3.2 Persons Served: Non-Medicaid (State and Federal Block Grant Funded) (SFYTD)

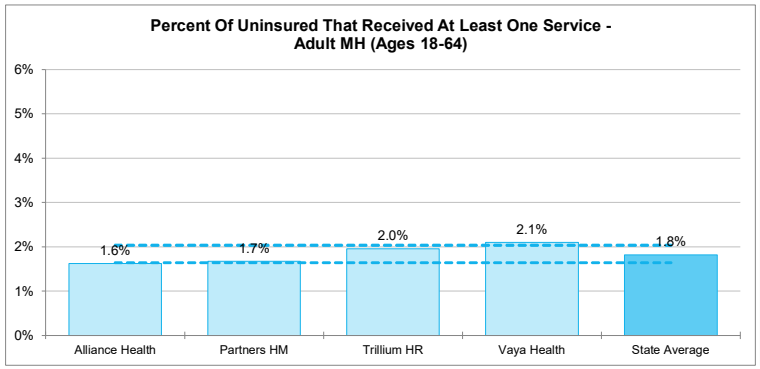
**Rationale**: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is 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.

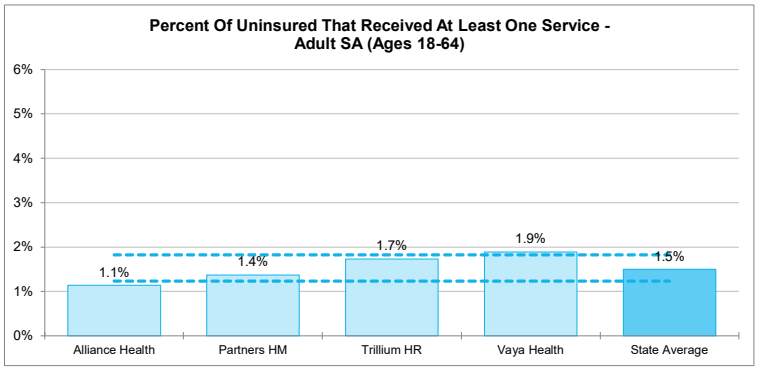
**Description**: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons receiving State and Federal Block Grant funded services, it is the undupllicated number 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 | 349 | 32,794 | 1.1% | 4,610 | 283,651 | 1.6% | 16 | 32,794 | 0.05% | 3,214 | 283,651 | 1.1% |
| Partners Health Management | 73 | 19,371 | 0.4% | 3,133 | 187,659 | 1.7% | 2 | 19,371 | 0.01% | 2,560 | 187,659 | 1.4% |
| Trillium Health Resources | 462 | 28,234 | 1.6% | 5,276 | 270,142 | 2.0% | 16 | 28,234 | 0.06% | 4,660 | 270,142 | 1.7% |
| Vaya Health | 157 | 15,498 | 1.0% | 3,495 | 166,634 | 2.1% | 3 | 15,498 | 0.02% | 3,147 | 166,634 | 1.9% |
| Statewide | 1,041 | 95,897 | 1.1% | 16,514 | 908,086 | 1.8% | 37 | 95,897 | 0.04% | 13,581 | 908,086 | 1.5% |
| Standard Deviation | | | 0.4% | | | 0.2% | | | 0.02% | | | 0.3% |
| LME-MCO Average | | | 1.0% | | | 1.8% | | | 0.03% | | | 1.5% |



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

| | | | |
|---|---|---|---|
| **State Fiscal Year:** | 2025 | **Measurement Period:** | Jul - Dec 2024 |
| **Report Quarter:** | 3rd Quarter | **Based On Claims Paid As Of:** | Apr 30, 2025 |

**PENETRATION**

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

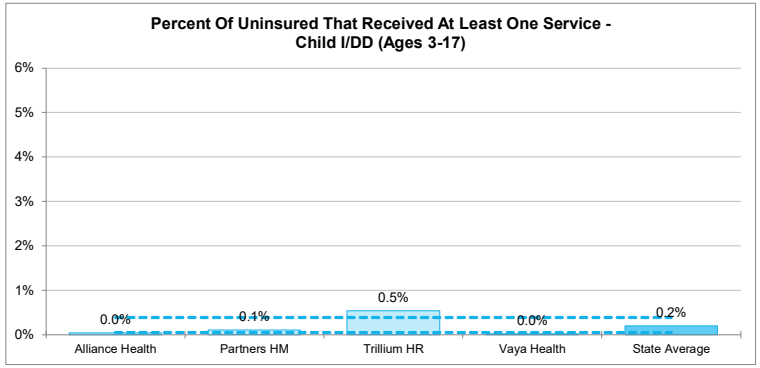
**Rationale**: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is 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.

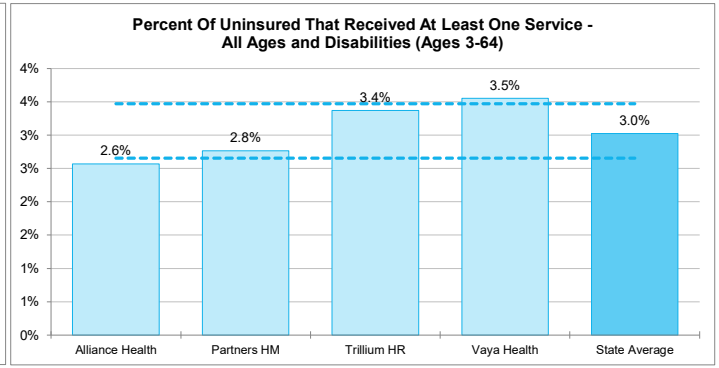
**Description**: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons receiving State and Federal Block Grant funded services, it is the undupllicated number 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.

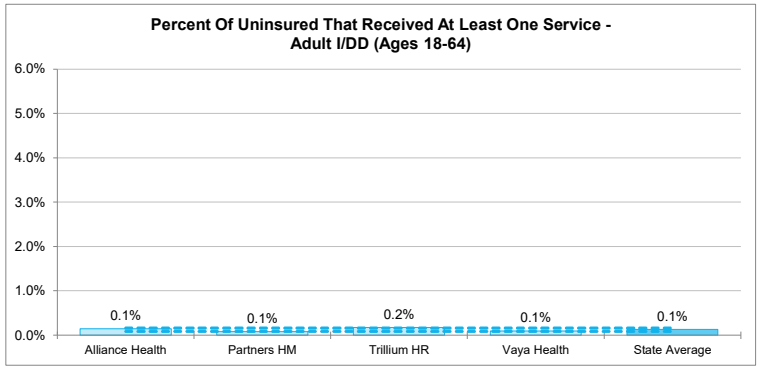
| | Child I/DD (Ages 3-17) | | | Adult I/DD (Ages 18-64) | | | All Ages and Disabilities (Ages 3-64) | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Numerator | Denominator | Rate | Numerator | Denominator | Rate | Numerator | Denominator | Rate | |
| **LME-MCO** | **Number That Received At 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 | 32,794 | 0.0% | 407 | 283,651 | 0.1% | 7,856 | 306,032 | 2.6% | 8,610 |
| Partners Health Management | 21 | 19,371 | 0.1% | 147 | 187,659 | 0.1% | 5,491 | 198,740 | 2.8% | 5,936 |
| Trillium Health Resources | 152 | 28,234 | 0.5% | 464 | 270,142 | 0.2% | 9,715 | 288,335 | 3.4% | 11,030 |
| Vaya Health | 4 | 15,498 | 0.0% | 157 | 166,634 | 0.1% | 6,257 | 176,254 | 3.5% | 6,963 |
| Statewide | 191 | 95,897 | 0.2% | 1,175 | 908,086 | 0.1% | 29,319 | 969,361 | 3.0% | |
| Standard Deviation | | | 0.2% | | | 0.0% | | | 0.4% | |
| LME-MCO Average | | | 0.2% | | | 0.1% | | | 3.1% | |

**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**

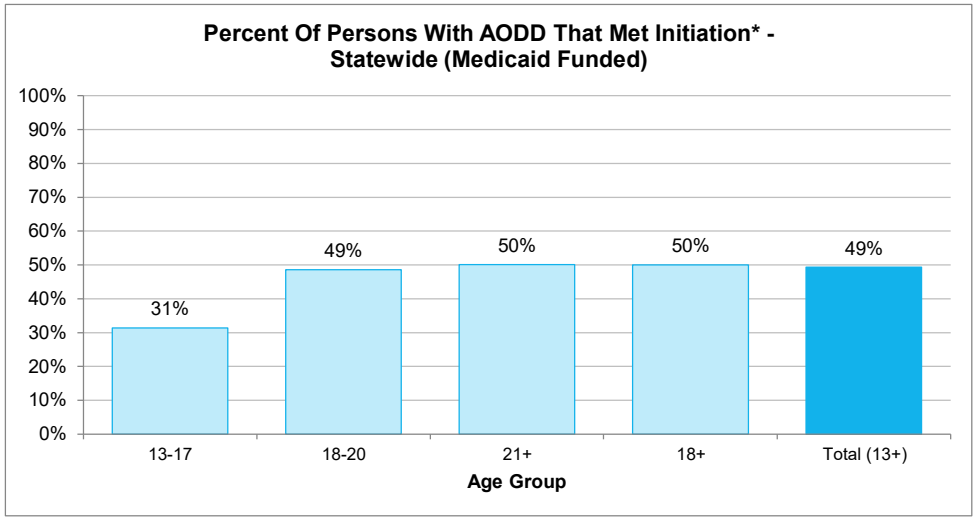
## 4.1. Initiation and Engagement of Substance Use Treatment (By Age Group)

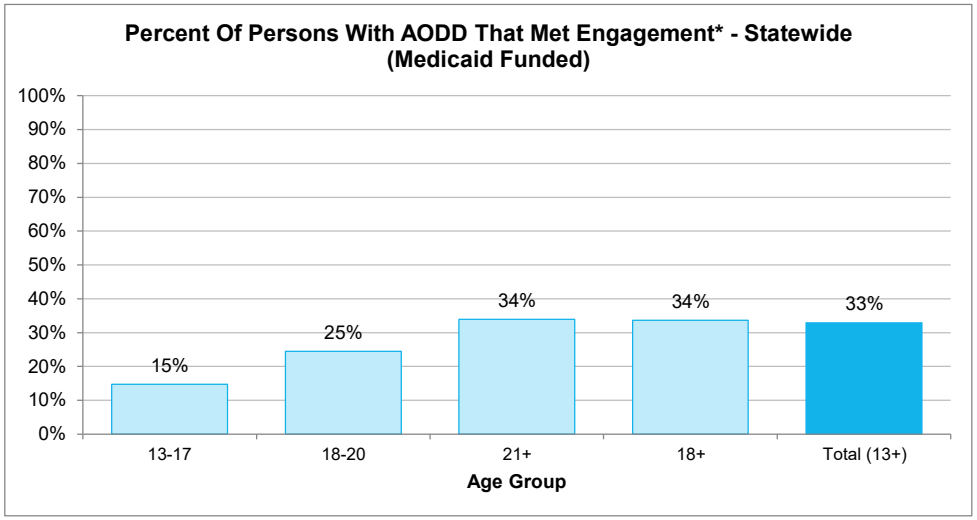
**Rationale**: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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 | 85 | 41 | 145 | 40 | 271 | 31% | 15% | 54% | 15% |
| 18-20 | 99 | 17 | 88 | 50 | 204 | 49% | 8% | 43% | 25% |
| 21+ | 3,403 | 888 | 2,501 | 2,302 | 6,792 | 50% | 13% | 37% | 34% |
| 18+ | 3,502 | 905 | 2,589 | 2,352 | 6,996 | 50% | 13% | 37% | 34% |
| Total (13+) | 3,587 | 946 | 2,734 | 2,392 | 7,267 | 49% | 13% | 38% | 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:** | 2025 | **Measurement Period:** | Oct - Dec 2024 |
| **Report Quarter:** | 3rd Quarter | **Based On Claims Paid As Of:** | Apr 30, 2025 |

**INITIATION AND ENGAGEMENT**

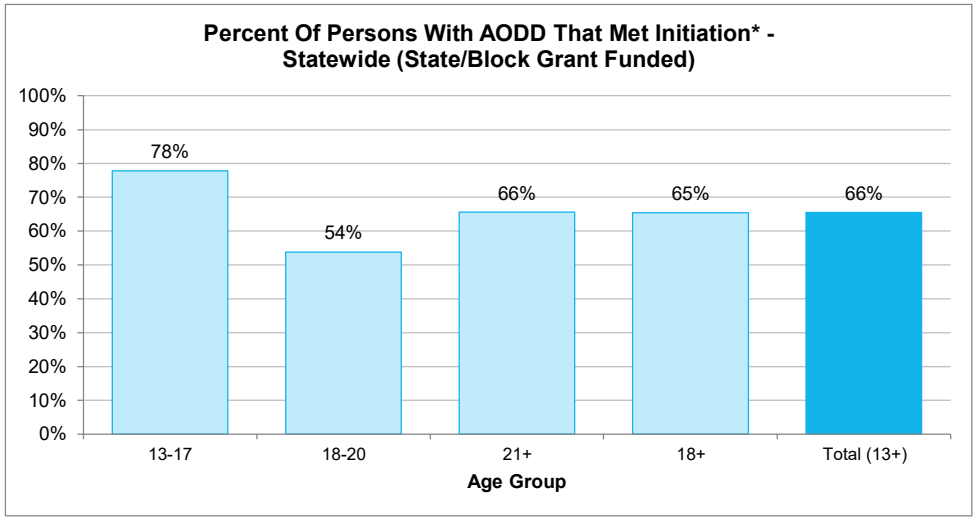
## 4.1. Initiation and Engagement of Substance Use Treatment (By Age Group)

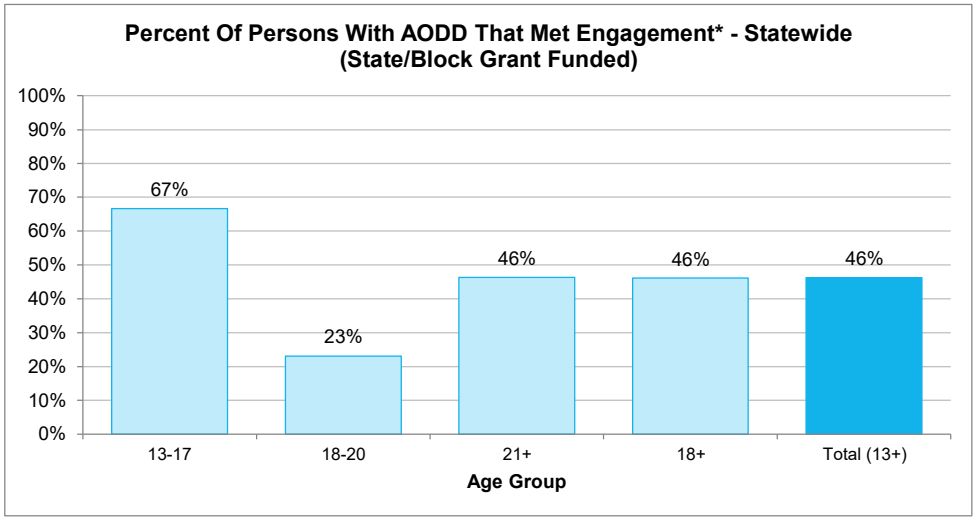
**Rationale**: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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 | 7 | 1 | 1 | 6 | 9 | 78% | 11% | 11% | 67% |
| 18-20 | 7 | 1 | 5 | 3 | 13 | 54% | 8% | 38% | 23% |
| 21+ | 972 | 153 | 357 | 686 | 1,482 | 66% | 10% | 24% | 46% |
| 18+ | 979 | 154 | 362 | 689 | 1,495 | 65% | 10% | 24% | 46% |
| Total (13+) | 986 | 155 | 363 | 695 | 1,504 | 66% | 10% | 24% | 46% |




* 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:** | 2025 | **Measurement Period:** | Oct - Dec 2024 |
| **Report Quarter:** | 3rd Quarter | **Based On Claims Paid As Of:** | Apr 30, 2025 |

**INITIATION AND ENGAGEMENT**

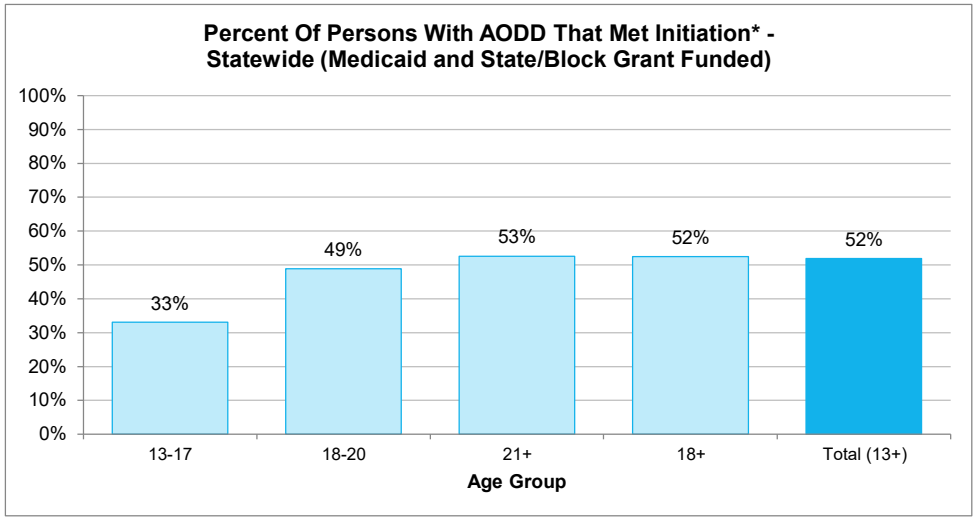
## 4.1. Initiation and Engagement of Substance Use Treatment (By Age Group)

