LME-MCO Quarterly Performance Measures:

Performance Report

SFY 2024-2025

January 1 - March 31, 2025

(All Measures Reported)

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

October 8, 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 people 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.

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

The data in this report is a compilation of LME/MCO reported performance measures data submitted to DMH/DD/SUS on 8/15/25 for the 4th Quarter SFY2025 measurement period. Please note that the performance data for the quarter is based on claims paid as of four months following the end of the quarter. It does not include data for claims that may have been adjudicated and paid after that point in time. Therefore, the data may be incomplete. The 4 months claims cutoff following the end of the measurement period is a compromise intended to provide more timely data that should be mostly complete vs. waiting longer for all claims to be processed and paid for the data to be fully complete.

On 9/19/25 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 10/03/25 so the DRAFT report could be finalized. The data in this revised report includes all revisions received as of 10/03/25.

Please direct any questions about the performance indicators in this report to the DMH/DD/SUS Quality Management Team at contactdmhquality@dhhs.nc.gov .

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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:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

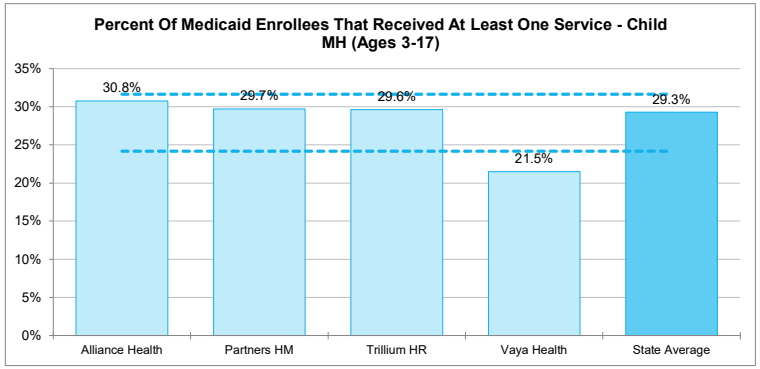
PENETRATION

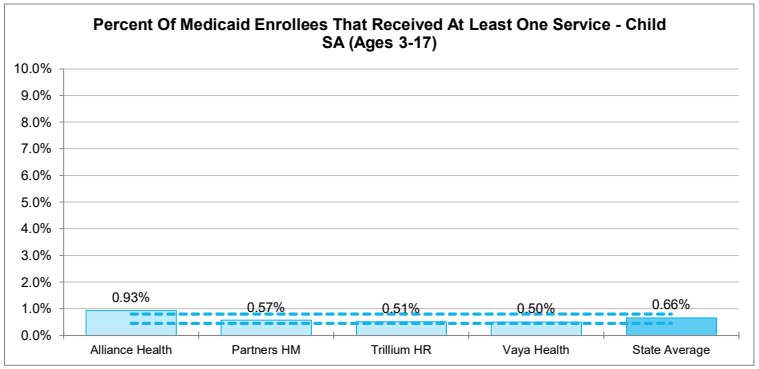
3.1 People Served: Medicaid Enrollees

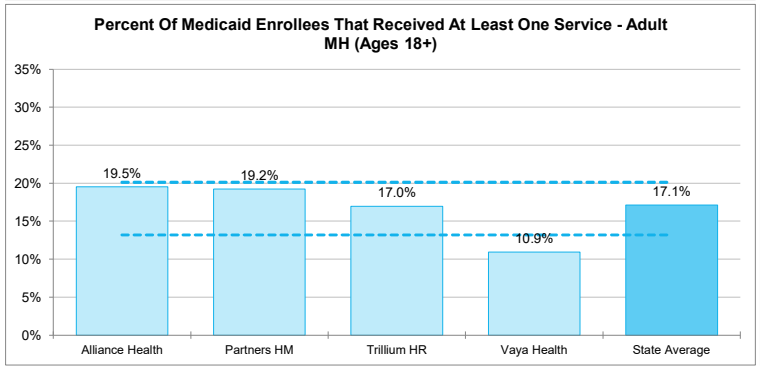
Rationale: NC has designed its public system to serve those People who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to these services is considered a barrier to accessing services. Increasing service penetration is an indicator 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 People eligible to receive those services.

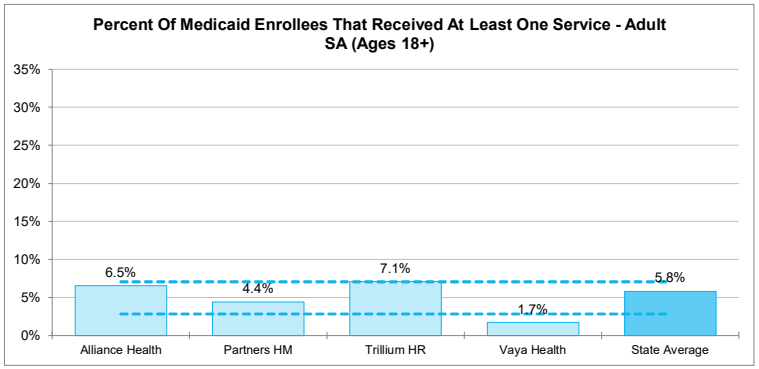
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition within a specified time frame. For purposes of this measure, People with Medicaid 1915 b/c waiver services and a condition (e.g. MH, I/DD, or SUD diagnosis) during the measurement period divided by the number of People 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	11,027	35,825	30.8%	24,582	125,962	19.5%	332	35,825	0.93%	8,250	125,962	6.5%
Partners Health Management	4,104	13,805	29.7%	10,563	54,880	19.2%	78	13,805	0.57%	2,431	54,880	4.4%
Trillium Health Resources	12,952	43,746	29.6%	30,071	177,252	17.0%	224	43,746	0.51%	12,594	177,252	7.1%
Vaya Health	2,063	9,599	21.5%	6,760	61,910	10.9%	48	9,599	0.50%	1,057	61,910	1.7%
Statewide	30,146	102,975	29.3%	71,976	420,004	17.1%	682	102,975	0.66%	24,332	420,004	5.8%
Standard Deviation			3.7%			3.5%			0.18%			2.1%
LME-MCO Average			27.9%			16.7%			0.63%			4.9%









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

State Fiscal Year:	2025	**Measurement Period:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

PENETRATION

3.1 People Served: Medicaid Enrollees

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

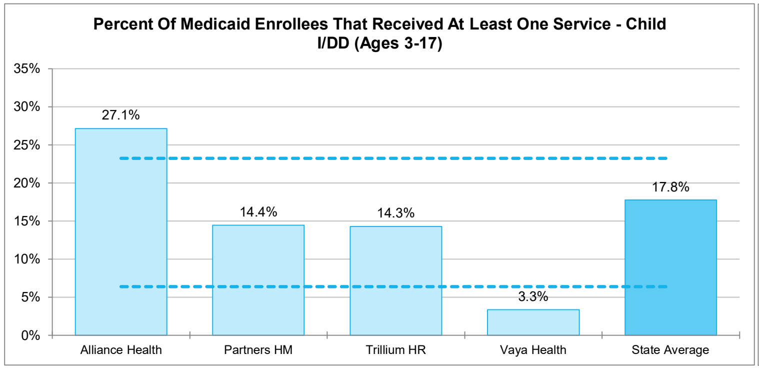
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For this measure, it is the number of People enrolled in the Medicaid 1915 b/c waiver who received a service for a covered condition (e.g. MH, I/DD, or SUD diagnosis) during the measurement period divided by the number of People 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.

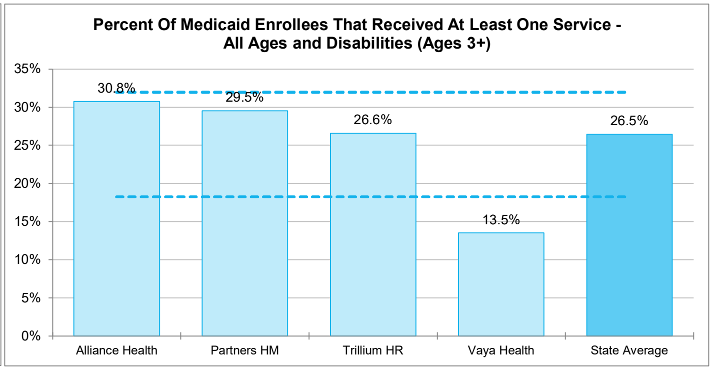
	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18+)			All Ages and Disabilities (Ages 3+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**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	9,722	35,825	27.1%	8,874	125,962	7.0%	49,754	161,787	30.8%
Partners Health Management	1,994	13,805	14.4%	4,947	54,880	9.0%	20,282	68,685	29.5%
Trillium Health Resources	6,245	43,746	14.3%	9,114	177,252	5.1%	58,746	220,998	26.6%
Vaya Health	321	9,599	3.3%	1,104	61,910	1.8%	9,658	71,509	13.5%
Statewide	18,282	102,975	17.8%	24,039	420,004	5.7%	138,440	522,979	26.5%
Standard Deviation			8.4%			2.7%			6.9%
LME-MCO Average			14.8%			5.7%			25.1%

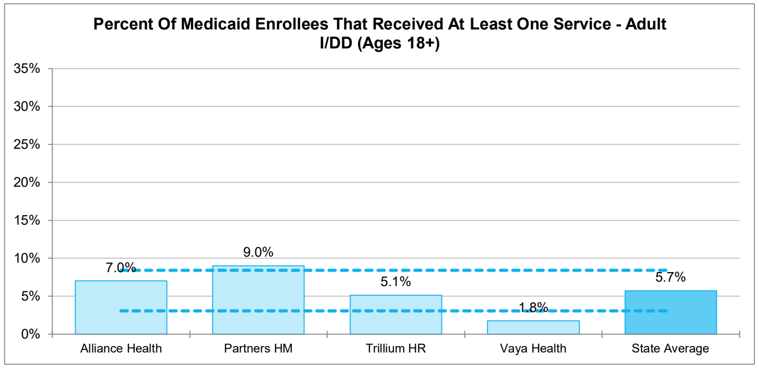
Red font: Number that received a service for All Ages and Disabilities ≥ sum of the numbers in each age disability.*

Sum of # in each age disability that rec'd a service	Medicaid Enrollees Sum of Children + Adults
62,787	161,787
24,117	68,685
71,200	220,998
11,353	71,509

* The number for All Ages and Disabilities can be less than the sum as People 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 2024 - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

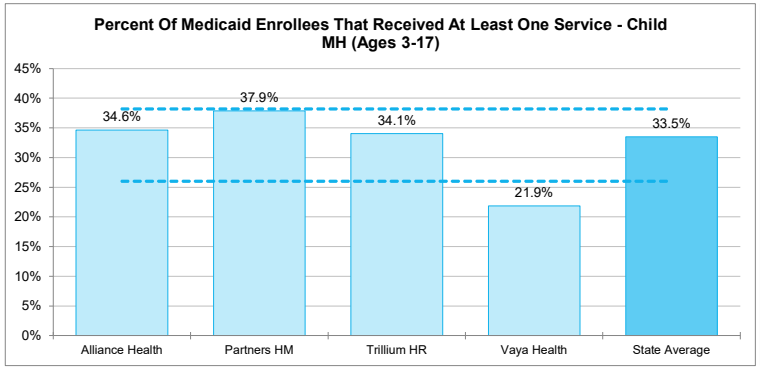
PENETRATION

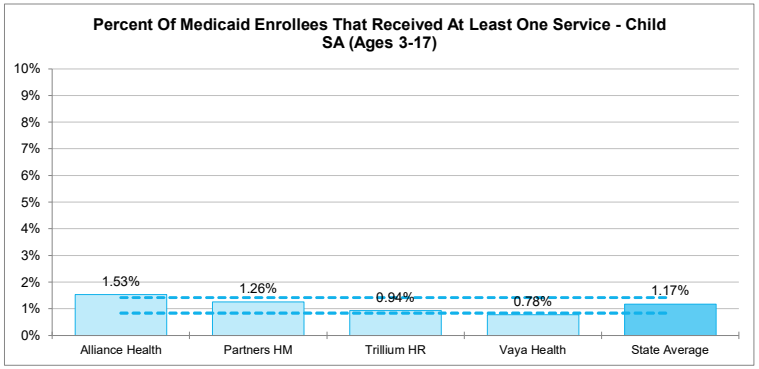
3.1 People Served: Medicaid Enrollees (SFYTD)

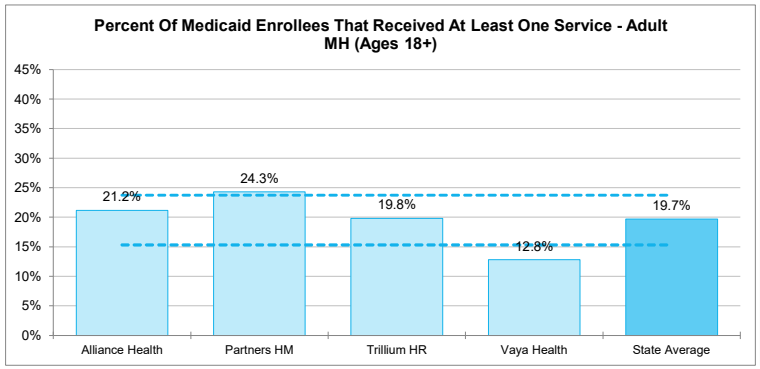
Rationale: NC has designed its public system to serve those People who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to these services is a barrier to improving system performance. Service penetration is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

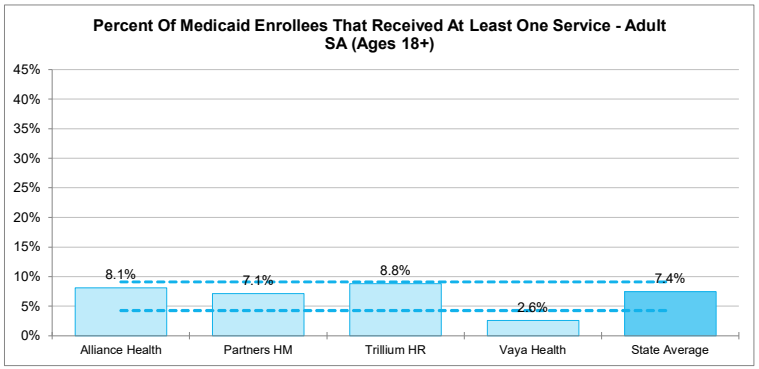
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition withihn a specified time frame. For purposes of this report, the number of People in the Medicaid 1915 b/c waiver enrolled in the quarter (eligible MH, I/DD, or SUD diagnosis) during the measurement period divided by the number of People 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	15,259	44,084	34.6%	33,253	157,013	21.2%	675	44,084	1.53%	12,708	157,013	8.1%
Partners Health Management	6,076	16,034	37.9%	15,629	64,314	24.3%	202	16,034	1.26%	4,591	64,314	7.1%
Trillium Health Resources	17,664	51,856	34.1%	42,446	214,104	19.8%	485	51,856	0.94%	18,881	214,104	8.8%
Vaya Health	2,750	12,577	21.9%	10,121	79,021	12.8%	98	12,577	0.78%	2,052	79,021	2.6%
Statewide	41,749	124,551	33.5%	101,449	514,452	19.7%	1,460	124,551	1.17%	38,232	514,452	7.4%
Standard Deviation			6.1%			4.2%			0.3%			2.4%
LME-MCO Average			32.1%			19.5%			1.1%			6.7%









State Fiscal Year:	2025	**Measurement Period:**	Jul 2024 - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

PENETRATION

3.1 People Served: Medicaid Enrollees (SFYTD)

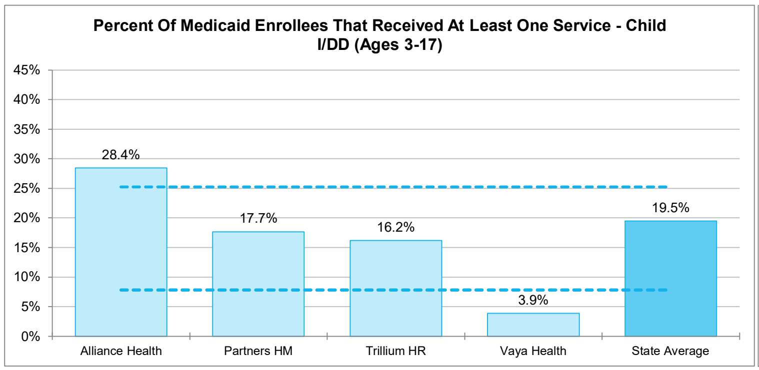
Rationale: NC has designed its public system to serve those People who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to these privately-funded services. Increasing delivery of services is a nationally accepted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

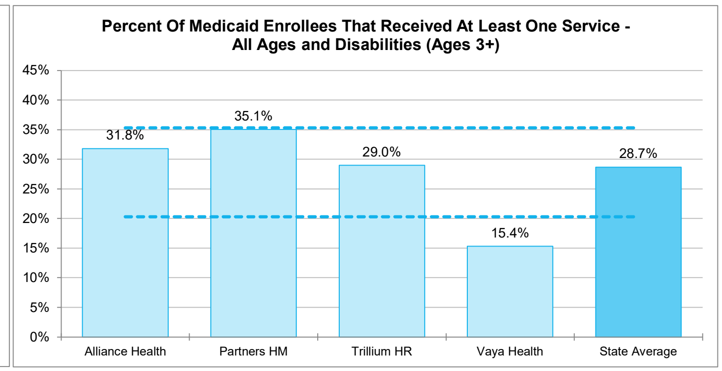
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons enrolled in the Medicaid 1915 b/c waiver, it is the number of People who received a service for a covered condition (categorized MH, I/DD, or SUD diagnosis) during the measurement period divided by the number of People 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.

