

LME-MCO Quarterly Performance Measures: Performance Report

SFY 2024-2025
April 1 - June 30, 2025
(All Measures Reported)

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

January 15, 2026



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



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 2006¹. 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 require additional investigation and may serve as the starting point for program management initiatives or quality improvement efforts.

The performance indicators in this report were chosen to reflect:

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

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 11/15/25 for the 4th Quarter SFY2025 measurement period. Please note that the performance data for the quarter is based on claims paid as of 4 months following the end of the quarter. It does not include data for claims that may have been adjudicated and paid after that point in time. Therefore, the data may be incomplete. The 4 months claims cutoff following the end of the measurement period is a compromise intended to provide more timely data that should be mostly complete vs. waiting longer for all claims to be processed and paid for the data to be fully complete.

On 12/11/25 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 12/31/25 so the DRAFT report could be finalized. The data in this revised report includes all revisions received as of 12/31/25.

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

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.

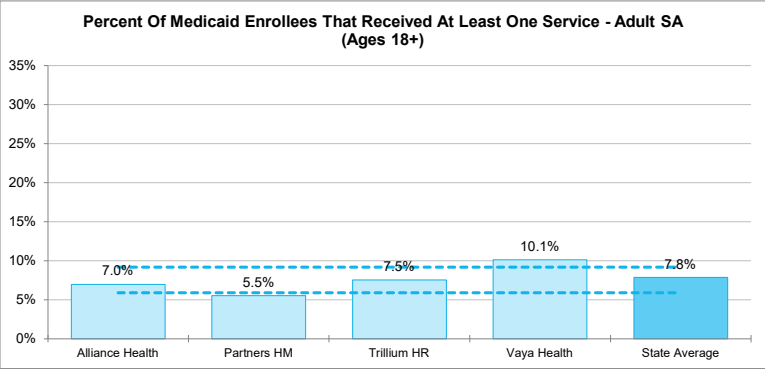
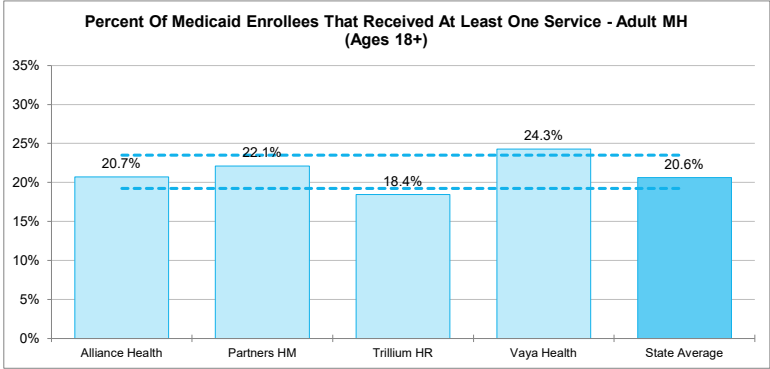
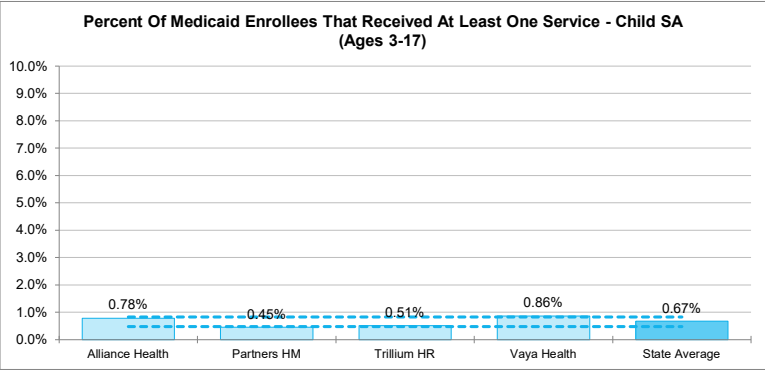
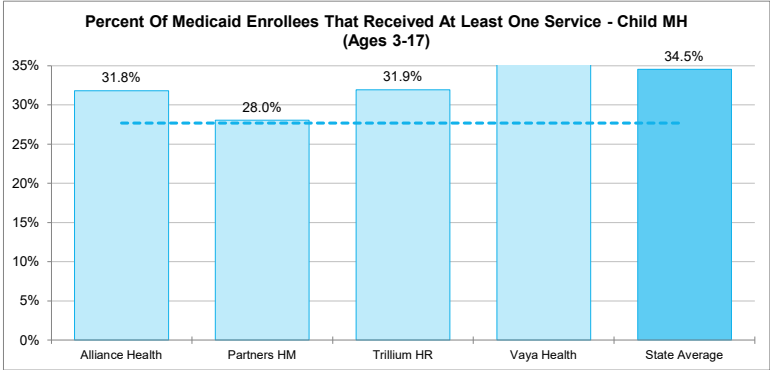
PENETRATION

3.1 Persons Served: Medicaid Enrollees

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

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

LME-MCO	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
	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	11,631	36,574	31.8%	26,177	126,445	20.7%	286	36,574	0.78%	8,810	126,445	7.0%
Partners Health Management	2,427	8,655	28.0%	4,468	20,217	22.1%	39	8,655	0.45%	1,114	20,217	5.5%
Trillium Health Resources	13,970	43,746	31.9%	32,685	177,252	18.4%	223	43,746	0.51%	13,360	177,252	7.5%
Vaya Health	11,459	25,330	45.2%	22,800	93,889	24.3%	218	25,330	0.86%	9,473	93,889	10.1%
Statewide	39,487	114,305	34.5%	86,130	417,803	20.6%	766	114,305	0.67%	32,757	417,803	7.8%
Standard Deviation			6.5%			2.1%			0.17%			1.7%
LME-MCO Average			34.3%			21.4%			0.65%			7.5%



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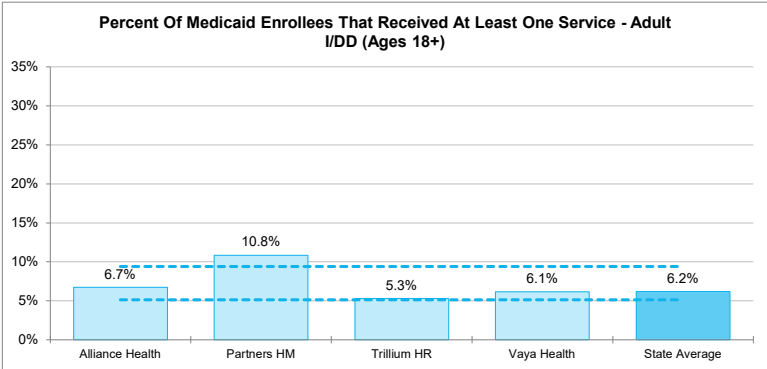
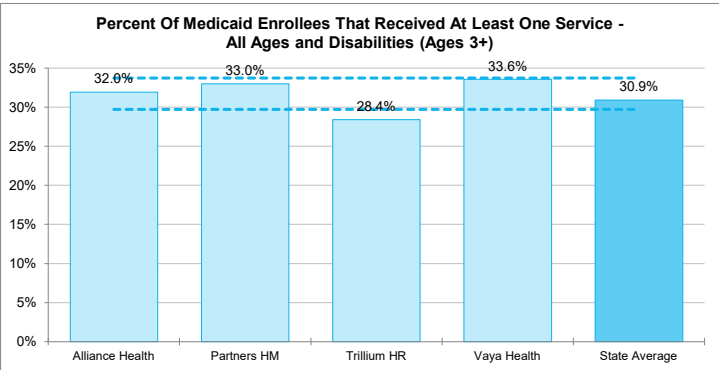
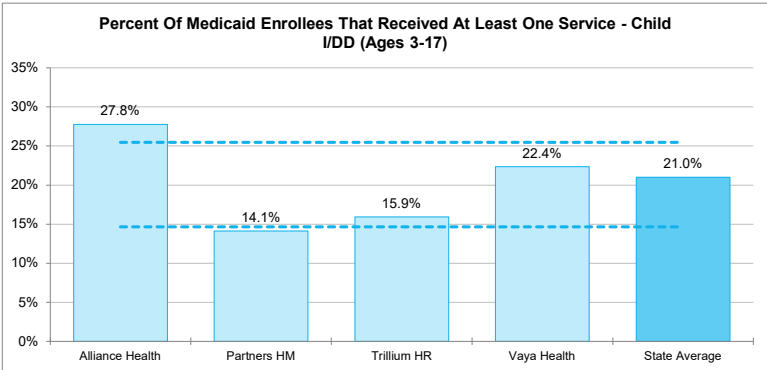
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LME-MCO	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18+)			All Ages and Disabilities (Ages 3+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
	Number That Received At Least One Service	Number Of Medicaid Enrollees	Percent That Received At Least One Service	Number That Received At Least One Service	Number Of Medicaid Enrollees	Percent That Received At Least One Service	Number That Received At Least One Service	Number Of Medicaid Enrollees	Percent That Received At Least One Service
Alliance Health	10,159	36,574	27.8%	8,500	126,445	6.7%	52,086	163,019	32.0%
Partners Health Management	1,224	8,655	14.1%	2,191	20,217	10.8%	9,526	28,872	33.0%
Trillium Health Resources	6,969	43,746	15.9%	9,384	177,252	5.3%	62,821	220,998	28.4%
Vaya Health	5,663	25,330	22.4%	5,767	93,889	6.1%	40,027	119,219	33.6%
Statewide	24,015	114,305	21.0%	25,842	417,803	6.2%	164,460	532,108	30.9%
Standard Deviation	5.4%			2.1%			2.0%		
LME-MCO Average	20.1%			7.2%			31.7%		

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

Sum of # in each age disability that rec'd a service	Medicaid Enrollees Sum of Children + Adults
65,563	163,019
11,463	28,872
76,591	220,998
55,380	119,219

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



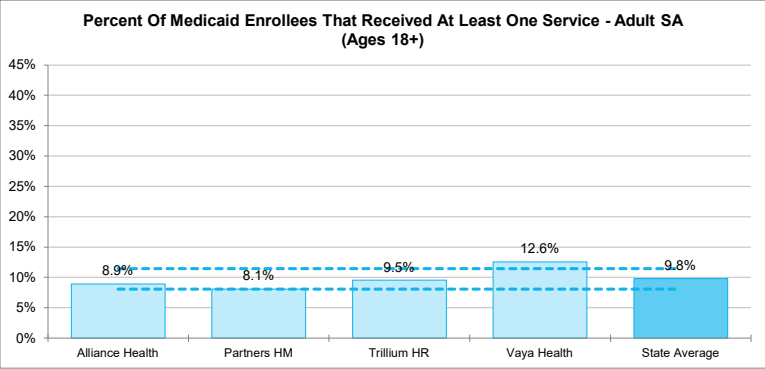
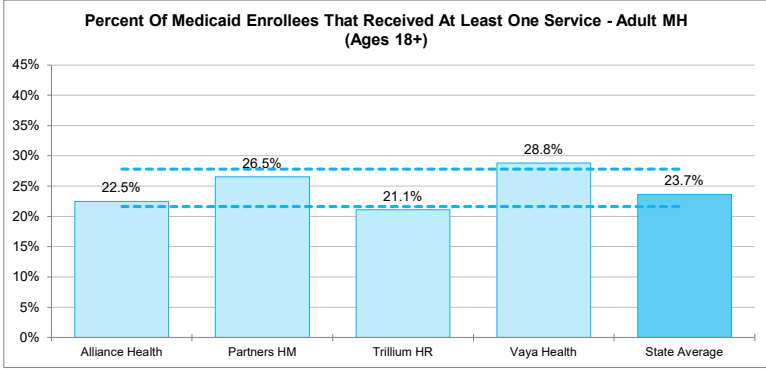
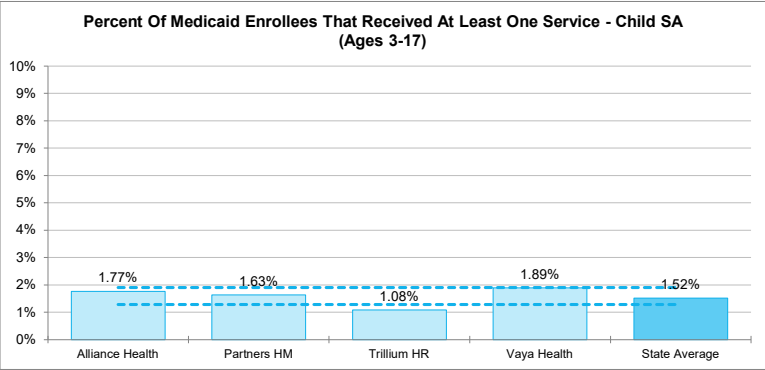
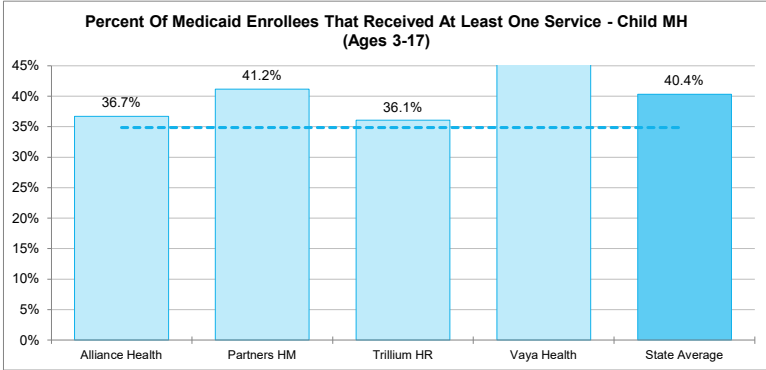
PENETRATION

3.1 Persons Served: Medicaid Enrollees (SFYTD)

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

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LME-MCO	Child MH (Ages 3-17)			Adult MH (Ages 18+)			Child SA (Ages 3-17)			Adult SA (Ages 18+)		
	Numerator Number That Received At Least One Service	Denominator Number Of Medicaid Enrollees	Rate Percent That Received At Least One Service	Numerator Number That Received At Least One Service	Denominator Number Of Medicaid Enrollees	Rate Percent That Received At Least One Service	Numerator Number That Received At Least One Service	Denominator Number Of Medicaid Enrollees	Rate Percent That Received At Least One Service	Numerator Number That Received At Least One Service	Denominator Number Of Medicaid Enrollees	Rate Percent That Received At Least One Service
Alliance Health	17,597	47,910	36.7%	38,283	170,212	22.5%	846	47,910	1.77%	15,145	170,212	8.9%
Partners Health Management	6,585	15,987	41.2%	17,293	65,200	26.5%	260	15,987	1.63%	5,264	65,200	8.1%
Trillium Health Resources	20,194	55,981	36.1%	48,722	230,780	21.1%	607	55,981	1.08%	22,015	230,780	9.5%
Vaya Health	16,182	30,196	53.6%	33,486	116,260	28.8%	572	30,196	1.89%	14,605	116,260	12.6%
Statewide	60,558	150,074	40.4%	137,784	582,452	23.7%	2,285	150,074	1.52%	57,029	582,452	9.8%
Standard Deviation			7.0%			3.1%			0.3%			1.7%
LME-MCO Average			41.9%			24.7%			1.6%			9.8%