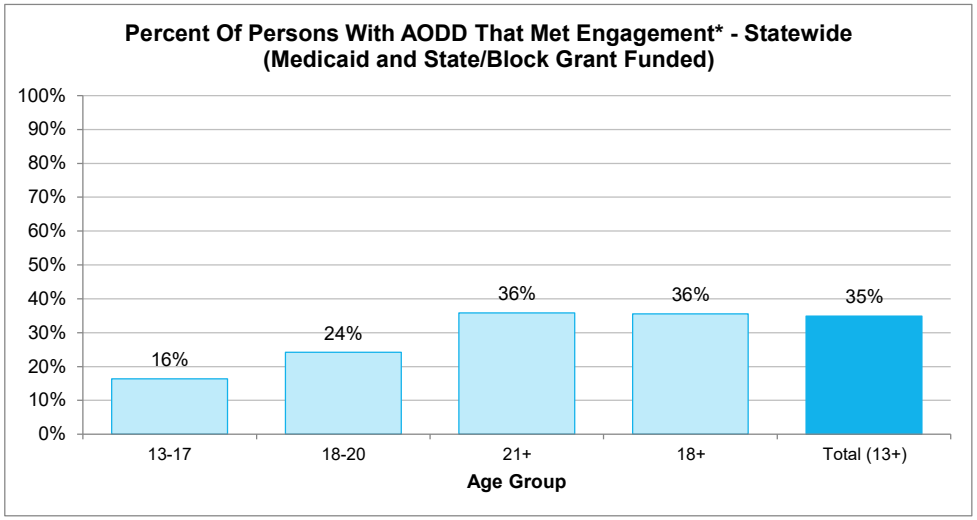
**Rationale**: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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 | 93 | 43 | 145 | 46 | 281 | 33% | 15% | 52% | 16% |
| 18-20 | 107 | 18 | 94 | 53 | 219 | 49% | 8% | 43% | 24% |
| 21+ | 4,307 | 1,056 | 2,827 | 2,936 | 8,190 | 53% | 13% | 35% | 36% |
| 18+ | 4,414 | 1,074 | 2,921 | 2,989 | 8,409 | 52% | 13% | 35% | 36% |
| Total (13+) | 4,507 | 1,117 | 3,066 | 3,035 | 8,690 | 52% | 13% | 35% | 35% |




* 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:** | 2025 | **Measurement Period:** | Oct - Dec 2024 |
| **Report Quarter:** | 3rd Quarter | **Based On Claims Paid As Of:** | Apr 30, 2025 |

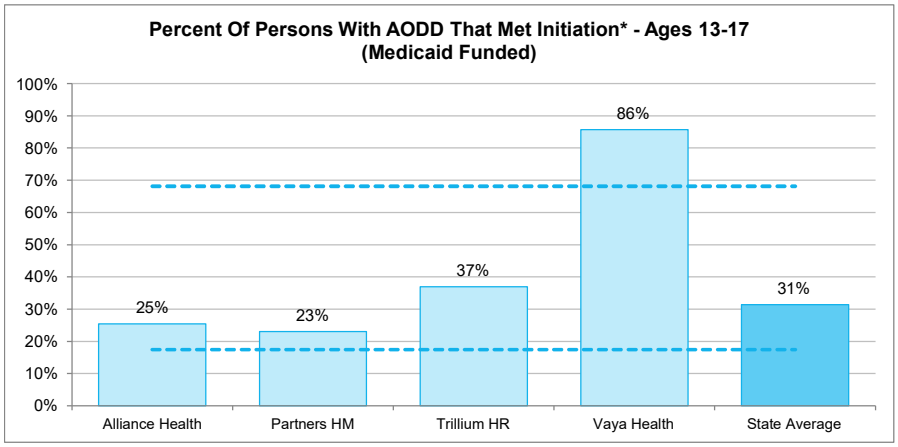
**INITIATION AND ENGAGEMENT**

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

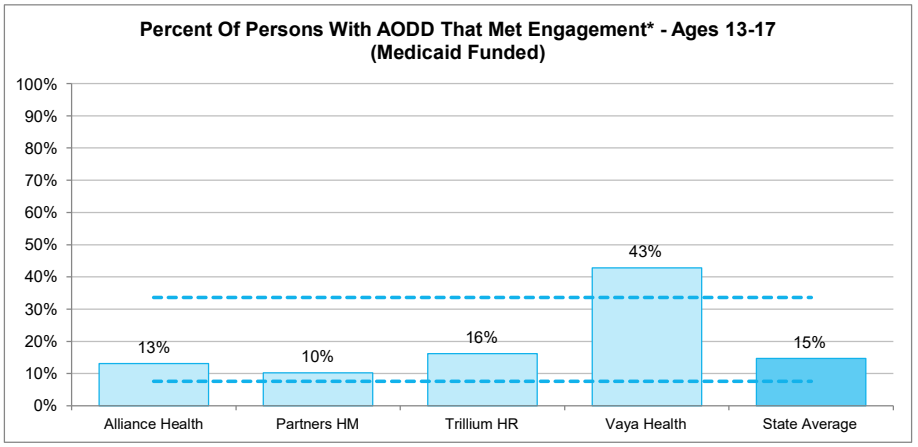
**Rationale**: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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 | 29 | 19 | 66 | 15 | 114 | 25% | 17% | 58% | 13% |
| Partners Health Management | 9 | 5 | 25 | 4 | 39 | 23% | 13% | 64% | 10% |
| Trillium Health Resources | 41 | 17 | 53 | 18 | 111 | 37% | 15% | 48% | 16% |
| Vaya Health | 6 | 0 | 1 | 3 | 7 | 86% | 0% | 14% | 43% |
| State Average | 85 | 41 | 145 | 40 | 271 | 31% | 15% | 54% | 15% |
| Standard Deviation | | | | | | 25.3% | 6.6% | 19.2% | 13.0% |
| LME-MCO Average | | | | | | 43% | 11% | 46% | 21% |




* 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:** | 2025 | **Measurement Period:** | Oct - Dec 2024 |
| **Report Quarter:** | 3rd Quarter | **Based On Claims Paid As Of:** | Apr 30, 2025 |

**INITIATION AND ENGAGEMENT**

## 4.1. Initiation and Engagement of Substance Use 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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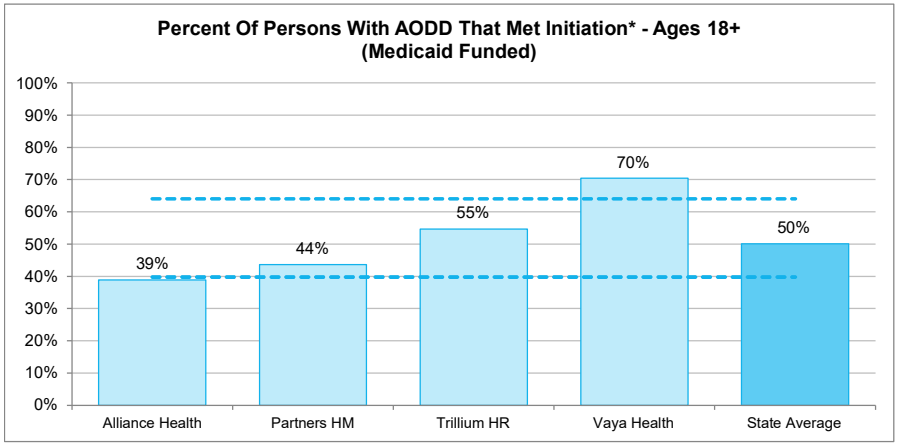
| | Numerator1 | | | Numerator2 | Denominator | Rate1 | | | Rate2 |
|---|---|---|---|---|---|---|---|---|---|
| **LME-MCO** | **Number With 2nd Service Or Visit Within 14 Days (Initiation)** | **Number With 2nd Service Or Visit More Than 14 Days** | **Number With No 2nd Visit** | **Number With 2 Or More 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 18+ (Medicaid Funded)** | | | | | | | | | |
| Alliance Health | 753 | 225 | 960 | 481 | 1,938 | 39% | 12% | 50% | 25% |
| Partners Health Management | 350 | 109 | 343 | 216 | 802 | 44% | 14% | 43% | 27% |
| Trillium Health Resources | 2,082 | 507 | 1,217 | 1,479 | 3,806 | 55% | 13% | 32% | 39% |
| Vaya Health | 317 | 64 | 69 | 176 | 450 | 70% | 14% | 15% | 39% |
| State Average | 3,502 | 905 | 2,589 | 2,352 | 6,996 | 50% | 13% | 37% | 34% |
| Standard Deviation | | | | | | 12.1% | 1.0% | 12.9% | 6.6% |
| LME-MCO Average | | | | | | 52% | 13% | 35% | 32% |

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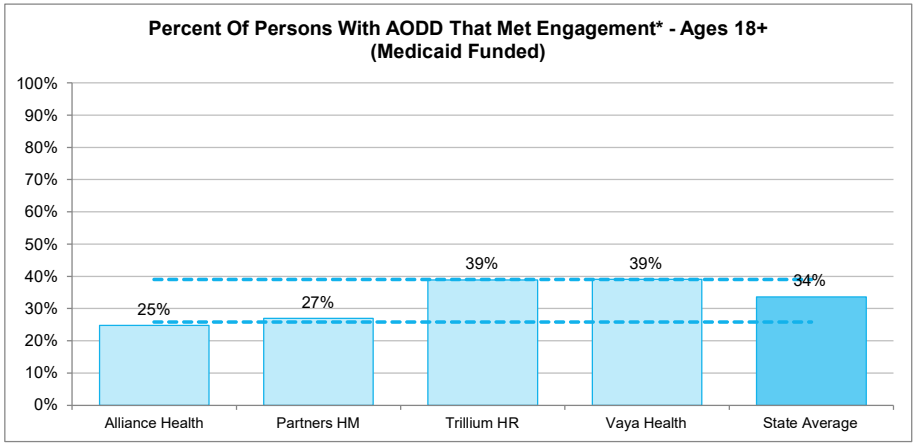


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**North Carolina LME-MCO Performance Measurement Reporting**
**Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures**

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**INITIATION AND ENGAGEMENT**

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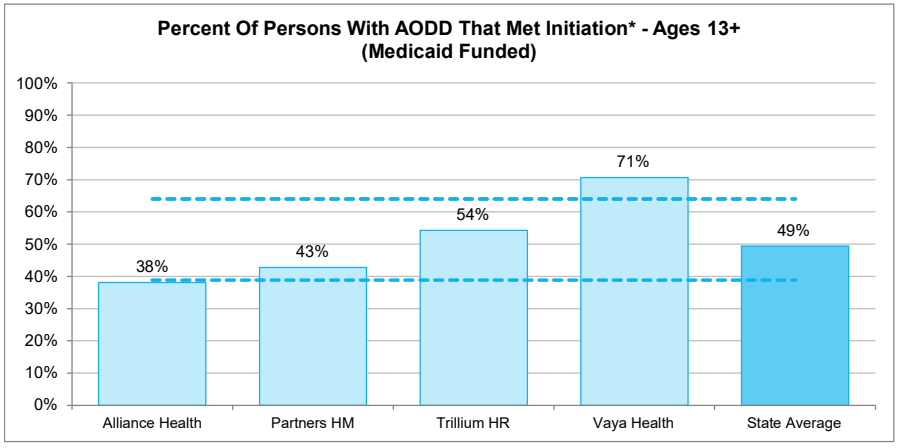
| | Numerator1 | | | Numerator2 | Denominator | Rate1 | | | Rate2 |
|---|---|---|---|---|---|---|---|---|---|
| **LME-MCO** | **Number With 2nd Service Or Visit Within 14 Days (Initiation)** | **Number With 2nd Service Or Visit More Than 14 Days** | **Number With No 2nd Visit** | **Number With 2 Or More 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 Funded)** | | | | | | | | | |
| Alliance Health | 782 | 244 | 1,026 | 496 | 2,052 | 38% | 12% | 50% | 24% |
| Partners Health Management | 359 | 114 | 368 | 220 | 841 | 43% | 14% | 44% | 26% |
| Trillium Health Resources | 2,123 | 524 | 1,270 | 1,497 | 3,917 | 54% | 13% | 32% | 38% |
| Vaya Health | 323 | 64 | 70 | 179 | 457 | 71% | 14% | 15% | 39% |
| State Average | 3,587 | 946 | 2,734 | 2,392 | 7,267 | 49% | 13% | 38% | 33% |
| Standard Deviation | | | | | | 12.6% | 0.8% | 13.2% | 6.8% |
| LME-MCO Average | | | | | | 51% | 13% | 35% | 32% |

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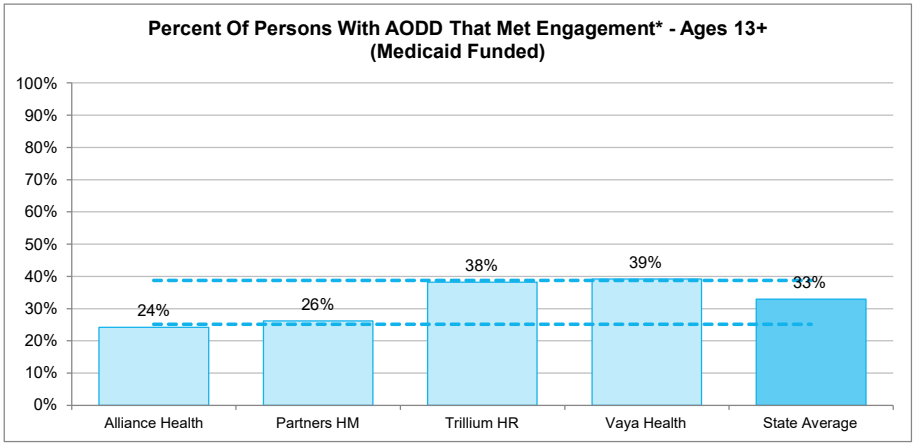


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**North Carolina LME-MCO Performance Measurement Reporting**
**Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures**

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**INITIATION AND ENGAGEMENT**

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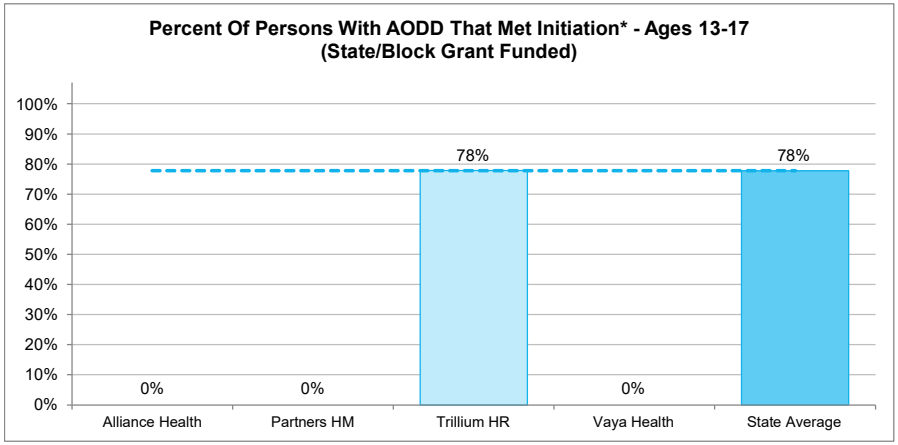
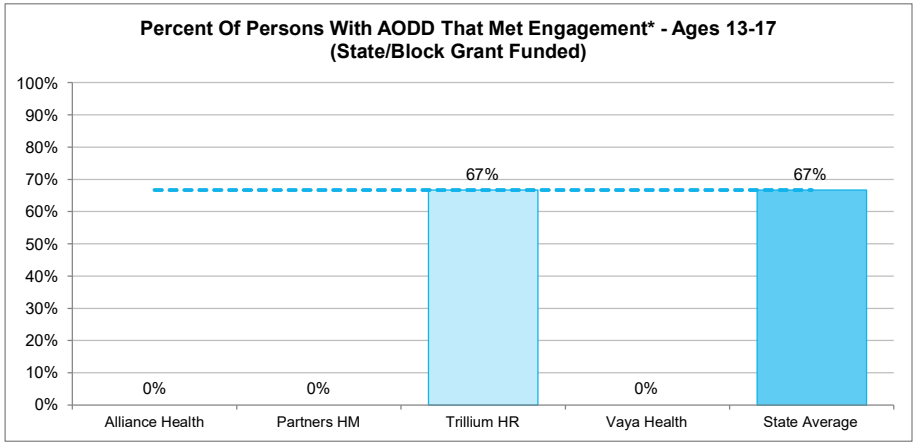
| | Numerator1 | | | Numerator2 | Denominator | Rate1 | | | Rate2 |
|---|---|---|---|---|---|---|---|---|---|
| **LME-MCO** | **Number With 2nd Service Or Visit Within 14 Days (Initiation)** | **Number With 2nd Service Or Visit More Than 14 Days** | **Number With No 2nd Visit** | **Number With 2 Or More 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 13-17 (State/Block Grant Funded)** | | | | | | | | | |
| Alliance Health | 0 | 0 | 0 | 0 | 0 | | | | |
| Partners Health Management | 0 | 0 | 0 | 0 | 0 | | | | |
| Trillium Health Resources | 7 | 1 | 1 | 6 | 9 | 78% | 11% | 11% | 67% |
| Vaya Health | 0 | 0 | 0 | 0 | 0 | | | | |
| State Average | 7 | 1 | 1 | 6 | 9 | 78% | 11% | 11% | 67% |
| Standard Deviation | | | | | | 0.0% | 0.0% | 0.0% | 0.0% |
| LME-MCO Average | | [Alliance, Partners, and Vaya reported no individuals in this age group beginning a new episode of care this quarter.] | | | | 78% | 11% | 11% | 67% |




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

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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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**INITIATION AND ENGAGEMENT**