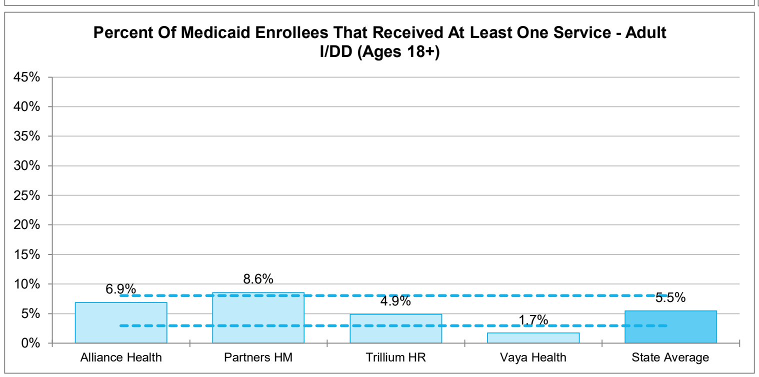
	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18+)			All Ages and Disabilities (Ages 3+)				
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate		
LME-MCO	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**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**	Sum of # in each age disability that rec'd a service	Medicaid Enrollees Sum of Children + Adults
Alliance Health	12,539	44,084	28.4%	10,805	157,013	6.9%	63,942	201,097	31.8%	85,239	201,097
Partners Health Management	2,833	16,034	17.7%	5,505	64,314	8.6%	28,165	80,348	35.1%	34,836	80,348
Trillium Health Resources	8,391	51,856	16.2%	10,391	214,104	4.9%	77,132	265,960	29.0%	98,258	265,960
Vaya Health	486	12,577	3.9%	1,355	79,021	1.7%	14,064	91,598	15.4%	16,862	91,598
Statewide	24,249	124,551	19.5%	28,056	514,452	5.5%	183,303	639,003	28.7%		
Standard Deviation			8.7%			2.6%			7.5%		
LME-MCO Average			16.5%			5.5%			27.8%		

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 People 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:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

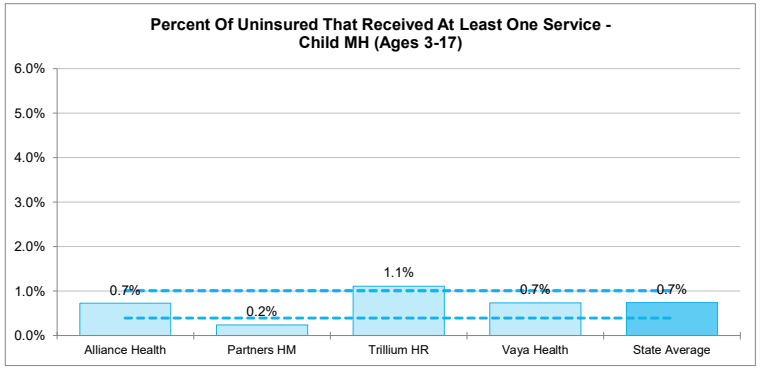
PENETRATION

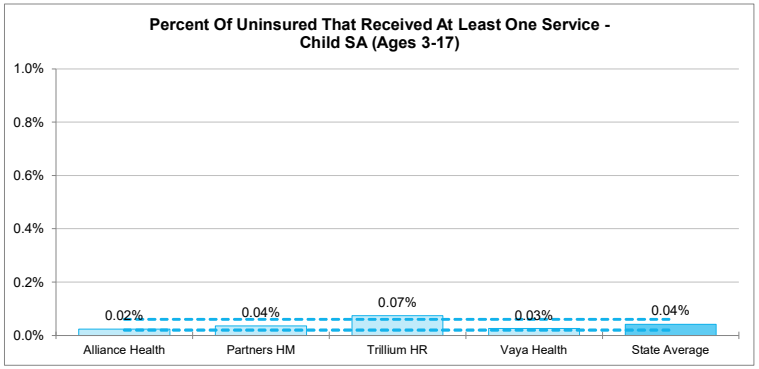
3.2 People Served: Non-Medicaid (State and Federal Block Grant Funded)

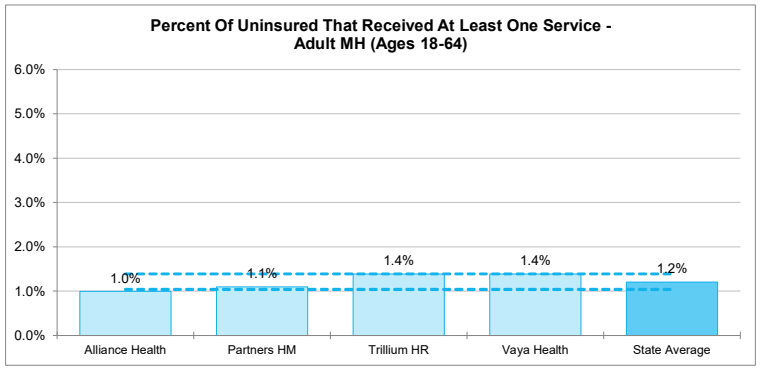
Rationale: NC has designed its public system to serve those People who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these People is a nationally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

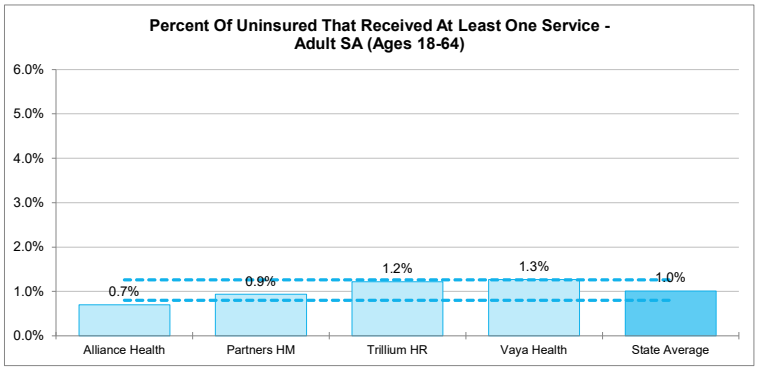
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For People receiving State and Federal Block Grant funded services, it is the undupllicated number of People 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 People 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	238	32,794	0.7%	2,811	283,651	1.0%	8	32,794	0.02%	1,982	283,651	0.7%
Partners Health Management	47	19,371	0.2%	2,051	187,659	1.1%	7	19,371	0.04%	1,748	187,659	0.9%
Trillium Health Resources	313	28,234	1.1%	3,733	270,142	1.4%	21	28,234	0.07%	3,286	270,142	1.2%
Vaya Health	114	15,498	0.7%	2,311	166,634	1.4%	4	15,498	0.03%	2,112	166,634	1.3%
Statewide	712	95,897	0.7%	10,906	908,086	1.2%	40	95,897	0.04%	9,128	908,086	1.0%
Standard Deviation			0.3%			0.2%			0.02%			0.2%
LME-MCO Average			0.7%			1.2%			0.04%			1.0%









North Carolina LME-MCO Performance Measurement Reporting
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PENETRATION

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

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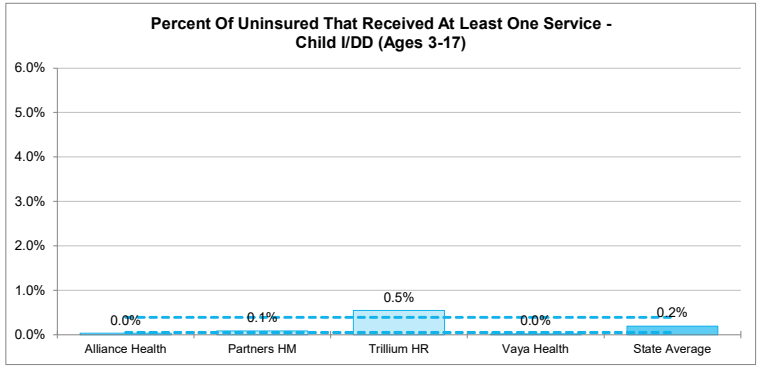
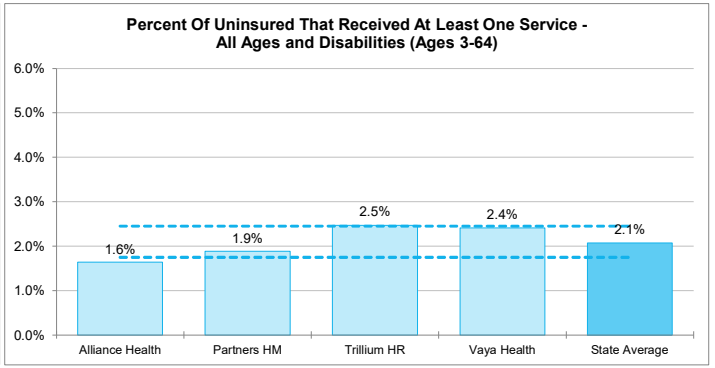
	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18-64)			All Ages and Disabilities (Ages 3-64)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**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	10	32,794	0.0%	277	283,651	0.1%	5,011	306,032	1.6%
Partners Health Management	16	19,371	0.1%	129	187,659	0.1%	3,741	198,740	1.9%
Trillium Health Resources	155	28,234	0.5%	388	270,142	0.1%	7,118	288,335	2.5%
Vaya Health	4	15,498	0.0%	122	166,634	0.1%	4,250	176,254	2.4%
Statewide	185	95,897	0.2%	916	908,086	0.1%	20,120	969,361	2.1%
Standard Deviation			0.2%			0.0%			0.4%
LME-MCO Average			0.2%			0.1%			2.1%

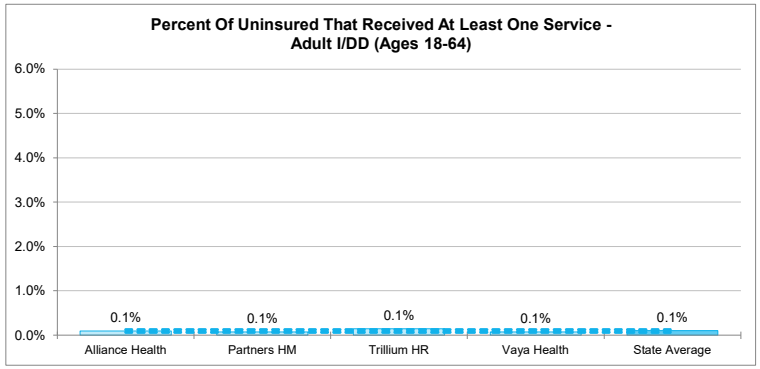
Red font: Number that received a service for All Ages and Disabilities ≥ sum of the numbers in each age disability.*

Sum of # in each age disability that rec'd a service
5,326
3,998
7,896
4,667

* The number for All Ages and Disabilities should be < than the sum as People 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 2024 - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

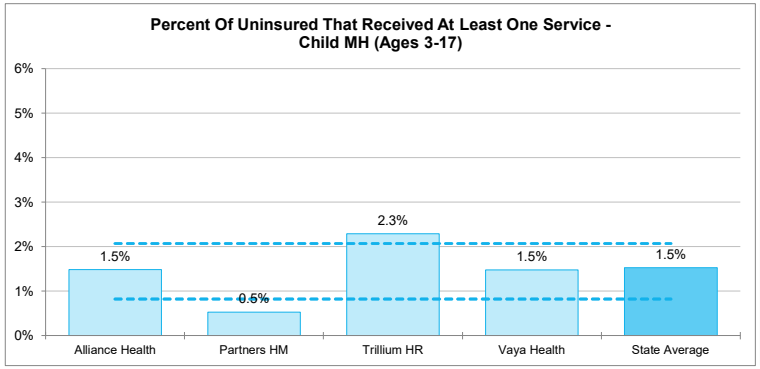
PENETRATION

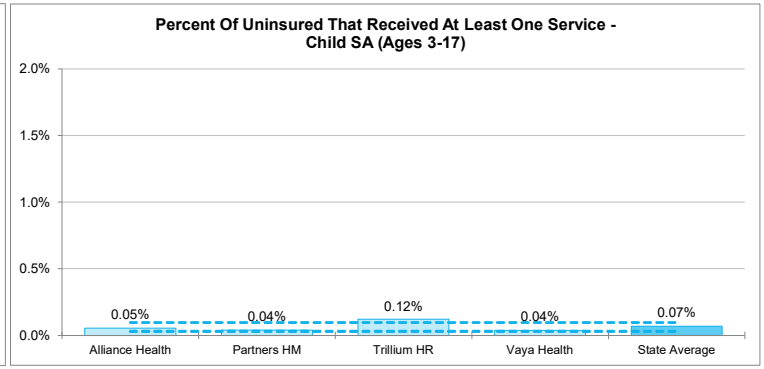
3.2 People Served: Non-Medicaid (State and Federal Block Grant Funded) (SFYTD)

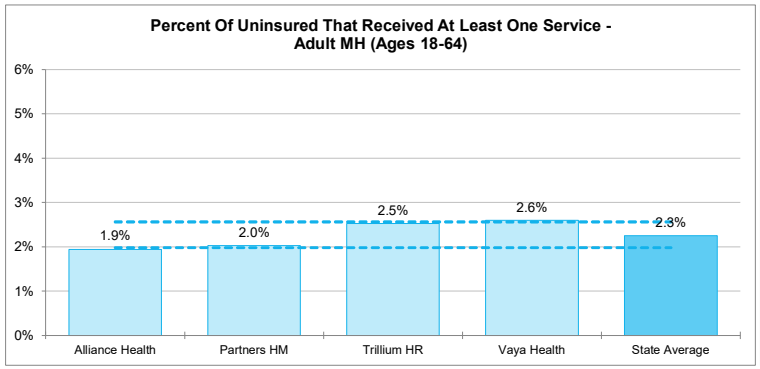
Rationale: NC has designed its public system to serve those People who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these People is a nationally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

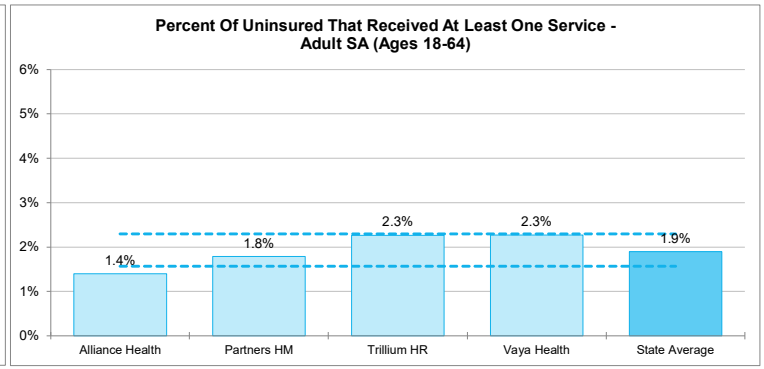
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For People receiving State and Federal Block Grant funded services, it is the undupllicated number of People 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 People 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	487	32,794	1.5%	5,501	283,651	1.9%	18	32,794	0.05%	3,964	283,651	1.4%
Partners Health Management	102	19,371	0.5%	3,796	187,659	2.0%	8	19,371	0.04%	3,352	187,659	1.8%
Trillium Health Resources	646	28,234	2.3%	6,820	270,142	2.5%	34	28,234	0.12%	6,117	270,142	2.3%
Vaya Health	229	15,498	1.5%	4,323	166,634	2.6%	6	15,498	0.04%	3,785	166,634	2.3%
Statewide	1,464	95,897	1.5%	20,440	908,086	2.3%	66	95,897	0.07%	17,218	908,086	1.9%
Standard Deviation			0.6%			0.3%			0.03%			0.4%
LME-MCO Average			1.4%			2.3%			0.06%			1.9%









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

State Fiscal Year:	2025	**Measurement Period:**	Jul 2024 - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

PENETRATION

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

Rationale: NC has designed its public system to serve those People 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 People 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 People eligible to receive those services.

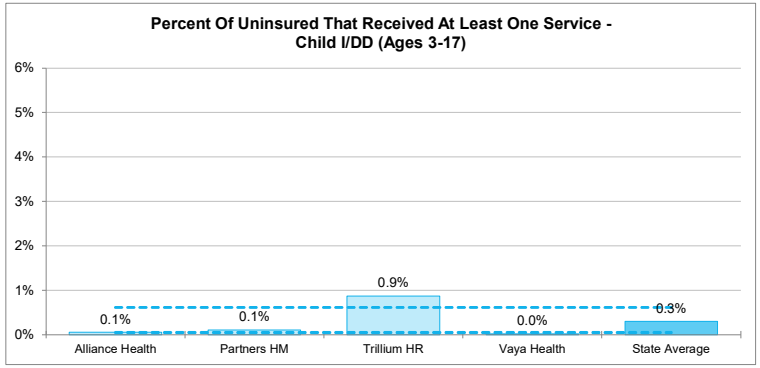
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For People receiving State and Federal Block Grant funded services, it is the undupllicated number of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

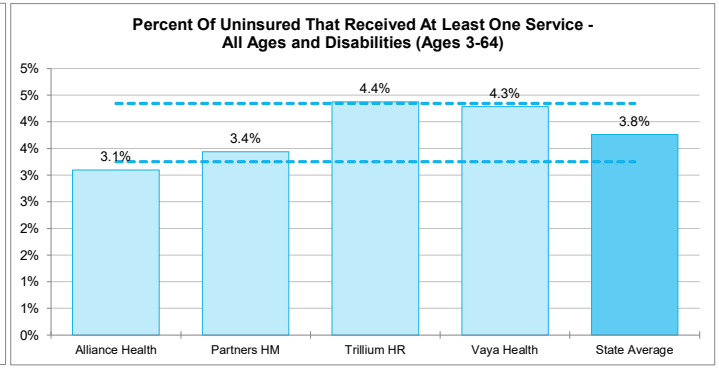
	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18-64)			All Ages and Disabilities (Ages 3-64)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**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	17	32,794	0.1%	367	283,651	0.1%	9,459	306,032	3.1%
Partners Health Management	21	19,371	0.1%	154	187,659	0.1%	6,833	198,740	3.4%
Trillium Health Resources	245	28,234	0.9%	553	270,142	0.2%	12,606	288,335	4.4%
Vaya Health	4	15,498	0.0%	165	166,634	0.1%	7,547	176,254	4.3%
Statewide	287	95,897	0.3%	1,239	908,086	0.1%	36,445	969,361	3.8%
Standard Deviation			0.4%			0.0%			0.5%
LME-MCO Average			0.3%			0.1%			3.8%

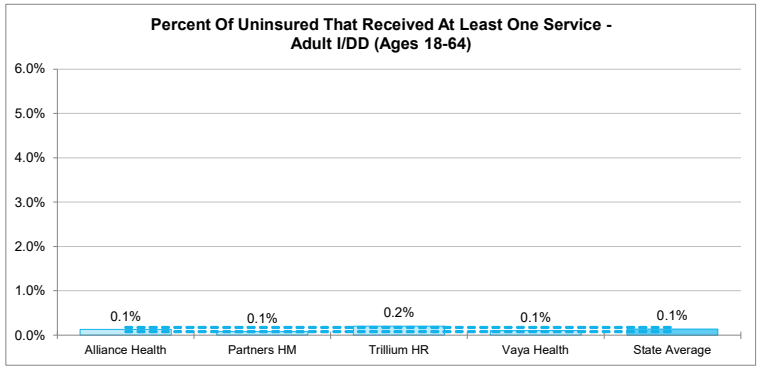
Red font: Number that received a service for All Ages and Disabilities ≥ sum of the numbers in each age disability.