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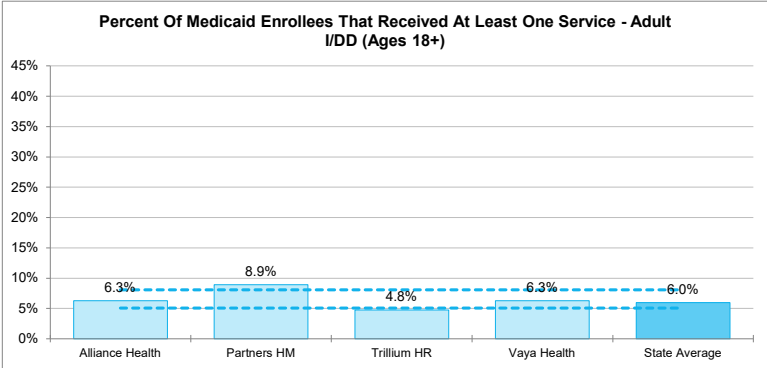
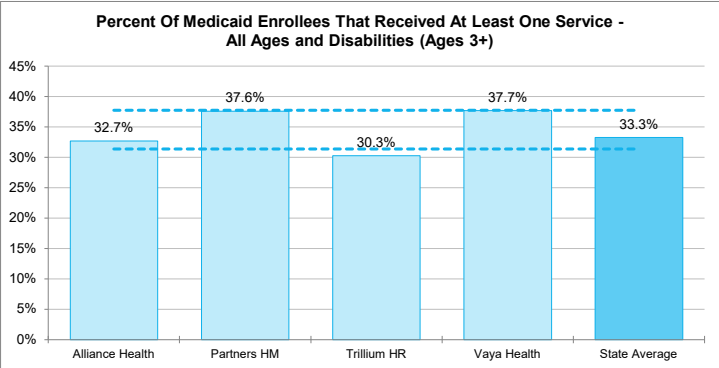
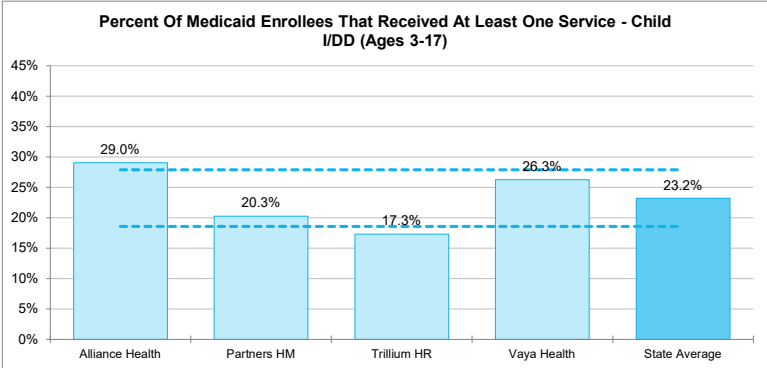
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LME-MCO	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18+)			All Ages and Disabilities (Ages 3+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
	Number That Received At Least One Service	Number Of Medicaid Enrollees	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	13,917	47,910	29.0%	10,678	170,212	6.3%	71,342	218,122	32.7%
Partners Health Management	3,240	15,987	20.3%	5,819	65,200	8.9%	30,532	81,187	37.6%
Trillium Health Resources	9,705	55,981	17.3%	10,997	230,780	4.8%	86,784	286,761	30.3%
Vaya Health	7,937	30,196	26.3%	7,323	116,260	6.3%	55,165	146,456	37.7%
Statewide	34,799	150,074	23.2%	34,817	582,452	6.0%	243,823	732,526	33.3%
Standard Deviation	4.7%			1.5%			3.2%		
LME-MCO Average	23.2%			6.6%			34.6%		

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

Sum of # in each age disability that rec'd a service	Medicaid Enrollees Sum of Children + Adults
96,466	218,122
38,461	81,187
112,240	286,761
80,105	146,456

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



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

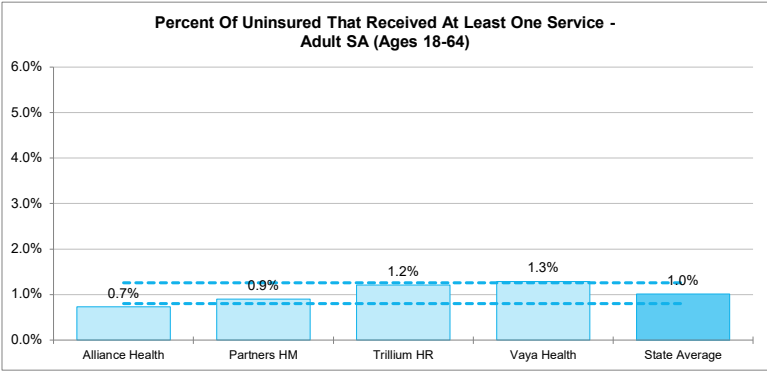
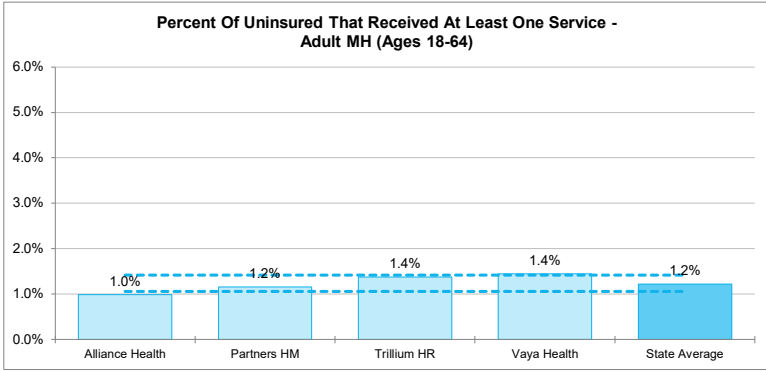
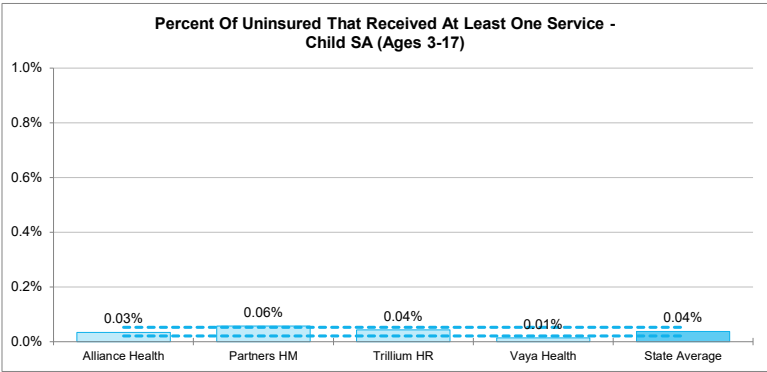
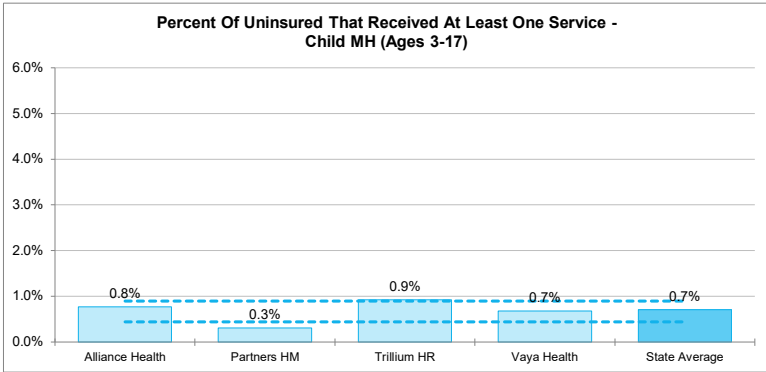
State Fiscal Year: 2026 Measurement Period: Apr - Jun 2025
Report Quarter: 1st Quarter Based On Claims Paid As Of: Oct 31, 2025

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

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

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

LME-MCO	Child MH (Ages 3-17)			Adult MH (Ages 18-64)			Child SA (Ages 3-17)			Adult SA (Ages 18-64)		
	Numerator Number That Received At Least One Service	Denominator Number Of Uninsured Population	Rate Percent That Received At Least One Service	Numerator Number That Received At Least One Service	Denominator Number Of Uninsured Population	Rate Percent That Received At Least One Service	Numerator Number That Received At Least One Service	Denominator Number Of Uninsured Population	Rate Percent That Received At Least One Service	Numerator Number That Received At Least One Service	Denominator Number Of Uninsured Population	Rate Percent That Received At Least One Service
Alliance Health	252	32,794	0.8%	2,804	283,651	1.0%	11	32,794	0.03%	2,071	283,651	0.7%
Partners Health Management	60	19,371	0.3%	2,168	187,659	1.2%	11	19,371	0.06%	1,684	187,659	0.9%
Trillium Health Resources	261	28,234	0.9%	3,710	270,142	1.4%	12	28,234	0.04%	3,272	270,142	1.2%
Vaya Health	105	15,498	0.7%	2,407	166,634	1.4%	2	15,498	0.01%	2,147	166,634	1.3%
Statewide	678	95,897	0.7%	11,089	908,086	1.2%	36	95,897	0.04%	9,174	908,086	1.0%
Standard Deviation			0.2%			0.2%			0.02%			0.2%
LME-MCO Average			0.7%			1.2%			0.04%			1.0%



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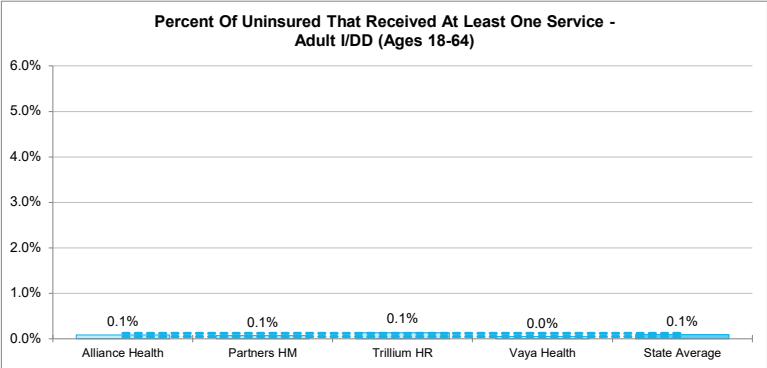
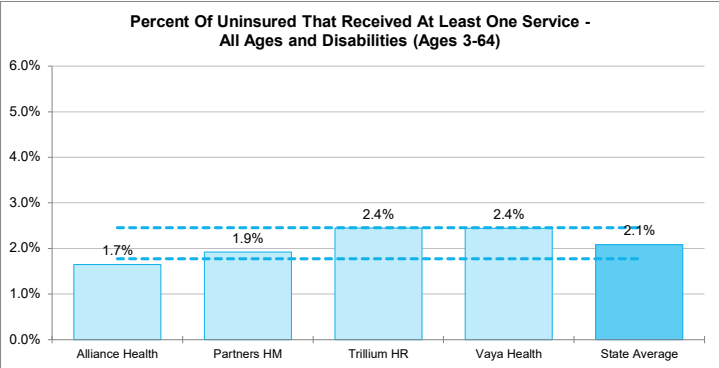
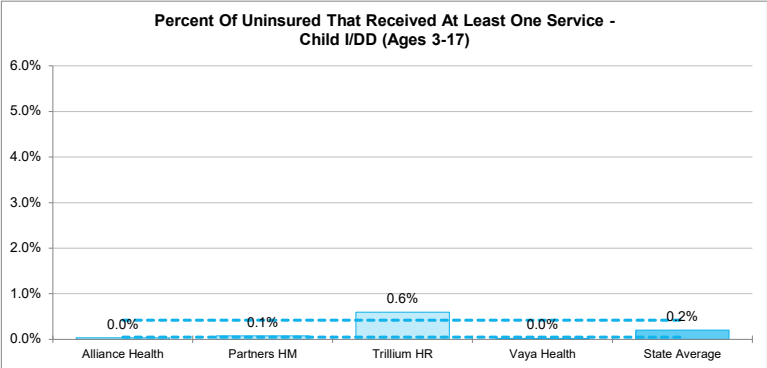
LME-MCO	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18-64)			All Ages and Disabilities (Ages 3-64)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
	Number That Received At Least One Service	Number Of Uninsured Population	Percent That Received At Least One Service	Number 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	11	32,794	0.0%	245	283,651	0.1%	5,051	306,032	1.7%
Partners Health Management	14	19,371	0.1%	127	187,659	0.1%	3,814	198,740	1.9%
Trillium Health Resources	168	28,234	0.6%	364	270,142	0.1%	7,055	288,335	2.4%
Vaya Health	3	15,498	0.0%	77	166,634	0.0%	4,300	176,254	2.4%
Statewide	196	95,897	0.2%	813	908,086	0.1%	20,220	969,361	2.1%
Standard Deviation			0.2%			0.0%			0.3%
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