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

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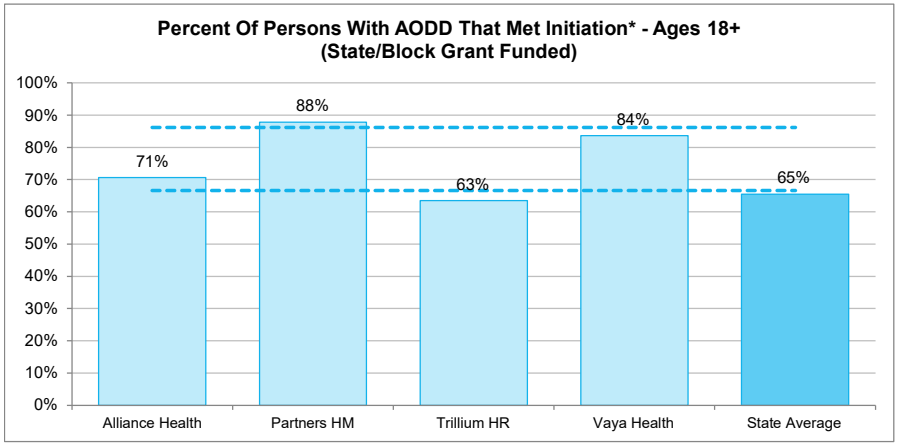
| | Numerator1 | | | Numerator2 | Denominator | Rate1 | | | Rate2 |
|---|---|---|---|---|---|---|---|---|---|
| **LME-MCO** | **Number With 2nd Service Or Visit Within 14 Days (Initiation)** | **Number With 2nd Service Or Visit More Than 14 Days** | **Number With No 2nd Visit** | **Number With 2 Or More 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 18+ (State/Block Grant Funded)** | | | | | | | | | |
| Alliance Health | 106 | 4 | 40 | 94 | 150 | 71% | 3% | 27% | 63% |
| Partners Health Management | 29 | 0 | 4 | 24 | 33 | 88% | 0% | 12% | 73% |
| Trillium Health Resources | 798 | 146 | 313 | 545 | 1,257 | 63% | 12% | 25% | 43% |
| Vaya Health | 46 | 4 | 5 | 26 | 55 | 84% | 7% | 9% | 47% |
| State Average | 979 | 154 | 362 | 689 | 1,495 | 65% | 10% | 24% | 46% |
| Standard Deviation | | | | | | 9.8% | 4.4% | 7.7% | 11.8% |
| LME-MCO Average | | | | | | 76% | 5% | 18% | 57% |

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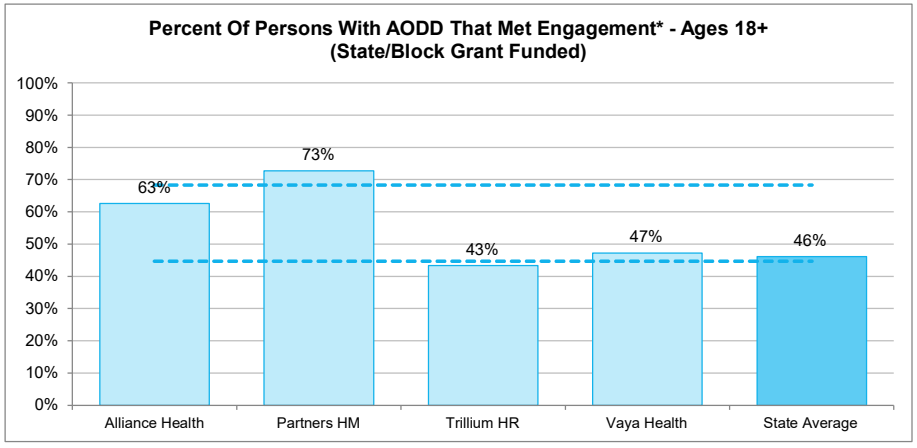


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**Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures**

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**INITIATION AND ENGAGEMENT**

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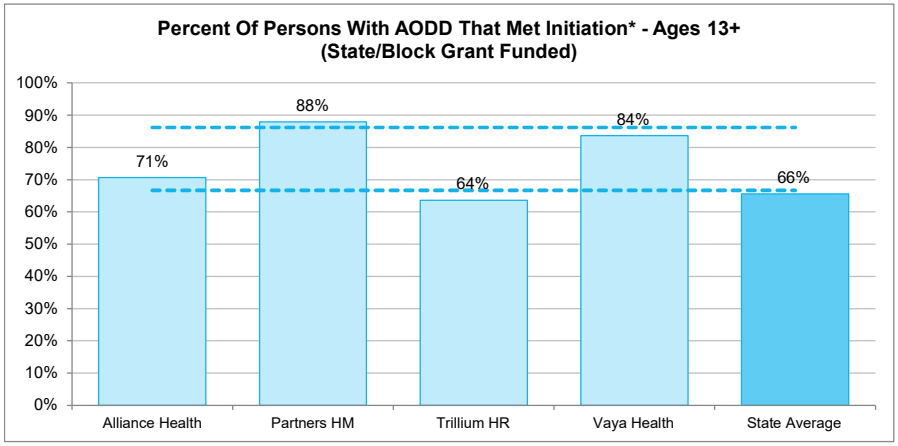
| | Numerator1 | | | Numerator2 | Denominator | Rate1 | | | Rate2 |
|---|---|---|---|---|---|---|---|---|---|
| **LME-MCO** | **Number With 2nd Service Or Visit Within 14 Days (Initiation)** | **Number With 2nd Service Or Visit More Than 14 Days** | **Number With No 2nd Visit** | **Number With 2 Or More 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+ (State/Block Grant Funded)** | | | | | | | | | |
| Alliance Health | 106 | 4 | 40 | 94 | 150 | 71% | 3% | 27% | 63% |
| Partners Health Management | 29 | 0 | 4 | 24 | 33 | 88% | 0% | 12% | 73% |
| Trillium Health Resources | 805 | 147 | 314 | 551 | 1,266 | 64% | 12% | 25% | 44% |
| Vaya Health | 46 | 4 | 5 | 26 | 55 | 84% | 7% | 9% | 47% |
| State Average | 986 | 155 | 363 | 695 | 1,504 | 66% | 10% | 24% | 46% |
| Standard Deviation | | | | | | 9.8% | 4.4% | 7.7% | 11.8% |
| LME-MCO Average | | | | | | 76% | 5% | 18% | 57% |

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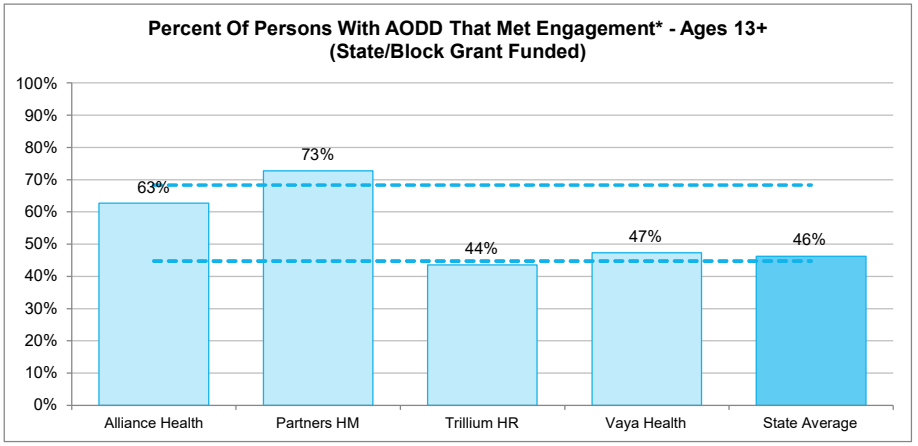


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**INITIATION AND ENGAGEMENT**

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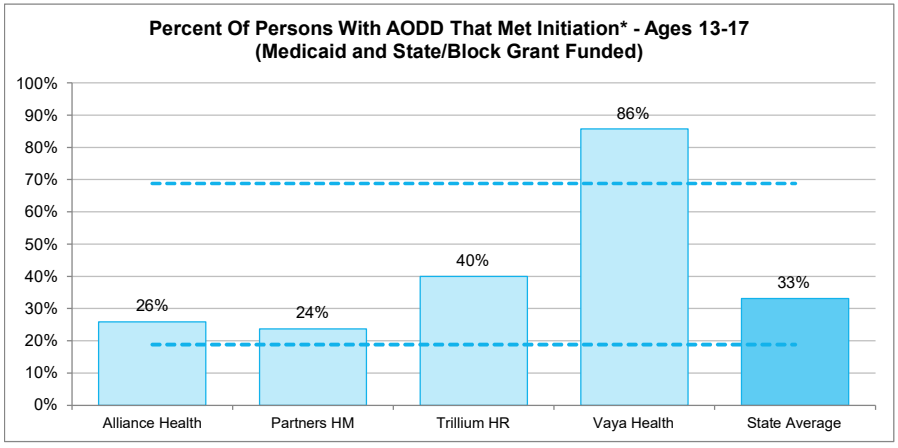
| **Persons Ages 13-17 (Medicaid and State/Block Grant Funded)** | | | | | | | | | |
| Alliance Health | 30 | 20 | 66 | 15 | 116 | 26% | 17% | 57% | 13% |
| Partners Health Management | 9 | 5 | 24 | 4 | 38 | 24% | 13% | 63% | 11% |
| Trillium Health Resources | 48 | 18 | 54 | 24 | 120 | 40% | 15% | 45% | 20% |
| Vaya Health | 6 | 0 | 1 | 3 | 7 | 86% | 0% | 14% | 43% |
| State Average | 93 | 43 | 145 | 46 | 281 | 33% | 15% | 52% | 16% |
| Standard Deviation | | | | | | 25.0% | 6.7% | 18.8% | 12.8% |
| LME-MCO Average | | | | | | 44% | 11% | 45% | 22% |

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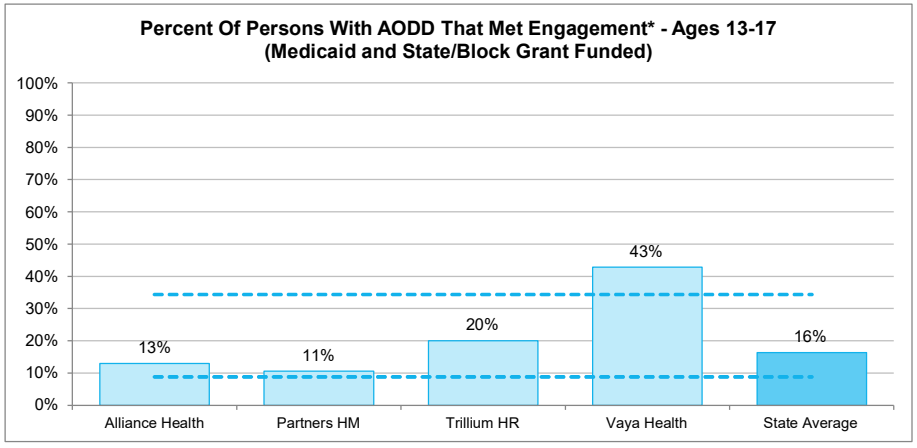


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**INITIATION AND ENGAGEMENT**

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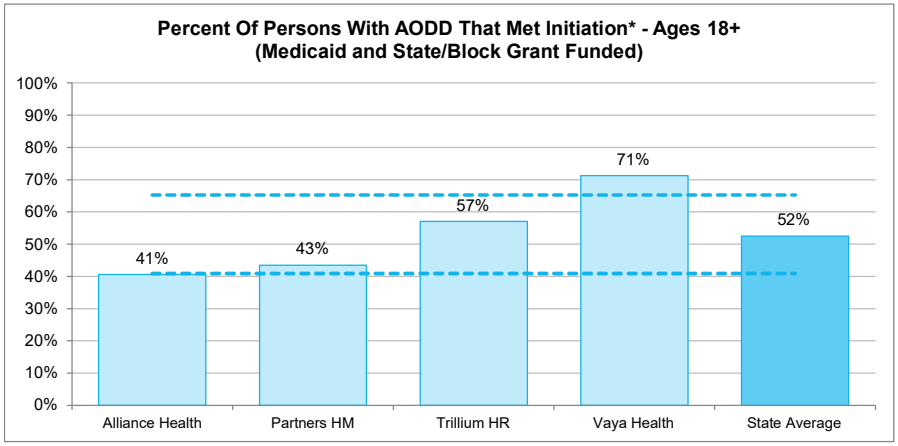
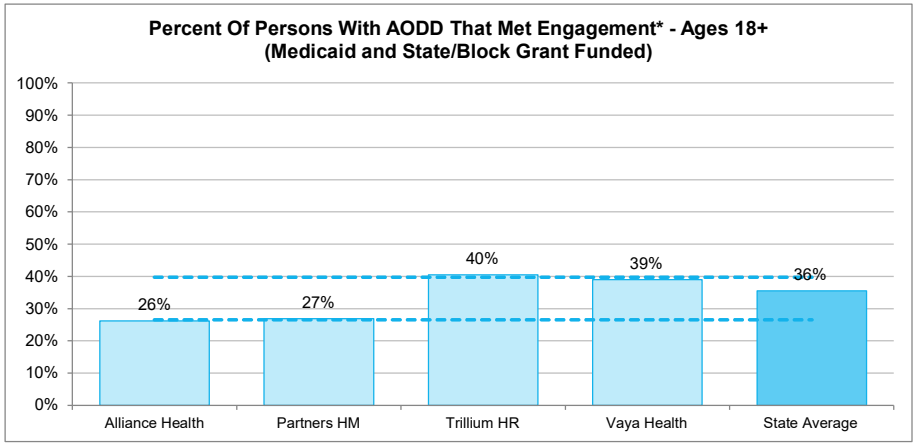
| | Numerator1 | | | Numerator2 | Denominator | Rate1 | | | Rate2 |
|---|---|---|---|---|---|---|---|---|---|
| **LME-MCO** | **Number With 2nd Service Or Visit Within 14 Days (Initiation)** | **Number With 2nd Service Or Visit More Than 14 Days** | **Number With No 2nd Visit** | **Number With 2 Or More 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 18+ (Medicaid and State/Block Grant Funded)** | | | | | | | | | |
| Alliance Health | 842 | 239 | 995 | 543 | 2,076 | 41% | 12% | 48% | 26% |
| Partners Health Management | 347 | 109 | 343 | 215 | 799 | 43% | 14% | 43% | 27% |
| Trillium Health Resources | 2,874 | 658 | 1,509 | 2,039 | 5,041 | 57% | 13% | 30% | 40% |
| Vaya Health | 351 | 68 | 74 | 192 | 493 | 71% | 14% | 15% | 39% |
| State Average | 4,414 | 1,074 | 2,921 | 2,989 | 8,409 | 52% | 13% | 35% | 36% |
| Standard Deviation | | | | | | 12.2% | 0.9% | 12.8% | 6.6% |
| LME-MCO Average | | | | | | 53% | 13% | 34% | 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:** | 2025 | **Measurement Period:** | Oct - Dec 2024 |
| **Report Quarter:** | 3rd Quarter | **Based On Claims Paid As Of:** | Apr 30, 2025 |

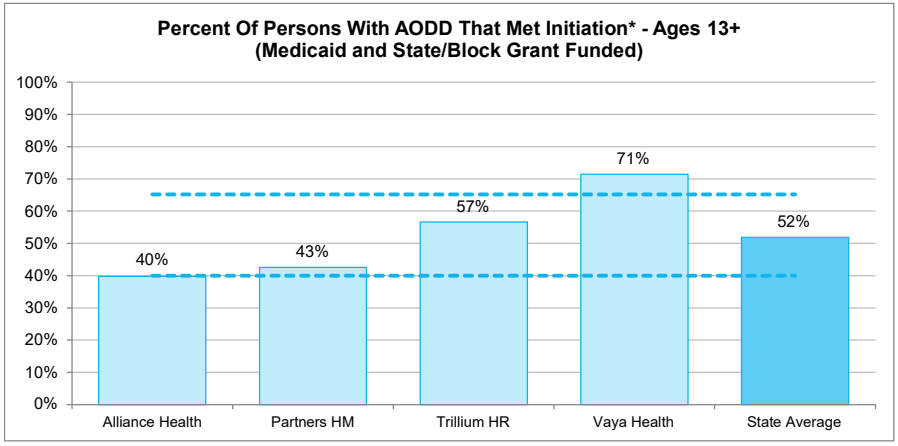
**INITIATION AND ENGAGEMENT**

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

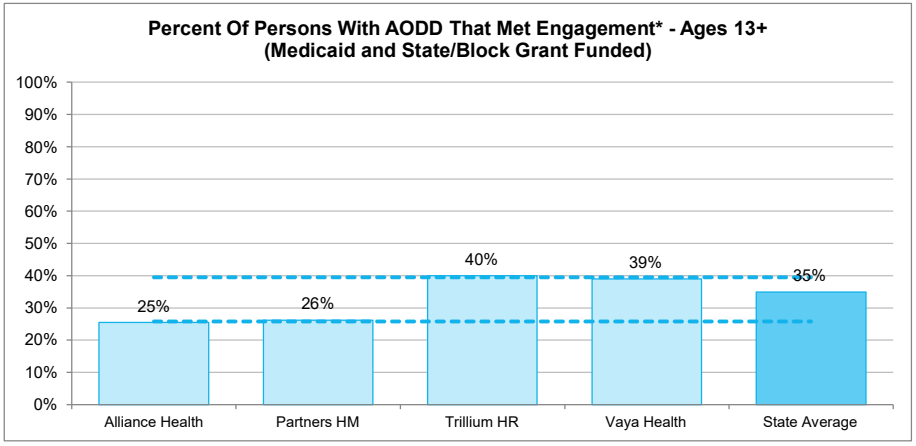
**Rationale**: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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+ (Medicaid and State/Block Grant Funded)** | | | | | | | | | |
| Alliance Health | 872 | 259 | 1,061 | 558 | 2,192 | 40% | 12% | 48% | 25% |
| Partners Health Management | 356 | 114 | 367 | 219 | 837 | 43% | 14% | 44% | 26% |
| Trillium Health Resources | 2,922 | 676 | 1,563 | 2,063 | 5,161 | 57% | 13% | 30% | 40% |
| Vaya Health | 357 | 68 | 75 | 195 | 500 | 71% | 14% | 15% | 39% |
| State Average | 4,507 | 1,117 | 3,066 | 3,035 | 8,690 | 52% | 13% | 35% | 35% |
| Standard Deviation | | | | | | 12.6% | 0.7% | 13.0% | 6.9% |
| LME-MCO Average | | | | | | 53% | 13% | 34% | 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.