Sum of # in each age disability that rec'd a service
10,354
7,433
14,415
8,512

* The number for All Ages and Disabilities should be < than the sum as People 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

Report Year:	2025	**Measurement Period:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

INITIATION AND ENGAGEMENT

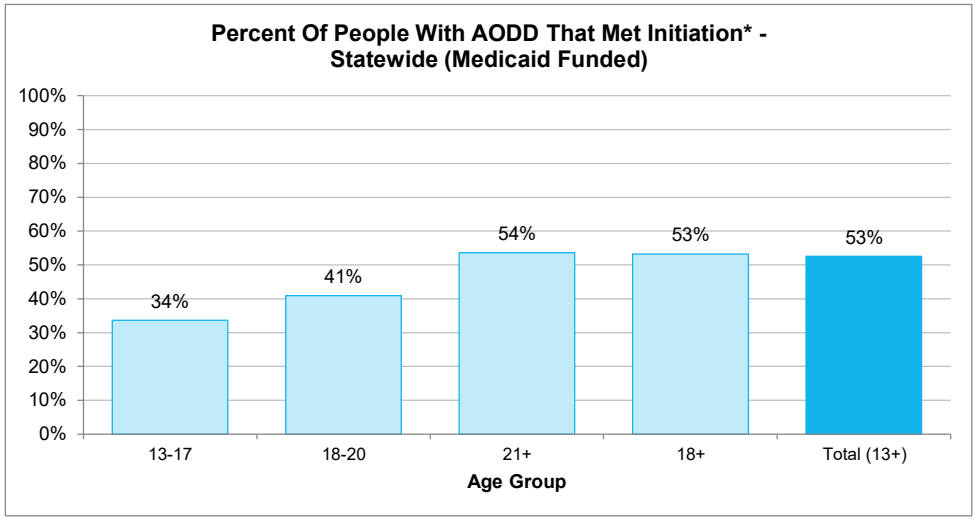
4.1. Initiation and Engagement of Substance Use Treatment (By Age Group)

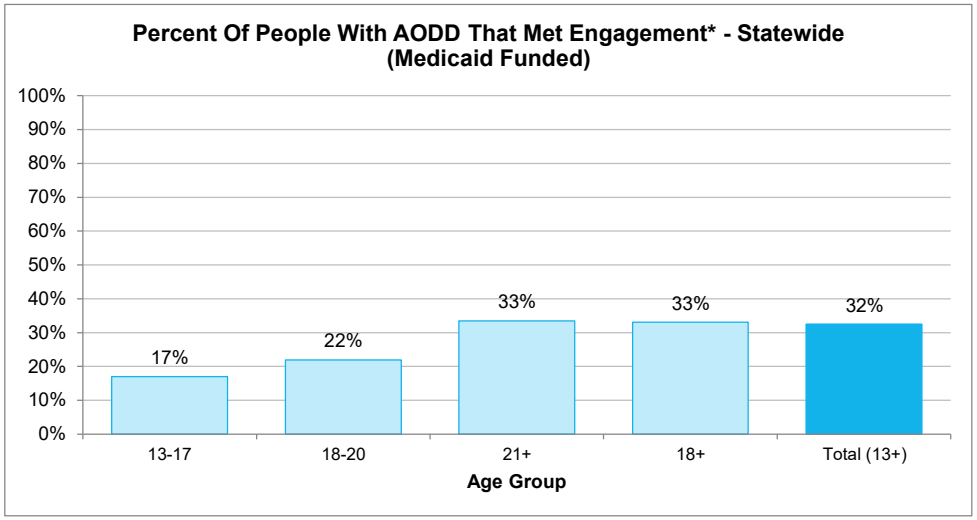
Rationale: For People with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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*** measured as the percent of People 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*** measured as the percent of People 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	107	50	161	54	318	34%	16%	51%	17%
18-20	97	25	115	52	237	41%	11%	49%	22%
21+	4,318	1,069	2,665	2,690	8,052	54%	13%	33%	33%
18+	4,415	1,094	2,780	2,742	8,289	53%	13%	34%	33%
Total (13+)	4,522	1,144	2,941	2,796	8,607	53%	13%	34%	32%





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

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

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

Report Year:	2025	**Measurement Period:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

INITIATION AND ENGAGEMENT

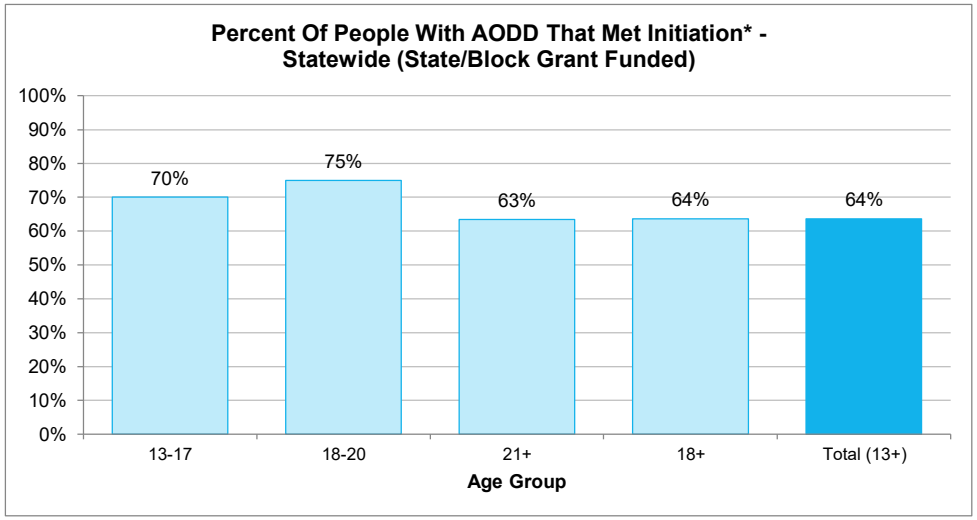
4.1. Initiation and Engagement of Substance Use Treatment (By Age Group)

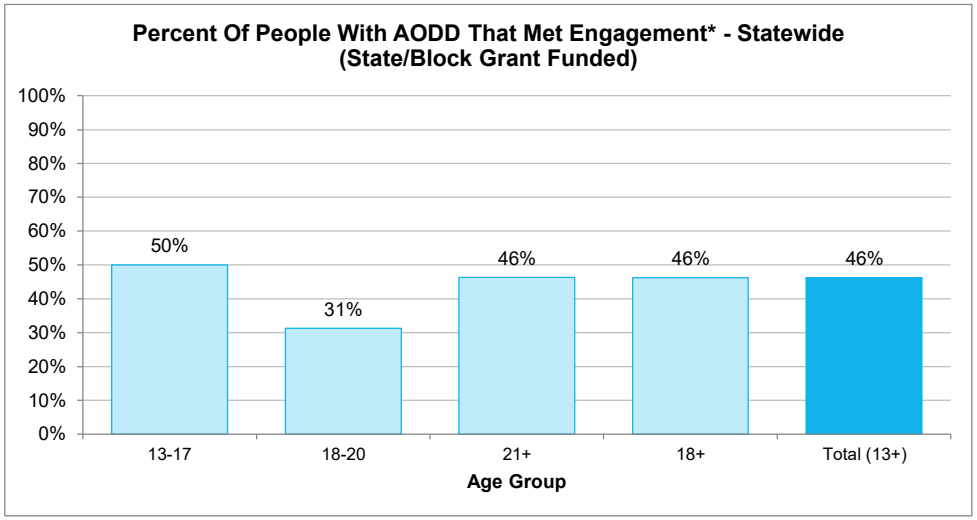
Rationale: For People with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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*** measured as the percent of People 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*** measured as the percent of People 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	0	3	5	10	70%	0%	30%	50%
18-20	12	1	3	5	16	75%	6%	19%	31%
21+	859	143	351	627	1,353	63%	11%	26%	46%
18+	871	144	354	632	1,369	64%	11%	26%	46%
Total (13+)	878	144	357	637	1,379	64%	10%	26%	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:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

INITIATION AND ENGAGEMENT

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

Rationale: For People 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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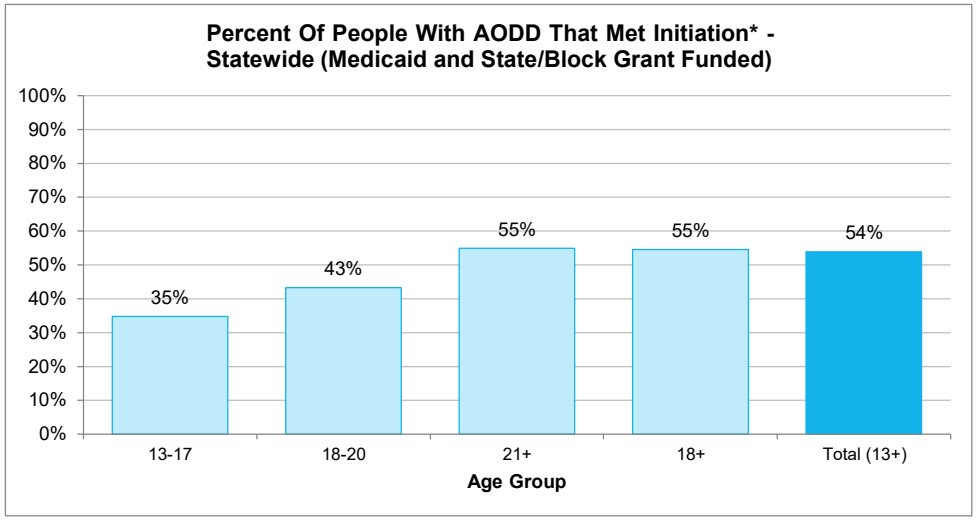
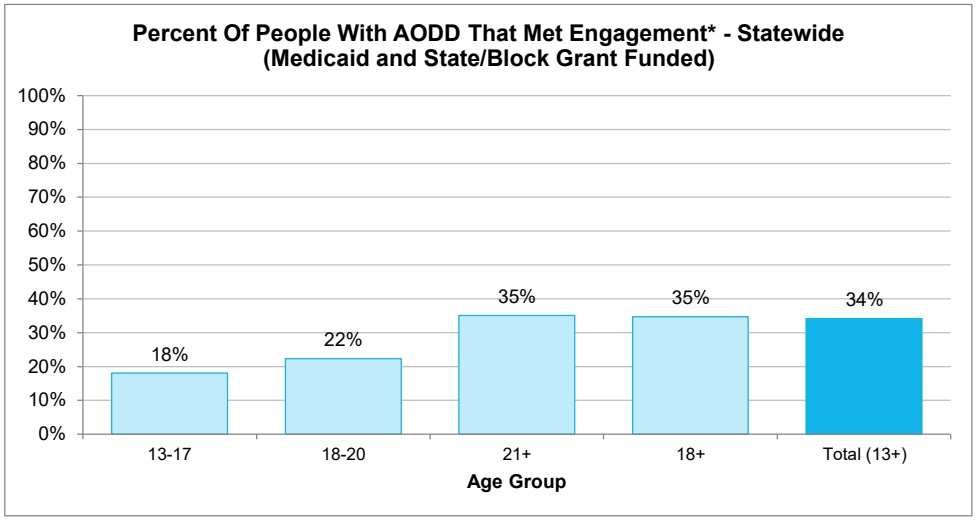
Medicaid and State/Block Grant Funded

	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	114	50	164	59	328	35%	15%	50%	18%
18-20	111	26	119	57	256	43%	10%	46%	22%
21+	5,136	1,225	2,997	3,277	9,358	55%	13%	32%	35%
18+	5,247	1,251	3,116	3,334	9,614	55%	13%	32%	35%
Total (13+)	5,361	1,301	3,280	3,393	9,942	54%	13%	33%	34%





* 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:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

INITIATION AND ENGAGEMENT

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

Rationale: For People 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 Use Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

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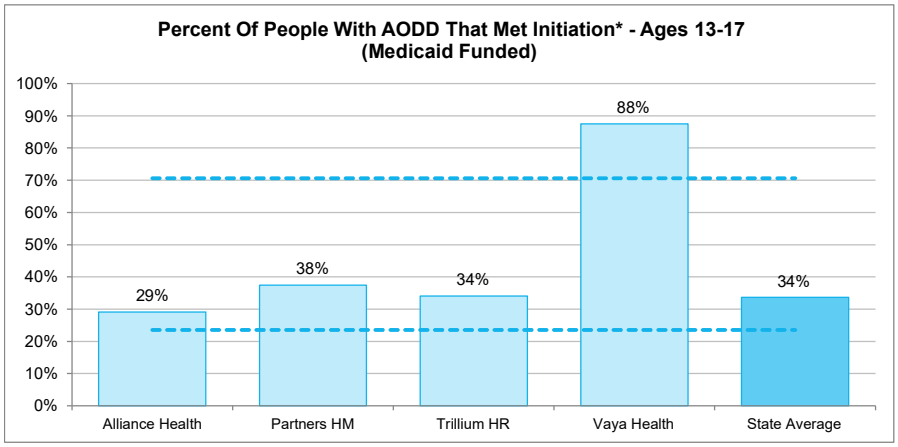
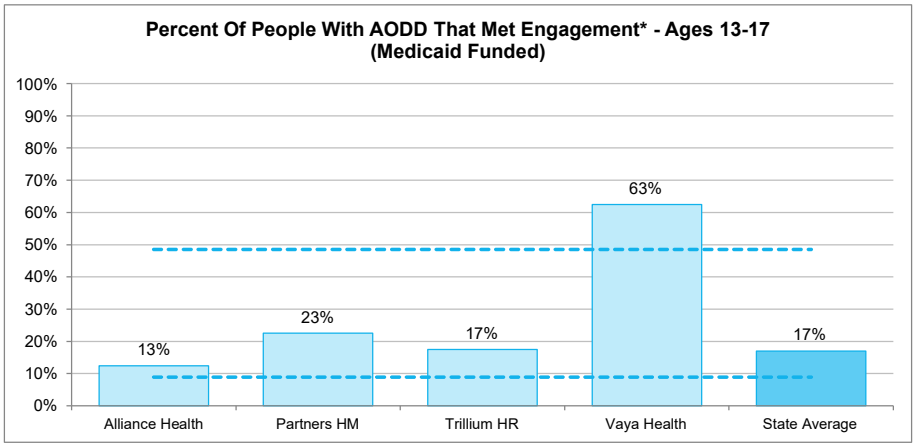
	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total 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)**
People Ages 13-17 (Medicaid Funded)									
Alliance Health	42	22	80	18	144	29%	15%	56%	13%
Partners Health Management	15	6	19	9	40	38%	15%	48%	23%
Trillium Health Resources	43	22	61	22	126	34%	17%	48%	17%
Vaya Health	7	0	1	5	8	88%	0%	13%	63%
State Average	107	50	161	54	318	34%	16%	51%	17%
Standard Deviation						23.5%	7.0%	16.7%	19.8%
LME-MCO Average						47%	12%	41%	29%



* 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:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

INITIATION AND ENGAGEMENT

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

Rationale: For People 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 Use Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

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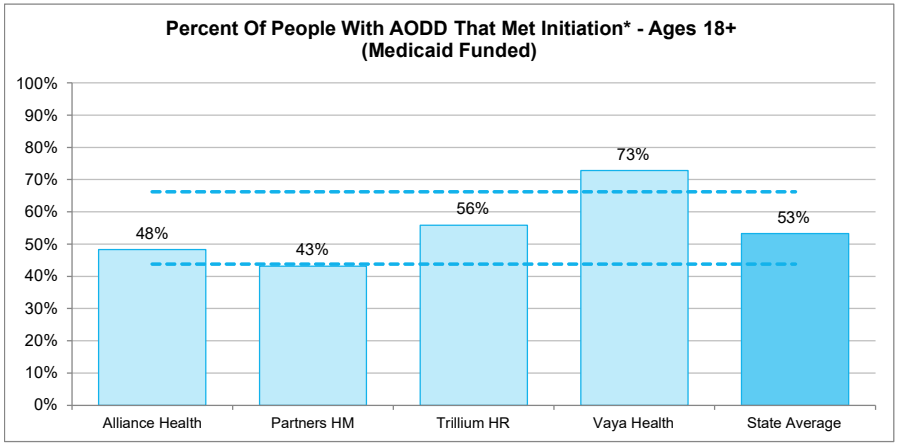
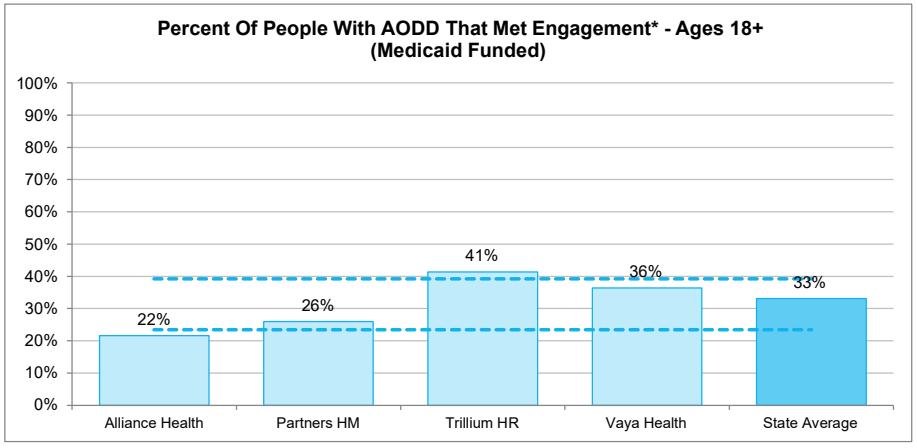
	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total 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)**
People Ages 18+ (Medicaid Funded)									
Alliance Health	1,341	280	1,157	601	2,778	48%	10%	42%	22%
Partners Health Management	313	96	316	188	725	43%	13%	44%	26%
Trillium Health Resources	2,383	654	1,230	1,764	4,267	56%	15%	29%	41%
Vaya Health	378	64	77	189	519	73%	12%	15%	36%
State Average	4,415	1,094	2,780	2,742	8,289	53%	13%	34%	33%
Standard Deviation						11.2%	1.9%	11.5%	7.9%
LME-MCO Average						55%	13%	32%	31%



* 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:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

INITIATION AND ENGAGEMENT

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

Rationale: For People 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 Use Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

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	Numerator1			Numerator2	Denominator	Rate1			Rate2
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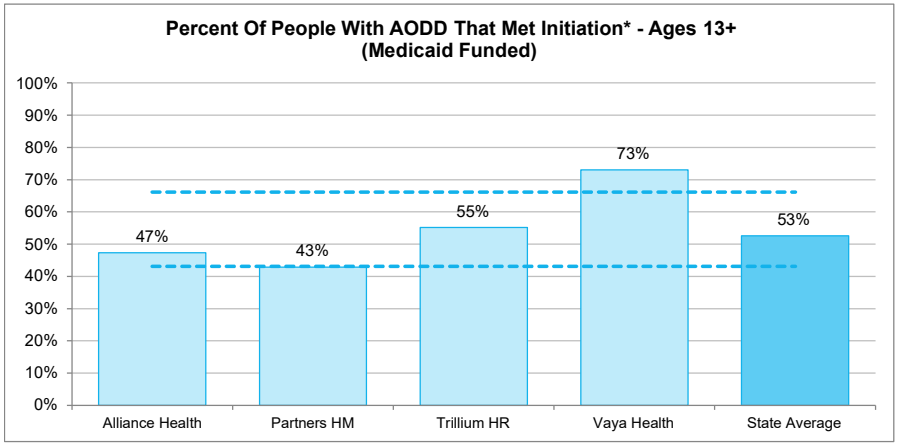
People Ages 13+ (Medicaid Funded)									
Alliance Health	1,383	302	1,237	619	2,922	47%	10%	42%	21%
Partners Health Management	328	102	335	197	765	43%	13%	44%	26%
Trillium Health Resources	2,426	676	1,291	1,786	4,393	55%	15%	29%	41%
Vaya Health	385	64	78	194	527	73%	12%	15%	37%
State Average	4,522	1,144	2,941	2,796	8,607	53%	13%	34%	32%
Standard Deviation						11.5%	1.8%	11.7%	7.9%
LME-MCO Average						55%	13%	33%	31%



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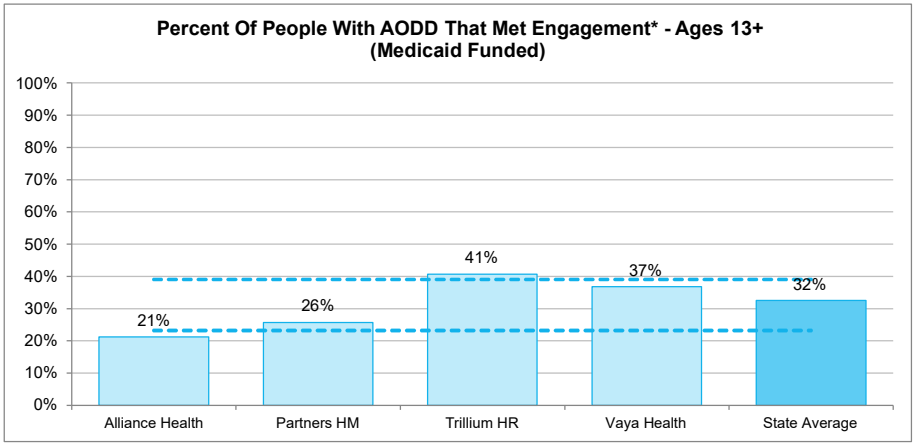

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2025	**Measurement Period:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

INITIATION AND ENGAGEMENT

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

Rationale: For People 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 Use Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