5,394
4,064
7,787
4,741

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



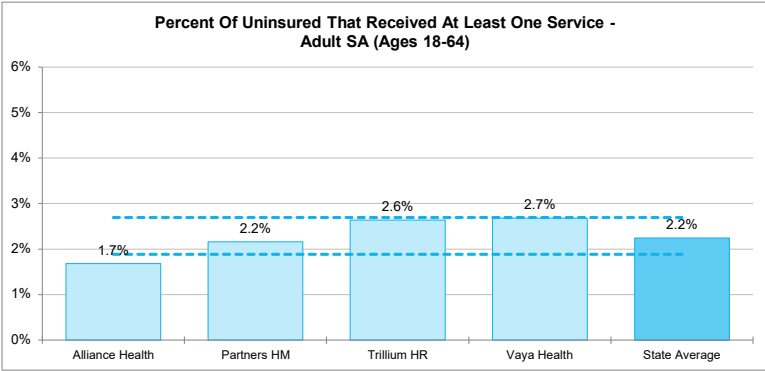
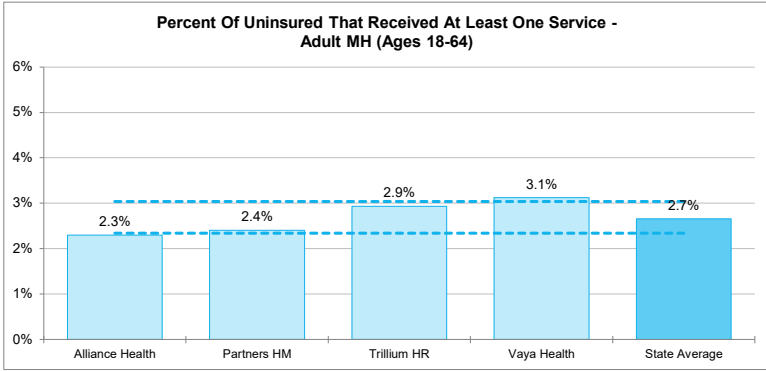
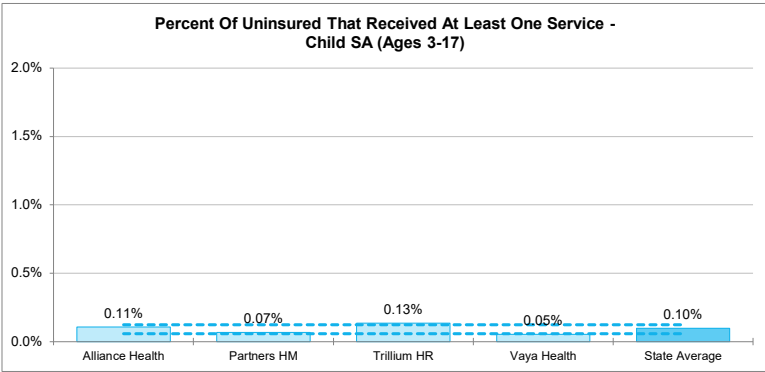
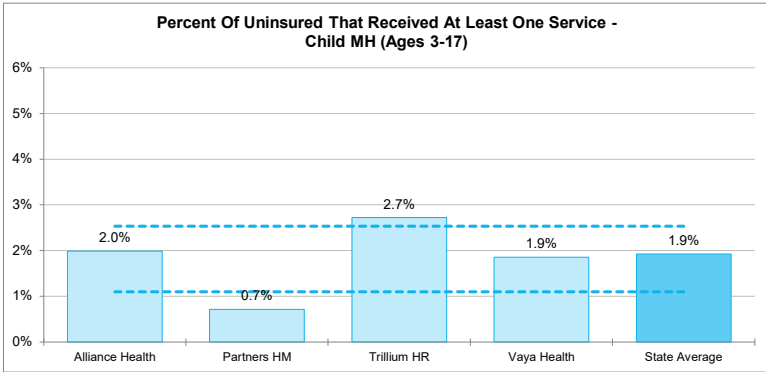
PENETRATION

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

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

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

LME-MCO	Child MH (Ages 3-17)			Adult MH (Ages 18-64)			Child SA (Ages 3-17)			Adult SA (Ages 18-64)		
	Numerator Number That Received At Least One Service	Denominator Number Of Uninsured Population	Rate Percent That Received At Least One Service	Numerator Number That Received At Least One Service	Denominator Number Of Uninsured Population	Rate Percent That Received At Least One Service	Numerator Number That Received At Least One Service	Denominator Number Of Uninsured Population	Rate Percent That Received At Least One Service	Numerator Number That Received At Least One Service	Denominator Number Of Uninsured Population	Rate Percent That Received At Least One Service
Alliance Health	652	32,794	2.0%	6,514	283,651	2.3%	35	32,794	0.11%	4,770	283,651	1.7%
Partners Health Management	138	19,371	0.7%	4,515	187,659	2.4%	13	19,371	0.07%	4,048	187,659	2.2%
Trillium Health Resources	768	28,234	2.7%	7,916	270,142	2.9%	38	28,234	0.13%	7,124	270,142	2.6%
Vaya Health	288	15,498	1.9%	5,204	166,634	3.1%	8	15,498	0.05%	4,462	166,634	2.7%
Statewide	1,846	95,897	1.9%	24,149	908,086	2.7%	94	95,897	0.10%	20,404	908,086	2.2%
Standard Deviation			0.7%			0.3%			0.03%			0.4%
LME-MCO Average			1.8%			2.7%			0.09%			2.3%



PENETRATION

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

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

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

LME-MCO	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
	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	22	32,794	0.1%	377	283,651	0.1%	11,259	306,032	3.7%
Partners Health Management	21	19,371	0.1%	159	187,659	0.1%	8,152	198,740	4.1%
Trillium Health Resources	255	28,234	0.9%	567	270,142	0.2%	14,519	288,335	5.0%
Vaya Health	4	15,498	0.0%	168	166,634	0.1%	8,912	176,254	5.1%
Statewide	302	95,897	0.3%	1,271	908,086	0.1%	42,842	969,361	4.4%
Standard Deviation	0.4%			0.0%			0.6%		
LME-MCO Average	0.3%			0.1%			4.5%		

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

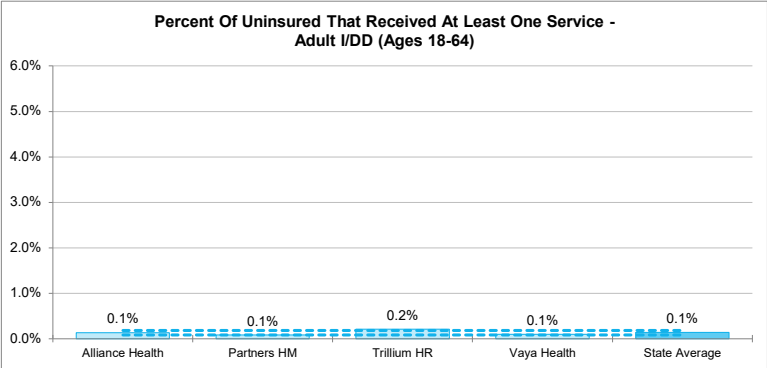
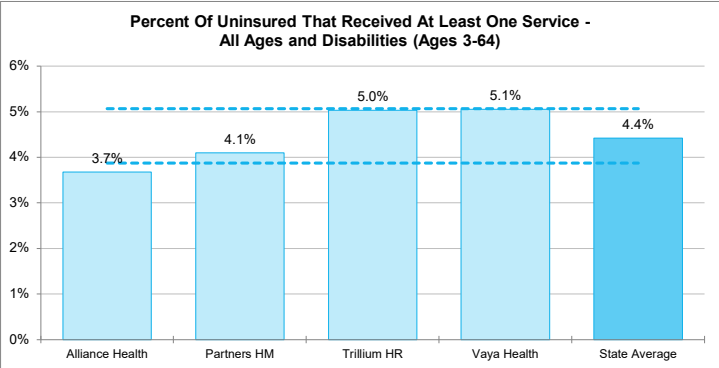
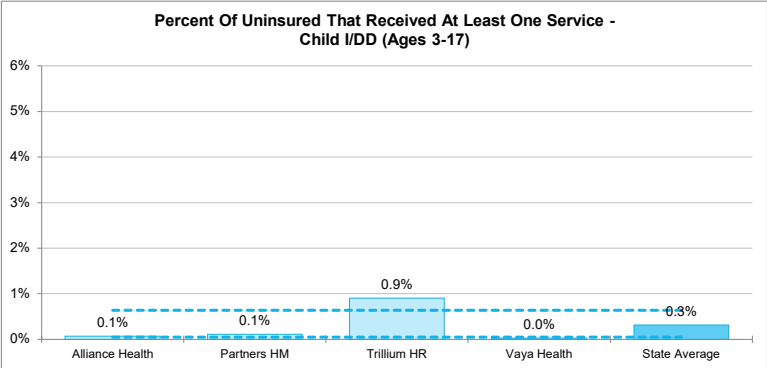
12,370

8,894

16,668

10,134

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



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

Report Year: 2026
Report Quarter: 1st Quarter

Measurement Period: Apr - Jun 2025
Based On Claims Paid As Of: Oct 31, 2025

INITIATION AND ENGAGEMENT

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

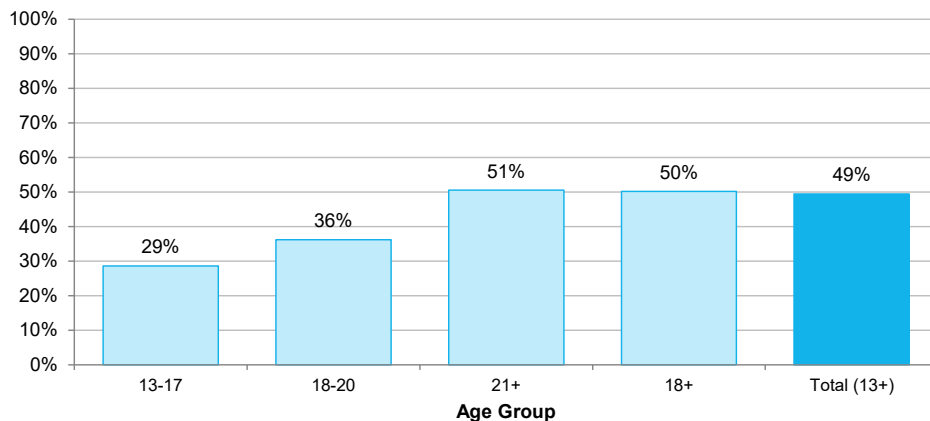
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes.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

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

Medicaid Funded

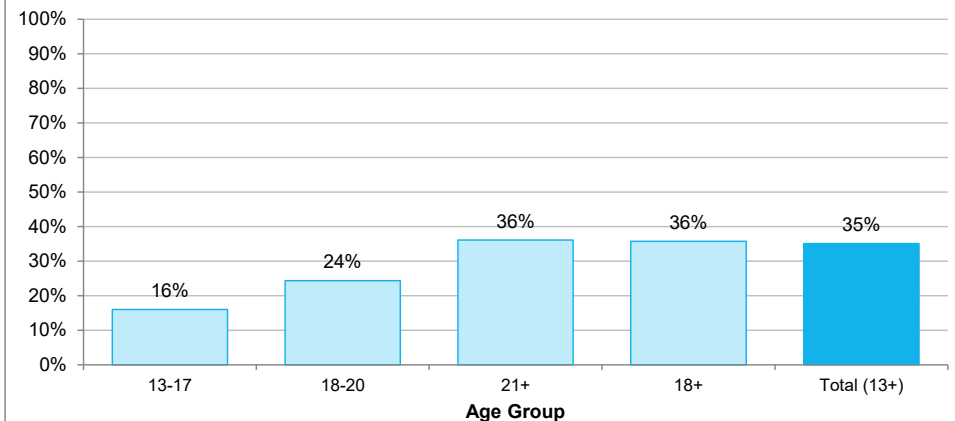
Age Groups	Numerator1		Numerator2		Denominator	Rate1		Rate2	
	Number With 2nd Service Or Visit Within 14 Days (Initiation)	Number With 2nd Service Or Visit More Than 14 Days	Number With No 2nd Visit	Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)	Total Number with 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	79	37	160	44	276	29%	13%	58%	16%
18-20	76	30	104	51	210	36%	14%	50%	24%
21+	3,756	1,040	2,637	2,681	7,433	51%	14%	35%	36%
18+	3,832	1,070	2,741	2,732	7,643	50%	14%	36%	36%
Total (13+)	3,911	1,107	2,901	2,776	7,919	49%	14%	37%	35%

Percent Of Persons With AODD That Met Initiation* - Statewide (Medicaid Funded)



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

Percent Of Persons With AODD That Met Engagement* - Statewide (Medicaid Funded)



* 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: 2026
Report Quarter: 1st Quarter

Measurement Period: Apr - Jun 2025
Based On Claims Paid As Of: Oct 31, 2025

INITIATION AND ENGAGEMENT

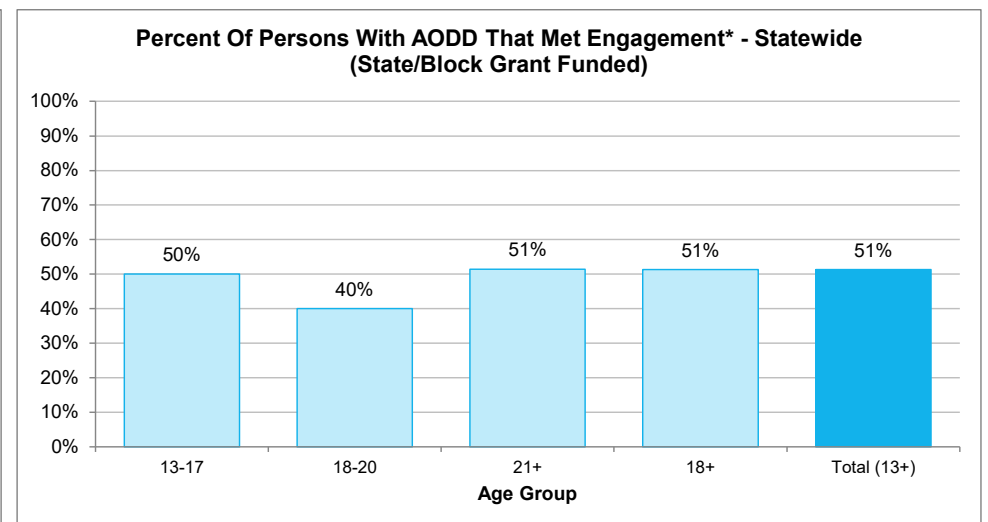
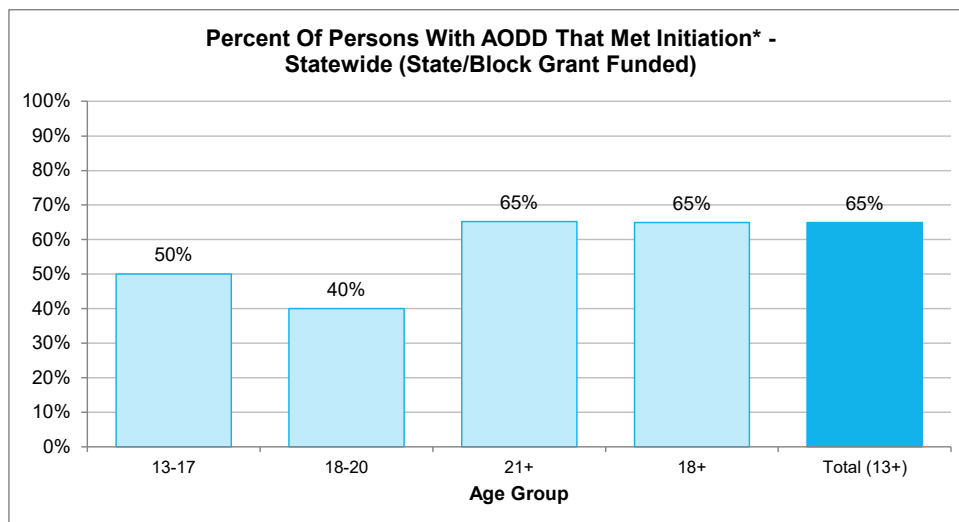
4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