**INITIATION AND ENGAGEMENT**

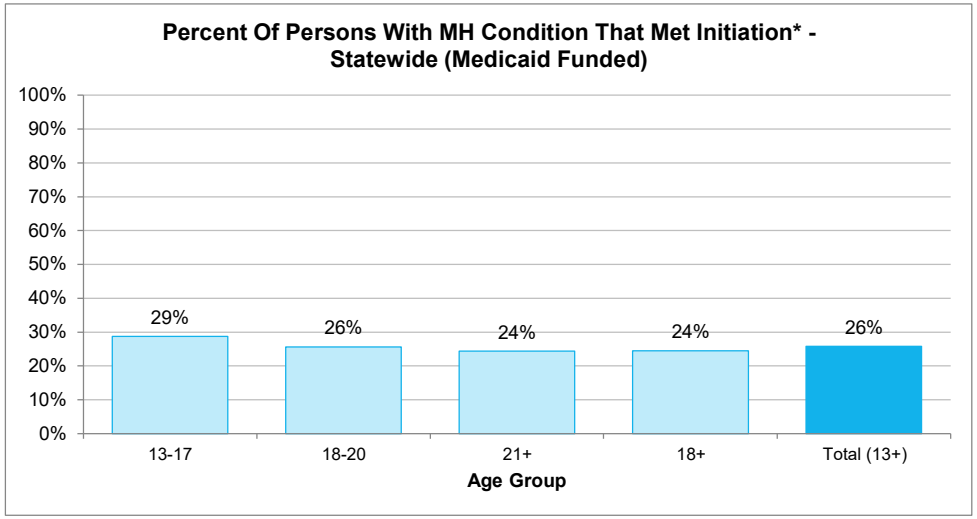
## 4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

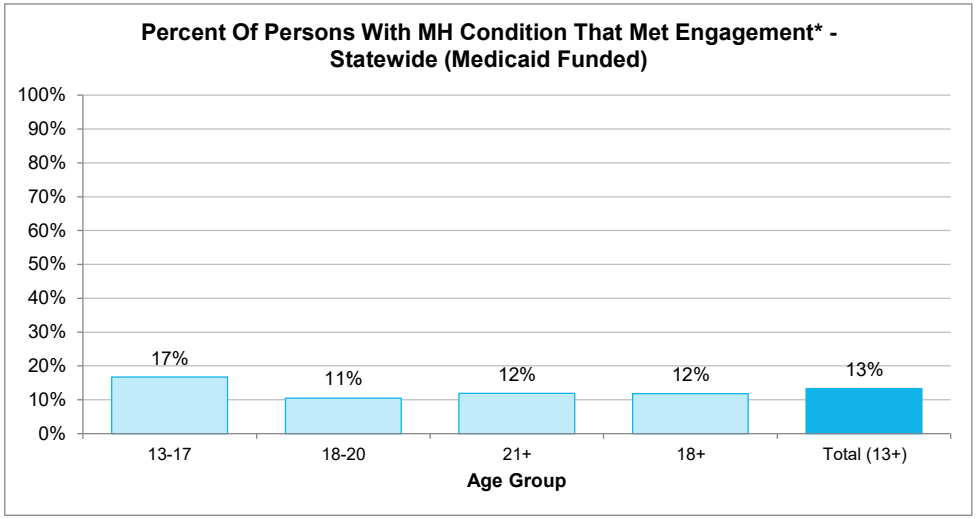
**Rationale**: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of 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 | 1,994 | 1,834 | 3,099 | 1,159 | 6,927 | 29% | 26% | 45% | 17% |
| 18-20 | 311 | 289 | 615 | 128 | 1,215 | 26% | 24% | 51% | 11% |
| 21+ | 3,385 | 2,868 | 7,648 | 1,655 | 13,901 | 24% | 21% | 55% | 12% |
| 18+ | 3,696 | 3,157 | 8,263 | 1,783 | 15,116 | 24% | 21% | 55% | 12% |
| Total (13+) | 5,690 | 4,991 | 11,362 | 2,942 | 22,043 | 26% | 23% | 52% | 13% |




* 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:** | 2025 | **Measurement Period:** | Oct - Dec 2024 |
| **Report Quarter:** | 3rd Quarter | **Based On Claims Paid As Of:** | Apr 30, 2025 |

**INITIATION AND ENGAGEMENT**

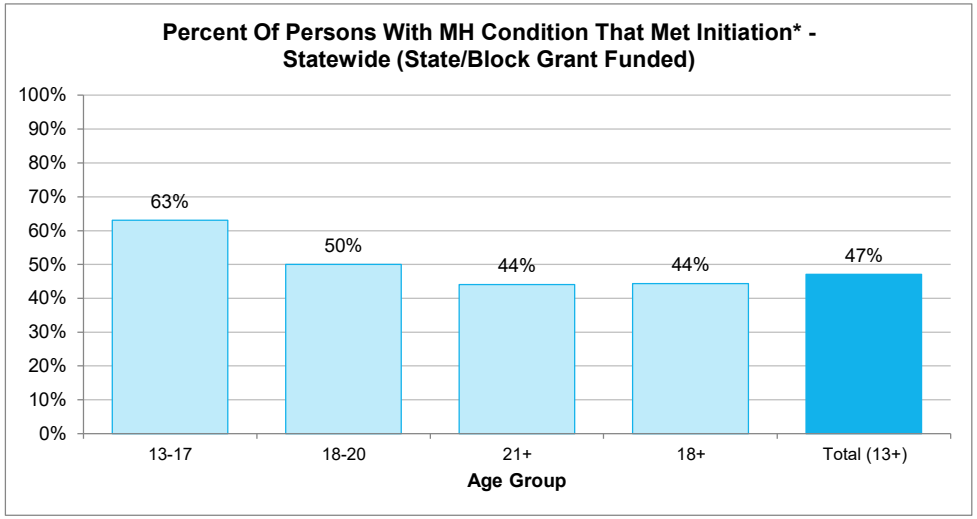
## 4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

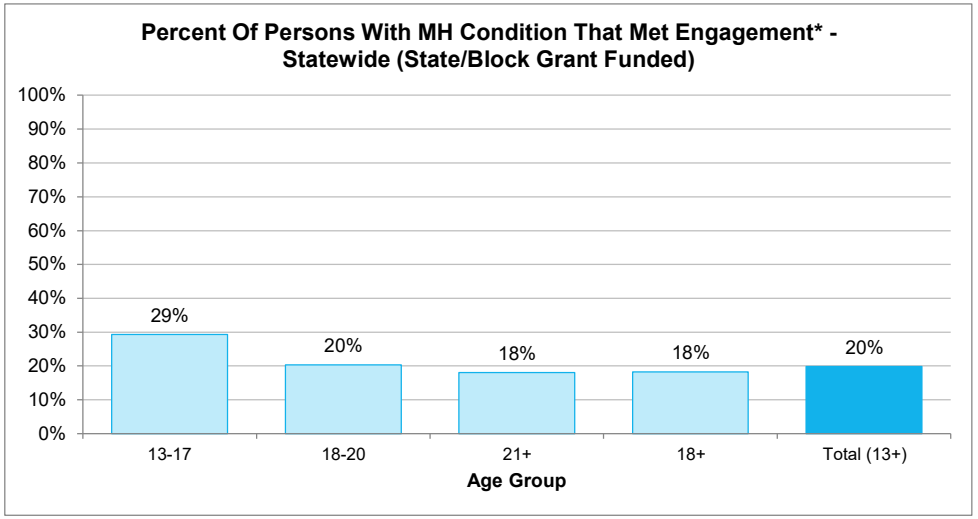
**Rationale**: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of 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+).

### 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 | 140 | 17 | 65 | 65 | 222 | 63% | 8% | 29% | 29% |
| 18-20 | 27 | 7 | 20 | 11 | 54 | 50% | 13% | 37% | 20% |
| 21+ | 540 | 216 | 470 | 222 | 1,226 | 44% | 18% | 38% | 18% |
| 18+ | 567 | 223 | 490 | 233 | 1,280 | 44% | 17% | 38% | 18% |
| Total (13+) | 707 | 240 | 555 | 298 | 1,502 | 47% | 16% | 37% | 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:** | 2025 | **Measurement Period:** | Oct - Dec 2024 |
| **Report Quarter:** | 3rd Quarter | **Based On Claims Paid As Of:** | Apr 30, 2025 |

**INITIATION AND ENGAGEMENT**

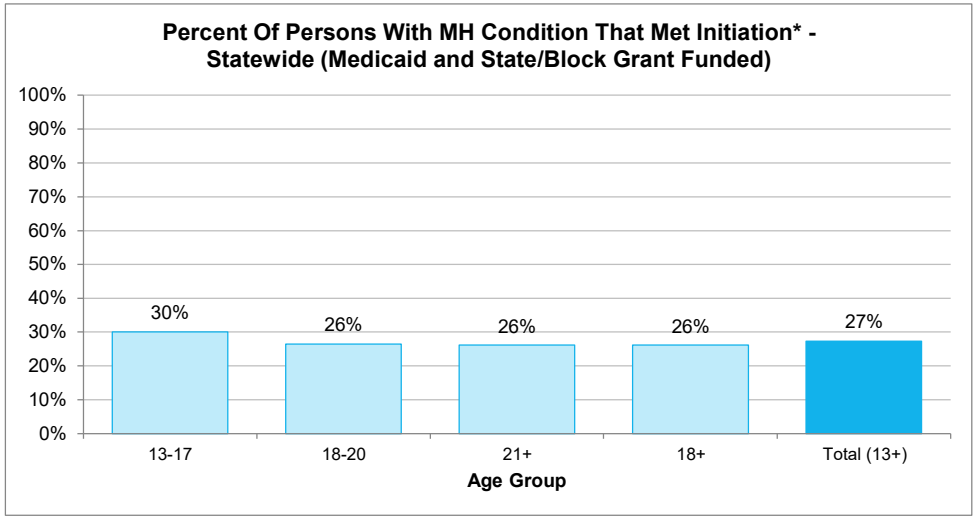
## 4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

**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.

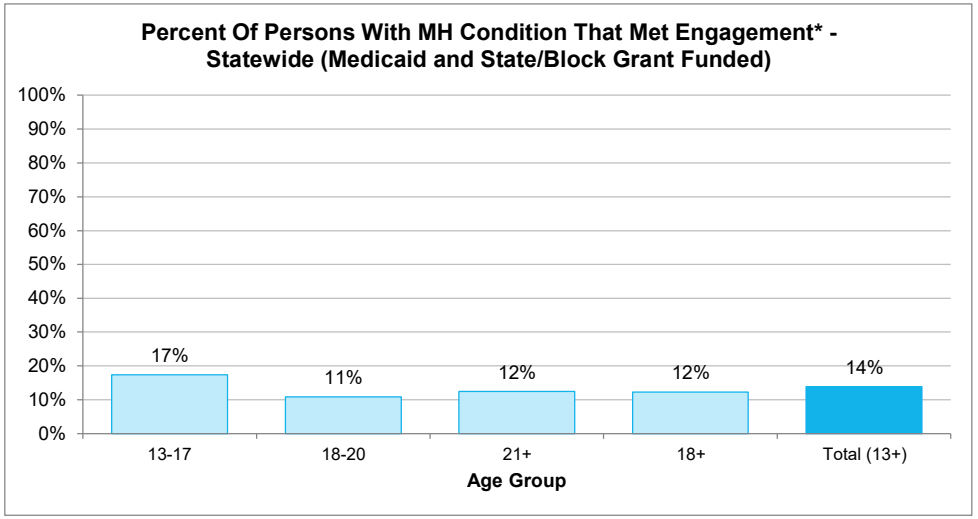
**Description**: ***Initiation*** is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded mh/dd/su service for an MH diagnosis for at least 180 days) who receive a 2nd service for an MH diagnosis within 14 days of 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 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 | 2,179 | 1,881 | 3,197 | 1,259 | 7,257 | 30% | 26% | 44% | 17% |
| 18-20 | 342 | 303 | 646 | 140 | 1,291 | 26% | 23% | 50% | 11% |
| 21+ | 4,059 | 3,178 | 8,285 | 1,933 | 15,522 | 26% | 20% | 53% | 12% |
| 18+ | 4,401 | 3,481 | 8,931 | 2,073 | 16,813 | 26% | 21% | 53% | 12% |
| Total (13+) | 6,580 | 5,362 | 12,128 | 3,332 | 24,070 | 27% | 22% | 50% | 14% |




* 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:** | 2025 | **Measurement Period:** | Oct - Dec 2024 |
| **Report Quarter:** | 3rd Quarter | **Based On Claims Paid As Of:** | Apr 30, 2025 |

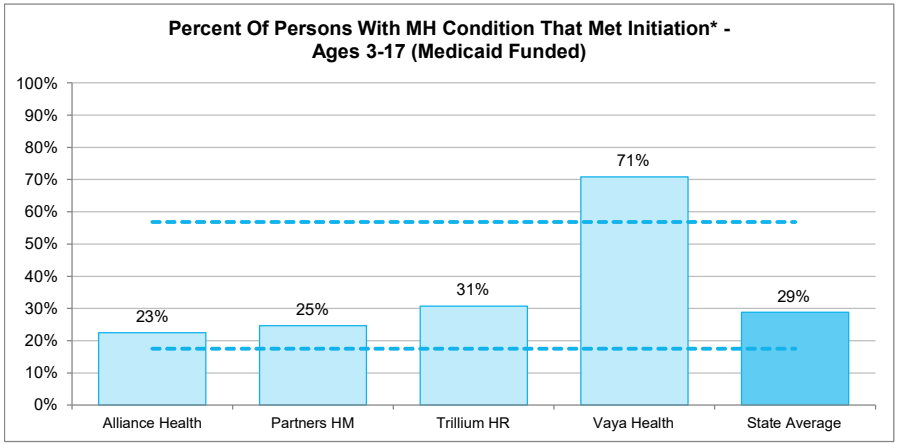
**INITIATION AND ENGAGEMENT**

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

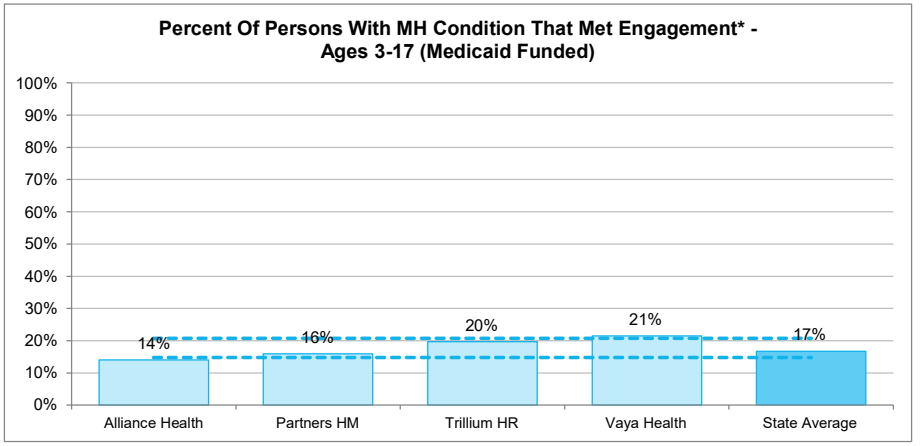
**Rationale**: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of 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 (3-17, 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 3-17 (Medicaid Funded)** | | | | | | | | | |
| Alliance Health | 690 | 623 | 1,750 | 428 | 3,063 | 23% | 20% | 57% | 14% |
| Partners Health Management | 246 | 258 | 495 | 159 | 999 | 25% | 26% | 50% | 16% |
| Trillium Health Resources | 745 | 855 | 823 | 477 | 2,423 | 31% | 35% | 34% | 20% |
| Vaya Health | 313 | 98 | 31 | 95 | 442 | 71% | 22% | 7% | 21% |
| State Average | 1,994 | 1,834 | 3,099 | 1,159 | 6,927 | 29% | 26% | 45% | 17% |
| Standard Deviation | | | | | | 19.7% | 5.8% | 19.2% | 3.0% |
| LME-MCO Average | | | | | | 37% | 26% | 37% | 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.