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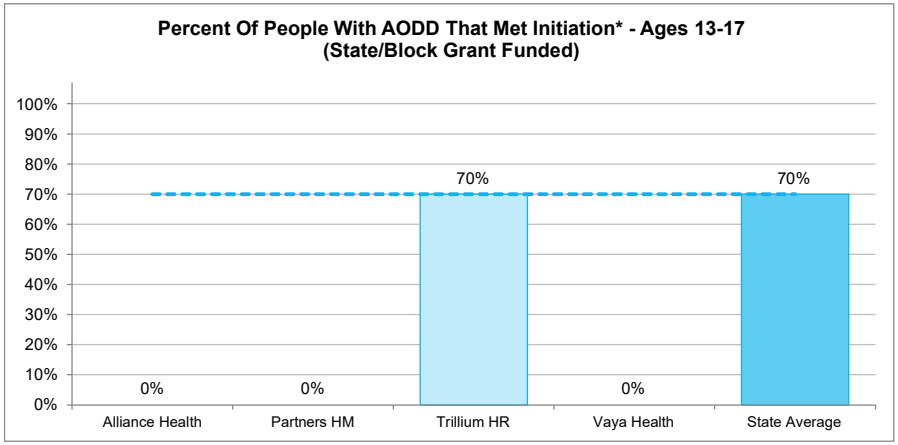
	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total 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)**
People 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	0	3	5	10	70%	0%	30%	50%
Vaya Health	0	0	0	0	0				
State Average	7	0	3	5	10	70%	0%	30%	50%
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.]				70%	0%	30%	50%



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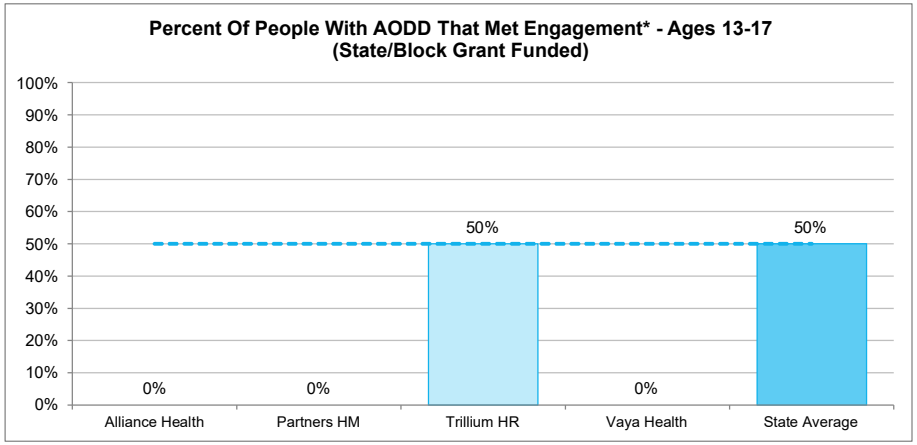

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2025	**Measurement Period:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

INITIATION AND ENGAGEMENT

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

Rationale: For People 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 Use Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

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	Numerator1			Numerator2	Denominator	Rate1			Rate2
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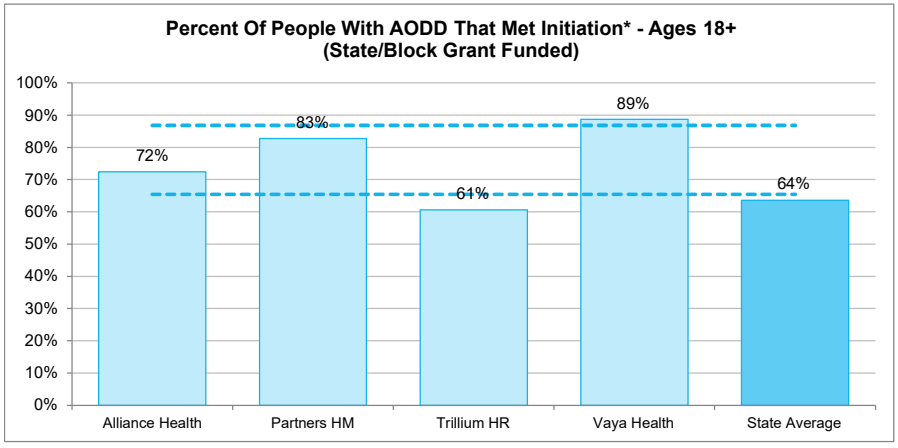
People Ages 18+ (State/Block Grant Funded)									
Alliance Health	108	6	35	96	149	72%	4%	23%	64%
Partners Health Management	24	1	4	23	29	83%	3%	14%	79%
Trillium Health Resources	684	134	311	491	1,129	61%	12%	28%	43%
Vaya Health	55	3	4	22	62	89%	5%	6%	35%
State Average	871	144	354	632	1,369	64%	11%	26%	46%
Standard Deviation						10.7%	3.4%	8.2%	17.3%
LME-MCO Average						76%	6%	18%	56%



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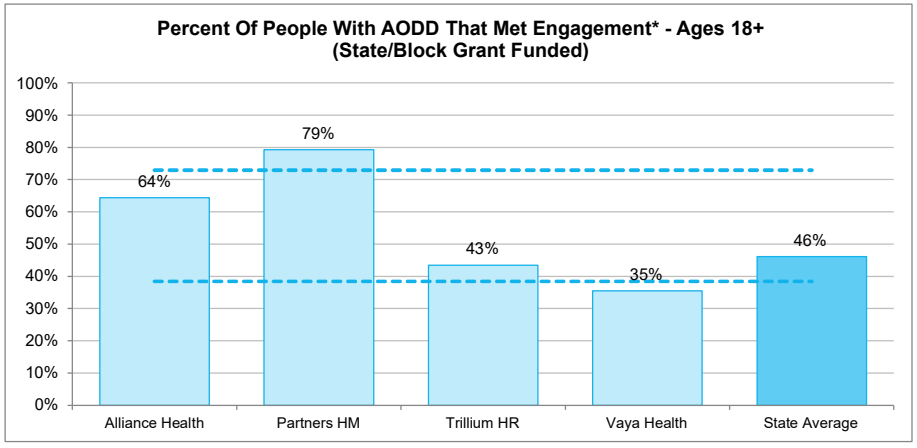

* Received 2 or more services or visits within 30 days after meeting initiation requirements.

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

Report Year:	2025	**Measurement Period:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

INITIATION AND ENGAGEMENT

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

Rationale: For People 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 Use Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

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	Numerator1			Numerator2	Denominator	Rate1			Rate2
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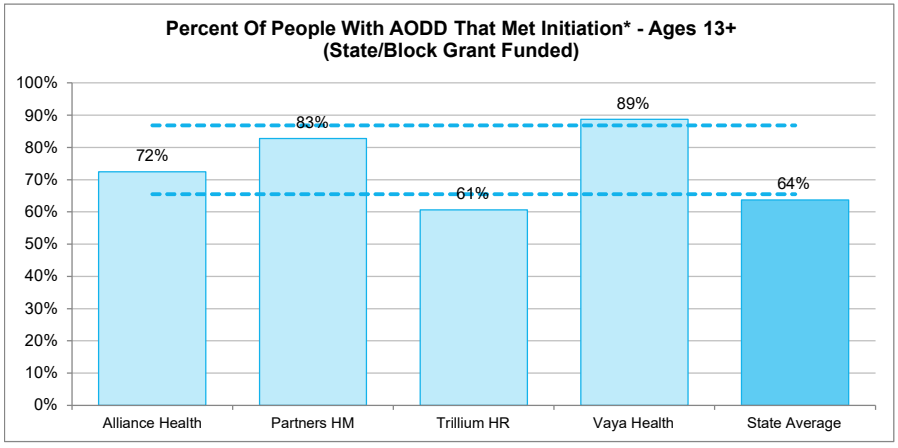
People Ages 13+ (State/Block Grant Funded)									
Alliance Health	108	6	35	96	149	72%	4%	23%	64%
Partners Health Management	24	1	4	23	29	83%	3%	14%	79%
Trillium Health Resources	691	134	314	496	1,139	61%	12%	28%	44%
Vaya Health	55	3	4	22	62	89%	5%	6%	35%
State Average	878	144	357	637	1,379	64%	10%	26%	46%
Standard Deviation						10.7%	3.4%	8.3%	17.2%
LME-MCO Average						76%	6%	18%	56%



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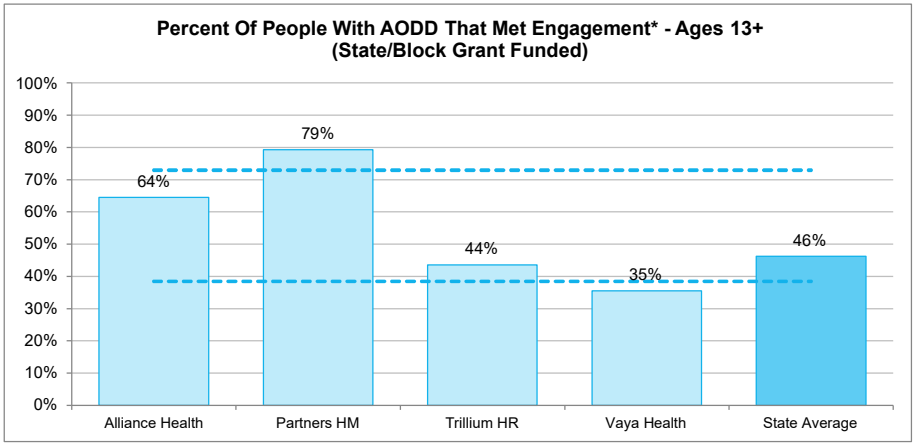

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2025	**Measurement Period:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

INITIATION AND ENGAGEMENT

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

Rationale: For People 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 Use Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

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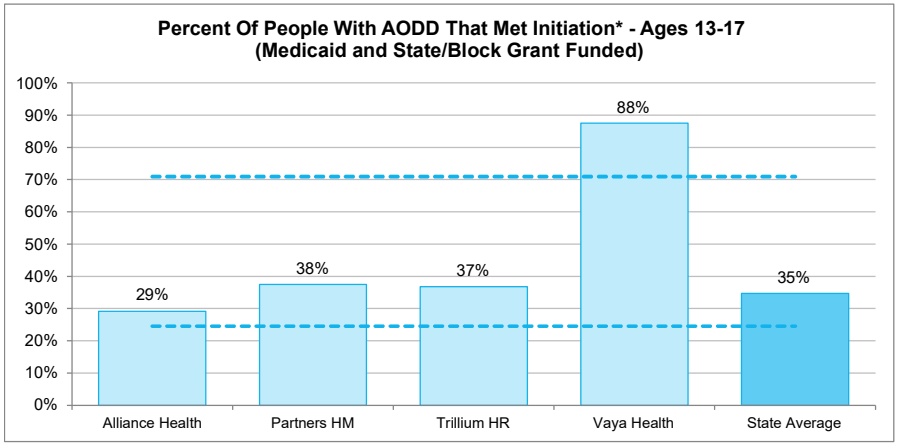
People Ages 13-17 (Medicaid and State/Block Grant Funded)									
Alliance Health	42	22	80	18	144	29%	15%	56%	13%
Partners Health Management	15	6	19	9	40	38%	15%	48%	23%
Trillium Health Resources	50	22	64	27	136	37%	16%	47%	20%
Vaya Health	7	0	1	5	8	88%	0%	13%	63%
State Average	114	50	164	59	328	35%	15%	50%	18%
Standard Deviation						23.2%	6.7%	16.6%	19.5%
LME-MCO Average						48%	12%	41%	29%



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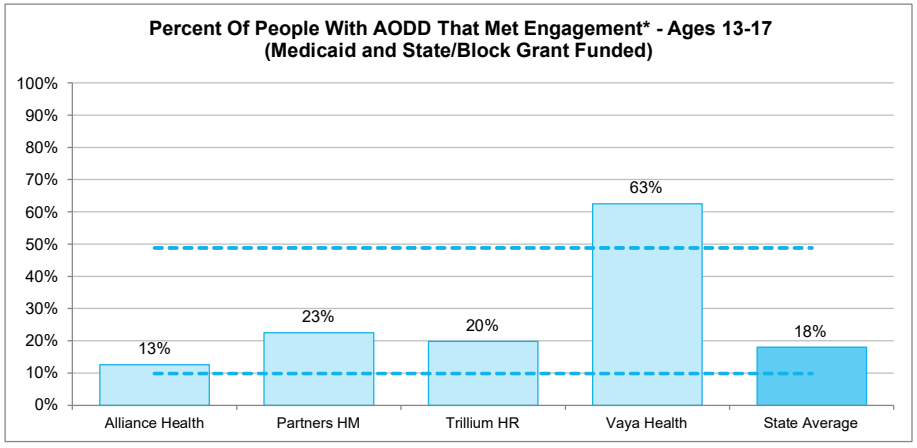

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2025	**Measurement Period:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

INITIATION AND ENGAGEMENT

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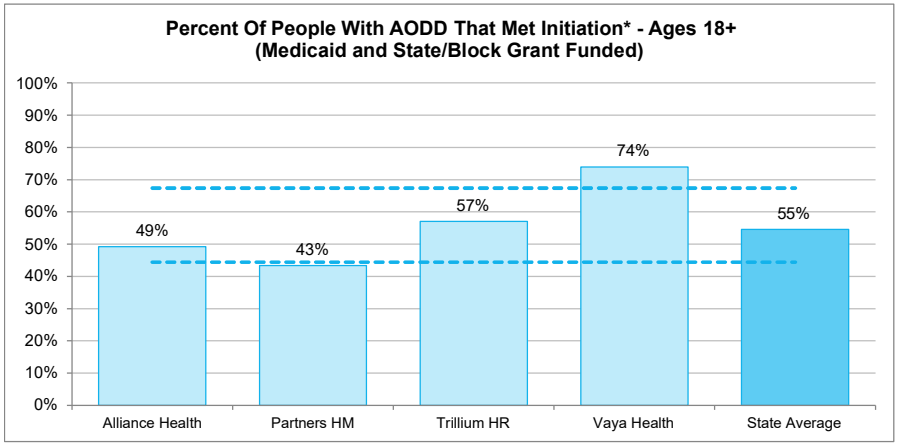
People Ages 18+ (Medicaid and State/Block Grant Funded)									
Alliance Health	1,451	298	1,199	677	2,948	49%	10%	41%	23%
Partners Health Management	316	97	315	190	728	43%	13%	43%	26%
Trillium Health Resources	3,063	790	1,521	2,264	5,374	57%	15%	28%	42%
Vaya Health	417	66	81	203	564	74%	12%	14%	36%
State Average	5,247	1,251	3,116	3,334	9,614	55%	13%	32%	35%
Standard Deviation						11.5%	1.7%	11.5%	7.7%
LME-MCO Average						56%	12%	32%	32%



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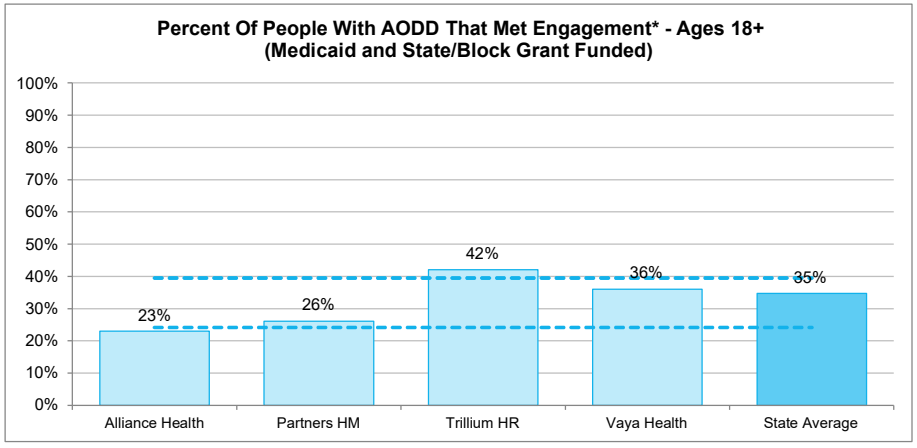

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2025	**Measurement Period:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

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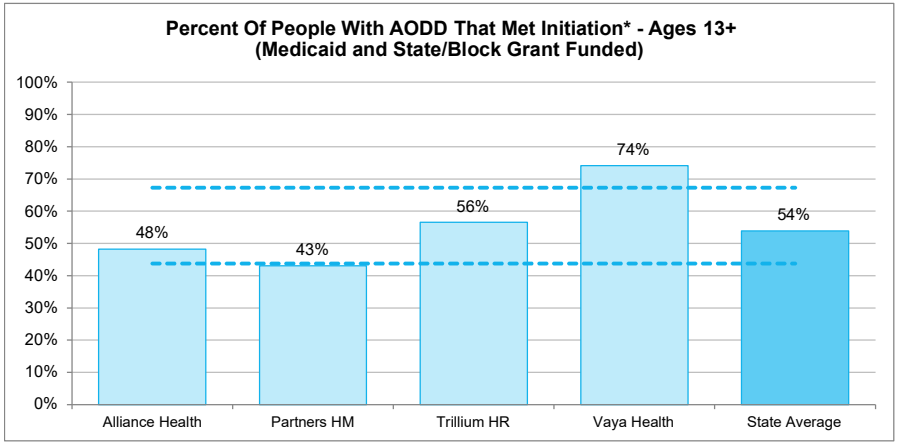
People Ages 13+ (Medicaid and State/Block Grant Funded)									
Alliance Health	1,493	320	1,279	695	3,092	48%	10%	41%	22%
Partners Health Management	331	103	334	199	768	43%	13%	43%	26%
Trillium Health Resources	3,113	812	1,585	2,291	5,510	56%	15%	29%	42%
Vaya Health	424	66	82	208	572	74%	12%	14%	36%
State Average	5,361	1,301	3,280	3,393	9,942	54%	13%	33%	34%
Standard Deviation						11.8%	1.7%	11.6%	7.7%
LME-MCO Average						56%	13%	32%	32%



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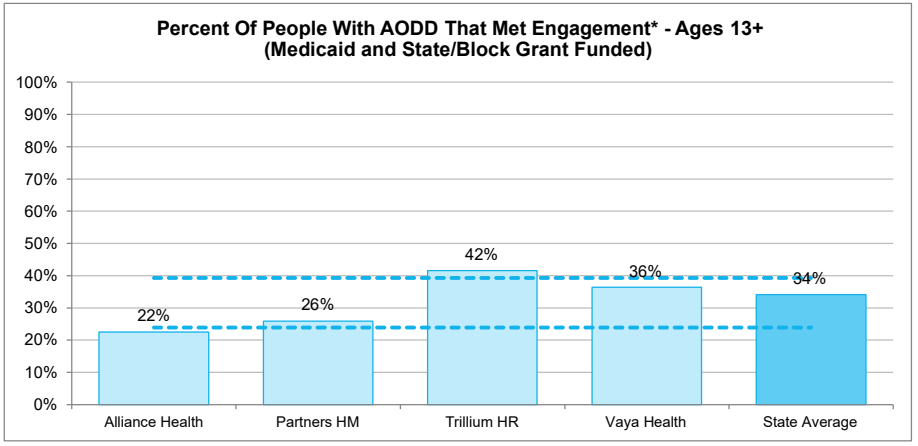


* Received 2 or more services or visits within 30 days after meeting initiation requirements.