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

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

State/Block Grant Funded

Age Groups	Numerator1		Numerator2		Denominator	Rate1		Rate2	
	Number With 2nd Service Or Visit Within 14 Days (Initiation)	Number With 2nd Service Or Visit More Than 14 Days	Number With No 2nd Visit	Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)	Total Number with an Initial Visit (New Episode of Care)	Percent With 2nd Service Or Visit Within 14 Days (Initiation)	Percent With 2nd Service Or Visit More Than 14 Days	Percent With No 2nd Service	Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)
13-17	1	0	1	1	2	50%	0%	50%	50%
18-20	6	1	8	6	15	40%	7%	53%	40%
21+	852	119	335	672	1,306	65%	9%	26%	51%
18+	858	120	343	678	1,321	65%	9%	26%	51%
Total (13+)	859	120	344	679	1,323	65%	9%	26%	51%



* 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: 2026
Report Quarter: 1st Quarter

Measurement Period: Apr - Jun 2025
Based On Claims Paid As Of: Oct 31, 2025

INITIATION AND ENGAGEMENT

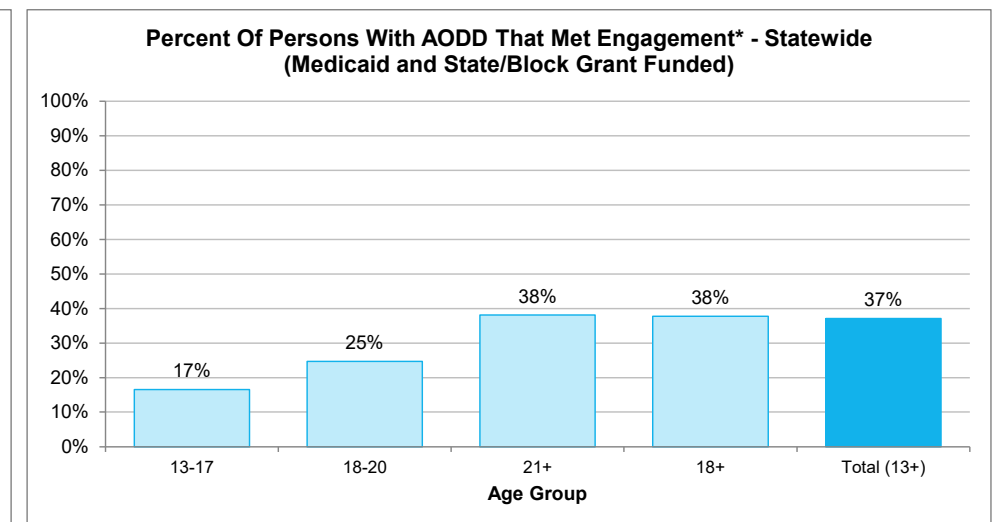
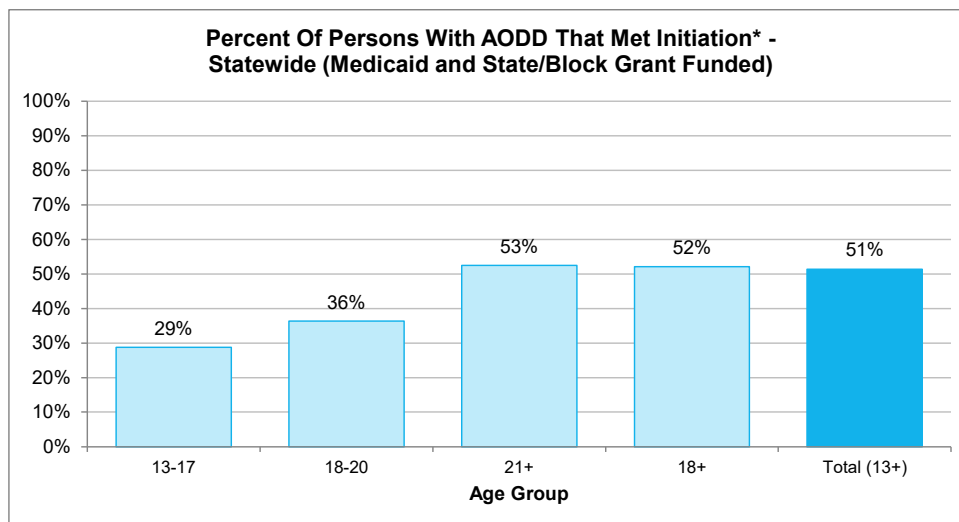
4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

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

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

Medicaid and State/Block Grant Funded

Age Groups	Numerator1		Numerator2		Denominator	Rate1		Rate2	
	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	80	37	161	46	278	29%	13%	58%	17%
18-20	81	30	112	55	223	36%	13%	50%	25%
21+	4,523	1,173	2,917	3,280	8,613	53%	14%	34%	38%
18+	4,604	1,203	3,029	3,335	8,836	52%	14%	34%	38%
Total (13+)	4,684	1,240	3,190	3,381	9,114	51%	14%	35%	37%



* 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: 2026
Report Quarter: 1st Quarter

Measurement Period: Apr - Jun 2025
Based On Claims Paid As Of: Oct 31, 2025

INITIATION AND ENGAGEMENT

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

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

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

	Numerator1			Numerator2		Denominator	Rate1			Rate2	
LME-MCO	Number With 2nd Service Or Visit Within 14 Days (Initiation)	Number With 2nd Service Or Visit More Than 14 Days	Number With No 2nd Visit	Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)		Total Number with an Initial Visit (New Episode of Care)	Percent With 2nd Service Or Visit Within 14 Days (Initiation)	Percent With 2nd Service Or Visit More Than 14 Days	Percent With No 2nd Service	Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)	

Persons Ages 13-17 (Medicaid Funded)

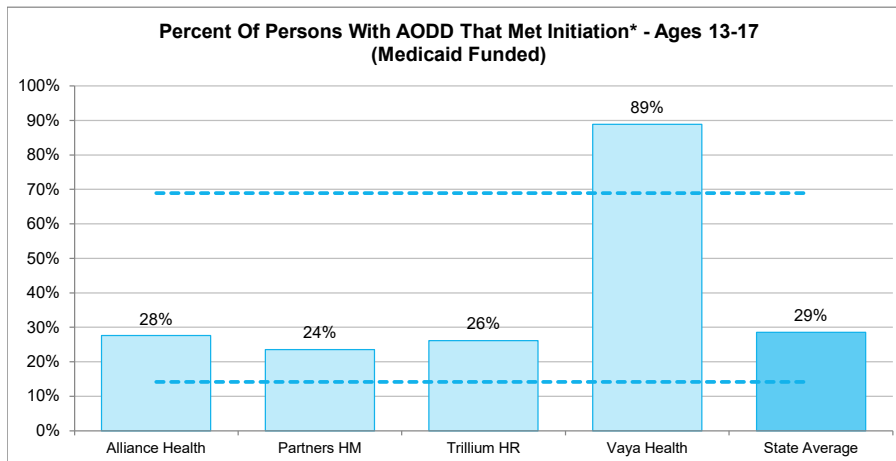
Alliance Health	32	10	74	17	116	28%	9%	64%	15%
Partners Health Management	4	2	11	2	17	24%	12%	65%	12%
Trillium Health Resources	35	25	74	19	134	26%	19%	55%	14%
Vaya Health	8	0	1	6	9	89%	0%	11%	67%
State Average	79	37	160	44	276	29%	13%	58%	16%

Standard Deviation -----

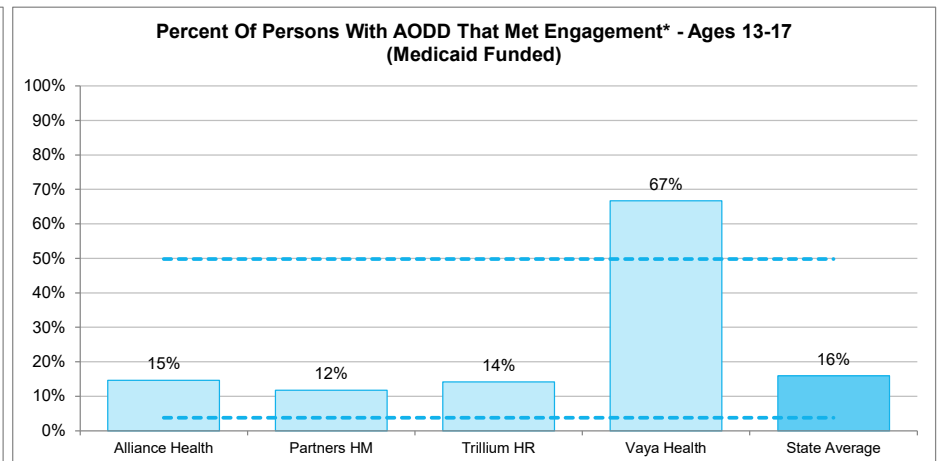
LME-MCO Average

27.4% 6.7% 22.0% 23.0%

42% 10% 49% 27%



* 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: 2026
Report Quarter: 1st Quarter

Measurement Period: Apr - Jun 2025
Based On Claims Paid As Of: Oct 31, 2025

INITIATION AND ENGAGEMENT

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

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

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

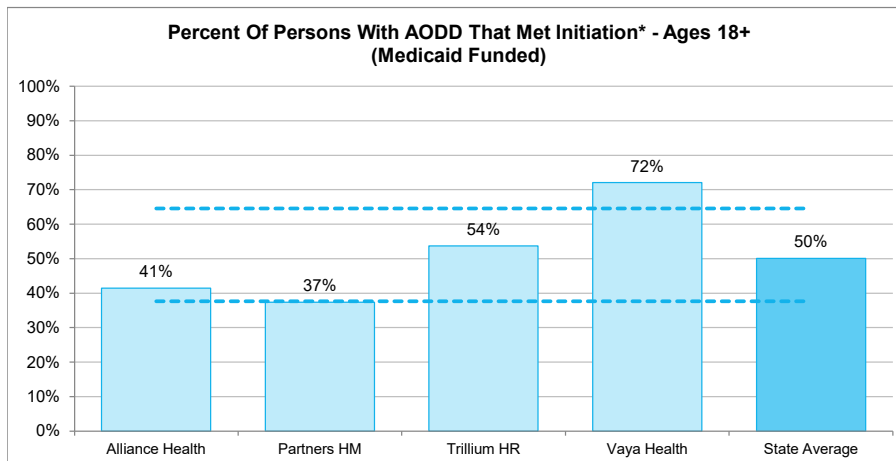
	Numerator1			Numerator2		Denominator	Rate1			Rate2	
LME-MCO	Number With 2nd Service Or Visit Within 14 Days (Initiation)	Number With 2nd Service Or Visit More Than 14 Days	Number With No 2nd Visit	Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)		Total Number with an Initial Visit (New Episode of Care)	Percent With 2nd Service Or Visit Within 14 Days (Initiation)	Percent With 2nd Service Or Visit More Than 14 Days	Percent With No 2nd Service	Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)	

Persons Ages 18+ (Medicaid Funded)

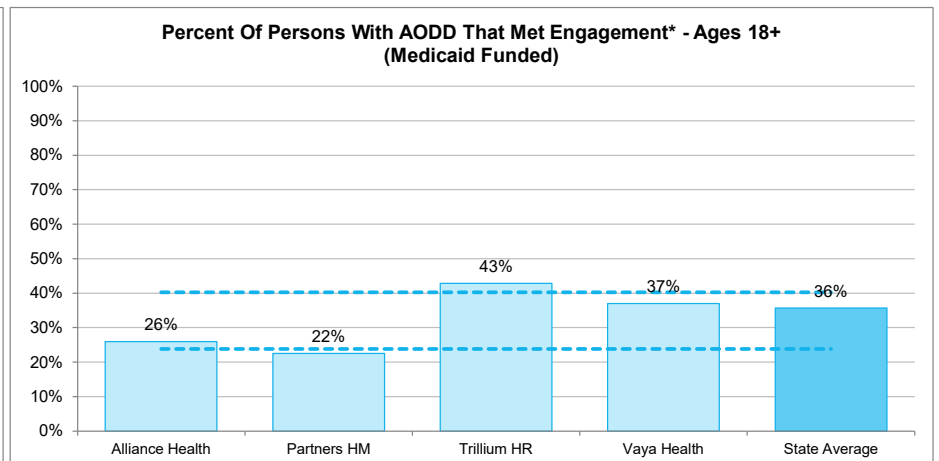
Alliance Health	1,110	351	1,217	695	2,678	41%	13%	45%	26%
Partners Health Management	108	45	136	65	289	37%	16%	47%	22%
Trillium Health Resources	2,207	604	1,300	1,763	4,111	54%	15%	32%	43%
Vaya Health	407	70	88	209	565	72%	12%	16%	37%
State Average	3,832	1,070	2,741	2,732	7,643	50%	14%	36%	36%

Standard Deviation -----

LME-MCO Average



* 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: 2026
Report Quarter: 1st Quarter

Measurement Period: Apr - Jun 2025
Based On Claims Paid As Of: Oct 31, 2025

INITIATION AND ENGAGEMENT

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

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

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

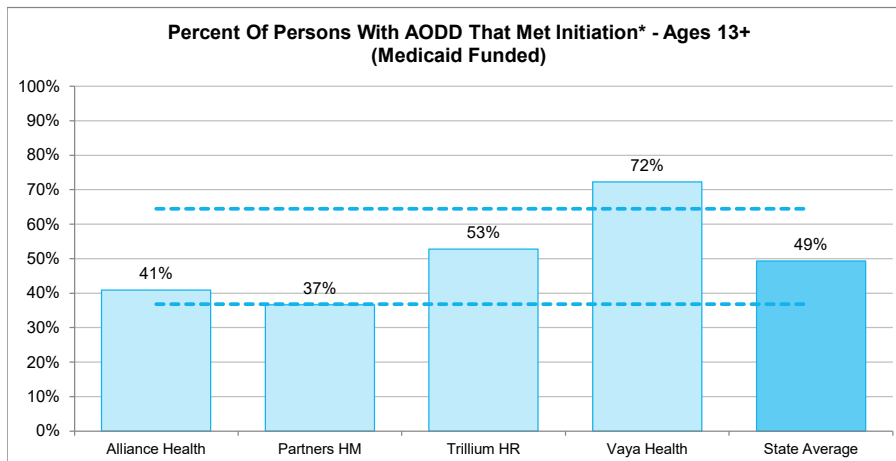
	Numerator1			Numerator2		Denominator	Rate1			Rate2	
LME-MCO	Number With 2nd Service Or Visit Within 14 Days (Initiation)	Number With 2nd Service Or Visit More Than 14 Days	Number With No 2nd Visit	Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)		Total Number with an Initial Visit (New Episode of Care)	Percent With 2nd Service Or Visit Within 14 Days (Initiation)	Percent With 2nd Service Or Visit More Than 14 Days	Percent With No 2nd Service	Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)	