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

| | | | |
|---|---|---|---|
| **Report Year:** | 2025 | **Measurement Period:** | Oct - Dec 2024 |
| **Report Quarter:** | 3rd Quarter | **Based On Claims Paid As Of:** | Apr 30, 2025 |

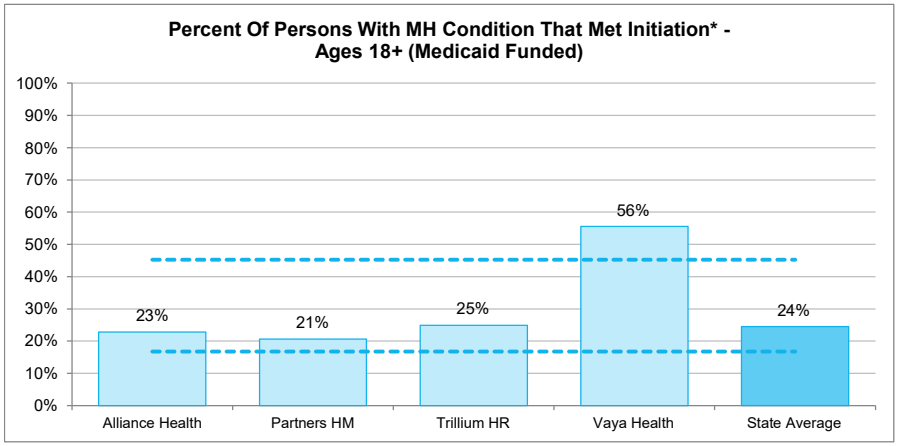
**INITIATION AND ENGAGEMENT**

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

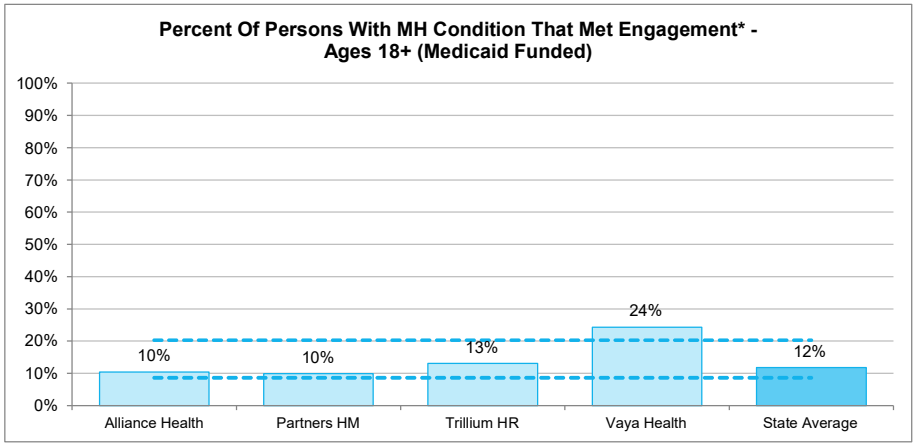
**Rationale**: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of 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 (3-17, 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 Funded)** | | | | | | | | | |
| Alliance Health | 1,399 | 999 | 3,730 | 636 | 6,128 | 23% | 16% | 61% | 10% |
| Partners Health Management | 642 | 511 | 1,961 | 309 | 3,114 | 21% | 16% | 63% | 10% |
| Trillium Health Resources | 1,310 | 1,490 | 2,453 | 687 | 5,253 | 25% | 28% | 47% | 13% |
| Vaya Health | 345 | 157 | 119 | 151 | 621 | 56% | 25% | 19% | 24% |
| State Average | 3,696 | 3,157 | 8,263 | 1,783 | 15,116 | 24% | 21% | 55% | 12% |
| Standard Deviation | | | | | | 14.3% | 5.3% | 17.5% | 5.8% |
| LME-MCO Average | | | | | | 31% | 22% | 47% | 14% |




* 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:** | 2025 | **Measurement Period:** | Oct - Dec 2024 |
| **Report Quarter:** | 3rd Quarter | **Based On Claims Paid As Of:** | Apr 30, 2025 |

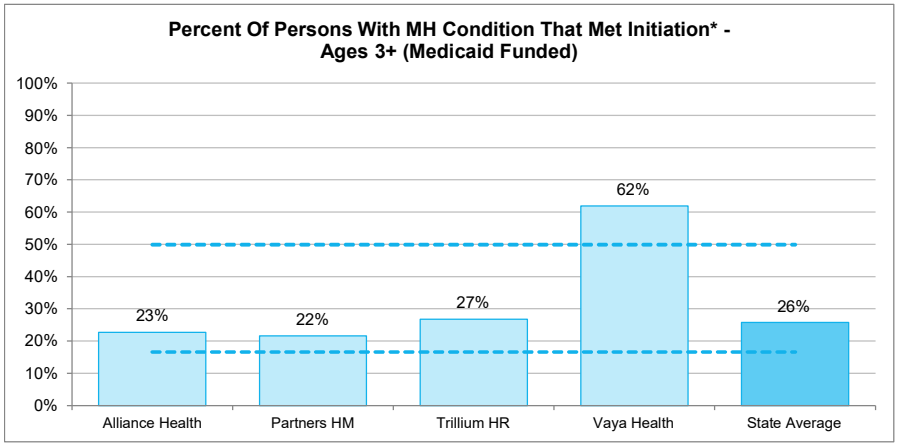
**INITIATION AND ENGAGEMENT**

## 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 (3-17, 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 3+ (Medicaid Funded)** | | | | | | | | | |
| Alliance Health | 2,089 | 1,622 | 5,480 | 1,064 | 9,191 | 23% | 18% | 60% | 12% |
| Partners Health Management | 888 | 769 | 2,456 | 468 | 4,113 | 22% | 19% | 60% | 11% |
| Trillium Health Resources | 2,055 | 2,345 | 3,276 | 1,164 | 7,676 | 27% | 31% | 43% | 15% |
| Vaya Health | 658 | 255 | 150 | 246 | 1,063 | 62% | 24% | 14% | 23% |
| State Average | 5,690 | 4,991 | 11,362 | 2,942 | 22,043 | 26% | 23% | 52% | 13% |
| Standard Deviation | | | | | | 16.7% | | | 4.8% |
| LME-MCO Average | | | | | | 33% | 23% | 44% | 15% |

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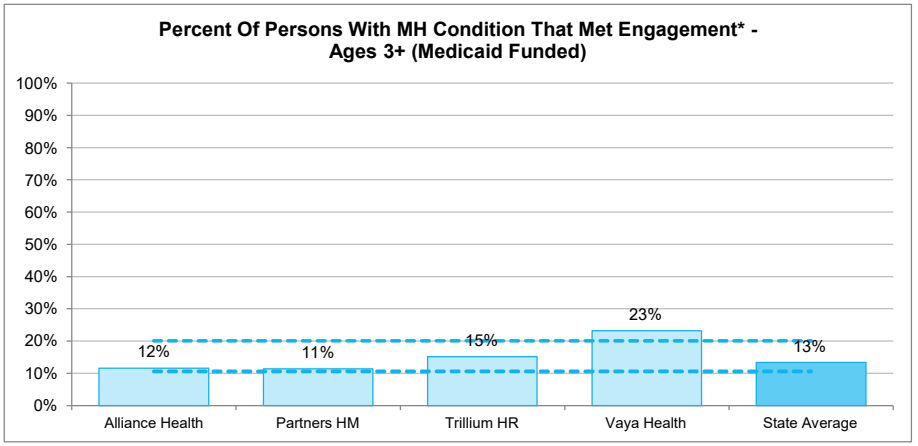


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**North Carolina LME-MCO Performance Measurement Reporting**
**Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures**

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| **Report Quarter:** | 3rd Quarter | **Based On Claims Paid As Of:** | Apr 30, 2025 |

**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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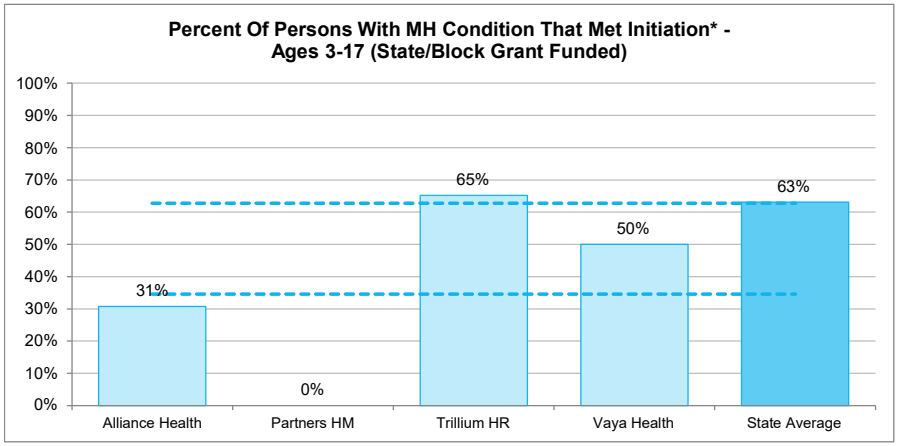
| | Numerator1 | | | Numerator2 | Denominator | Rate1 | | | Rate2 |
|---|---|---|---|---|---|---|---|---|---|
| **LME-MCO** | **Number With 2nd Service Or Visit Within 14 Days (Initiation)** | **Number With 2nd Service Or Visit More Than 14 Days** | **Number With No 2nd Visit** | **Number With 2 Or More 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 (State/Block Grant Funded)** | | | | | | | | | |
| Alliance Health | 4 | 1 | 8 | 0 | 13 | 31% | 8% | 62% | 0% |
| Partners Health Management | 0 | 0 | 0 | 0 | 0 | | | | |
| Trillium Health Resources | 135 | 15 | 57 | 64 | 207 | 65% | 7% | 28% | 31% |
| Vaya Health | 1 | 1 | 0 | 1 | 2 | 50% | 50% | 0% | 50% |
| State Average | 140 | 17 | 65 | 65 | 222 | 63% | 8% | 29% | 29% |
| Standard Deviation | | | | | | 14.1% | 20.0% | 25.2% | 20.6% |
| LME-MCO Average | | | | | | 49% | 22% | 30% | 27% |

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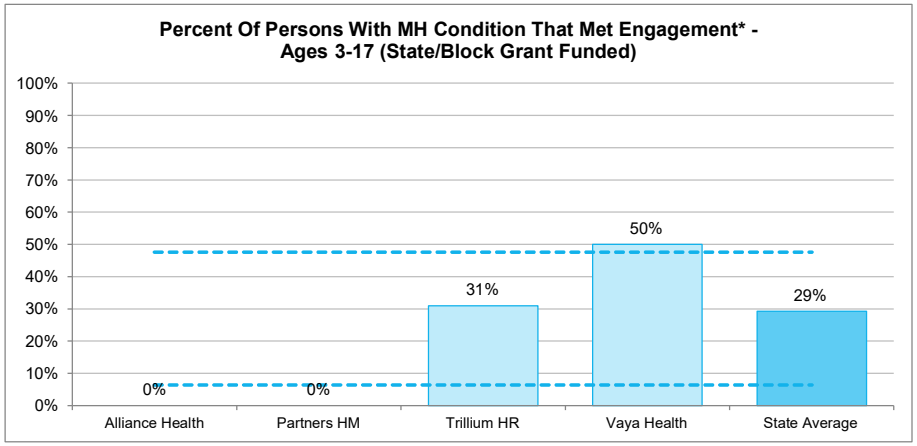


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**North Carolina LME-MCO Performance Measurement Reporting**
**Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures**

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**INITIATION AND ENGAGEMENT**

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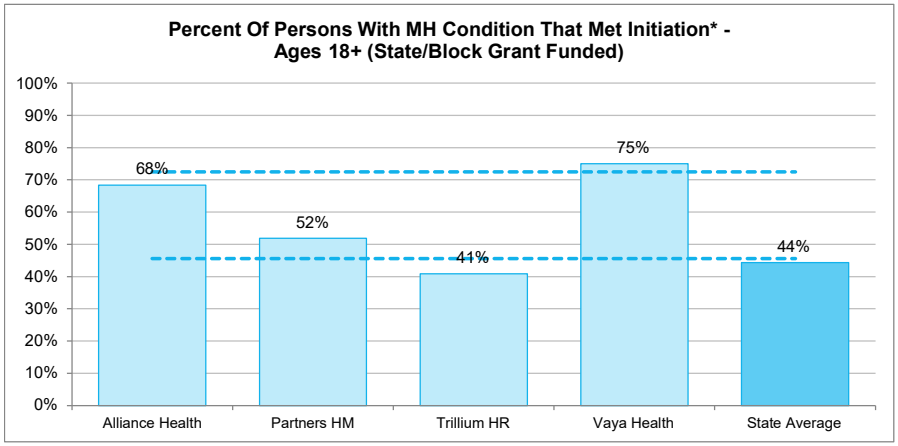
| | Numerator1 | | | Numerator2 | Denominator | Rate1 | | | Rate2 |
|---|---|---|---|---|---|---|---|---|---|
| **LME-MCO** | **Number With 2nd Service Or Visit Within 14 Days (Initiation)** | **Number With 2nd Service Or Visit More Than 14 Days** | **Number With No 2nd Visit** | **Number With 2 Or More 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 18+ (State/Block Grant Funded)** | | | | | | | | | |
| Alliance Health | 80 | 3 | 34 | 57 | 117 | 68% | 3% | 29% | 49% |
| Partners Health Management | 28 | 4 | 22 | 11 | 54 | 52% | 7% | 41% | 20% |
| Trillium Health Resources | 447 | 214 | 432 | 159 | 1,093 | 41% | 20% | 40% | 15% |
| Vaya Health | 12 | 2 | 2 | 6 | 16 | 75% | 13% | 13% | 38% |
| State Average | 567 | 223 | 490 | 233 | 1,280 | 44% | 17% | 38% | 18% |
| Standard Deviation | | | | | | 13.4% | 6.3% | 11.3% | 13.6% |
| LME-MCO Average | | | | | | 59% | 11% | 30% | 30% |

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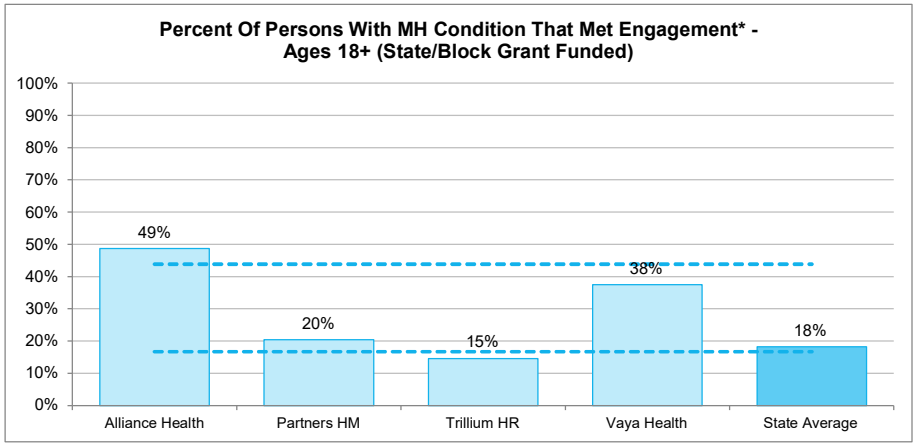


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**INITIATION AND ENGAGEMENT**

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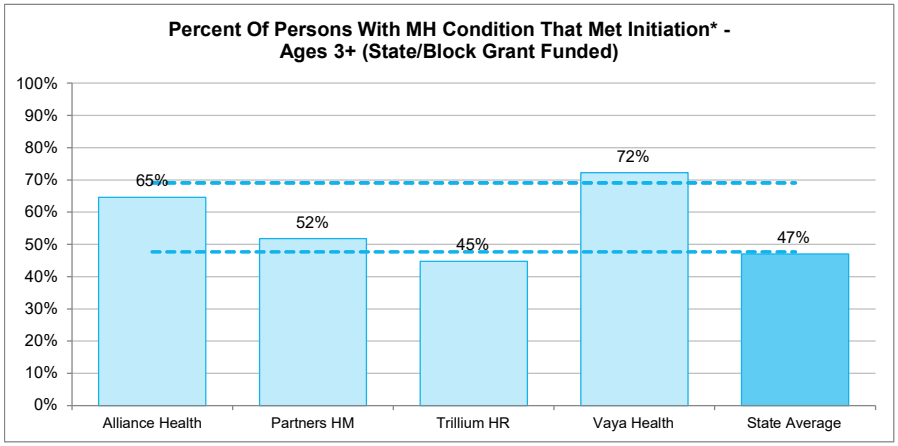
| | Numerator1 | | | Numerator2 | Denominator | Rate1 | | | Rate2 |
|---|---|---|---|---|---|---|---|---|---|
| **LME-MCO** | **Number With 2nd Service Or Visit Within 14 Days (Initiation)** | **Number With 2nd Service Or Visit More Than 14 Days** | **Number With No 2nd Visit** | **Number With 2 Or More 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+ (State/Block Grant Funded)** | | | | | | | | | |
| Alliance Health | 84 | 4 | 42 | 57 | 130 | 65% | 3% | 32% | 44% |
| Partners Health Management | 28 | 4 | 22 | 11 | 54 | 52% | 7% | 41% | 20% |
| Trillium Health Resources | 582 | 229 | 489 | 223 | 1,300 | 45% | 18% | 38% | 17% |
| Vaya Health | 13 | 3 | 2 | 7 | 18 | 72% | 17% | 11% | 39% |
| State Average | 707 | 240 | 555 | 298 | 1,502 | 47% | 16% | 37% | 20% |
| Standard Deviation | | | | | | 10.7% | 6.2% | 11.6% | 11.5% |
| LME-MCO Average | | | | | | 58% | 11% | 30% | 30% |

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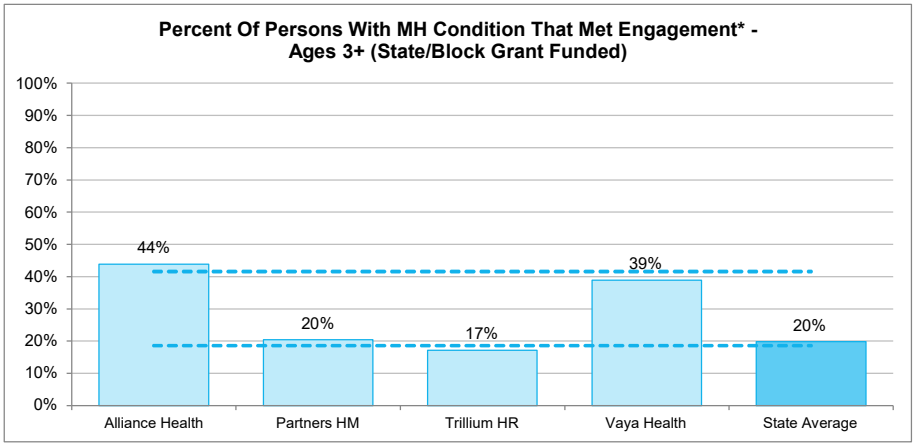