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

Report Year:	2025	**Measurement Period:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

INITIATION AND ENGAGEMENT

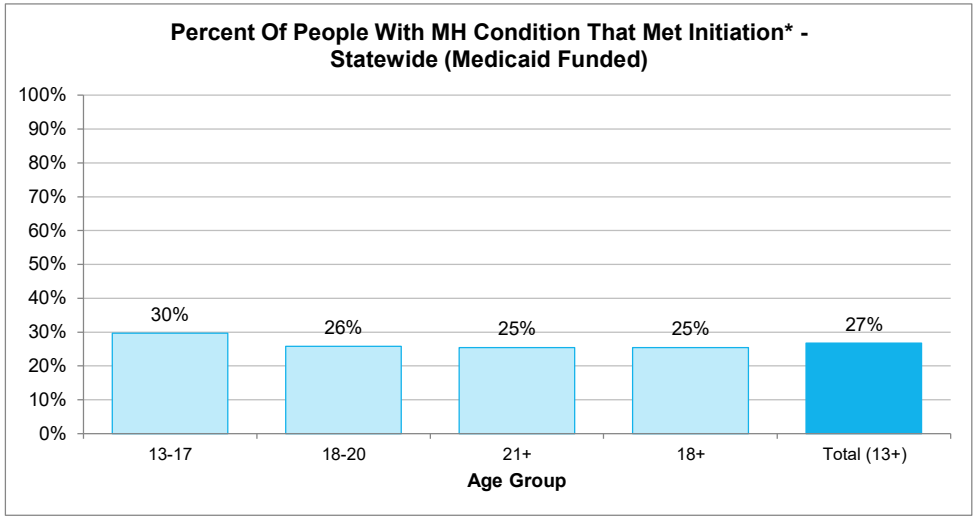
4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

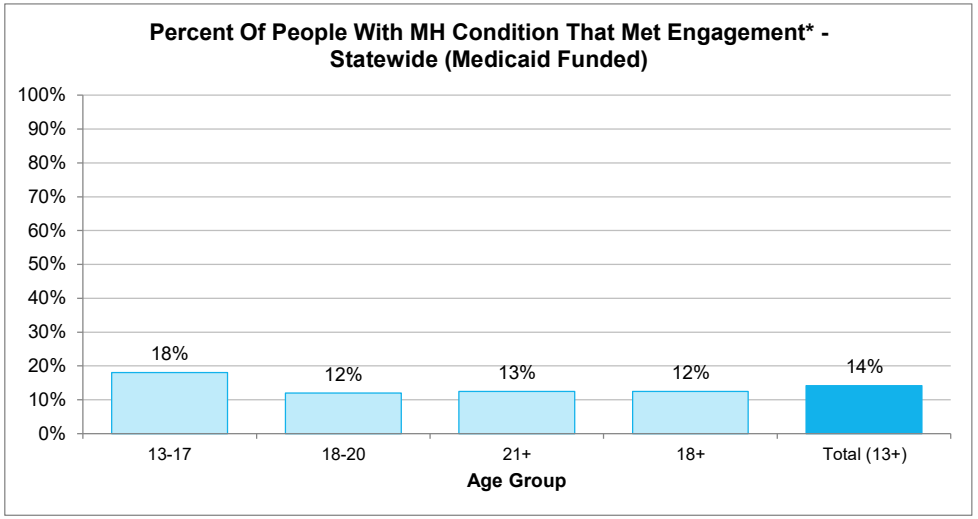
Rationale: For People with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars 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 People with SUD by the Washington Circle, an organization supported by the federal Center for Substance Use 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 People with mental illness.

Description: ***Initiation*** is measured as the percent of People 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 People who after meeting the initiation criteria receive an additional 2 visits for a MH diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (13-17, 18-20, 21+, 18+, and 13+).

Medicaid Funded

	Numerator1			Numerator2	Denominator	Rate1			Rate2
Age Groups	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
13-17	2,232	2,055	3,235	1,355	7,522	30%	27%	43%	18%
18-20	360	359	673	167	1,392	26%	26%	48%	12%
21+	3,967	3,481	8,155	1,951	15,603	25%	22%	52%	13%
18+	4,327	3,840	8,828	2,118	16,995	25%	23%	52%	12%
Total (13+)	6,559	5,895	12,063	3,473	24,517	27%	24%	49%	14%





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* 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:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

INITIATION AND ENGAGEMENT

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

Rationale: For People 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 People with SUD by the Washington Circle, an organization supported by the federal Center for Substance Use 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 People with mental illness.

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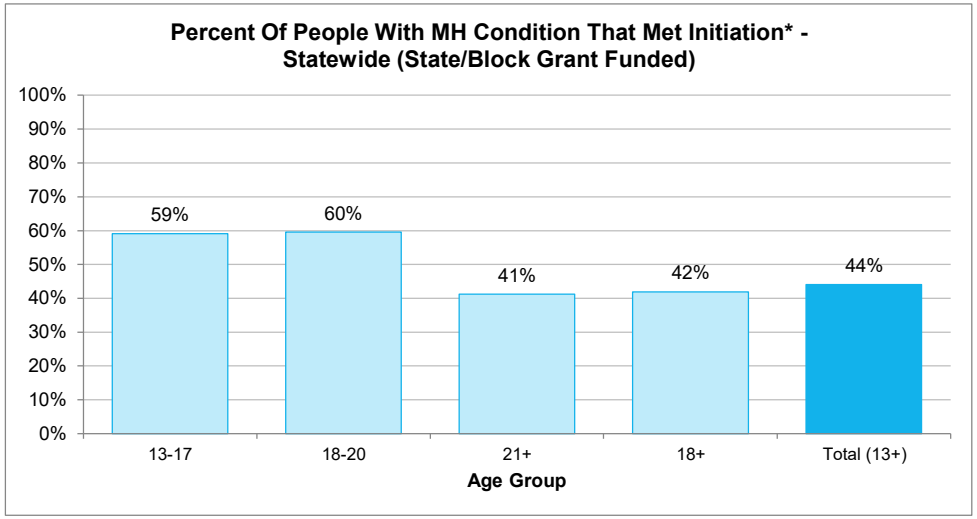
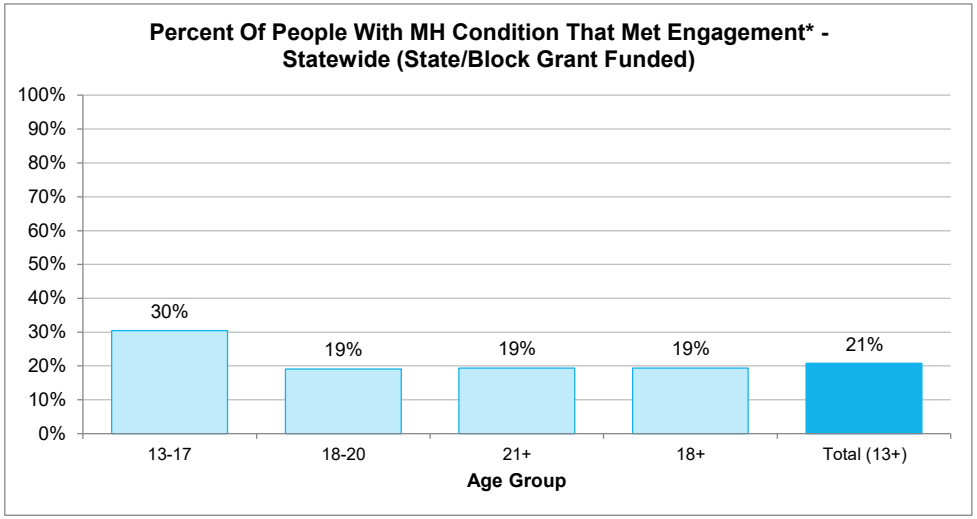
State/Block Grant Funded

	Numerator1			Numerator2	Denominator	Rate1			Rate2
Age Groups	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
13-17	101	10	60	52	171	59%	6%	35%	30%
18-20	28	4	15	9	47	60%	9%	32%	19%
21+	480	210	475	226	1,165	41%	18%	41%	19%
18+	508	214	490	235	1,212	42%	18%	40%	19%
Total (13+)	609	224	550	287	1,383	44%	16%	40%	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.

Report Year: 2025 **Measurement Period:** Jan - Mar 2025
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2025

INITIATION AND ENGAGEMENT

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

Rationale: For People 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 People with SUD by the Washington Circle, an organization supported by the federal Center for Substance Use 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 People with mental illness.

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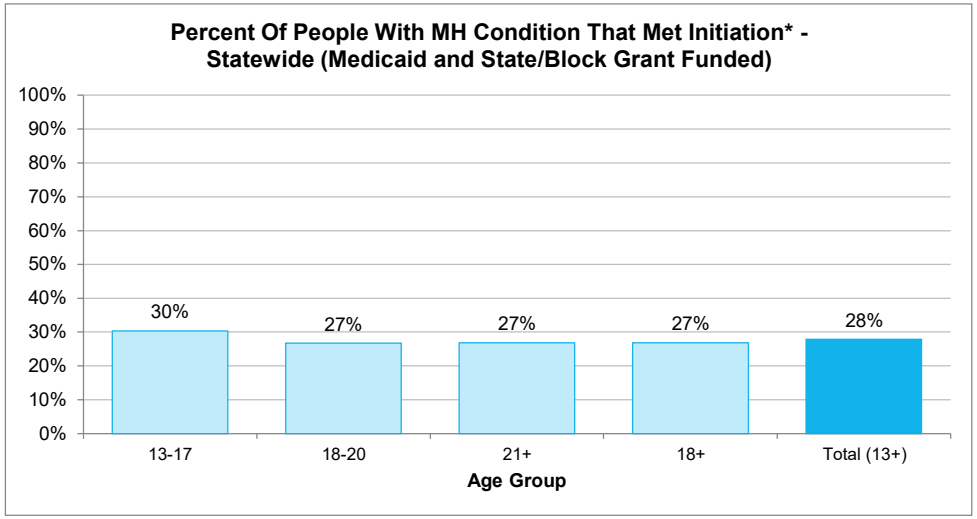
Medicaid and State/Block Grant Funded

	Numerator1			Numerator2	Denominator	Rate1			Rate2
Age Groups	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
13-17	2,363	2,089	3,325	1,435	7,777	30%	27%	43%	18%
18-20	394	373	707	184	1,474	27%	25%	48%	12%
21+	4,644	3,819	8,869	2,268	17,332	27%	22%	51%	13%
18+	5,038	4,192	9,576	2,452	18,806	27%	22%	51%	13%
Total (13+)	7,401	6,281	12,901	3,887	26,583	28%	24%	49%	15%



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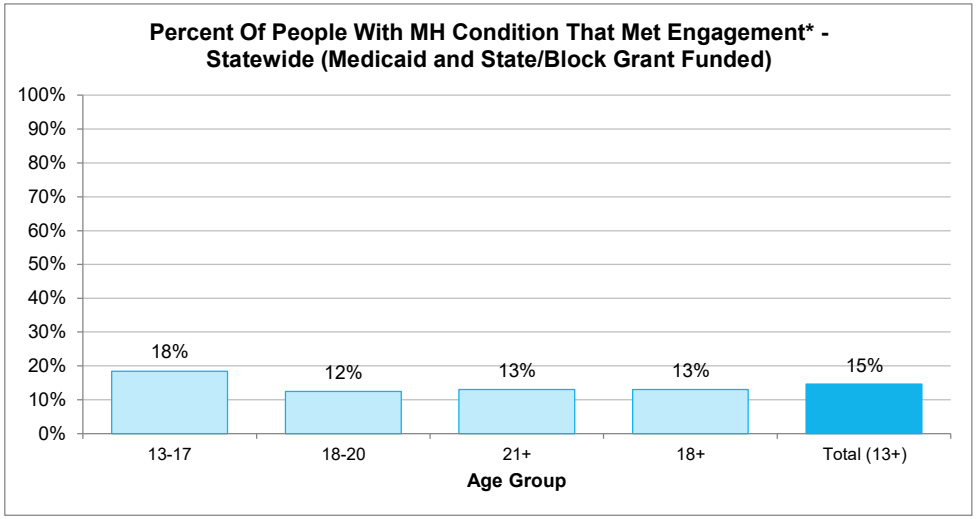

* Received 2 or more services or visits within 30 days after meeting initiation requirements.

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

Report Year:	2025	**Measurement Period:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

INITIATION AND ENGAGEMENT

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

Rationale: For People 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 People with SUD by the Washington Circle, an organization supported by the federal Center for Substance Use 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 People with mental illness.

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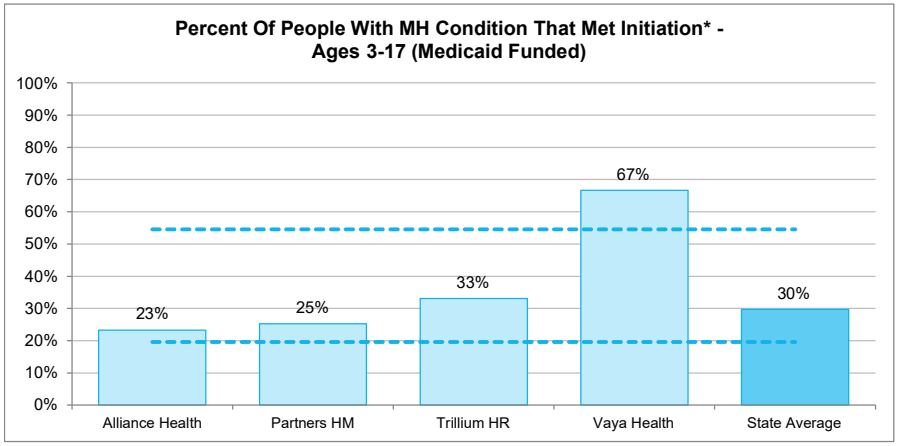
	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total 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)**
People Ages 3-17 (Medicaid Funded)									
Alliance Health	807	766	1,899	544	3,472	23%	22%	55%	16%
Partners Health Management	257	235	526	154	1,018	25%	23%	52%	15%
Trillium Health Resources	840	932	768	548	2,540	33%	37%	30%	22%
Vaya Health	328	122	42	109	492	67%	25%	9%	22%
State Average	2,232	2,055	3,235	1,355	7,522	30%	27%	43%	18%
Standard Deviation						17.5%	5.9%	18.6%	3.2%
LME-MCO Average						37%	27%	36%	19%



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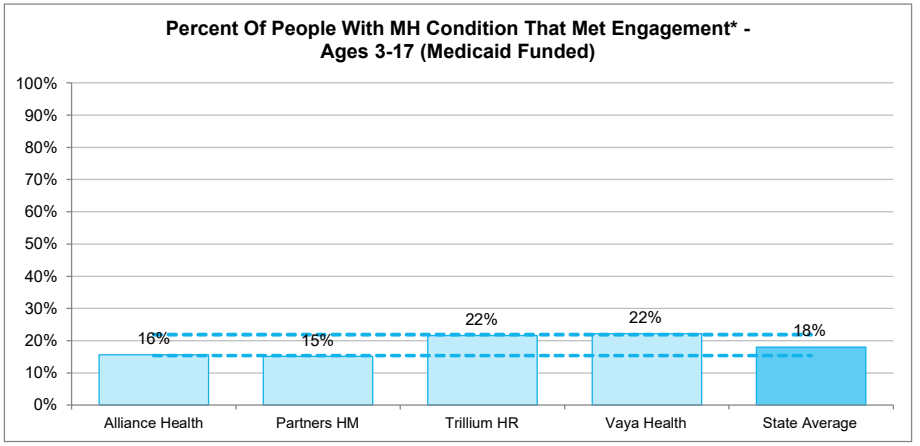

* Received 2 or more services or visits within 30 days after meeting initiation requirements.

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

Report Year:	2025	**Measurement Period:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

INITIATION AND ENGAGEMENT

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

Rationale: For People 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 People with SUD by the Washington Circle, an organization supported by the federal Center for Substance Use 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 People with mental illness.

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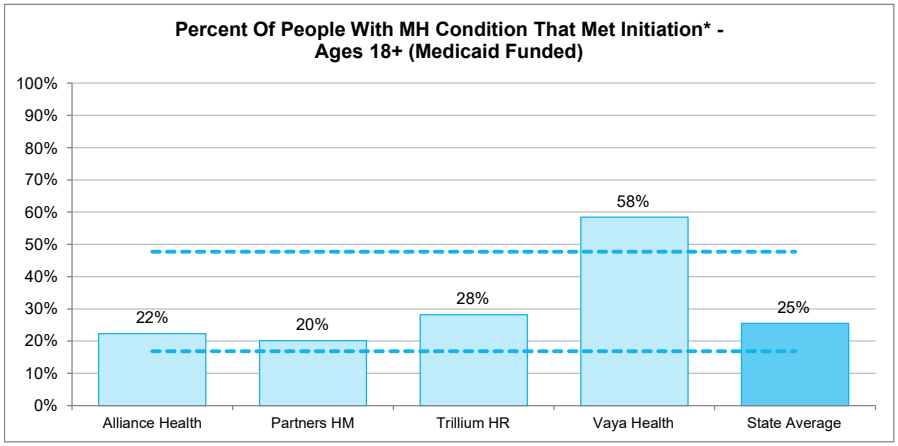
	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total 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)**
People Ages 18+ (Medicaid Funded)									
Alliance Health	1,655	1,426	4,349	797	7,430	22%	19%	59%	11%
Partners Health Management	653	593	1,998	321	3,244	20%	18%	62%	10%
Trillium Health Resources	1,561	1,662	2,315	828	5,538	28%	30%	42%	15%
Vaya Health	458	159	166	172	783	58%	20%	21%	22%
State Average	4,327	3,840	8,828	2,118	16,995	25%	23%	52%	12%
Standard Deviation						15.4%	4.7%	16.1%	4.8%
LME-MCO Average						32%	22%	46%	14%



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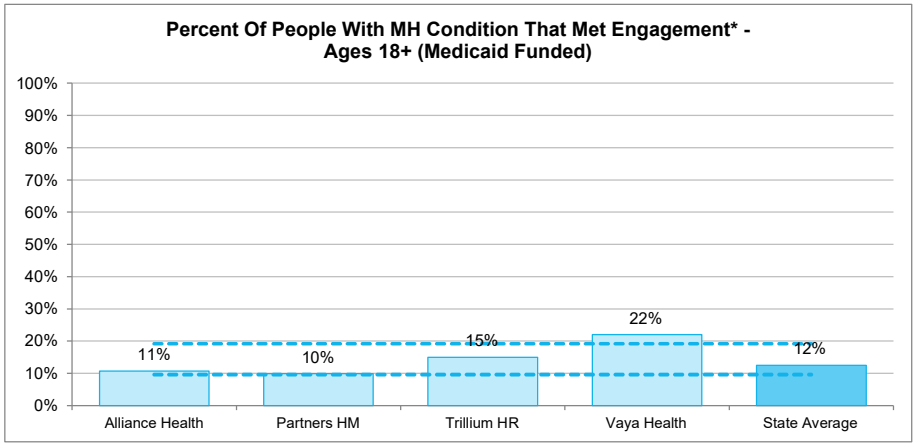

* Received 2 or more services or visits within 30 days after meeting initiation requirements.