Persons Ages 13+ (Medicaid Funded)

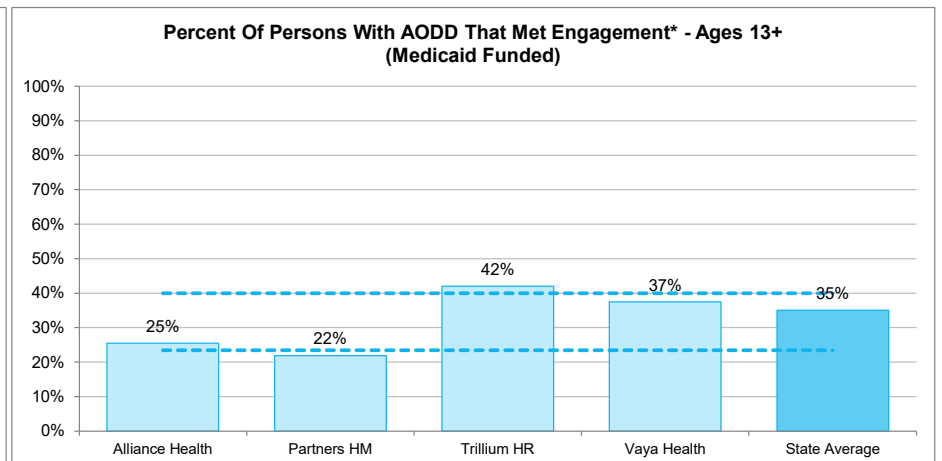
Alliance Health	1,142	361	1,291	712	2,794	41%	13%	46%	25%
Partners Health Management	112	47	147	67	306	37%	15%	48%	22%
Trillium Health Resources	2,242	629	1,374	1,782	4,245	53%	15%	32%	42%
Vaya Health	415	70	89	215	574	72%	12%	16%	37%
State Average	3,911	1,107	2,901	2,776	7,919	49%	14%	37%	35%

Standard Deviation -----

LME-MCO Average



* 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: 2026
Report Quarter: 1st Quarter

Measurement Period: Apr - Jun 2025
Based On Claims Paid As Of: Oct 31, 2025

INITIATION AND ENGAGEMENT

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

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

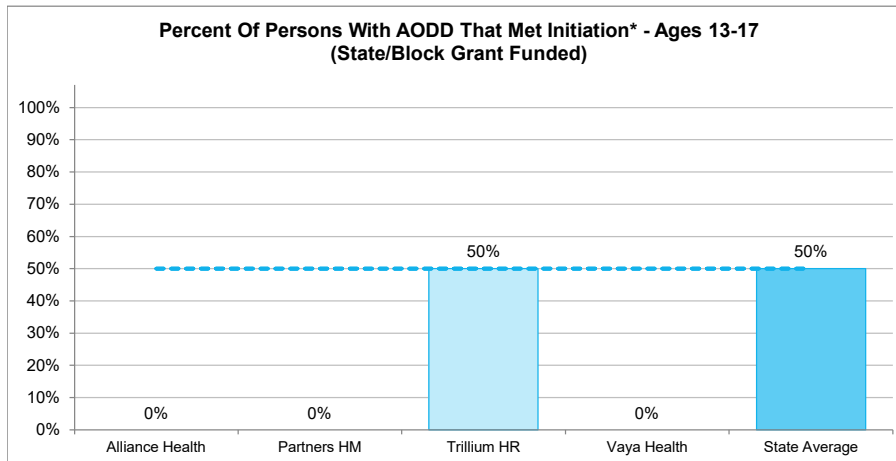
Description: **Initiation** is measured as the percent of persons starting a new episode of alcohol or other drug dependence (defined as having no prior Medicaid or state-funded mh/dd/su service for an AOD diagnosis for at least 60 days) who receive a 2nd service for an AOD diagnosis within 14 days of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

	Numerator1			Numerator2		Denominator	Rate1			Rate2	
LME-MCO	Number With 2nd Service Or Visit Within 14 Days (Initiation)	Number With 2nd Service Or Visit More Than 14 Days	Number With No 2nd Visit	Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)		Total Number with an Initial Visit (New Episode of Care)	Percent With 2nd Service Or Visit Within 14 Days (Initiation)	Percent With 2nd Service Or Visit More Than 14 Days	Percent With No 2nd Service	Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)	

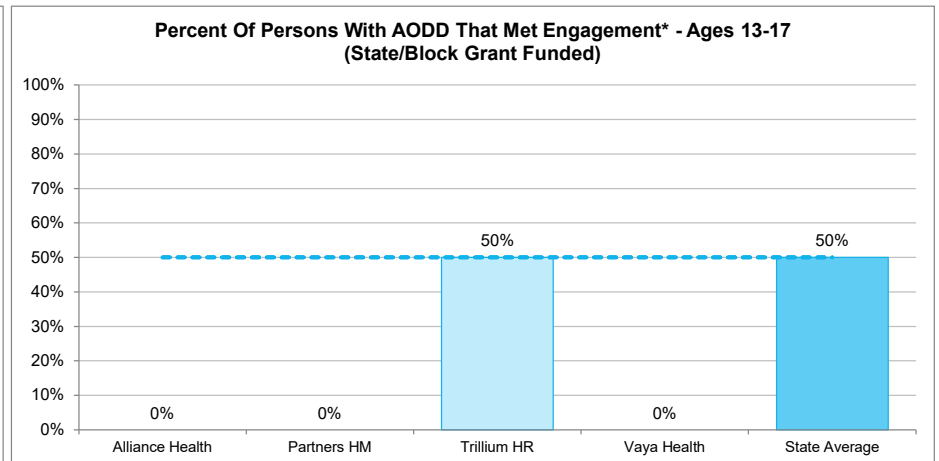
Persons Ages 13-17 (State/Block Grant Funded)

Alliance Health	0	0	0	0	0					
Partners Health Management	0	0	0	0	0					
Trillium Health Resources	1	0	1	1	2	50%	0%	50%	50%	
Vaya Health	0	0	0	0	0					
State Average	1	0	1	1	2	50%	0%	50%	50%	
Standard Deviation						0.0%	0.0%	0.0%	0.0%	
LME-MCO Average						50%	0%	50%	50%	

[Alliance, Partners, and Vaya reported no individuals in this age group beginning a new episode of care this quarter.]



* 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: 2026
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Based On Claims Paid As Of: Oct 31, 2025

INITIATION AND ENGAGEMENT

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

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

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

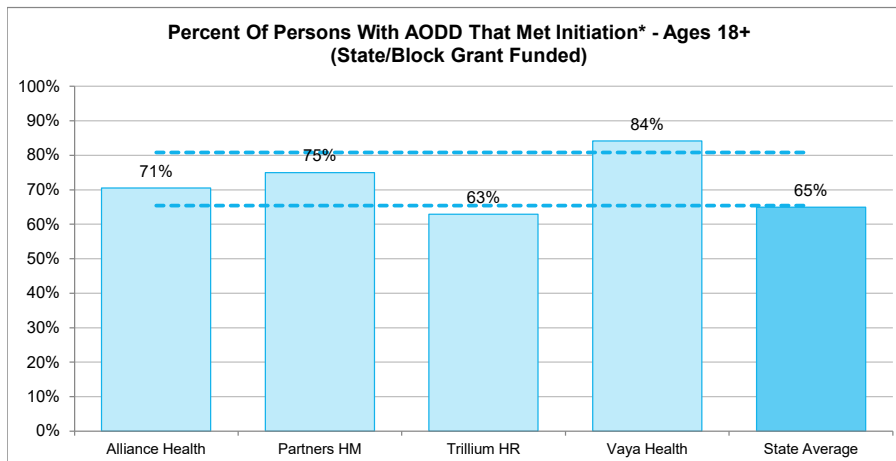
	Numerator1			Numerator2		Denominator	Rate1			Rate2	
LME-MCO	Number With 2nd Service Or Visit Within 14 Days (Initiation)	Number With 2nd Service Or Visit More Than 14 Days	Number With No 2nd Visit	Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)		Total Number with an Initial Visit (New Episode of Care)	Percent With 2nd Service Or Visit Within 14 Days (Initiation)	Percent With 2nd Service Or Visit More Than 14 Days	Percent With No 2nd Service	Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)	

Persons Ages 18+ (State/Block Grant Funded)

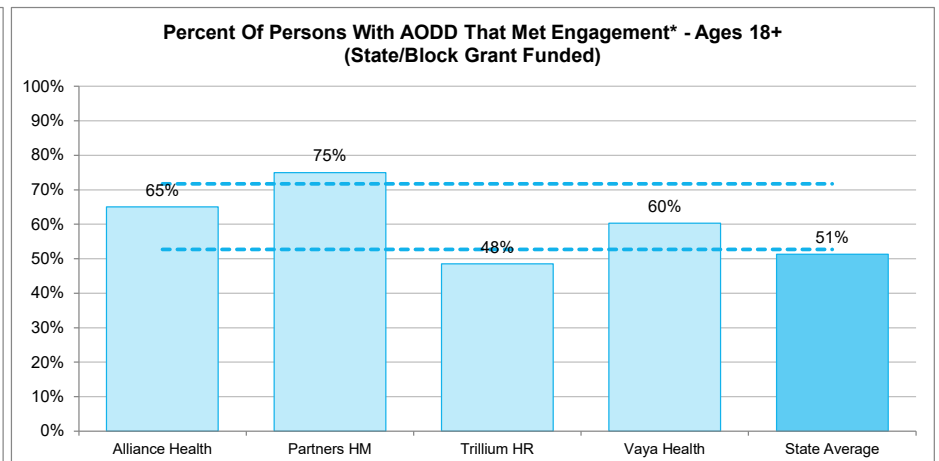
Alliance Health	115	1	47	106	163	71%	1%	29%	65%
Partners Health Management	9	0	3	9	12	75%	0%	25%	75%
Trillium Health Resources	681	114	288	525	1,083	63%	11%	27%	48%
Vaya Health	53	5	5	38	63	84%	8%	8%	60%
State Average	858	120	343	678	1,321	65%	9%	26%	51%

Standard Deviation -----

LME-MCO Average



* 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: 2026
Report Quarter: 1st Quarter

Measurement Period: Apr - Jun 2025
Based On Claims Paid As Of: Oct 31, 2025

INITIATION AND ENGAGEMENT

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

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

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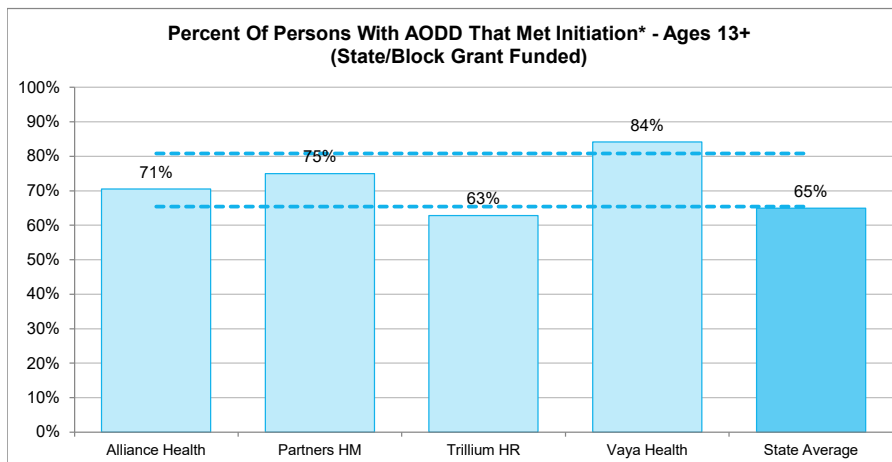
	Numerator1			Numerator2		Denominator	Rate1			Rate2	
LME-MCO	Number With 2nd Service Or Visit Within 14 Days (Initiation)	Number With 2nd Service Or Visit More Than 14 Days	Number With No 2nd Visit	Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)		Total Number with an Initial Visit (New Episode of Care)	Percent With 2nd Service Or Visit Within 14 Days (Initiation)		Percent With 2nd Service Or Visit More Than 14 Days	Percent With No 2nd Service	Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)

Persons Ages 13+ (State/Block Grant Funded)

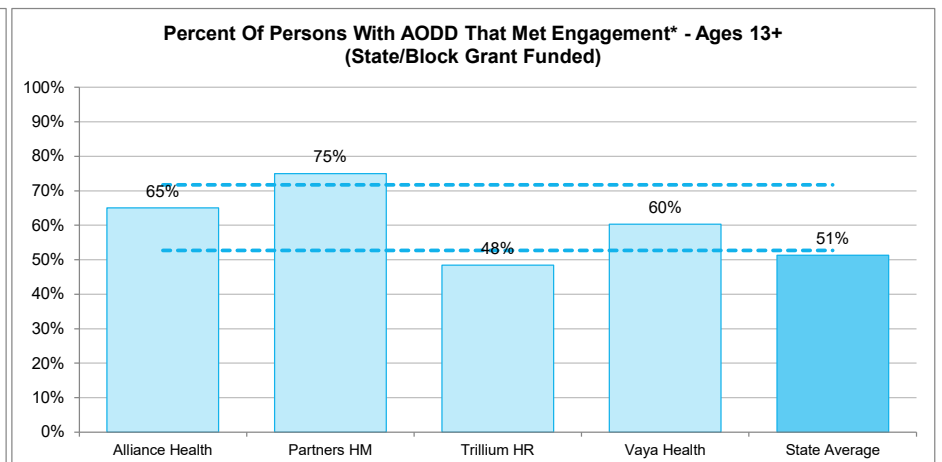
Alliance Health	115	1	47	106	163	71%	1%	29%	65%
Partners Health Management	9	0	3	9	12	75%	0%	25%	75%
Trillium Health Resources	682	114	289	526	1,085	63%	11%	27%	48%
Vaya Health	53	5	5	38	63	84%	8%	8%	60%
State Average	859	120	344	679	1,323	65%	9%	26%	51%

Standard Deviation -----

LME-MCO Average



* 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: 2026
Report Quarter: 1st Quarter