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**INITIATION AND ENGAGEMENT**

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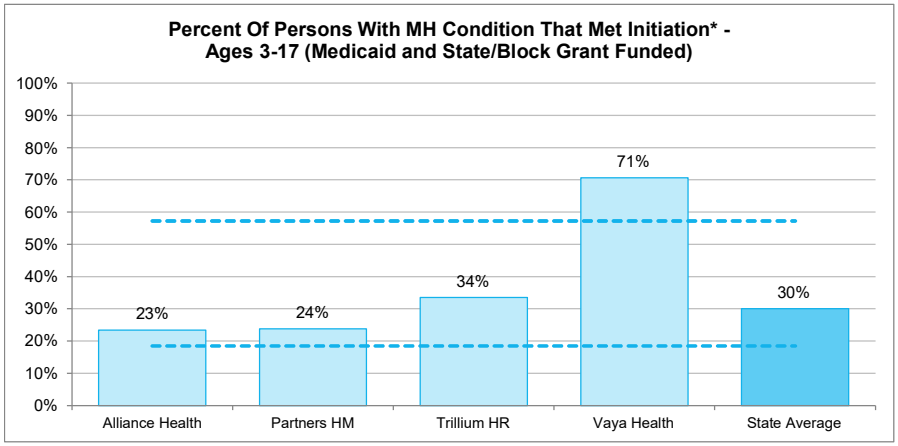
| | Numerator1 | | | Numerator2 | Denominator | Rate1 | | | Rate2 |
|---|---|---|---|---|---|---|---|---|---|
| **LME-MCO** | **Number With 2nd Service Or Visit Within 14 Days (Initiation)** | **Number With 2nd Service Or Visit More Than 14 Days** | **Number With No 2nd Visit** | **Number With 2 Or More 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 and State/Block Grant Funded)** | | | | | | | | | |
| Alliance Health | 749 | 655 | 1,794 | 471 | 3,198 | 23% | 20% | 56% | 15% |
| Partners Health Management | 234 | 257 | 493 | 149 | 984 | 24% | 26% | 50% | 15% |
| Trillium Health Resources | 882 | 870 | 879 | 543 | 2,631 | 34% | 33% | 33% | 21% |
| Vaya Health | 314 | 99 | 31 | 96 | 444 | 71% | 22% | 7% | 22% |
| State Average | 2,179 | 1,881 | 3,197 | 1,259 | 7,257 | 30% | 26% | 44% | 17% |
| Standard Deviation | | | | | | 19.4% | 4.8% | 19.0% | 3.1% |
| LME-MCO Average | | | | | | 38% | 25% | 37% | 18% |

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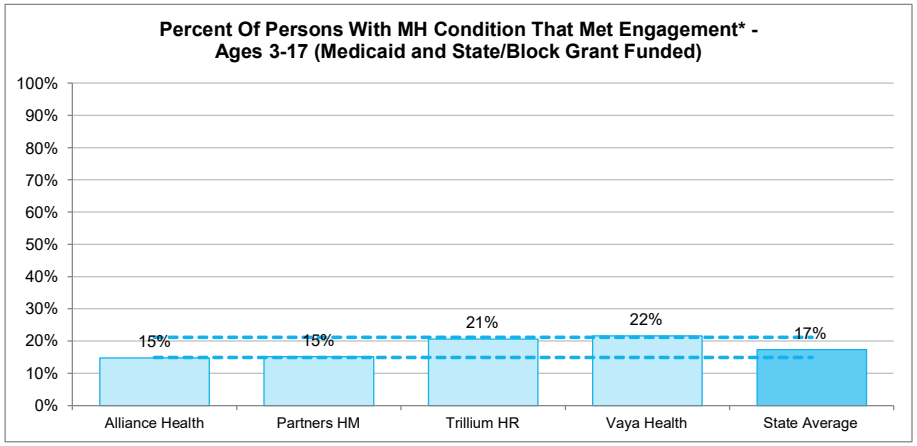


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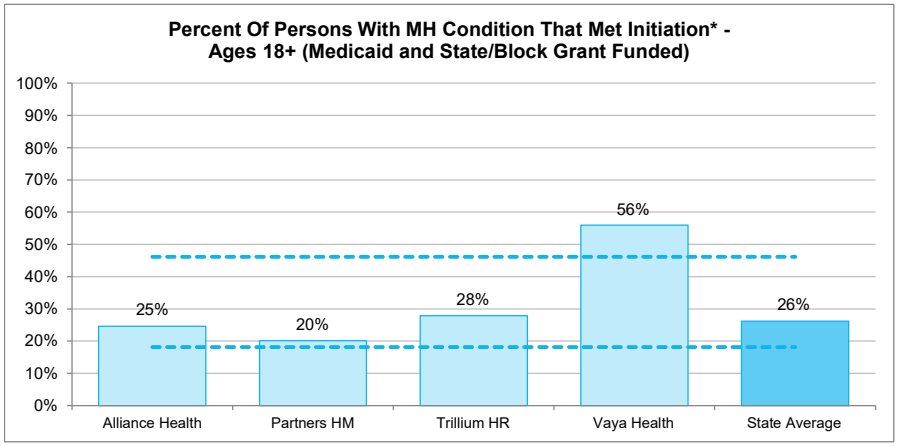
| | Numerator1 | | | Numerator2 | Denominator | Rate1 | | | Rate2 |
|---|---|---|---|---|---|---|---|---|---|
| **LME-MCO** | **Number With 2nd Service Or Visit Within 14 Days (Initiation)** | **Number With 2nd Service Or Visit More Than 14 Days** | **Number With No 2nd Visit** | **Number With 2 Or More 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 18+ (Medicaid and State/Block Grant Funded)** | | | | | | | | | |
| Alliance Health | 1,656 | 1,096 | 3,976 | 770 | 6,728 | 25% | 16% | 59% | 11% |
| Partners Health Management | 625 | 513 | 1,968 | 294 | 3,106 | 20% | 17% | 63% | 9% |
| Trillium Health Resources | 1,766 | 1,714 | 2,866 | 855 | 6,346 | 28% | 27% | 45% | 13% |
| Vaya Health | 354 | 158 | 121 | 154 | 633 | 56% | 25% | 19% | 24% |
| State Average | 4,401 | 3,481 | 8,931 | 2,073 | 16,813 | 26% | 21% | 53% | 12% |
| Standard Deviation | | | | | | 14.0% | 4.8% | 17.3% | 5.7% |
| LME-MCO Average | | | | | | 32% | 21% | 47% | 15% |

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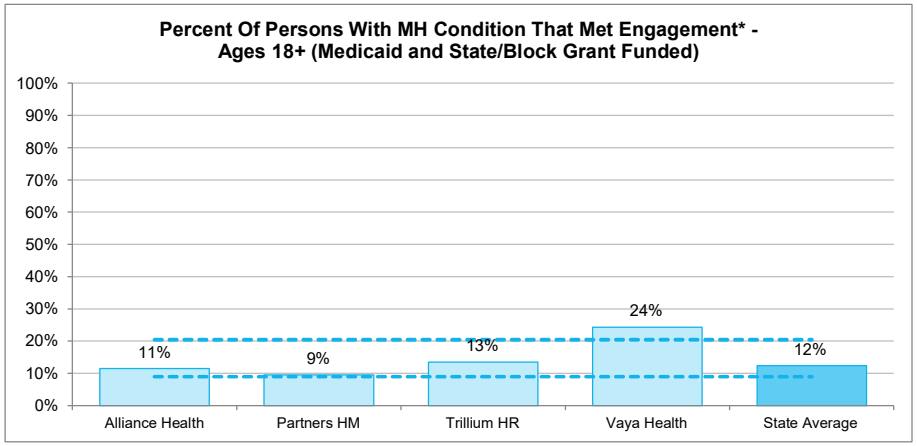


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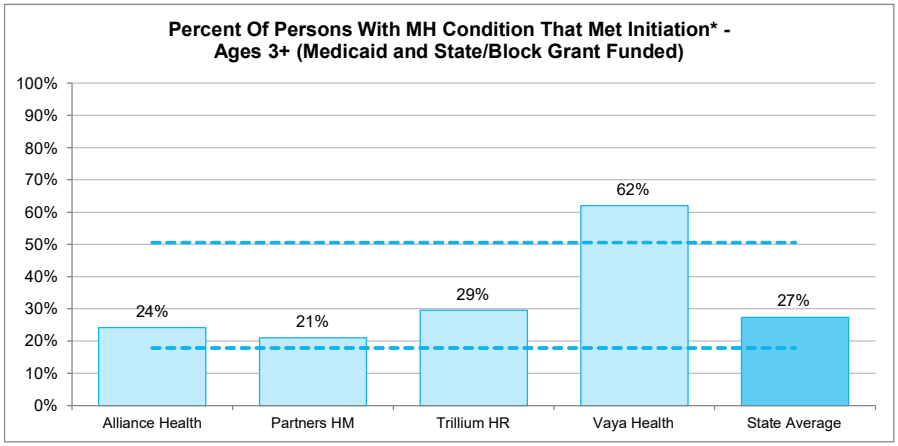
| | Numerator1 | | | Numerator2 | Denominator | Rate1 | | | Rate2 |
|---|---|---|---|---|---|---|---|---|---|
| **LME-MCO** | **Number With 2nd Service Or Visit Within 14 Days (Initiation)** | **Number With 2nd Service Or Visit More Than 14 Days** | **Number With No 2nd Visit** | **Number With 2 Or More 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 and State/Block Grant Funded)** | | | | | | | | | |
| Alliance Health | 2,405 | 1,751 | 5,770 | 1,241 | 9,926 | 24% | 18% | 58% | 13% |
| Partners Health Management | 859 | 770 | 2,461 | 443 | 4,090 | 21% | 19% | 60% | 11% |
| Trillium Health Resources | 2,648 | 2,584 | 3,745 | 1,398 | 8,977 | 29% | 29% | 42% | 16% |
| Vaya Health | 668 | 257 | 152 | 250 | 1,077 | 62% | 24% | 14% | 23% |
| State Average | 6,580 | 5,362 | 12,128 | 3,332 | 24,070 | 27% | 22% | 50% | 14% |
| Standard Deviation | | | | | | 16.4% | 4.4% | 18.4% | 4.8% |
| LME-MCO Average | | | | | | 34% | 22% | 44% | 16% |

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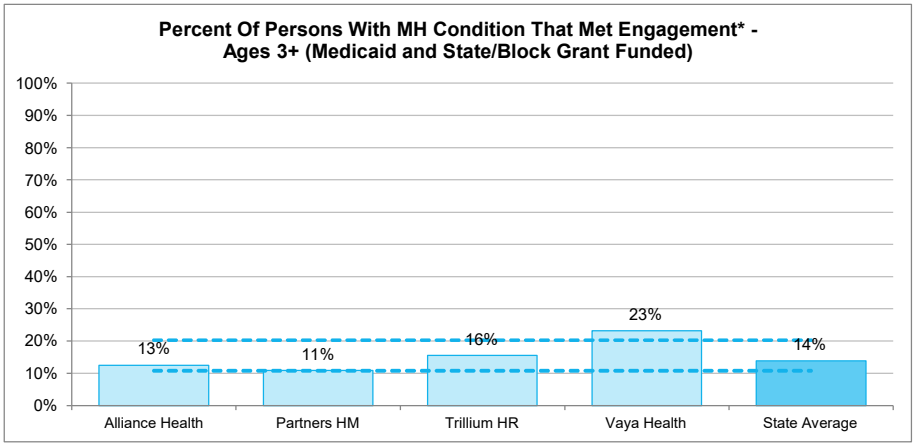


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**CRISIS AND INPATIENT SERVICES**

## 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.

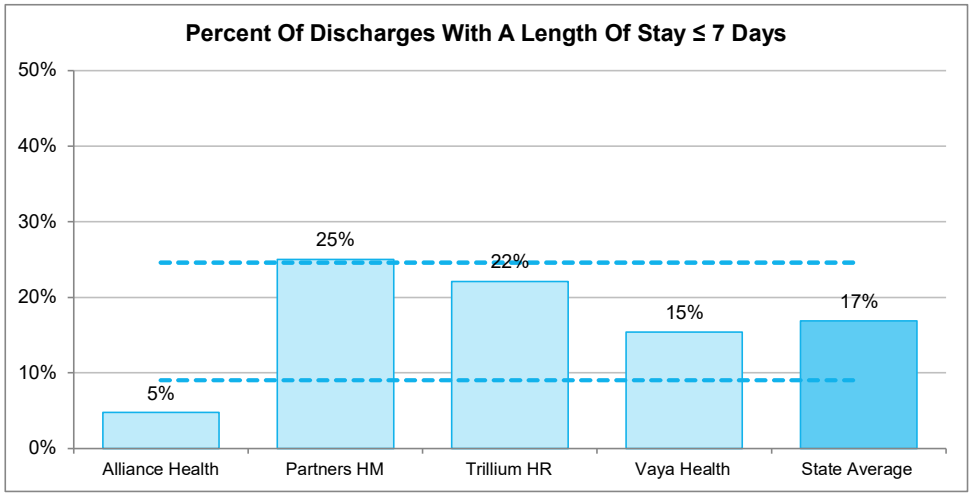
State psychiatric hospitals provide a safety net for the community service system. An adequate community system should provide short-term inpatient care in a local hospital in the community. This reserves high-cost state facility beds for consumers with more intensive, long-term care needs.

*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 | 2 | 42 | 5% |
| Partners Health Management | 4 | 16 | 25% |
| Trillium Health Resources | 17 | 77 | 22% |
| Vaya Health | 2 | 13 | 15% |
| State Average | 25 | 148 | 17% |
| Standard Deviation | | | 7.8% |
| LME-MCO Average | | | 17% |




Data Source: State Psychiatric Hospital data in CDW as of 7/15/24. 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.

**CRISIS AND INPATIENT SERVICES**

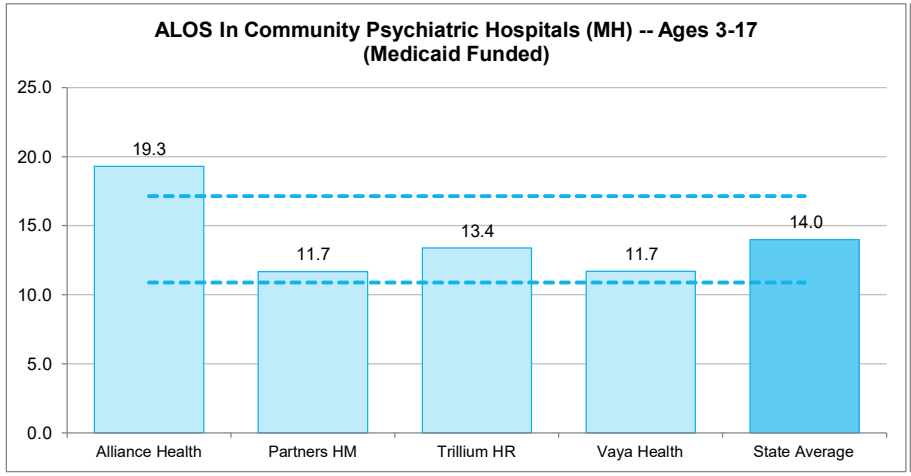
## 5.3 Length of Stay in Community Psychiatric Hospitals (Principal MH Diagnosis)

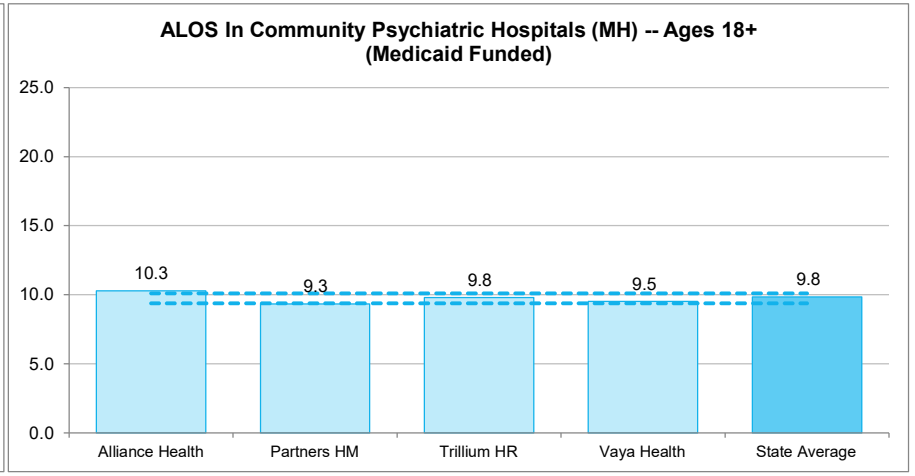
**Rationale**: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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 | 3,474 | 180 | 19.3 | 13,163 | 1,278 | 10.3 | 16,637 | 1,458 | 11.4 |
| Partners Health Management | 1,307 | 112 | 11.7 | 4,220 | 452 | 9.3 | 5,527 | 564 | 9.8 |
| Trillium Health Resources | 4,817 | 360 | 13.4 | 14,225 | 1,452 | 9.8 | 19,042 | 1,812 | 10.5 |
| Vaya Health | 2,400 | 205 | 11.7 | 8,286 | 869 | 9.5 | 10,686 | 1,074 | 9.9 |
| State Average | 11,998 | 857 | 14.0 | 39,894 | 4,051 | 9.8 | 51,892 | 4,908 | 10.6 |
| Standard Deviation | | | 3.1 | | | 0.4 | | | 0.6 |
| LME-MCO Average | | | 14.0 | | | 9.7 | | | 10.4 |