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

Report Year:	2025	**Measurement Period:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

INITIATION AND ENGAGEMENT

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

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	Numerator1			Numerator2	Denominator	Rate1			Rate2
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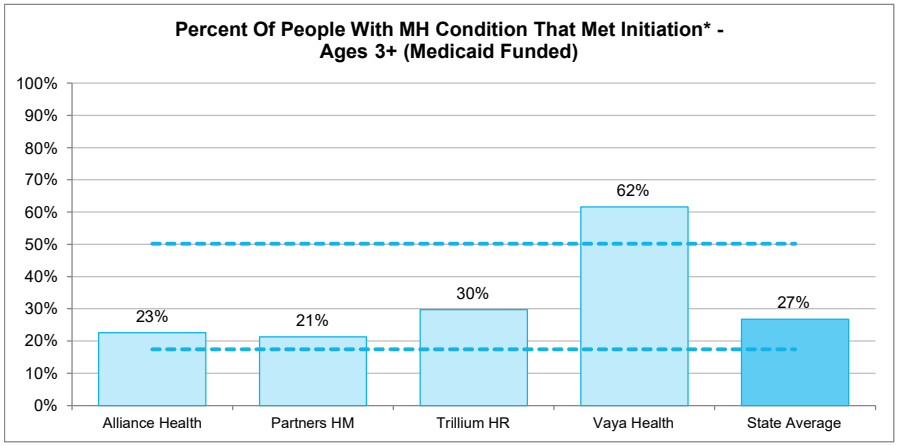
People Ages 3+ (Medicaid Funded)									
Alliance Health	2,462	2,192	6,248	1,341	10,902	23%	20%	57%	12%
Partners Health Management	910	828	2,524	475	4,262	21%	19%	59%	11%
Trillium Health Resources	2,401	2,594	3,083	1,376	8,078	30%	32%	38%	17%
Vaya Health	786	281	208	281	1,275	62%	22%	16%	22%
State Average	6,559	5,895	12,063	3,473	24,517	27%	24%	49%	14%
Standard Deviation						16.4%			4.3%
LME-MCO Average						34%	23%	43%	16%



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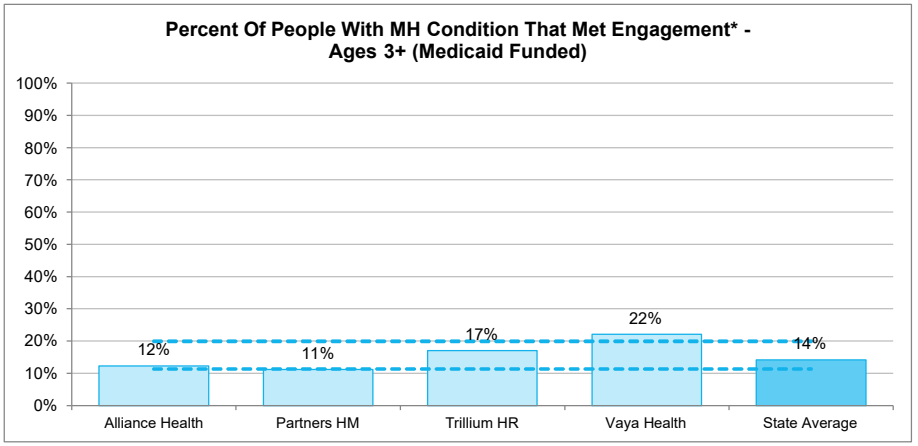

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2025	**Measurement Period:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

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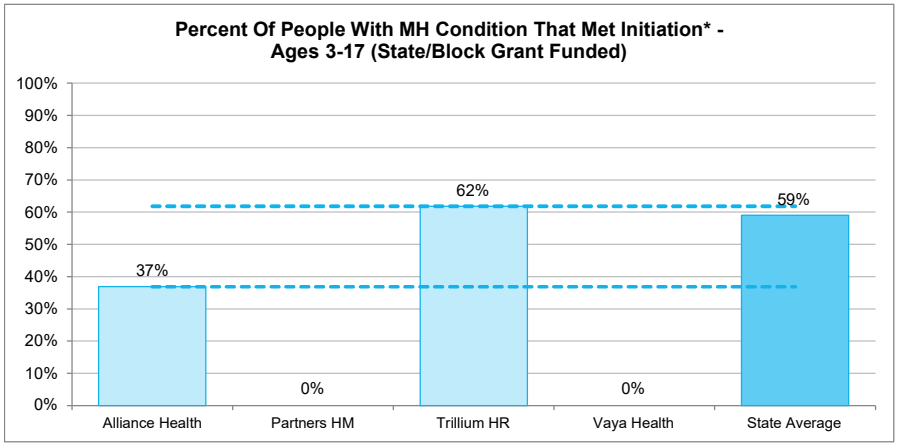
People Ages 3-17 (State/Block Grant Funded)									
Alliance Health	7	0	12	1	19	37%	0%	63%	5%
Partners Health Management	0	0	0	0	0				
Trillium Health Resources	94	10	48	51	152	62%	7%	32%	34%
Vaya Health	0	0	0	0	0				
State Average	101	10	60	52	171	59%	6%	35%	30%
Standard Deviation						12.5%	3.3%	15.8%	14.1%
LME-MCO Average						49%	3%	47%	19%



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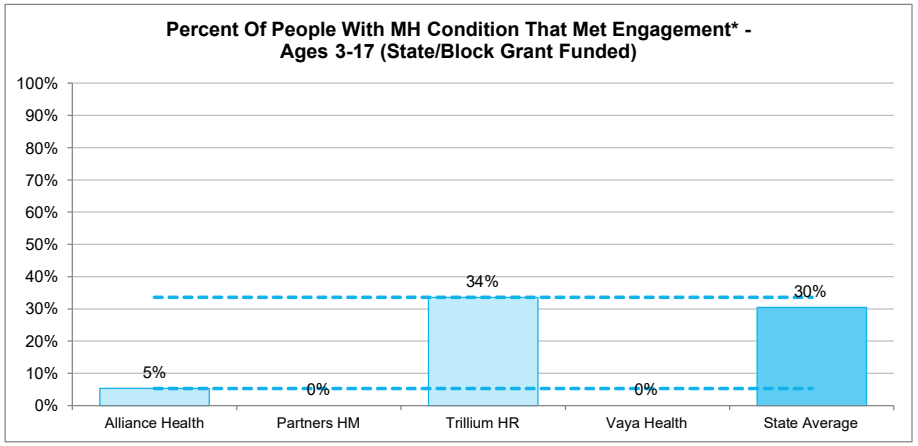

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2025	**Measurement Period:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

INITIATION AND ENGAGEMENT

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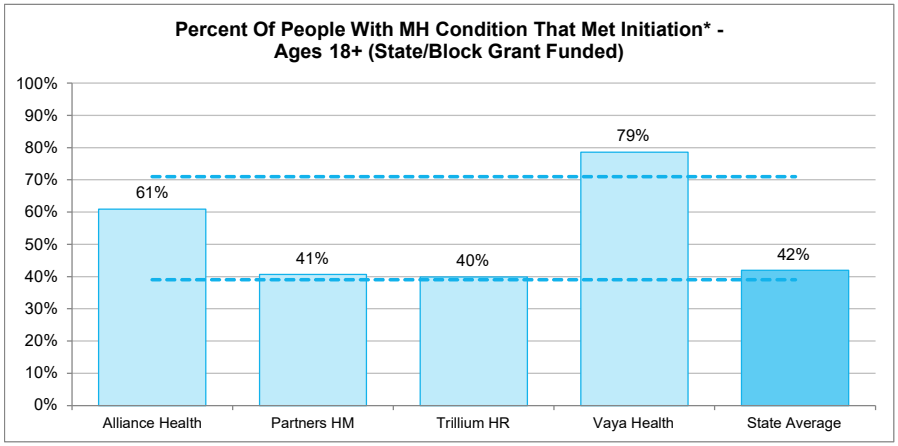
	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total 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)**
People Ages 18+ (State/Block Grant Funded)									
Alliance Health	53	4	30	36	87	61%	5%	34%	41%
Partners Health Management	13	1	18	8	32	41%	3%	56%	25%
Trillium Health Resources	431	208	440	184	1,079	40%	19%	41%	17%
Vaya Health	11	1	2	7	14	79%	7%	14%	50%
State Average	508	214	490	235	1,212	42%	18%	40%	19%
Standard Deviation						16.0%	6.4%	15.0%	13.0%
LME-MCO Average						55%	9%	36%	33%



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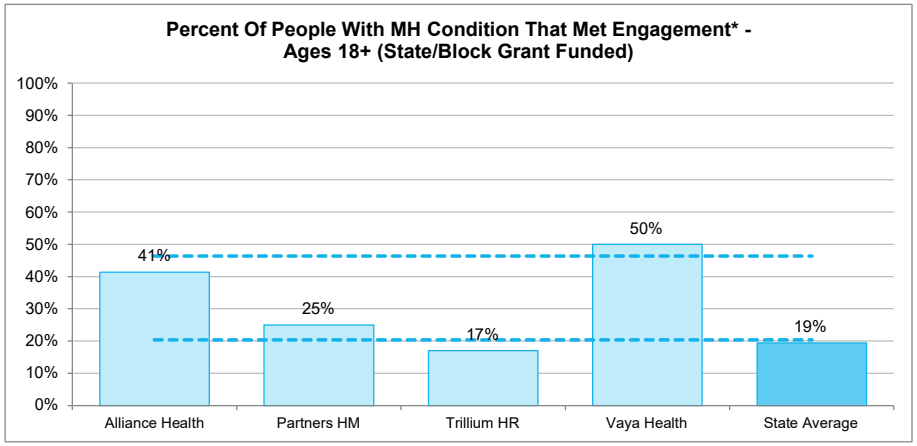


* Received 2 or more services or visits within 30 days after meeting initiation requirements.

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

Report Year:	2025	**Measurement Period:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

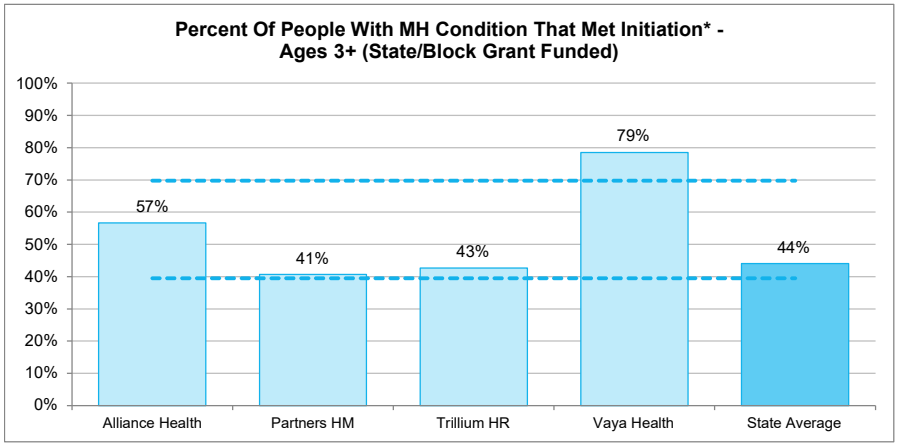
INITIATION AND ENGAGEMENT

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

Rationale: For People 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 People with SUD by the Washington Circle, an organization supported by the federal Center for Substance Use 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 People with mental illness.

Description: ***Initiation*** is measured as the percent of People 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 People 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)**
People Ages 3+ (State/Block Grant Funded)									
Alliance Health	60	4	42	37	106	57%	4%	40%	35%
Partners Health Management	13	1	18	8	32	41%	3%	56%	25%
Trillium Health Resources	525	218	488	235	1,231	43%	18%	40%	19%
Vaya Health	11	1	2	7	14	79%	7%	14%	50%
State Average	609	224	550	287	1,383	44%	16%	40%	21%
Standard Deviation						15.1%	5.8%	15.0%	11.7%
LME-MCO Average						55%	8%	37%	32%



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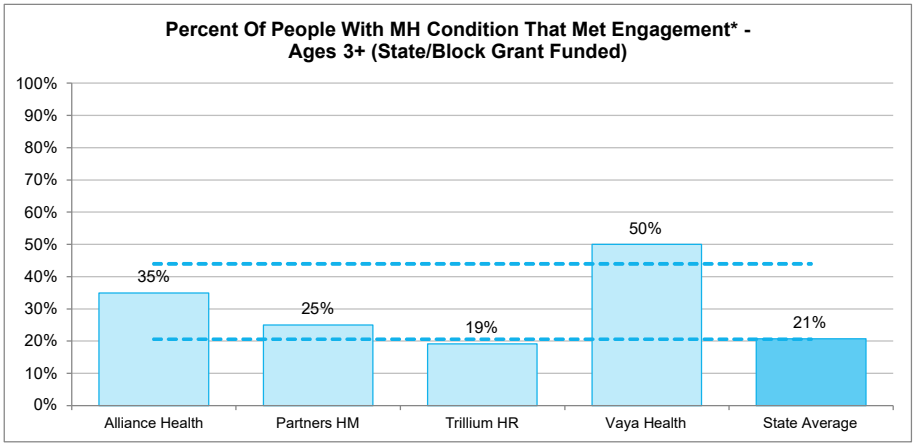

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2025	**Measurement Period:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

INITIATION AND ENGAGEMENT

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

Rationale: For People 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 People with SUD by the Washington Circle, an organization supported by the federal Center for Substance Use 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 People with mental illness.

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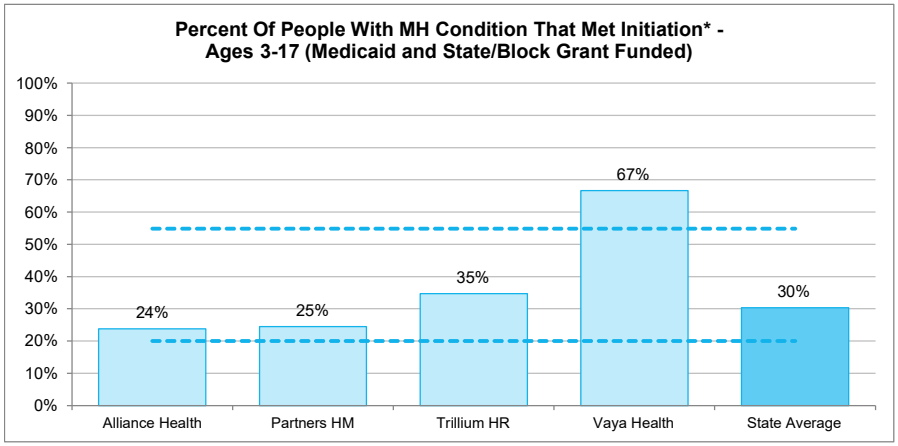
	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total 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)**
People Ages 3-17 (Medicaid and State/Block Grant Funded)									
Alliance Health	853	788	1,944	578	3,585	24%	22%	54%	16%
Partners Health Management	247	237	524	148	1,008	25%	24%	52%	15%
Trillium Health Resources	935	942	815	600	2,692	35%	35%	30%	22%
Vaya Health	328	122	42	109	492	67%	25%	9%	22%
State Average	2,363	2,089	3,325	1,435	7,777	30%	27%	43%	18%
Standard Deviation						17.4%	5.1%	18.5%	3.4%
LME-MCO Average						37%	26%	36%	19%



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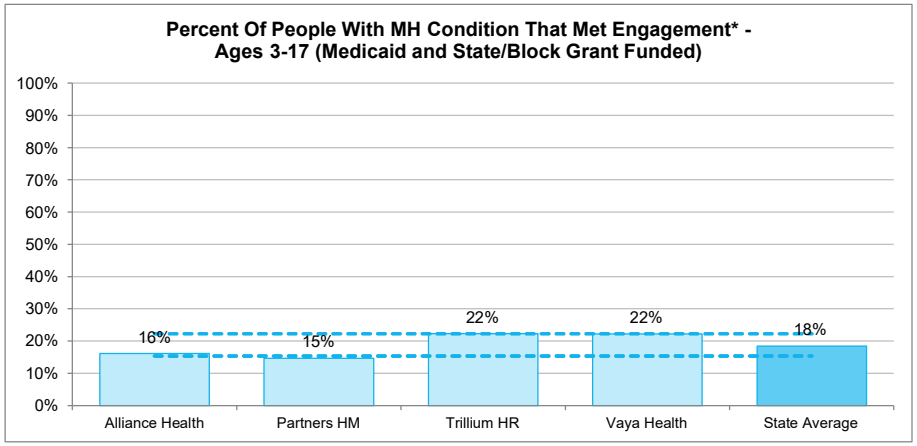

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2025	**Measurement Period:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

INITIATION AND ENGAGEMENT

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

Rationale: For People 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 People with SUD by the Washington Circle, an organization supported by the federal Center for Substance Use 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 People with mental illness.

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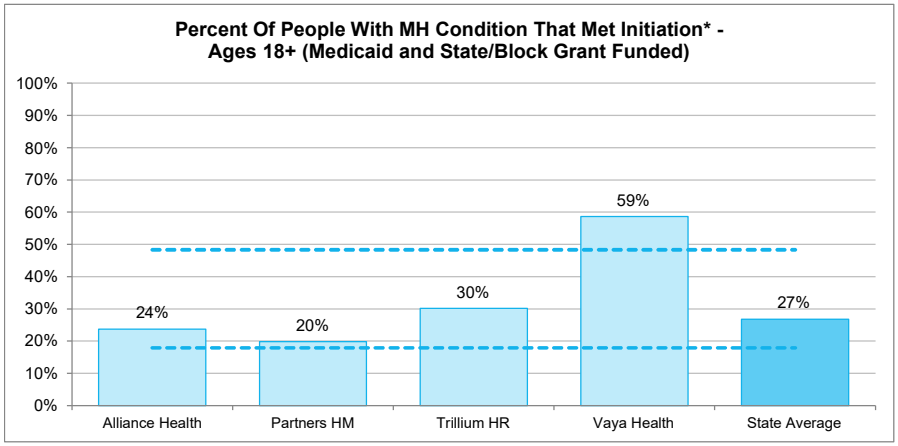
People Ages 18+ (Medicaid and State/Block Grant Funded)									
Alliance Health	1,941	1,565	4,678	957	8,184	24%	19%	57%	12%
Partners Health Management	638	592	1,986	303	3,216	20%	18%	62%	9%
Trillium Health Resources	1,994	1,875	2,744	1,017	6,613	30%	28%	41%	15%
Vaya Health	465	160	168	175	793	59%	20%	21%	22%
State Average	5,038	4,192	9,576	2,452	18,806	27%	22%	51%	13%
Standard Deviation						15.2%	4.0%	15.9%	4.8%
LME-MCO Average						33%	22%	45%	15%



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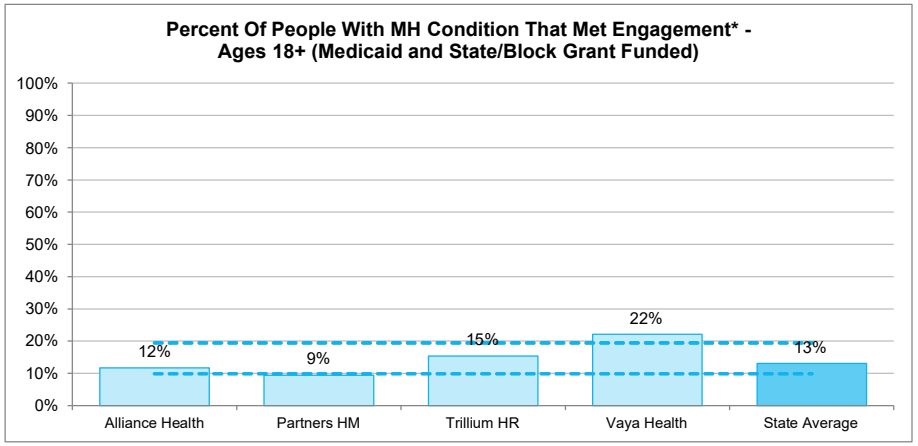

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2025	**Measurement Period:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

INITIATION AND ENGAGEMENT

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

Rationale: For People 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 People with SUD by the Washington Circle, an organization supported by the federal Center for Substance Use 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 People with mental illness.