Measurement Period: Apr - Jun 2025
Based On Claims Paid As Of: Oct 31, 2025

INITIATION AND ENGAGEMENT

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

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

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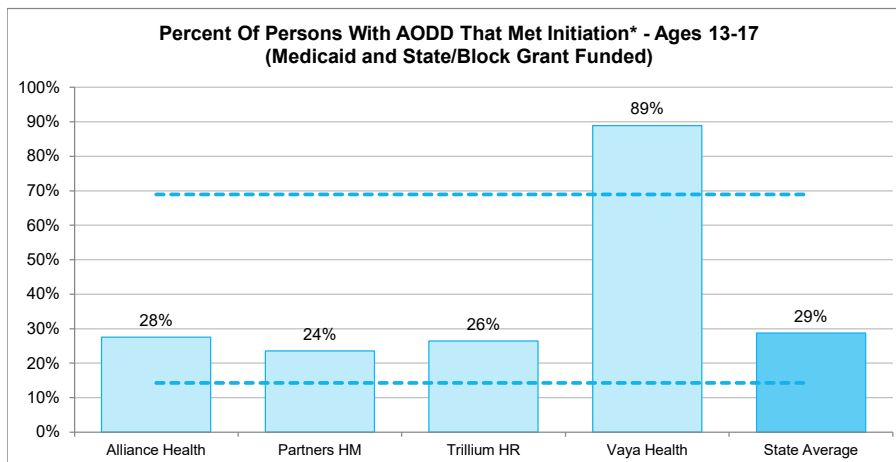
	Numerator1			Numerator2		Denominator	Rate1			Rate2	
LME-MCO	Number With 2nd Service Or Visit Within 14 Days (Initiation)	Number With 2nd Service Or Visit More Than 14 Days	Number With No 2nd Visit	Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)		Total Number with an Initial Visit (New Episode of Care)	Percent With 2nd Service Or Visit Within 14 Days (Initiation)	Percent With 2nd Service Or Visit More Than 14 Days	Percent With No 2nd Service	Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)	

Persons Ages 13-17 (Medicaid and State/Block Grant Funded)

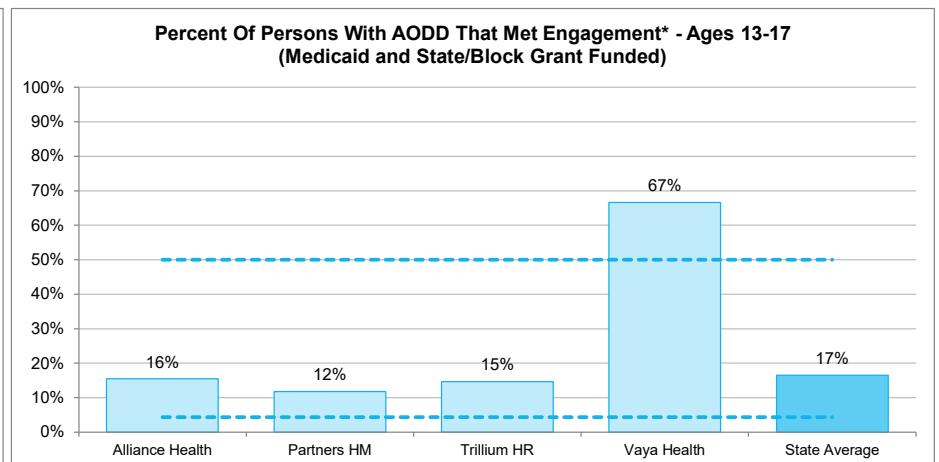
Alliance Health	32	10	74	18	116	28%	9%	64%	16%
Partners Health Management	4	2	11	2	17	24%	12%	65%	12%
Trillium Health Resources	36	25	75	20	136	26%	18%	55%	15%
Vaya Health	8	0	1	6	9	89%	0%	11%	67%
State Average	80	37	161	46	278	29%	13%	58%	17%

Standard Deviation ----- 27.3% 6.6% 22.0% 22.8%

LME-MCO Average 42% 10% 49% 27%



* 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: 2026
Report Quarter: 1st Quarter

Measurement Period: Apr - Jun 2025
Based On Claims Paid As Of: Oct 31, 2025

INITIATION AND ENGAGEMENT

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

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

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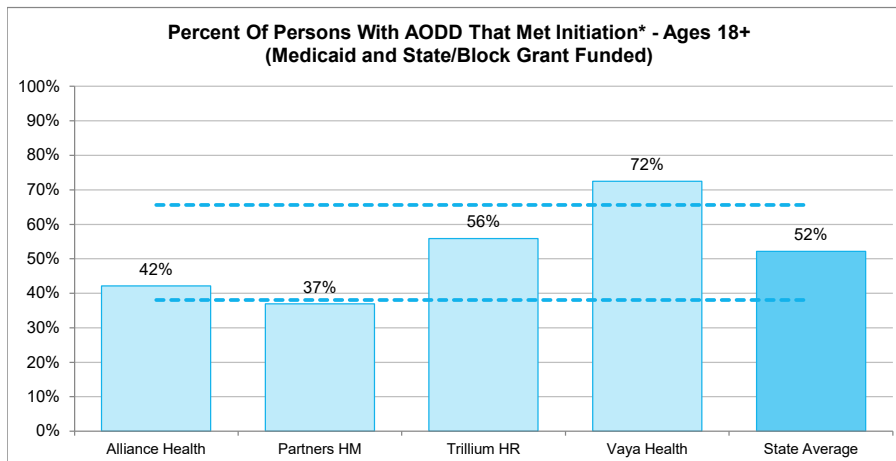
	Numerator1			Numerator2		Denominator	Rate1			Rate2	
LME-MCO	Number With 2nd Service Or Visit Within 14 Days (Initiation)	Number With 2nd Service Or Visit More Than 14 Days	Number With No 2nd Visit	Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)		Total Number with an Initial Visit (New Episode of Care)	Percent With 2nd Service Or Visit Within 14 Days (Initiation)	Percent With 2nd Service Or Visit More Than 14 Days	Percent With No 2nd Service	Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)	

Persons Ages 18+ (Medicaid and State/Block Grant Funded)

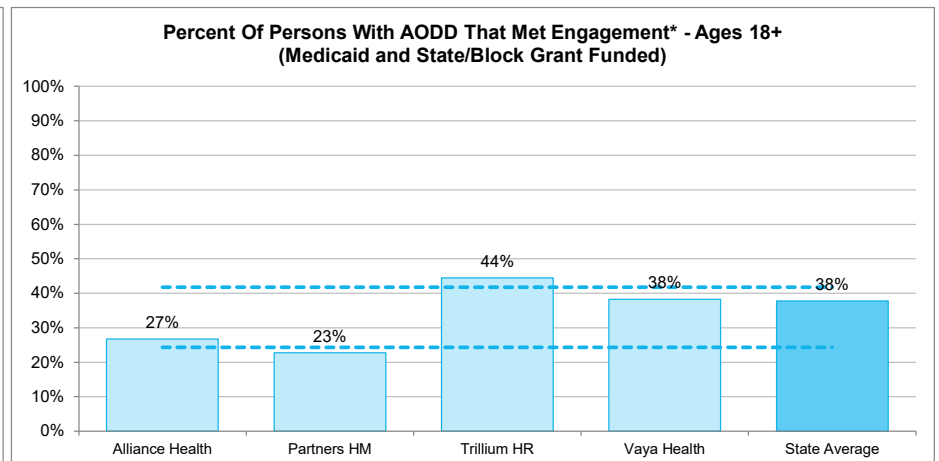
Alliance Health	1,165	360	1,238	738	2,763	42%	13%	45%	27%
Partners Health Management	107	46	137	66	290	37%	16%	47%	23%
Trillium Health Resources	2,890	722	1,561	2,298	5,173	56%	14%	30%	44%
Vaya Health	442	75	93	233	610	72%	12%	15%	38%
State Average	4,604	1,203	3,029	3,335	8,836	52%	14%	34%	38%

Standard Deviation -----

LME-MCO Average



* 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: 2026
Report Quarter: 1st Quarter

Measurement Period: Apr - Jun 2025
Based On Claims Paid As Of: Oct 31, 2025

INITIATION AND ENGAGEMENT

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

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

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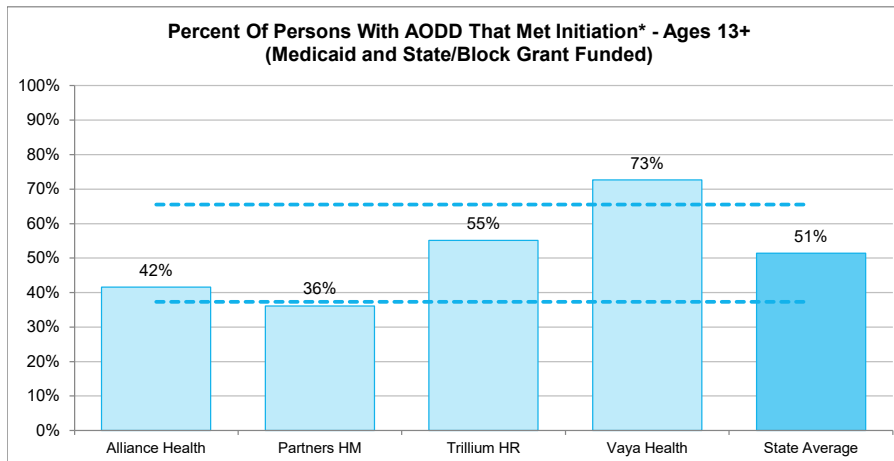
	Numerator1			Numerator2		Denominator	Rate1			Rate2	
LME-MCO	Number With 2nd Service Or Visit Within 14 Days (Initiation)	Number With 2nd Service Or Visit More Than 14 Days	Number With No 2nd Visit	Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)		Total Number with an Initial Visit (New Episode of Care)	Percent With 2nd Service Or Visit Within 14 Days (Initiation)	Percent With 2nd Service Or Visit More Than 14 Days	Percent With No 2nd Service	Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)	

Persons Ages 13+ (Medicaid and State/Block Grant Funded)

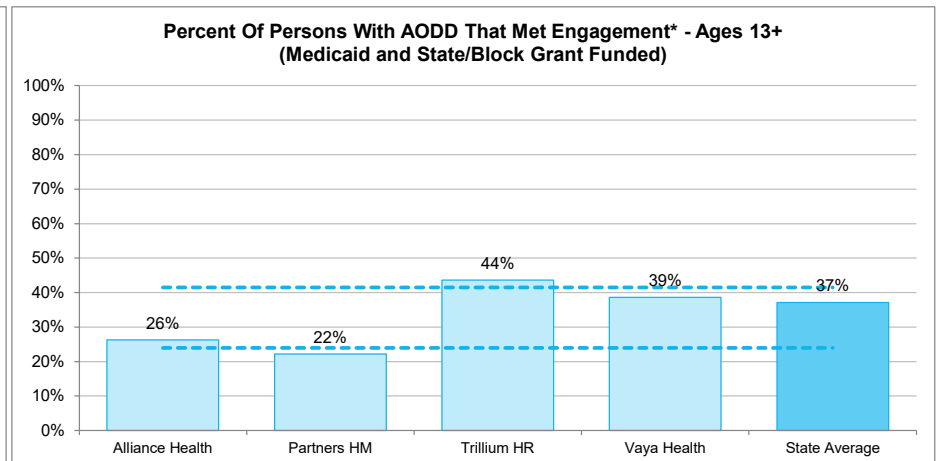
Alliance Health	1,197	370	1,312	756	2,879	42%	13%	46%	26%
Partners Health Management	111	48	148	68	307	36%	16%	48%	22%
Trillium Health Resources	2,926	747	1,636	2,318	5,309	55%	14%	31%	44%
Vaya Health	450	75	94	239	619	73%	12%	15%	39%
State Average	4,684	1,240	3,190	3,381	9,114	51%	14%	35%	37%

Standard Deviation -----

LME-MCO Average



* 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: 2026
Report Quarter: 1st Quarter

Measurement Period: Apr - Jun 2025
Based On Claims Paid As Of: Oct 31, 2025

INITIATION AND ENGAGEMENT

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

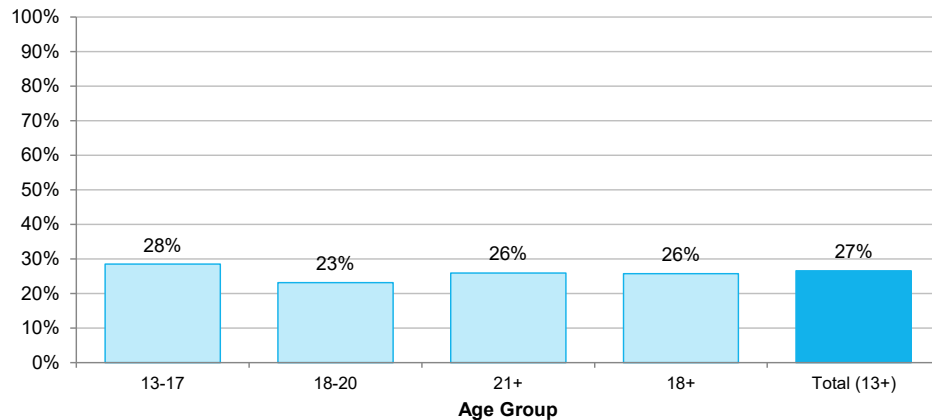
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars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

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

Medicaid Funded

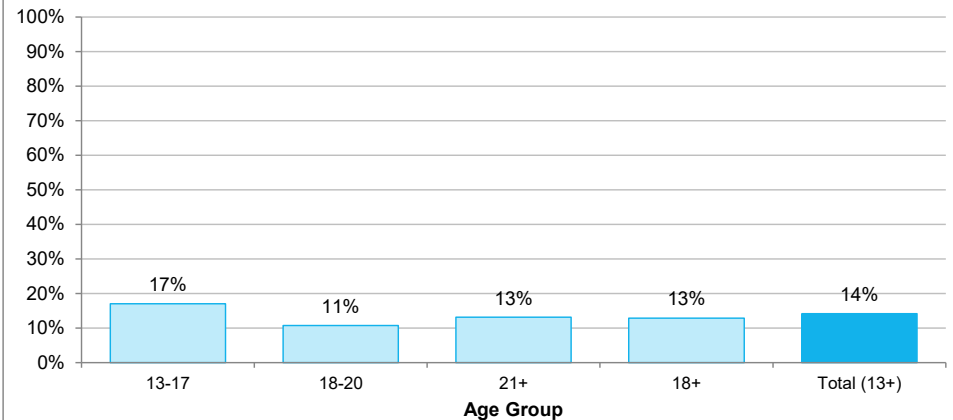
Numerator1			Numerator2		Denominator	Rate1		Rate2	
Age Groups	Number With 2nd Service Or Visit Within 14 Days (Initiation)	Number With 2nd Service Or Visit More Than 14 Days	Number With No 2nd Visit	Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)	Total Number with an Initial Visit (New Episode of Care)	Percent With 2nd Service Or Visit Within 14 Days (Initiation)	Percent With 2nd Service Or Visit More Than 14 Days	Percent With No 2nd Service	Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)
13-17	1,987	1,894	3,096	1,183	6,977	28%	27%	44%	17%
18-20	296	303	684	137	1,283	23%	24%	53%	11%
21+	3,650	3,145	7,295	1,841	14,090	26%	22%	52%	13%
18+	3,946	3,448	7,979	1,978	15,373	26%	22%	52%	13%
Total (13+)	5,933	5,342	11,075	3,161	22,350	27%	24%	50%	14%