**CRISIS AND INPATIENT SERVICES**

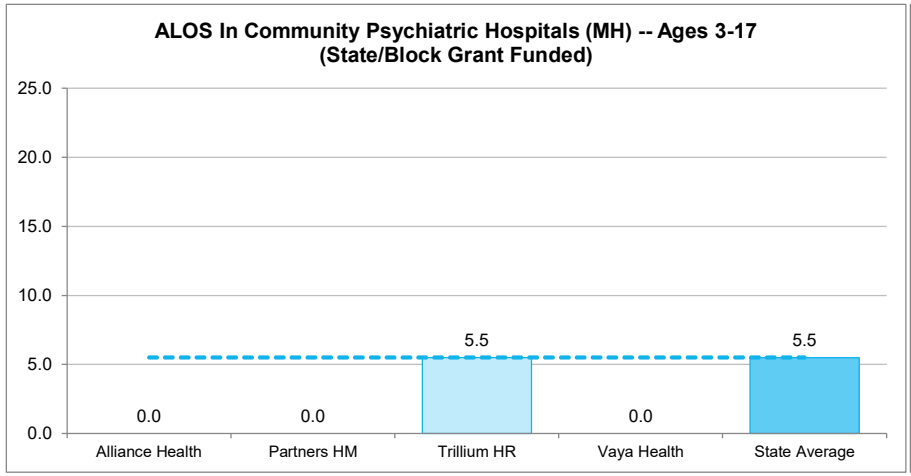
## 5.3 Length of Stay in Community Psychiatric Hospitals (Principal MH Diagnosis)

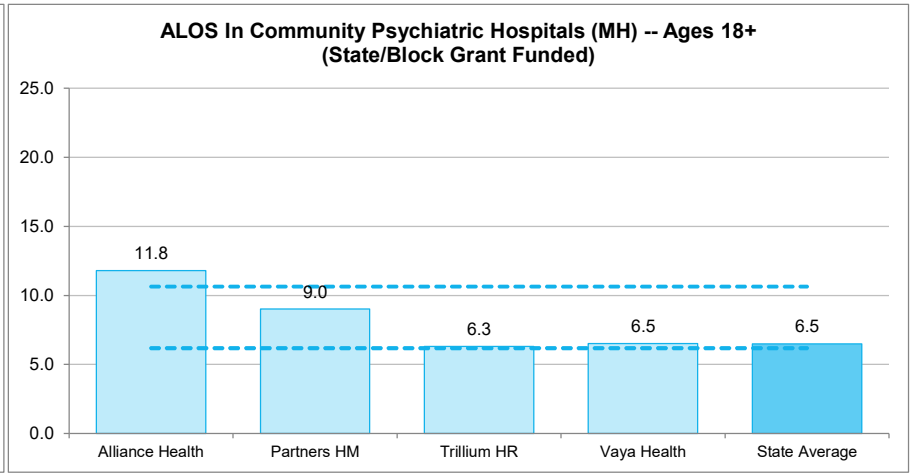
**Rationale**: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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 | 0 | 0 | | 59 | 5 | 11.8 | 59 | 5 | 11.8 |
| Partners Health Management | 0 | 0 | | 18 | 2 | 9.0 | 18 | 2 | 9.0 |
| Trillium Health Resources | 55 | 10 | 5.5 | 1,212 | 192 | 6.3 | 1,267 | 202 | 6.3 |
| Vaya Health | 0 | 0 | | 39 | 6 | 6.5 | 39 | 6 | 6.5 |
| State Average | 55 | 10 | 5.5 | 1,328 | 205 | 6.5 | 1,383 | 215 | 6.4 |
| Standard Deviation | | | 0.0 | | | 2.2 | | | 2.2 |
| LME-MCO Average | | | 5.5 | | | 8.4 | | | 8.4 |



| | | | |
|---|---|---|---|
| **State Fiscal Year:** | 2025 | **Measurement Period:** | Oct - Dec 2024 |
| **Report Quarter:** | 3rd Quarter | **Based On Claims Paid As Of:** | Apr 30, 2025 |

**CRISIS AND INPATIENT SERVICES**

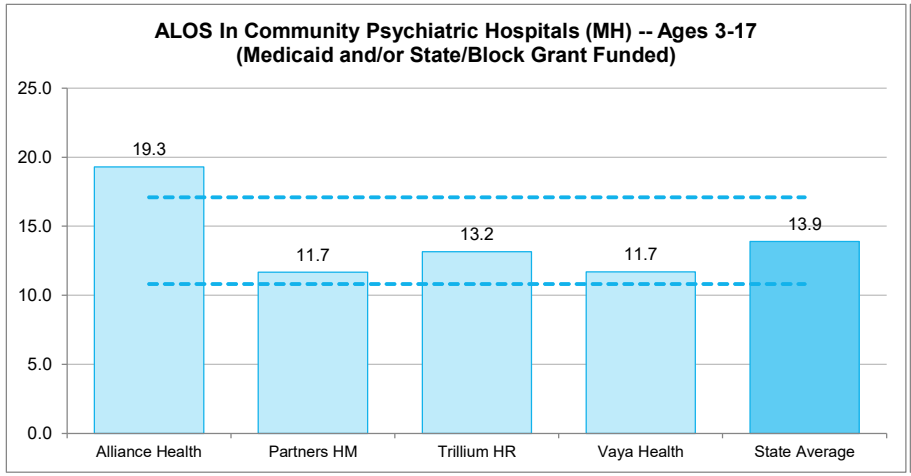
## 5.3 Length of Stay in Community Psychiatric Hospitals (Principal MH Diagnosis)

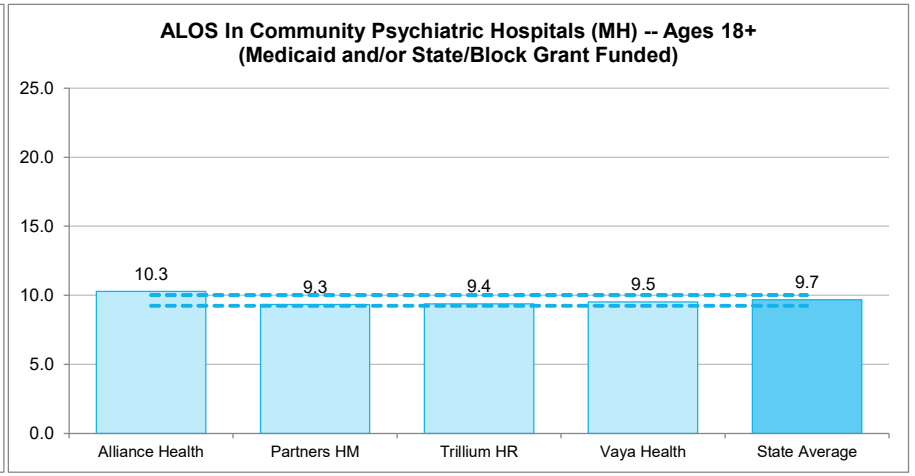
**Rationale**: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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 | 3,474 | 180 | 19.3 | 13,104 | 1,273 | 10.3 | 16,578 | 1,453 | 11.4 |
| Partners Health Management | 1,307 | 112 | 11.7 | 4,238 | 454 | 9.3 | 5,545 | 566 | 9.8 |
| Trillium Health Resources | 4,872 | 370 | 13.2 | 15,431 | 1,643 | 9.4 | 20,303 | 2,013 | 10.1 |
| Vaya Health | 2,400 | 205 | 11.7 | 8,325 | 875 | 9.5 | 10,725 | 1,080 | 9.9 |
| State Average | 12,053 | 867 | 13.9 | 41,098 | 4,245 | 9.7 | 53,151 | 5,112 | 10.4 |
| Standard Deviation | | | 3.1 | | | 0.4 | | | 0.6 |
| LME-MCO Average | | | 14.0 | | | 9.6 | | | 10.3 |



**CRISIS AND INPATIENT SERVICES**

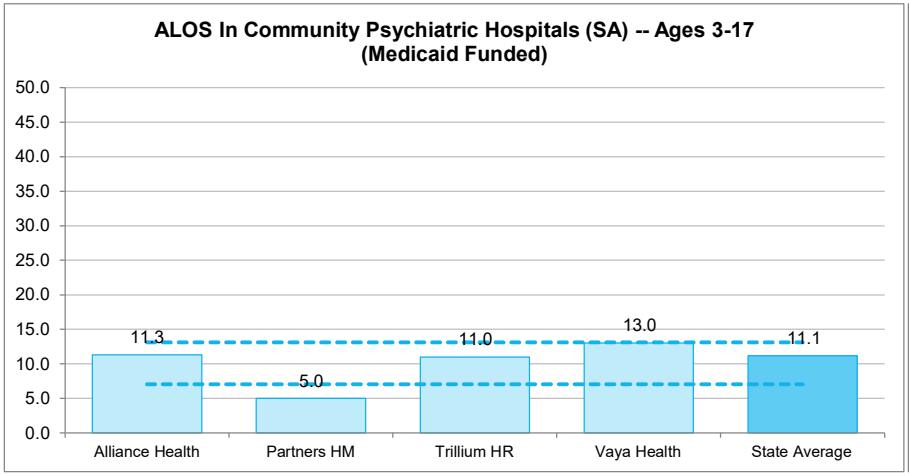
## 5.4 Length of Stay in Community Psychiatric Hospitals (Principal SA Diagnosis)

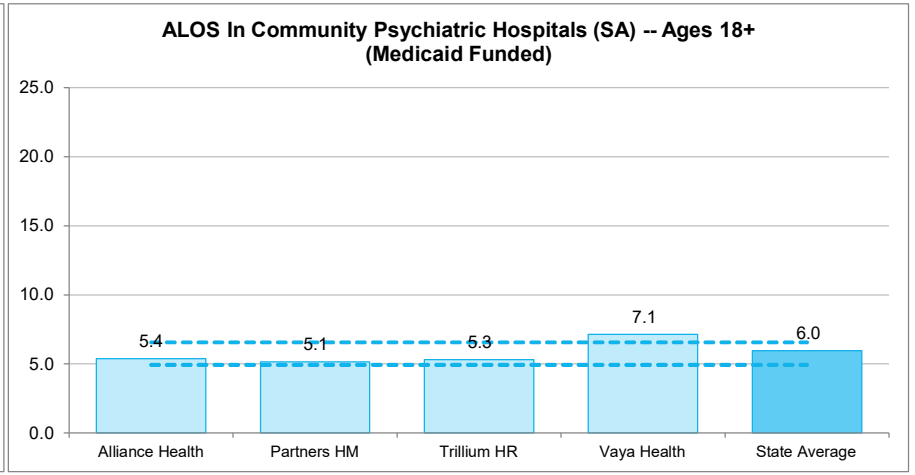
**Rationale**: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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 | 79 | 7 | 11.3 | 1,091 | 203 | 5.4 | 1,170 | 210 | 5.6 |
| Partners Health Management | 5 | 1 | 5.0 | 303 | 59 | 5.1 | 308 | 60 | 5.1 |
| Trillium Health Resources | 33 | 3 | 11.0 | 895 | 169 | 5.3 | 928 | 172 | 5.4 |
| Vaya Health | 39 | 3 | 13.0 | 1,671 | 234 | 7.1 | 1,710 | 237 | 7.2 |
| State Average | 156 | 14 | 11.1 | 3,960 | 665 | 6.0 | 4,116 | 679 | 6.1 |
| Standard Deviation | | | 3.0 | | | 0.8 | | | 0.8 |
| LME-MCO Average | | | 10.1 | | | 5.7 | | | 5.8 |



**CRISIS AND INPATIENT SERVICES**

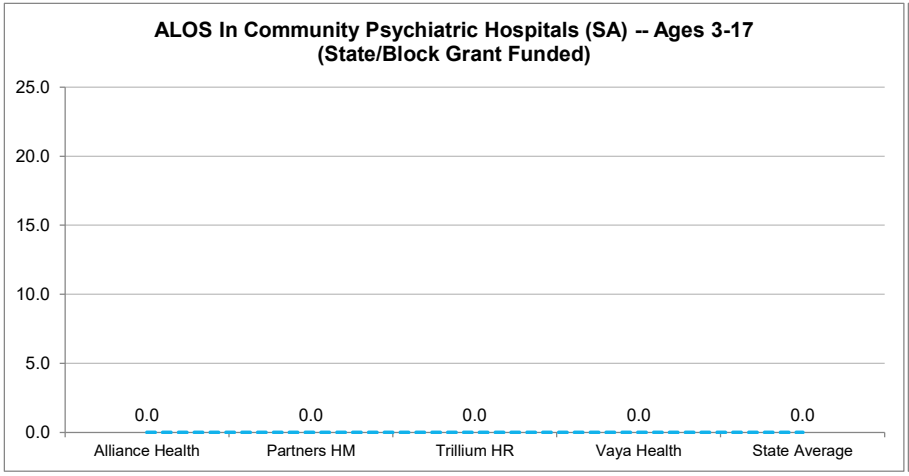
## 5.4 Length of Stay in Community Psychiatric Hospitals (Principal SA Diagnosis)

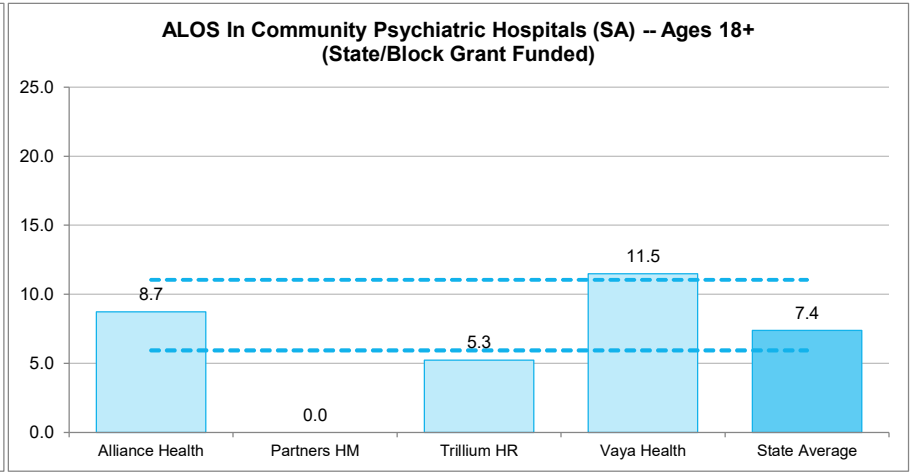
**Rationale**: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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 | | 166 | 19 | 8.7 | 166 | 19 | 8.7 |
| Partners Health Management | 0 | 0 | | 0 | 0 | | | | |
| Trillium Health Resources | 0 | 0 | | 84 | 16 | 5.3 | 84 | 16 | 5.3 |
| Vaya Health | 0 | 0 | | 23 | 2 | 11.5 | 23 | 2 | 11.5 |
| State Average | 0 | 0 | | 273 | 37 | 7.4 | 273 | 37 | 7.4 |
| Standard Deviation | | | | | | 2.6 | | | 2.6 |
| LME-MCO Average | | | | | | 8.5 | | | 8.5 |



**CRISIS AND INPATIENT SERVICES**

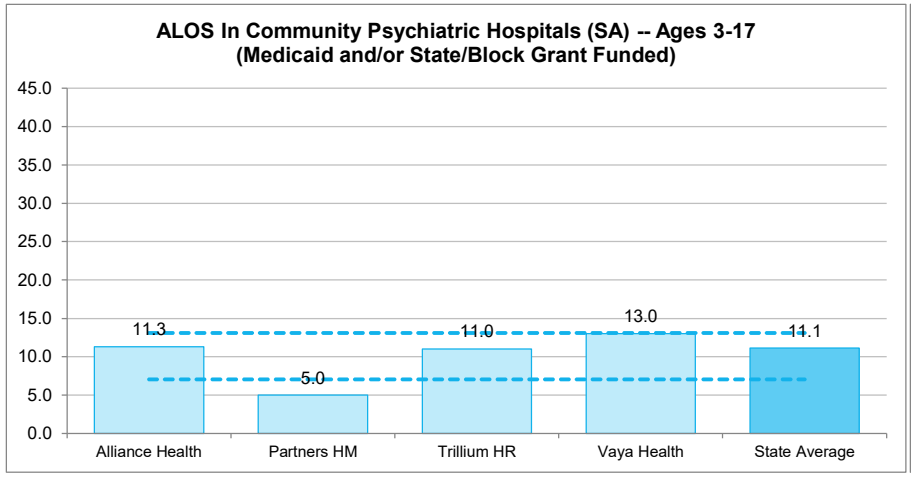
## 5.4 Length of Stay in Community Psychiatric Hospitals (Principal SA Diagnosis)

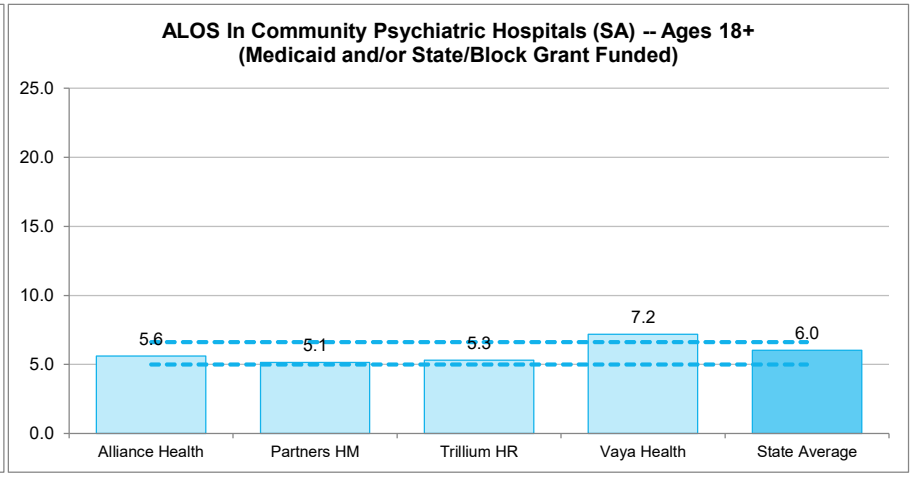
**Rationale**: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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 | 79 | 7 | 11.3 | 1,223 | 218 | 5.6 | 1,302 | 225 | 5.8 |
| Partners Health Management | 5 | 1 | 5.0 | 303 | 59 | 5.1 | 308 | 60 | 5.1 |
| Trillium Health Resources | 33 | 3 | 11.0 | 979 | 185 | 5.3 | 1,012 | 188 | 5.4 |
| Vaya Health | 39 | 3 | 13.0 | 1,694 | 236 | 7.2 | 1,733 | 239 | 7.3 |
| State Average | 156 | 14 | 11.1 | 4,199 | 698 | 6.0 | 4,355 | 712 | 6.1 |
| Standard Deviation | | | 3.0 | | | 0.8 | | | 0.8 |
| LME-MCO Average | | | 10.1 | | | 5.8 | | | 5.9 |