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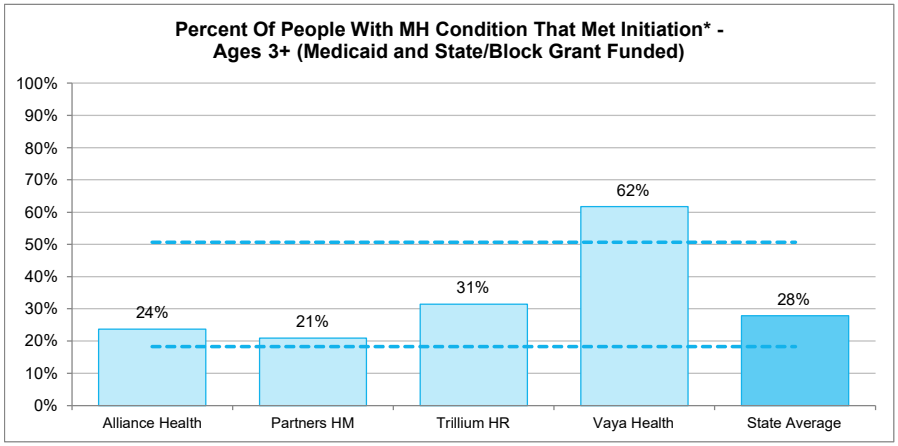
	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total 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)**
People Ages 3+ (Medicaid and State/Block Grant Funded)									
Alliance Health	2,794	2,353	6,622	1,535	11,769	24%	20%	56%	13%
Partners Health Management	885	829	2,510	451	4,224	21%	20%	59%	11%
Trillium Health Resources	2,929	2,817	3,559	1,617	9,305	31%	30%	38%	17%
Vaya Health	793	282	210	284	1,285	62%	22%	16%	22%
State Average	7,401	6,281	12,901	3,887	26,583	28%	24%	49%	15%
Standard Deviation						16.2%	4.3%	17.2%	4.4%
LME-MCO Average						34%	23%	43%	16%



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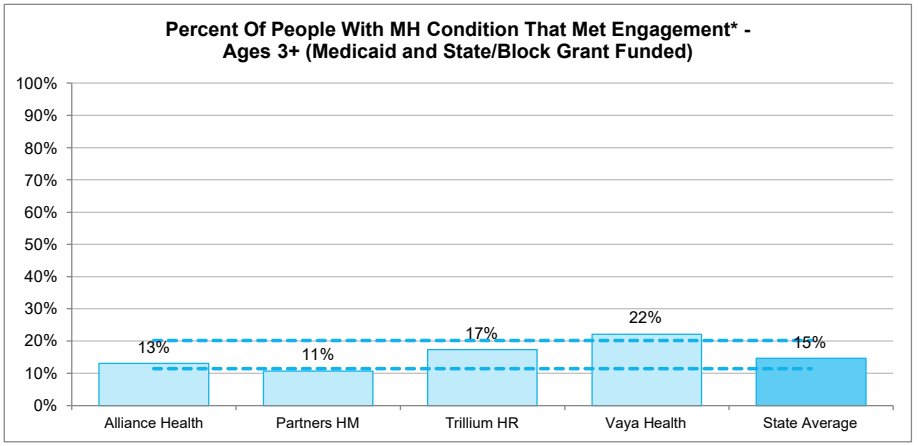


* Received 2 or more services or visits within 30 days after meeting initiation requirements.

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2025 **Measurement Period:** Jan - Mar 2025
Report Quarter: 4th Quarter

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.

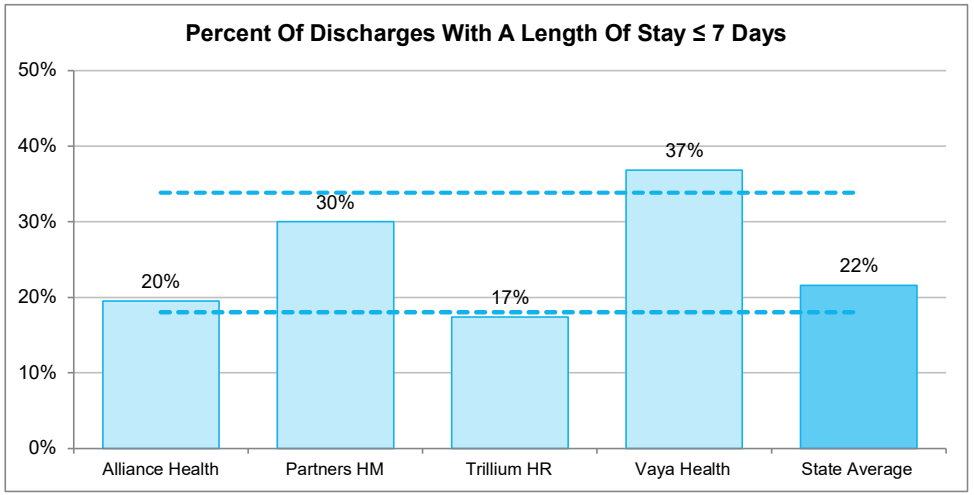
State psychiatric hospitals provide a safety net for the community service system. An adequate community system should provide short-term inpatient care in a local hospital in the community. This reserves high-cost state facility beds for consumers with more intensive, long-term care needs.

Reducing the short-term use of state psychiatric hospitals allows People 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 People 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	8	41	20%
Partners Health Management	3	10	30%
Trillium Health Resources	12	69	17%
Vaya Health	7	19	37%
State Average	30	139	22%
Standard Deviation			7.9%
LME-MCO Average			26%



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

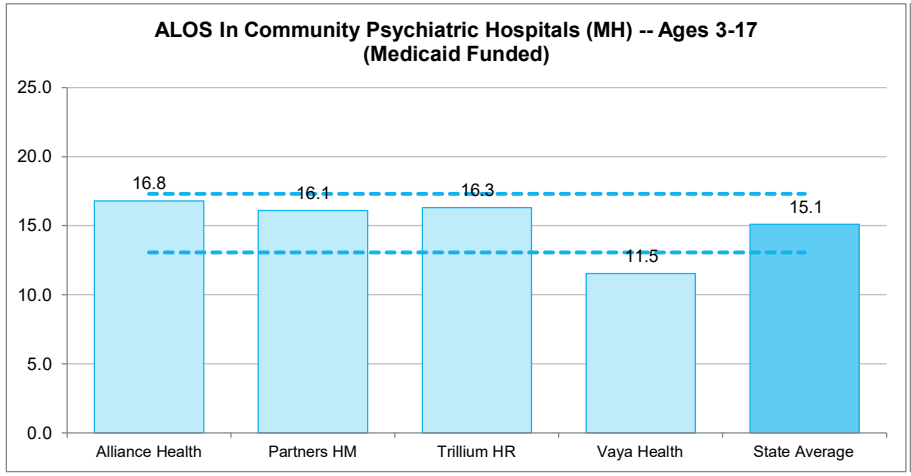
5.3 Length of Stay in Community Psychiatric Hospitals (Principal MH Diagnosis)

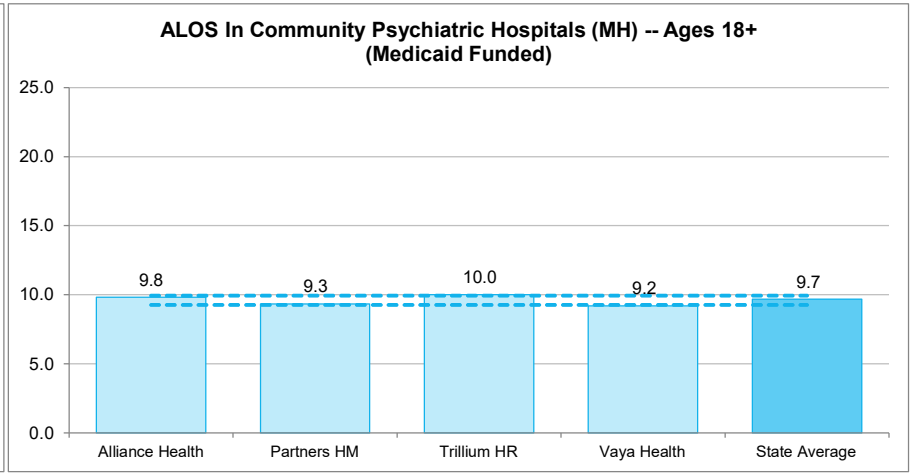
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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 People 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	3,073	183	16.8	13,824	1,406	9.8	16,897	1,589	10.6
Partners Health Management	1,514	94	16.1	4,073	436	9.3	5,587	530	10.5
Trillium Health Resources	3,886	238	16.3	11,123	1,110	10.0	15,009	1,348	11.1
Vaya Health	2,238	194	11.5	7,913	860	9.2	10,151	1,054	9.6
State Average	10,711	709	15.1	36,933	3,812	9.7	47,644	4,521	10.5
Standard Deviation			2.1			0.3			0.5
LME-MCO Average			15.2			9.6			10.5





CRISIS AND INPATIENT SERVICES

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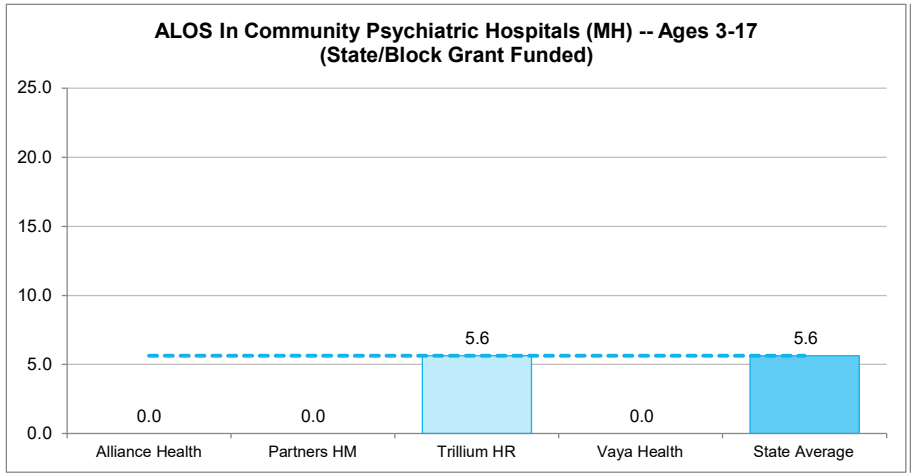
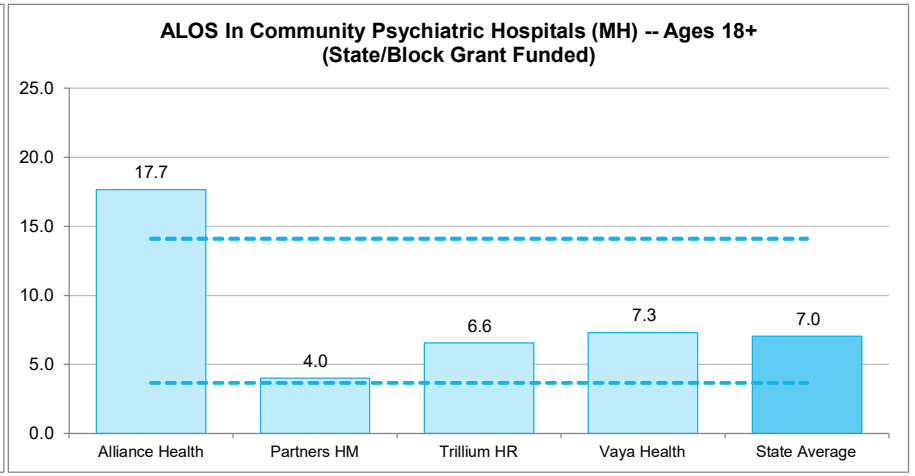
Description: The measure provides the average length of stay for People with a principal mental health diagnosis who were discharged during the measurement period from a community inpatient facility for acute mental health care.

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		53	3	17.7	53	3	17.7
Partners Health Management	0	0		4	1	4.0	4	1	4.0
Trillium Health Resources	45	8	5.6	649	99	6.6	694	107	6.5
Vaya Health	0	0		555	76	7.3	555	76	7.3
State Average	45	8	5.6	1,261	179	7.0	1,306	187	7.0
Standard Deviation			0.0			5.2			5.2
LME-MCO Average			5.6			8.9			8.9





CRISIS AND INPATIENT SERVICES

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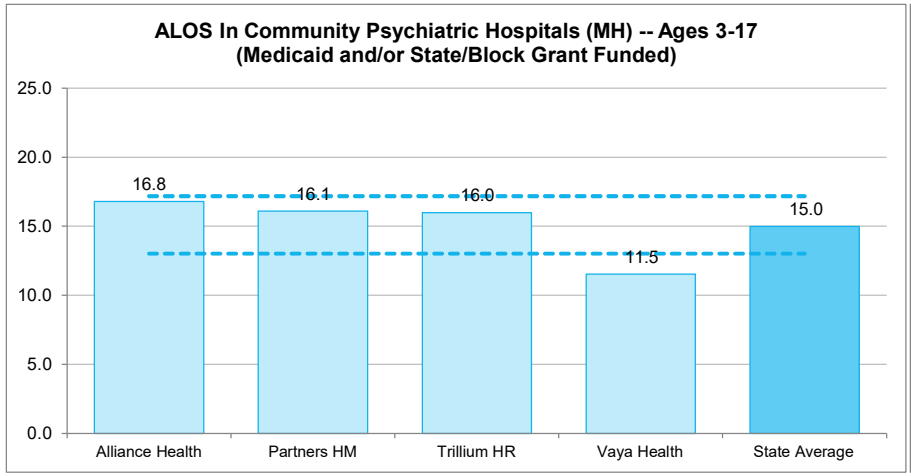
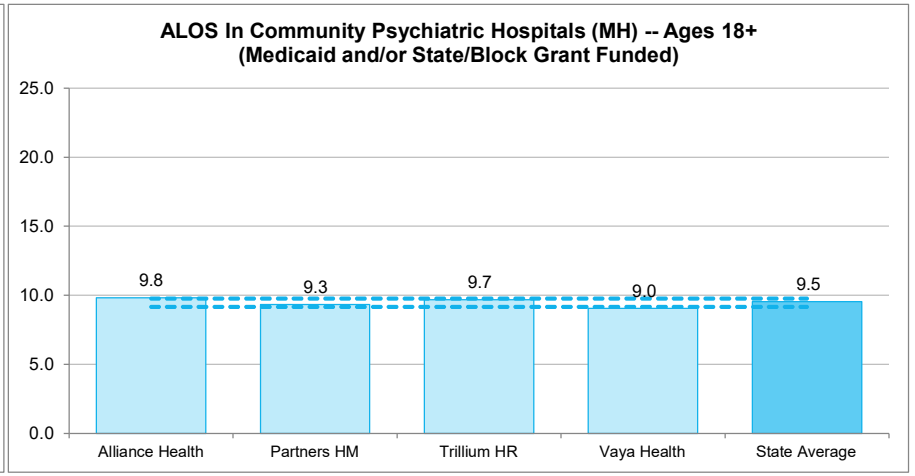
Length of Stay in Community Psychiatric Hospitals -- Principal MH Diagnosis (Medicaid and/or State/Block Grant Funded)

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	3,073	183	16.8	13,771	1,403	9.8	16,844	1,586	10.6
Partners Health Management	1,514	94	16.1	4,077	437	9.3	5,591	531	10.5
Trillium Health Resources	3,931	246	16.0	11,699	1,209	9.7	15,630	1,455	10.7
Vaya Health	2,238	194	11.5	8,468	936	9.0	10,706	1,130	9.5
State Average	10,756	717	15.0	38,015	3,985	9.5	48,771	4,702	10.4
Standard Deviation			2.1			0.3			0.5
LME-MCO Average			15.1			9.5			10.3





State Fiscal Year:	2025	**Measurement Period:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

CRISIS AND INPATIENT SERVICES

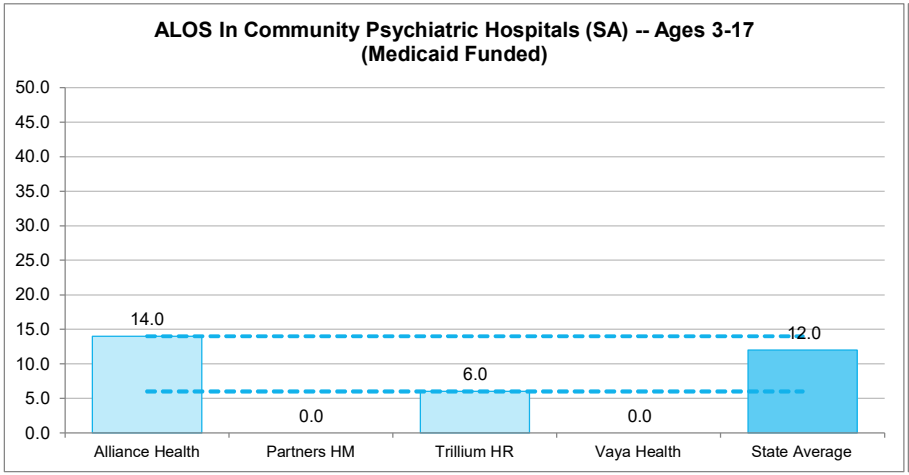
5.4 Length of Stay in Community Psychiatric Hospitals (Principal SA Diagnosis)

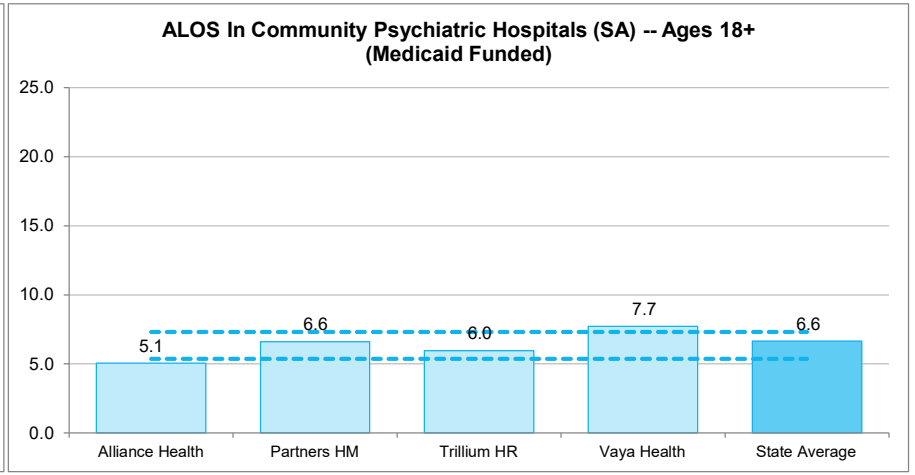
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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 People 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	42	3	14.0	1,091	216	5.1	1,133	219	5.2
Partners Health Management	0	0		383	58	6.6	383	58	6.6
Trillium Health Resources	6	1	6.0	804	135	6.0	810	136	6.0
Vaya Health	0	0		3,165	410	7.7	3,165	410	7.7
State Average	48	4	12.0	5,443	819	6.6	5,491	823	6.7
Standard Deviation			4.0			1.0			0.9
LME-MCO Average			10.0			6.3			6.4





State Fiscal Year:	2025	**Measurement Period:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

CRISIS AND INPATIENT SERVICES

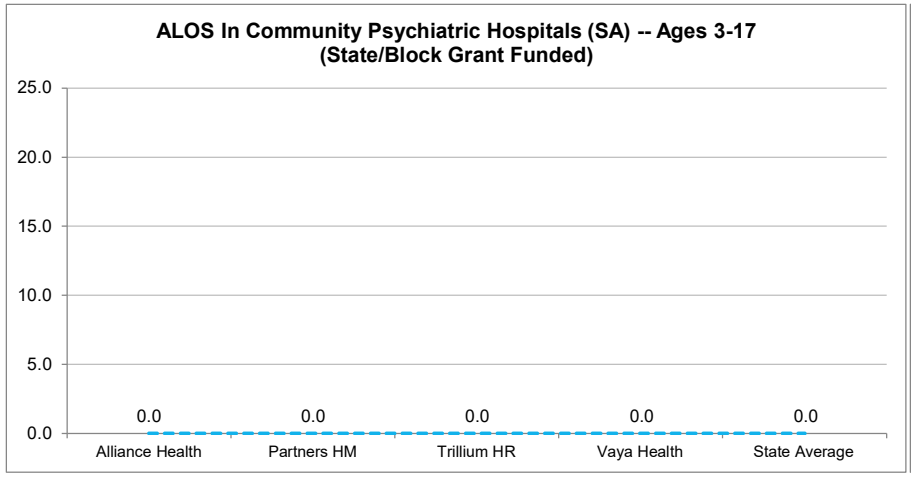
5.4 Length of Stay in Community Psychiatric Hospitals (Principal SA Diagnosis)