Percent Of Persons With MH Condition That Met Initiation* - Statewide (Medicaid Funded)



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

Percent Of Persons With MH Condition That Met Engagement* - Statewide (Medicaid Funded)



* 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: 2026
Report Quarter: 1st Quarter

Measurement Period: Apr - Jun 2025
Based On Claims Paid As Of: Oct 31, 2025

INITIATION AND ENGAGEMENT

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

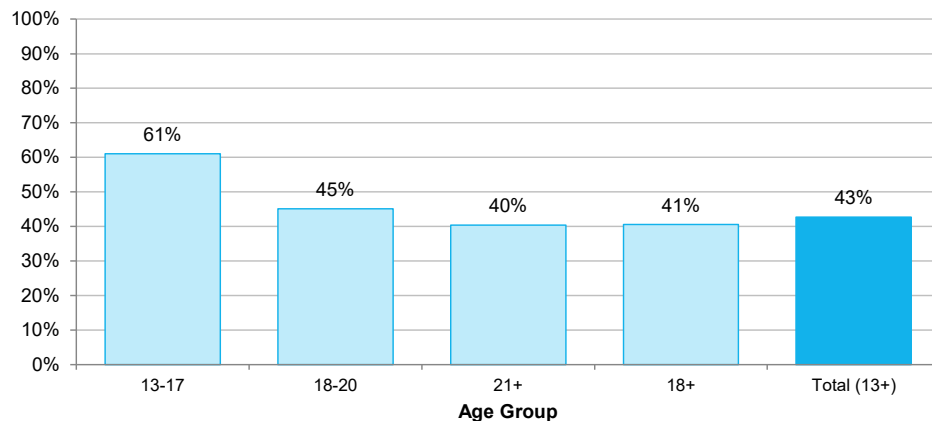
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Description: *Initiation* is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded mh/dd/su service for an MH diagnosis for at least 180 days) who receive a 2nd service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

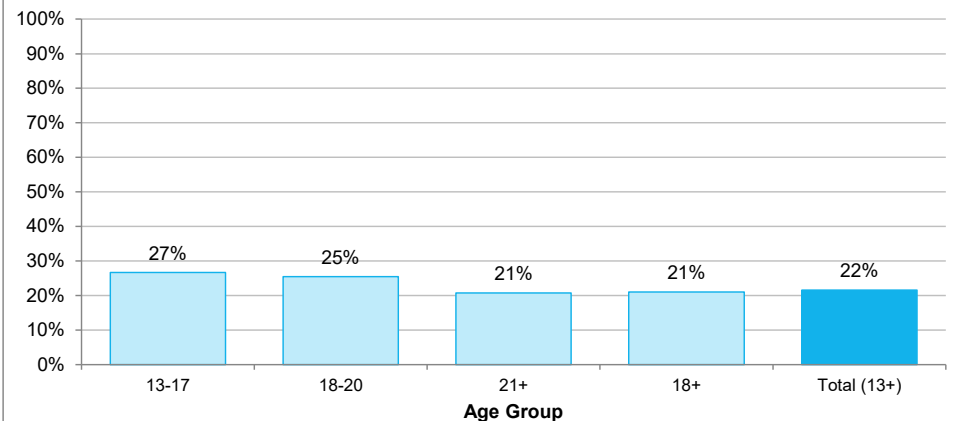
State/Block Grant Funded

Age Groups	Numerator1		Numerator2		Denominator	Rate1		Rate2	
	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	80	11	40	35	131	61%	8%	31%	27%
18-20	23	9	19	13	51	45%	18%	37%	25%
21+	449	178	484	231	1,111	40%	16%	44%	21%
18+	472	187	503	244	1,162	41%	16%	43%	21%
Total (13+)	552	198	543	279	1,293	43%	15%	42%	22%

Percent Of Persons With MH Condition That Met Initiation* - Statewide (State/Block Grant Funded)



Percent Of Persons With MH Condition That Met Engagement* - Statewide (State/Block Grant Funded)



* 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: 2026
Report Quarter: 1st Quarter

Measurement Period: Apr - Jun 2025
Based On Claims Paid As Of: Oct 31, 2025

INITIATION AND ENGAGEMENT

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

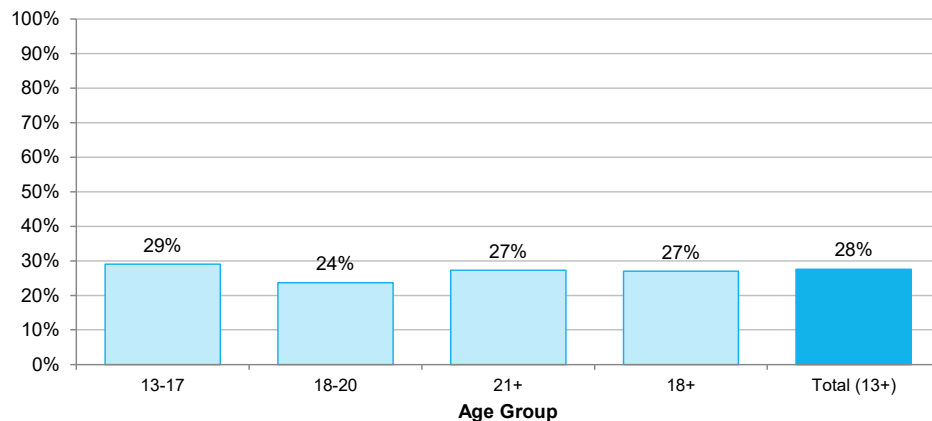
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Medicaid and State/Block Grant Funded

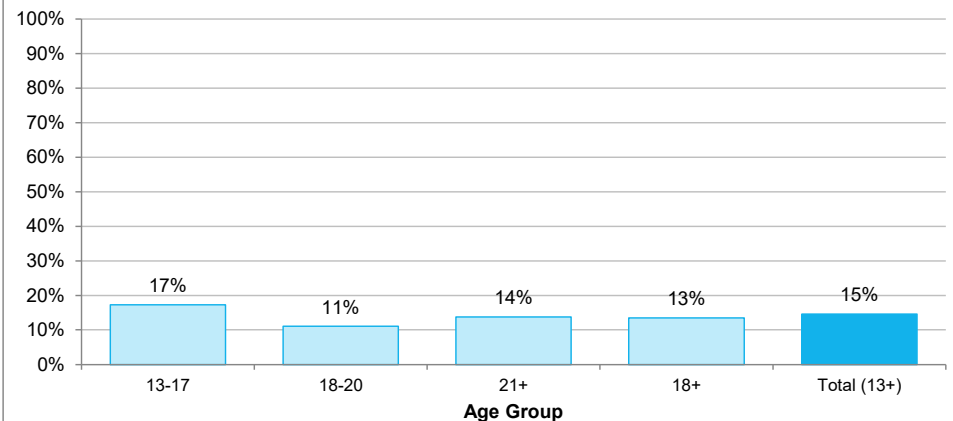
Numerator1			Numerator2		Denominator	Rate1		Rate2	
Age Groups	Number With 2nd Service Or Visit Within 14 Days (Initiation)	Number With 2nd Service Or Visit More Than 14 Days	Number With No 2nd Visit	Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)	Total Number with 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	2,075	1,914	3,155	1,233	7,144	29%	27%	44%	17%
18-20	317	317	704	148	1,338	24%	24%	53%	11%
21+	4,233	3,395	7,909	2,130	15,537	27%	22%	51%	14%
18+	4,550	3,712	8,613	2,278	16,875	27%	22%	51%	13%
Total (13+)	6,625	5,626	11,768	3,511	24,019	28%	23%	49%	15%

Percent Of Persons With MH Condition That Met Initiation* - Statewide (Medicaid and State/Block Grant Funded)



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

Percent Of Persons With MH Condition That Met Engagement* - Statewide (Medicaid and State/Block Grant Funded)



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

Report Year: 2026
Report Quarter: 1st Quarter

Measurement Period: Apr - Jun 2025
Based On Claims Paid As Of: Oct 31, 2025

INITIATION AND ENGAGEMENT

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

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

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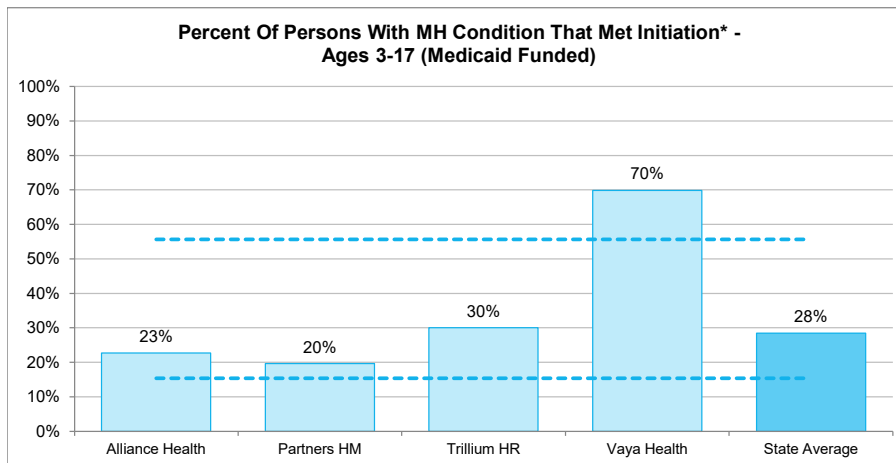
	Numerator1			Numerator2	Denominator	Rate1			Rate2	
LME-MCO	Number With 2nd Service Or Visit Within 14 Days (Initiation)	Number With 2nd Service Or Visit More Than 14 Days	Number With No 2nd Visit	Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)	Total Number with an Initial Visit (New Episode of Care)	Percent With 2nd Service Or Visit Within 14 Days (Initiation)	Percent With 2nd Service Or Visit More Than 14 Days	Percent With No 2nd Service	Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)	

Persons Ages 3-17 (Medicaid Funded)

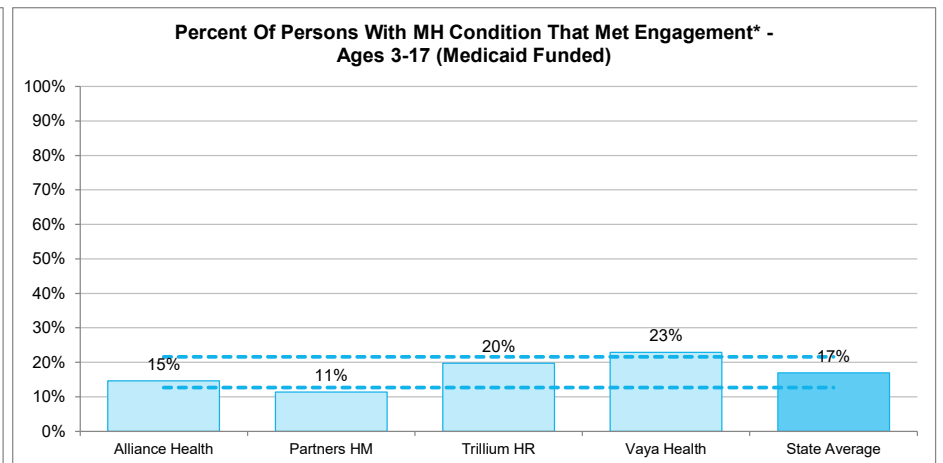
Alliance Health	735	646	1,854	473	3,235	23%	20%	57%	15%
Partners Health Management	100	105	305	58	510	20%	21%	60%	11%
Trillium Health Resources	835	1,047	896	548	2,778	30%	38%	32%	20%
Vaya Health	317	96	41	104	454	70%	21%	9%	23%
State Average	1,987	1,894	3,096	1,183	6,977	28%	27%	44%	17%

Standard Deviation -----

LME-MCO Average



* 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: 2026
Report Quarter: 1st Quarter

Measurement Period: Apr - Jun 2025
Based On Claims Paid As Of: Oct 31, 2025

INITIATION AND ENGAGEMENT

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

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

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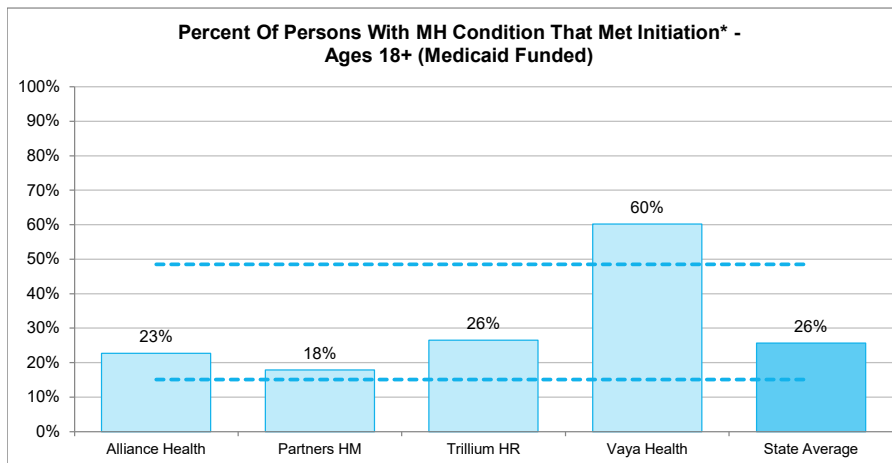
	Numerator1			Numerator2	Denominator	Rate1			Rate2	
LME-MCO	Number With 2nd Service Or Visit Within 14 Days (Initiation)	Number With 2nd Service Or Visit More Than 14 Days	Number With No 2nd Visit	Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)	Total Number with an Initial Visit (New Episode of Care)	Percent With 2nd Service Or Visit Within 14 Days (Initiation)	Percent With 2nd Service Or Visit More Than 14 Days	Percent With No 2nd Service	Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)	

Persons Ages 18+ (Medicaid Funded)