**CRISIS AND INPATIENT SERVICES**

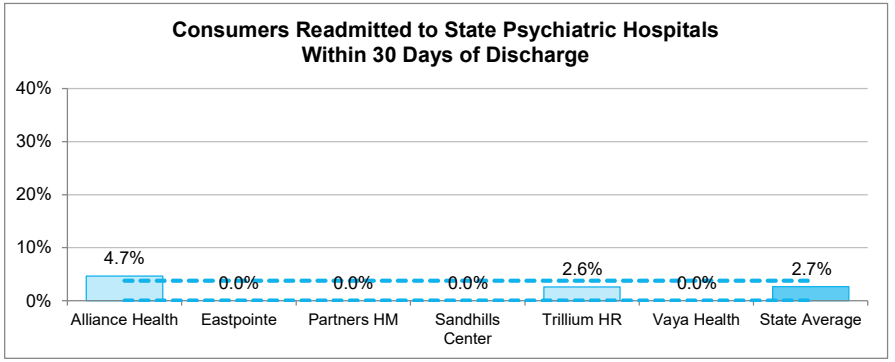
## 5.6 State Psychiatric Hospital Readmissions within 30 Days and 180 Days

**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.

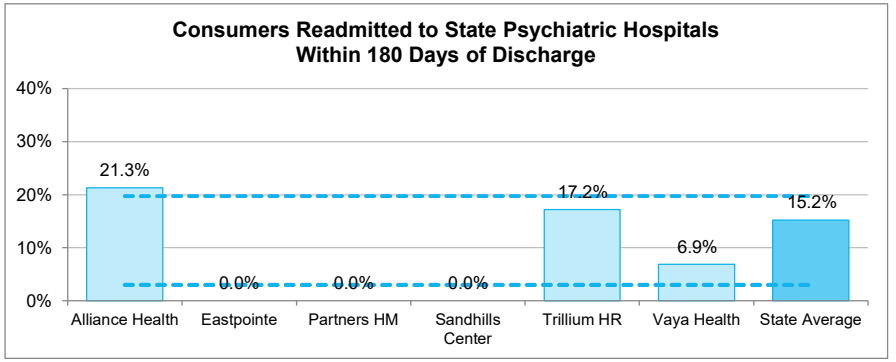
### Readmitted within 30 Days (Discharges Oct - Dec 2024)

| LME-MCO | Numerator: Number Readmissions | Denominator: Total Discharges | Rate: Percent Readmitted |
|---|---|---|---|
| Alliance Health | 2 | 43 | 4.7% |
| Eastpointe | | | |
| Partners Health Management | 0 | 16 | 0.0% |
| Sandhills Center | | | |
| Trillium Health Resources | 2 | 78 | 2.6% |
| Vaya Health | 0 | 13 | 0.0% |
| State Average | 4 | 150 | 2.7% |
| Standard Deviation | | | 1.9% |
| LME-MCO Average | | | 1.8% |




### Readmitted within 180 Days (Discharges Jul - Sep 2024)

| LME-MCO | Numerator: Number Readmissions | Denominator: Total Discharges | Rate: Percent Readmitted |
|---|---|---|---|
| Alliance Health | 10 | 47 | 21.3% |
| Eastpointe | | | |
| Partners Health Management | 0 | 11 | 0.0% |
| Sandhills Center | | | |
| Trillium Health Resources | 11 | 64 | 17.2% |
| Vaya Health | 2 | 29 | 6.9% |
| State Average | 23 | 151 | 15.2% |
| Standard Deviation | | | 8.4% |
| LME-MCO Average | | | 11.3% |




Data Source: State Hospital data in CDW as of 10/16/24. 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.

**CRISIS AND INPATIENT SERVICES**

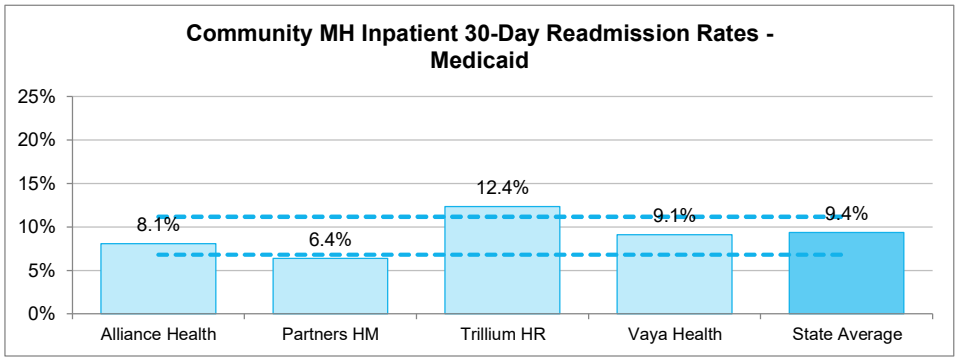
## 5.7. Community Mental Health Inpatient Readmissions Within 30 Days (Ages 6+)

**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.

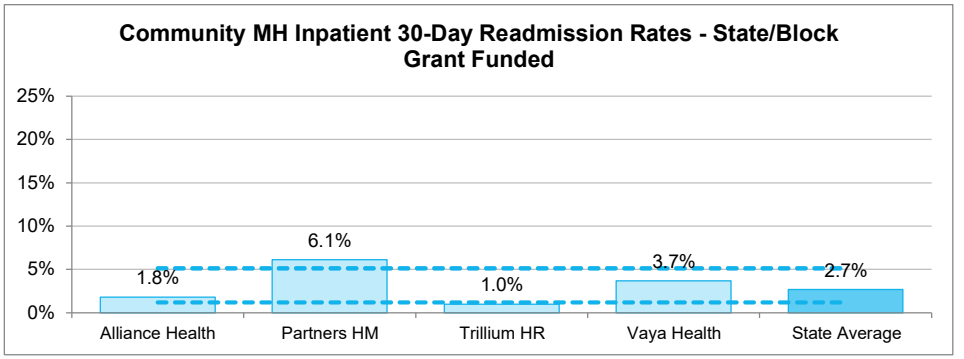
### Medicaid Funded

| LME-MCO | Numerator: Total Number of Readmissions within 30 days | Denominator: Total Number of Discharges | Rate: Percent Readmitted Within 30 Days |
|---|---|---|---|
| Alliance Health | 124 | 1,530 | 8.1% |
| Partners Health Management | 67 | 1,052 | 6.4% |
| Trillium Health Resources | 224 | 1,812 | 12.4% |
| Vaya Health | 88 | 967 | 9.1% |
| State Average | 503 | 5,361 | 9.4% |
| Standard Deviation | | | 2.2% |
| 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 | 4 | 220 | 1.8% |
| Partners Health Management | 8 | 131 | 6.1% |
| Trillium Health Resources | 2 | 202 | 1.0% |
| Vaya Health | 3 | 81 | 3.7% |
| State Average | 17 | 634 | 2.7% |
| Standard Deviation | | | 2.0% |
| LME-MCO Average | | | 3.2% |



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

| | | | |
|---|---|---|---|
| **State Fiscal Year:** | 2025 | **Measurement Period:** | Oct - Dec 2024 |
| **Report Quarter:** | 3rd Quarter | **Based On Claims Paid As Of:** | Apr 30, 2025 |

**CRISIS AND INPATIENT SERVICES**

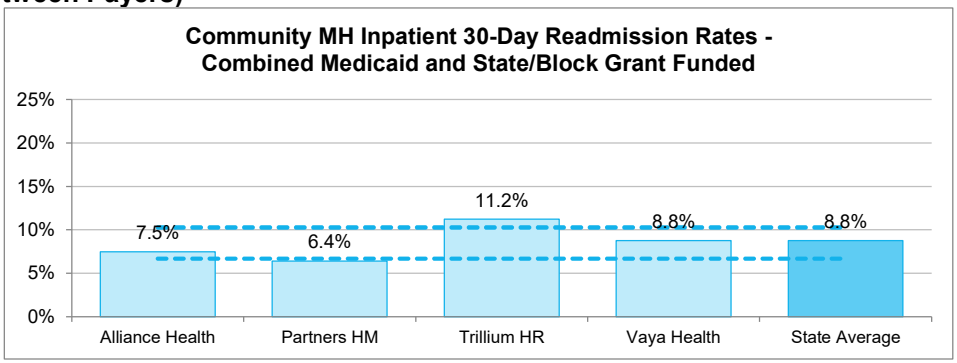
## 5.7. Community Mental Health Inpatient Readmissions Within 30 Days (Ages 6+)

**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)

| | Numerator | Denominator | Rate |
|---|---|---|---|
| **LME-MCO** | **Total Number of Readmissions within 30 days** | **Total Number of Discharges** | **Percent Readmitted Within 30 Days** |
| Alliance Health | 131 | 1,750 | 7.5% |
| Partners Health Management | 76 | 1,183 | 6.4% |
| Trillium Health Resources | 226 | 2,013 | 11.2% |
| Vaya Health | 92 | 1,048 | 8.8% |
| State Average | 525 | 5,994 | 8.8% |
| Standard Deviation | | | 1.8% |
| LME-MCO Average | | | 8.5% |



**CRISIS AND INPATIENT SERVICES**

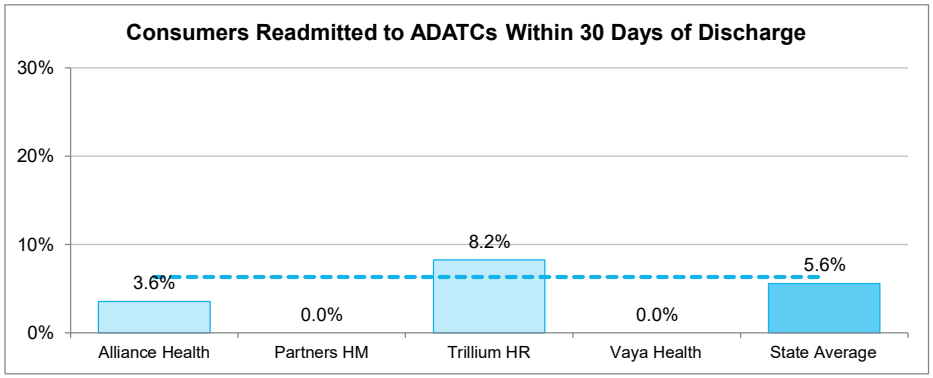
## 5.8 State ADATC Readmissions within 30 Days and 180 Days

**Rationale**: Successful community living following care in a State Alcohol and Drug Use 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.

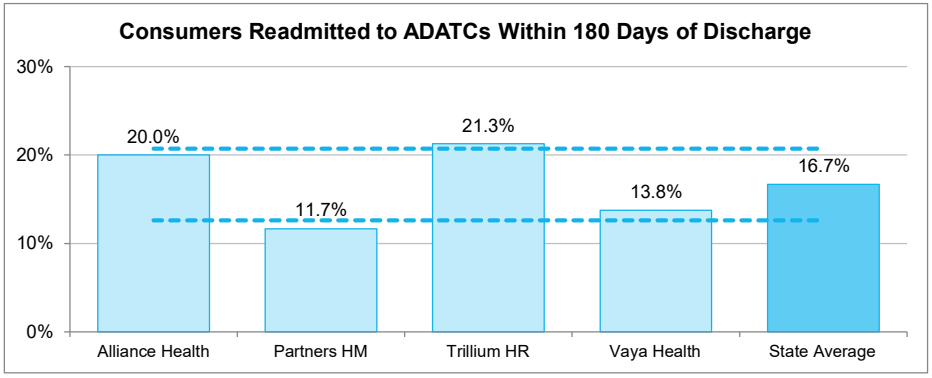
### Readmitted within 30 Days (Discharges Oct - Dec 2024)

| LME-MCO | Numerator: Number Readmissions | Denominator: Total Discharges | Rate: Percent Readmitted |
|---|---|---|---|
| Alliance Health | 1 | 28 | 3.6% |
| Eastpointe | | | |
| Partners Health Management | 0 | 20 | 0.0% |
| Sandhills Center | | | |
| Trillium Health Resources | 15 | 182 | 8.2% |
| Vaya Health | 0 | 57 | 0.0% |
| State Average | 16 | 287 | 5.6% |
| Standard Deviation | | | 3.4% |
| LME-MCO Average | | | 3.0% |




### Readmitted within 180 Days (Discharges Jul - Sep 2024)

| LME-MCO | Numerator: Number Readmissions | Denominator: Total Discharges | Rate: Percent Readmitted |
|---|---|---|---|
| Alliance Health | 4 | 20 | 20.0% |
| Eastpointe | | | |
| Partners Health Management | 7 | 60 | 11.7% |
| Sandhills Center | | | |
| Trillium Health Resources | 37 | 174 | 21.3% |
| Vaya Health | 26 | 189 | 13.8% |
| State Average | 74 | 443 | 16.7% |
| Standard Deviation | | | 4.1% |
| LME-MCO Average | | | 16.7% |




Data Source: State ADATC data in CDW as of 10/16/24. 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.

**CRISIS AND INPATIENT SERVICES**

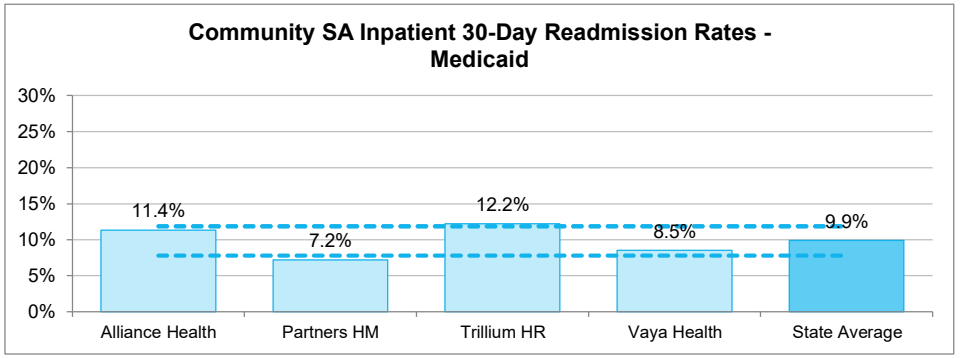
## 5.9. Community Substance Use Inpatient Readmissions Within 30 Days (Ages 6+)

**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.

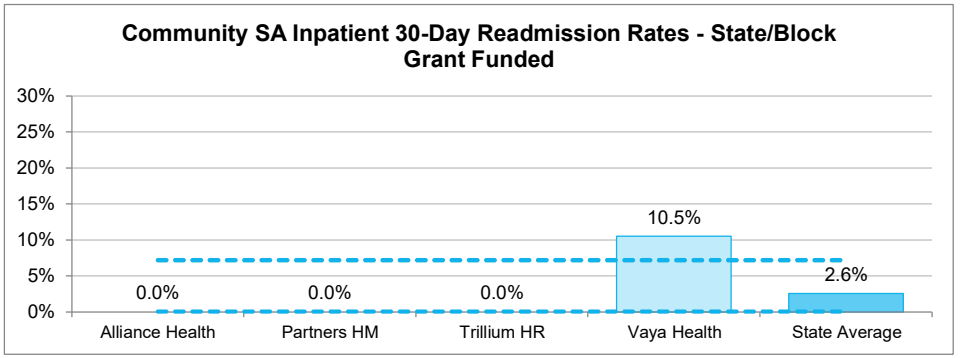
### Medicaid Funded

| LME-MCO | Numerator: Total Number of Readmissions within 30 days | Denominator: Total Number of Discharges | Rate: Percent Readmitted Within 30 Days |
|---|---|---|---|
| Alliance Health | 31 | 273 | 11.4% |
| Partners Health Management | 15 | 208 | 7.2% |
| Trillium Health Resources | 21 | 172 | 12.2% |
| Vaya Health | 15 | 176 | 8.5% |
| State Average | 82 | 829 | 9.9% |
| Standard Deviation | | | 2.0% |
| LME-MCO Average | | | 9.8% |




### 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 | 21 | 0.0% |
| Partners Health Management | 0 | 22 | 0.0% |
| Trillium Health Resources | 0 | 16 | 0.0% |
| Vaya Health | 2 | 19 | 10.5% |
| State Average | 2 | 78 | 2.6% |
| Standard Deviation | | | 4.6% |
| LME-MCO Average | | | 2.6% |



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

| | | | |
|---|---|---|---|
| **State Fiscal Year:** | 2025 | **Measurement Period:** | Oct - Dec 2024 |
| **Report Quarter:** | 3rd Quarter | **Based On Claims Paid As Of:** | Apr 30, 2025 |

**CRISIS AND INPATIENT SERVICES**

## 5.9. Community Substance Use 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 | 31 | 294 | 10.5% |
| Partners Health Management | 15 | 230 | 6.5% |
| Trillium Health Resources | 21 | 188 | 11.2% |
| Vaya Health | 17 | 195 | 8.7% |
| State Average | 84 | 907 | 9.3% |
| Standard Deviation | | | 1.8% |
| LME-MCO Average | | | 9.2% |