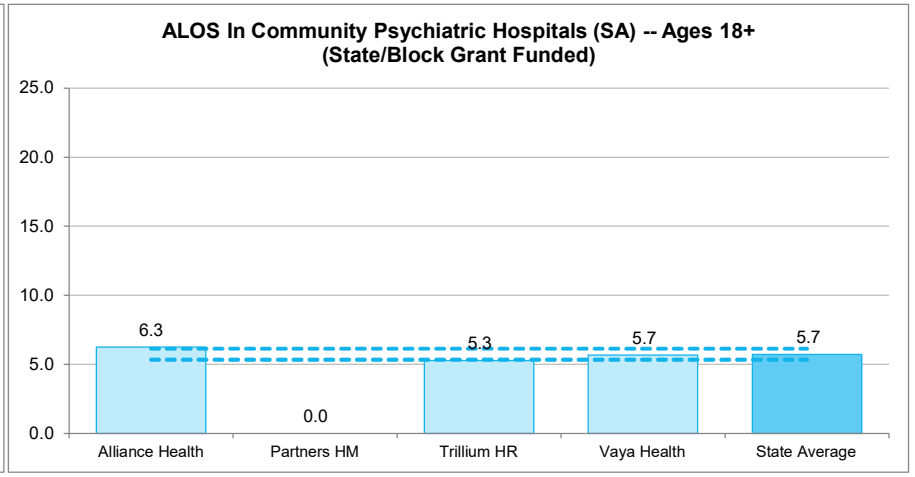
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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 People 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		75	12	6.3	75	12	6.3
Partners Health Management	0	0		0	0				
Trillium Health Resources	0	0		74	14	5.3	74	14	5.3
Vaya Health	0	0		68	12	5.7	68	12	5.7
State Average	0	0		217	38	5.7	217	38	5.7
Standard Deviation						0.4			0.4
LME-MCO Average						5.7			5.7





State Fiscal Year:	2025	**Measurement Period:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

CRISIS AND INPATIENT SERVICES

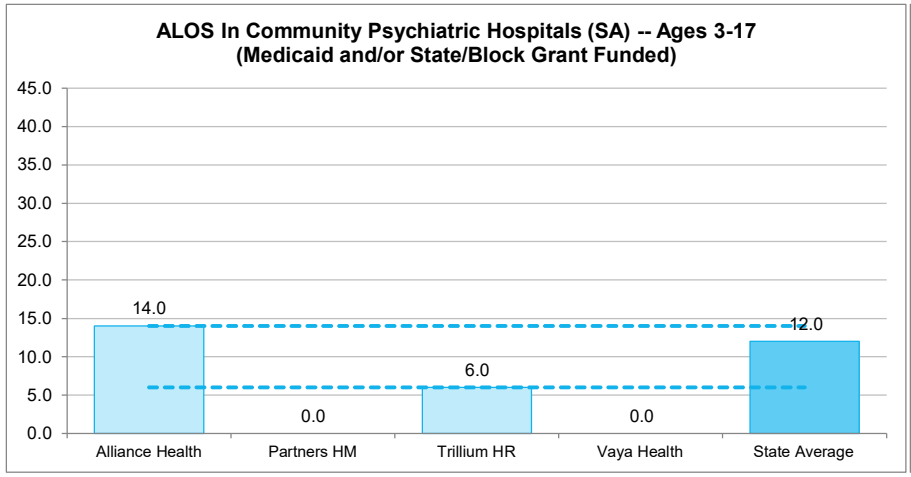
5.4 Length of Stay in Community Psychiatric Hospitals (Principal SA Diagnosis)

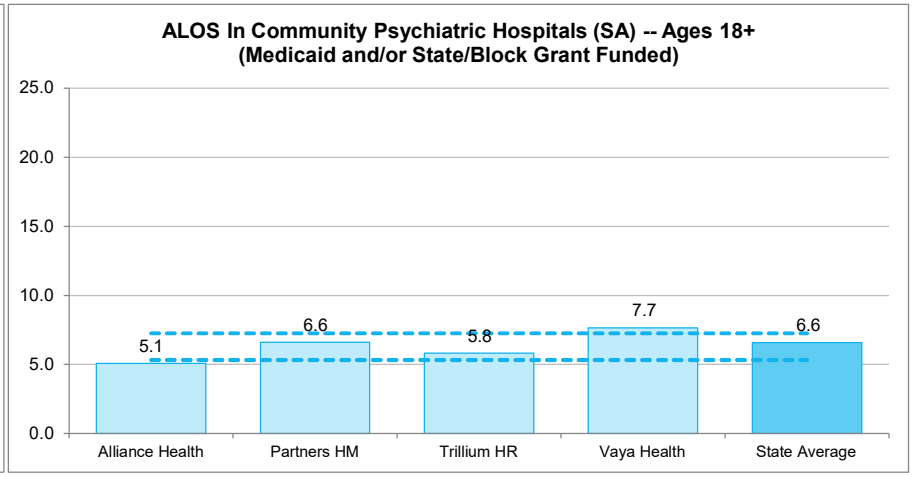
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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 People 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	42	3	14.0	1,134	224	5.1	1,176	227	5.2
Partners Health Management	0	0		383	58	6.6	383	58	6.6
Trillium Health Resources	6	1	6.0	865	149	5.8	871	150	5.8
Vaya Health	0	0		3,233	422	7.7	3,233	422	7.7
State Average	48	4	12.0	5,615	853	6.6	5,663	857	6.6
Standard Deviation			4.0			1.0			0.9
LME-MCO Average			10.0			6.3			6.3





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

State Fiscal Year:	2025	**30-Day Readmission Measurement Period:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**180-Day Readmission Measurement Period:**	Oct - Dec 2024

CRISIS AND INPATIENT SERVICES

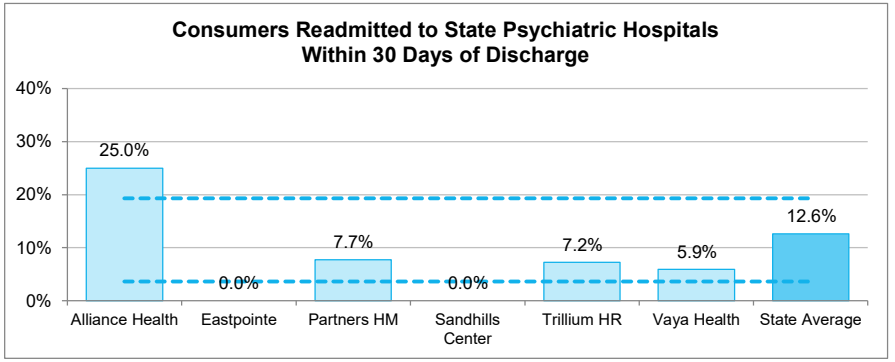
5.6 State Psychiatric Hospital Readmissions within 30 Days and 180 Days

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

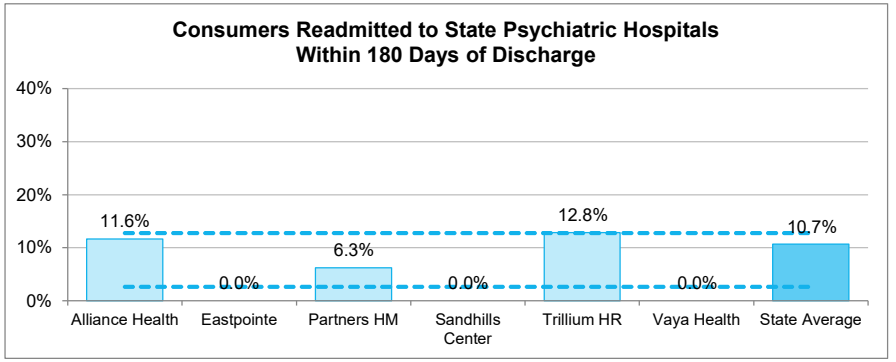
Readmitted within 30 Days (Discharges Jan - Mar 2025)

LME-MCO	Numerator Number Readmissions	Denominator Total Discharges	Rate Percent Readmitted
Alliance Health	11	44	25.0%
Eastpointe			
Partners Health Management	1	13	7.7%
Sandhills Center			
Trillium Health Resources	5	69	7.2%
Vaya Health	1	17	5.9%
State Average	18	143	12.6%
Standard Deviation			7.8%
LME-MCO Average			11.5%



Readmitted within 180 Days (Discharges Oct - Dec 2024)

LME-MCO	Numerator Number Readmissions	Denominator Total Discharges	Rate Percent Readmitted
Alliance Health	5	43	11.6%
Eastpointe			
Partners Health Management	1	16	6.3%
Sandhills Center			
Trillium Health Resources	10	78	12.8%
Vaya Health	0	13	0.0%
State Average	16	150	10.7%
Standard Deviation			5.1%
LME-MCO Average			7.7%



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.

State Fiscal Year: 2025 **Measurement Period:** Jan - Mar 2025
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2025

CRISIS AND INPATIENT SERVICES

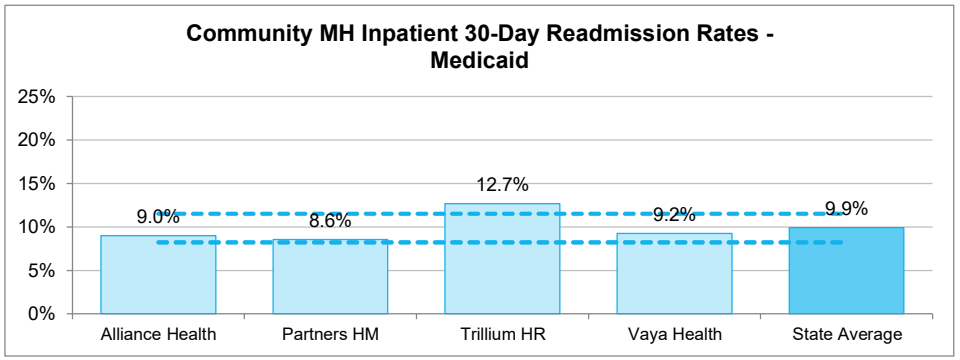
5.7. Community Mental Health Inpatient Readmissions Within 30 Days (Ages 6+)

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 People 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.

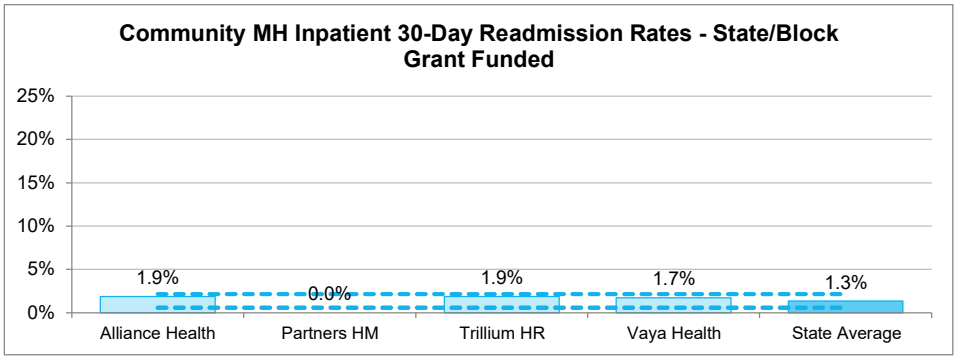
Medicaid Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	150	1,666	9.0%
Partners Health Management	95	1,110	8.6%
Trillium Health Resources	171	1,348	12.7%
Vaya Health	86	930	9.2%
State Average	502	5,054	9.9%
Standard Deviation			1.6%
LME-MCO Average			9.9%



State/Block Grant Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	3	162	1.9%
Partners Health Management	0	118	0.0%
Trillium Health Resources	2	107	1.9%
Vaya Health	1	58	1.7%
State Average	6	445	1.3%
Standard Deviation			0.8%
LME-MCO Average			1.4%



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

State Fiscal Year:	2025	**Measurement Period:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

CRISIS AND INPATIENT SERVICES

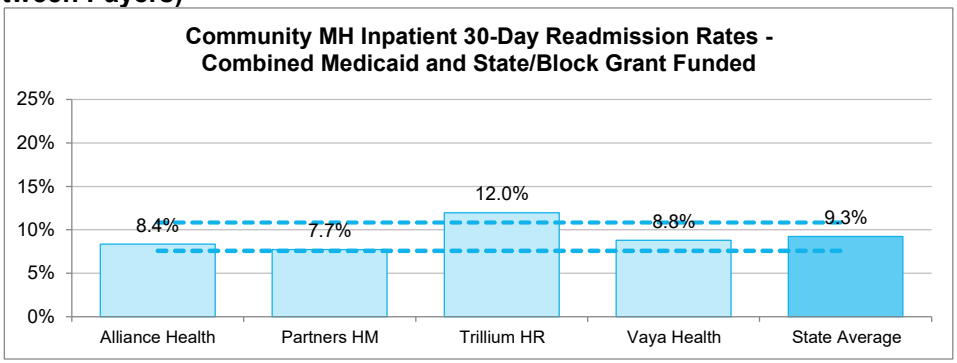
5.7. Community Mental Health Inpatient Readmissions Within 30 Days (Ages 6+)

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 People 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	153	1,829	8.4%
Partners Health Management	95	1,228	7.7%
Trillium Health Resources	174	1,455	12.0%
Vaya Health	87	988	8.8%
State Average	509	5,500	9.3%
Standard Deviation			1.6%
LME-MCO Average			9.2%



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

State Fiscal Year:	2025	**30-Day Readmission Measurement Period:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**180-Day Readmission Measurement Period:**	Oct - Dec 2024

CRISIS AND INPATIENT SERVICES

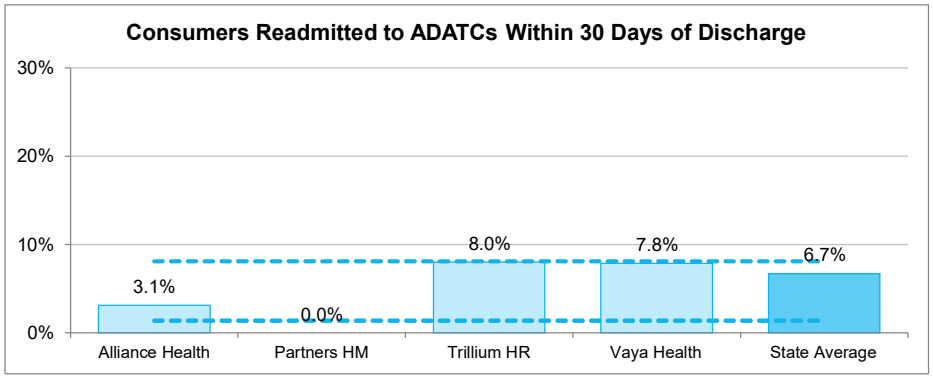
5.8 State ADATC Readmissions within 30 Days and 180 Days

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 People discharged from a State ADATC for a principal SUD diagnosis each quarter that are readmitted to any ADATC within 30 days and within 180 days following discharge.

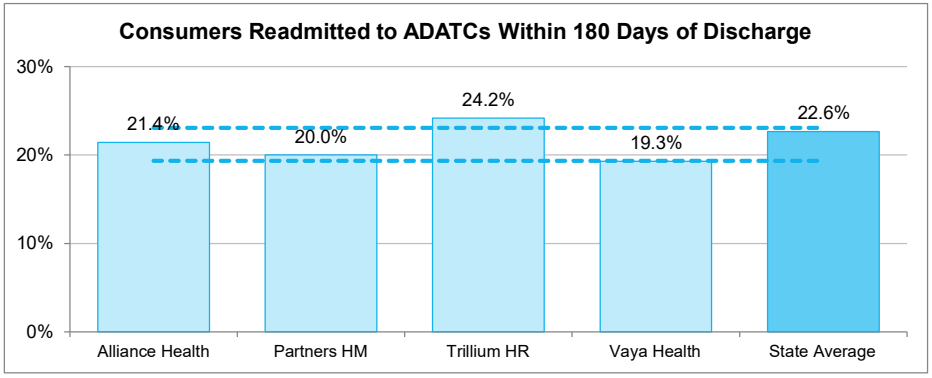
Readmitted within 30 Days (Discharges Jan - Mar 2025)

LME-MCO	Numerator: Number Readmissions	Denominator: Total Discharges	Rate: Percent Readmitted
Alliance Health	1	32	3.1%
Eastpointe			
Partners Health Management	0	39	0.0%
Sandhills Center			
Trillium Health Resources	12	150	8.0%
Vaya Health	12	153	7.8%
State Average	25	374	6.7%
Standard Deviation			3.4%
LME-MCO Average			4.7%



Readmitted within 180 Days (Discharges Oct - Dec 2024)

LME-MCO	Numerator: Number Readmissions	Denominator: Total Discharges	Rate: Percent Readmitted
Alliance Health	6	28	21.4%
Eastpointe			
Partners Health Management	4	20	20.0%
Sandhills Center			
Trillium Health Resources	44	182	24.2%
Vaya Health	11	57	19.3%
State Average	65	287	22.6%
Standard Deviation			1.9%
LME-MCO Average			21.2%



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.

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

State Fiscal Year:	2025	**Measurement Period:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2025

CRISIS AND INPATIENT SERVICES

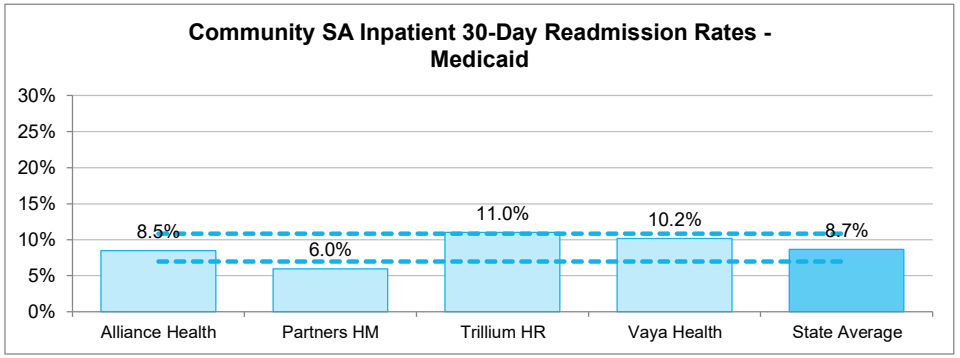
5.9. Community Substance Use Inpatient Readmissions Within 30 Days (Ages 6+)

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 People 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.

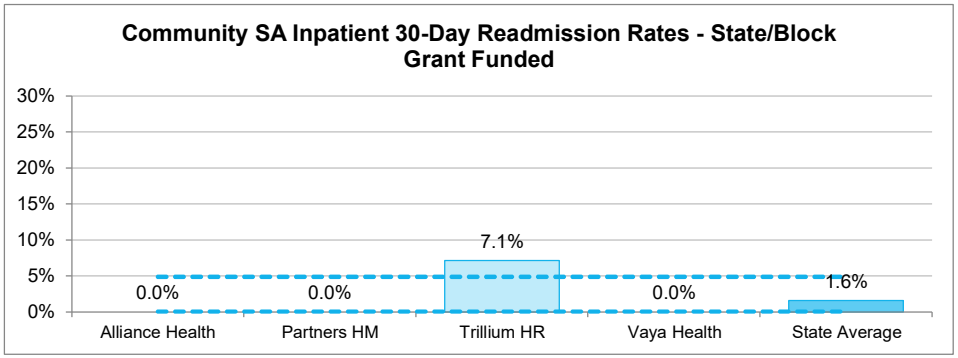
Medicaid Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	24	283	8.5%
Partners Health Management	14	235	6.0%
Trillium Health Resources	15	136	11.0%
Vaya Health	25	246	10.2%
State Average	78	900	8.7%
Standard Deviation			1.9%
LME-MCO Average			8.9%



State/Block Grant Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	0	14	0.0%
Partners Health Management	0	24	0.0%
Trillium Health Resources	1	14	7.1%
Vaya Health	0	11	0.0%
State Average	1	63	1.6%
Standard Deviation			3.1%
LME-MCO Average			1.8%



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

State Fiscal Year:	2025	**Measurement Period:**	Jan - Mar 2025
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 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 People 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	24	297	8.1%
Partners Health Management	14	259	5.4%
Trillium Health Resources	18	150	12.0%
Vaya Health	25	257	9.7%
State Average	81	963	8.4%
Standard Deviation			2.4%
LME-MCO Average			8.8%