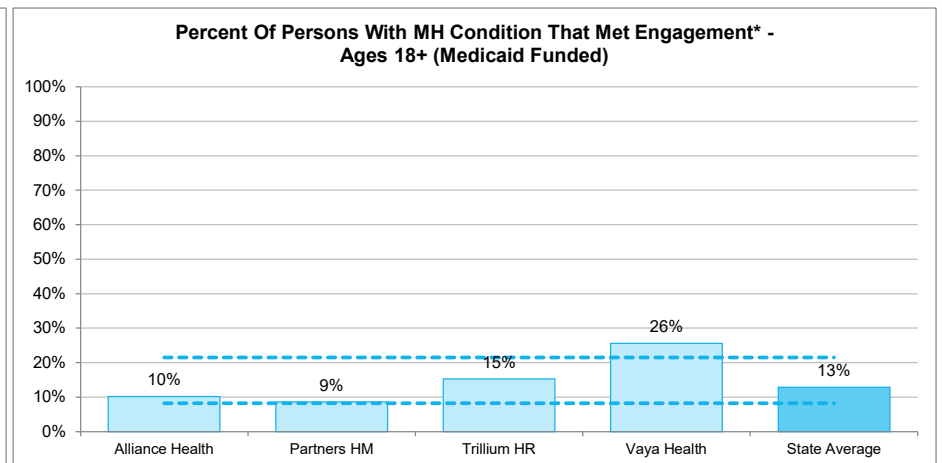
Alliance Health	1,631	1,224	4,330	734	7,185	23%	17%	60%	10%
Partners Health Management	225	219	812	108	1,256	18%	17%	65%	9%
Trillium Health Resources	1,636	1,846	2,696	943	6,178	26%	30%	44%	15%
Vaya Health	454	159	141	193	754	60%	21%	19%	26%
State Average	3,946	3,448	7,979	1,978	15,373	26%	22%	52%	13%

Standard Deviation -----

LME-MCO Average



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Report Year: 2026
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INITIATION AND ENGAGEMENT

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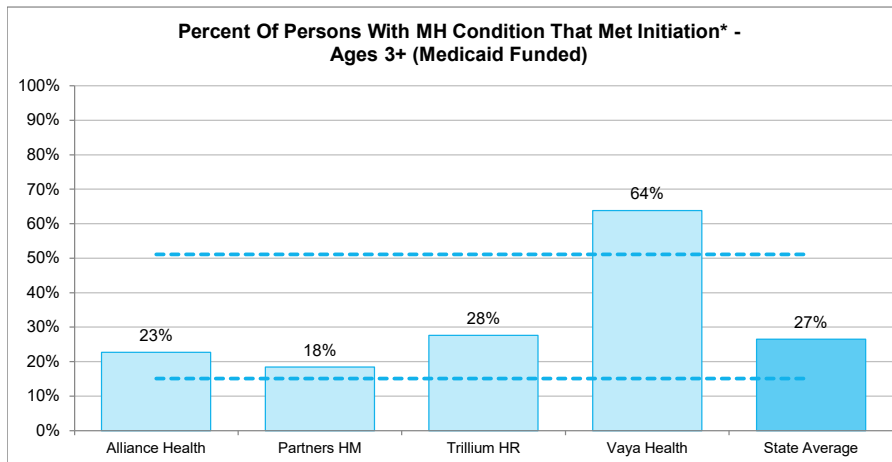
LME-MCO	Numerator1		Numerator2		Denominator	Rate1		Rate2	
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Persons Ages 3+ (Medicaid Funded)

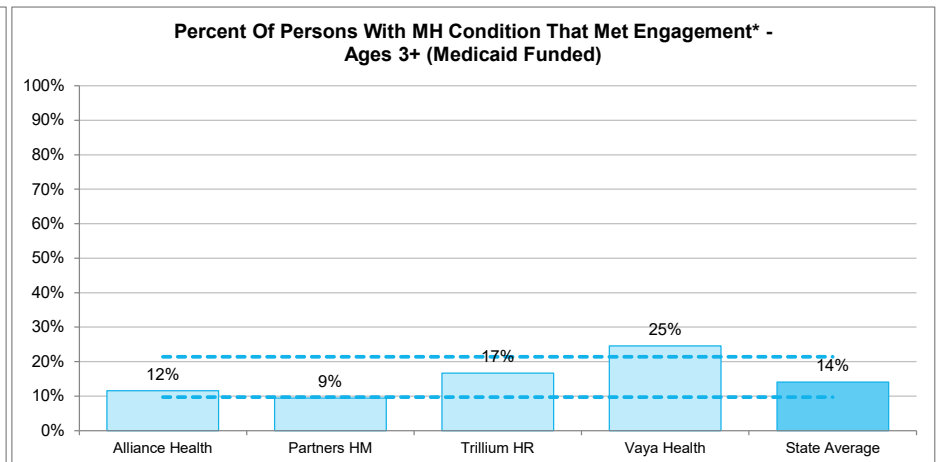
Alliance Health	2,366	1,870	6,184	1,207	10,420	23%	18%	59%	12%
Partners Health Management	325	324	1,117	166	1,766	18%	18%	63%	9%
Trillium Health Resources	2,471	2,893	3,592	1,491	8,956	28%	32%	40%	17%
Vaya Health	771	255	182	297	1,208	64%	21%	15%	25%
State Average	5,933	5,342	11,075	3,161	22,350	27%	24%	50%	14%

Standard Deviation -----

LME-MCO Average



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Report Year: 2026
Report Quarter: 1st Quarter

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INITIATION AND ENGAGEMENT

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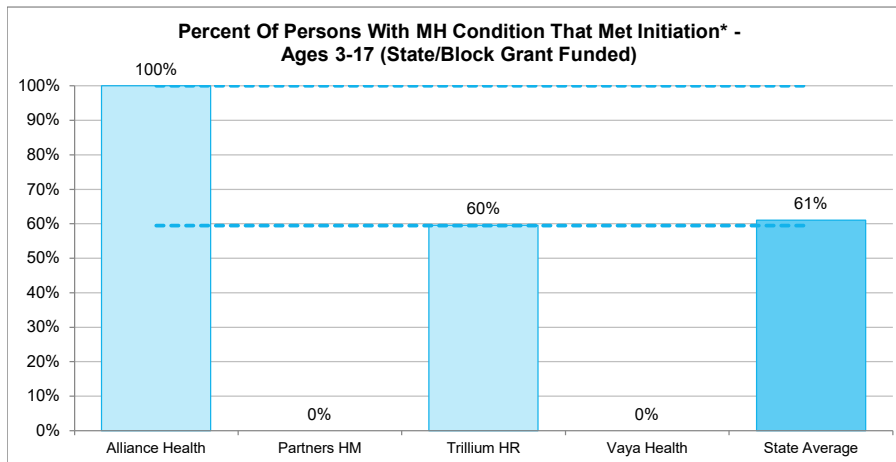
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Persons Ages 3-17 (State/Block Grant Funded)

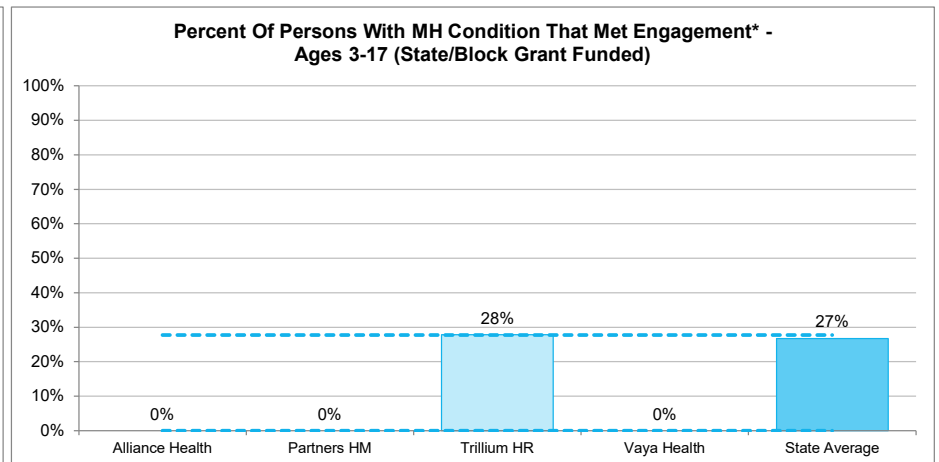
Alliance Health	5	0	0	0	5	100%	0%	0%	0%
Partners Health Management	0	0	0	0	0				
Trillium Health Resources	75	11	40	35	126	60%	9%	32%	28%
Vaya Health	0	0	0	0	0				
State Average	80	11	40	35	131	61%	8%	31%	27%

Standard Deviation -----

LME-MCO Average



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Report Year: 2026
Report Quarter: 1st Quarter

Measurement Period: Apr - Jun 2025
Based On Claims Paid As Of: Oct 31, 2025

INITIATION AND ENGAGEMENT

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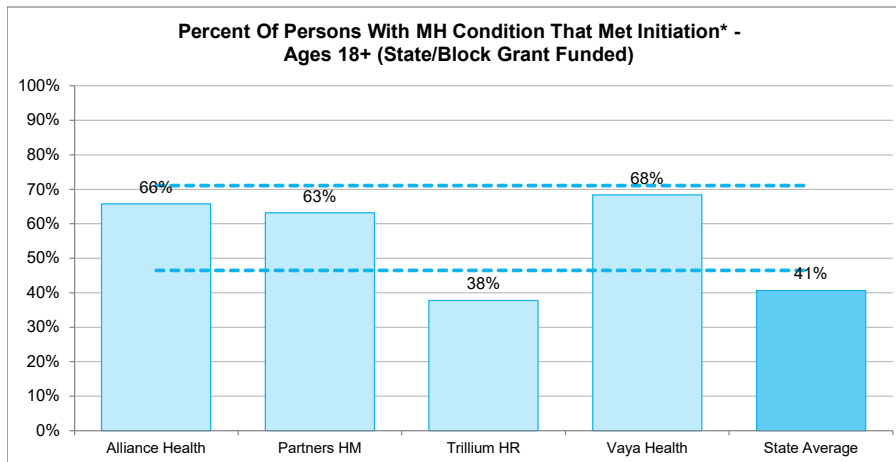
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Persons Ages 18+ (State/Block Grant Funded)

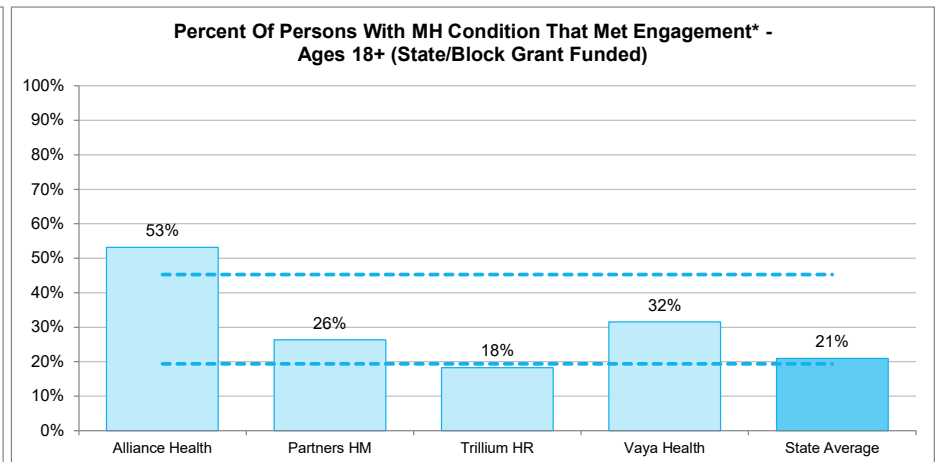
Alliance Health	52	4	23	42	79	66%	5%	29%	53%
Partners Health Management	12	0	7	5	19	63%	0%	37%	26%
Trillium Health Resources	395	178	472	191	1,045	38%	17%	45%	18%
Vaya Health	13	5	1	6	19	68%	26%	5%	32%
State Average	472	187	503	244	1,162	41%	16%	43%	21%

Standard Deviation -----

LME-MCO Average



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Report Year: 2026
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INITIATION AND ENGAGEMENT

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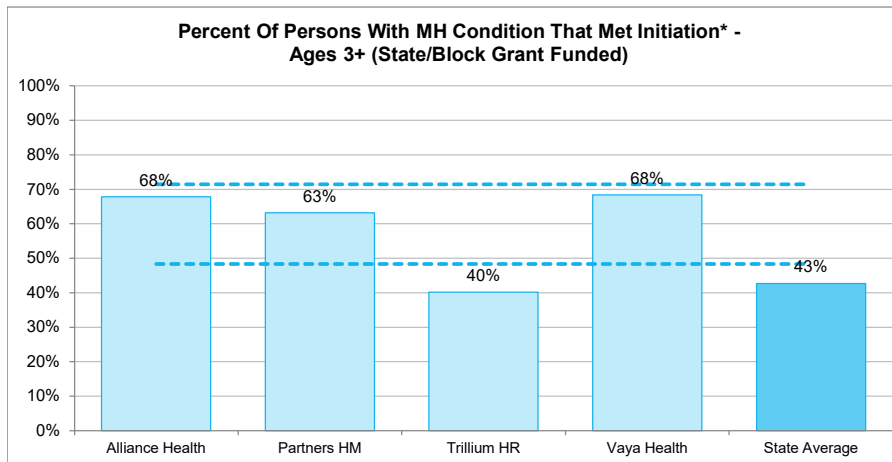
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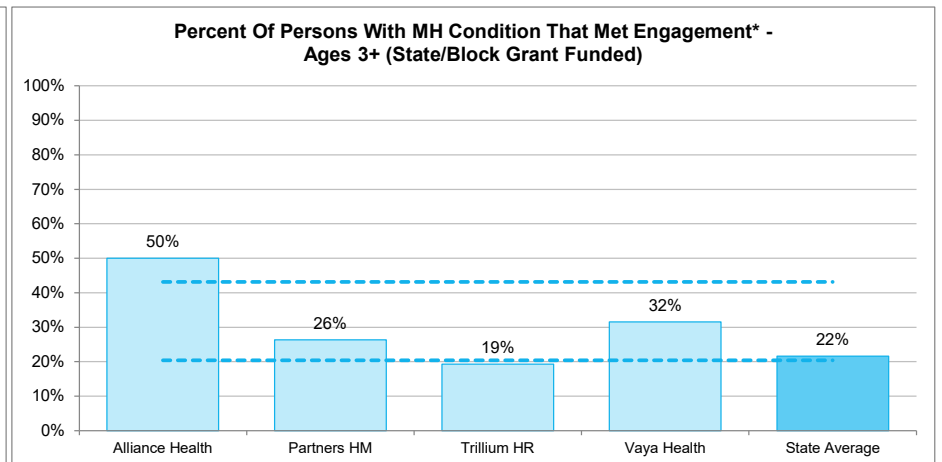
Alliance Health	57	4	23	42	84	68%	5%	27%	50%
Partners Health Management	12	0	7	5	19	63%	0%	37%	26%
Trillium Health Resources	470	189	512	226	1,171	40%	16%	44%	19%
Vaya Health	13	5	1	6	19	68%	26%	5%	32%
State Average	552	198	543	279	1,293	43%	15%	42%	22%

Standard Deviation -----

LME-MCO Average



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Report Year: 2026
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Based On Claims Paid As Of: Oct 31, 2025

INITIATION AND ENGAGEMENT

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

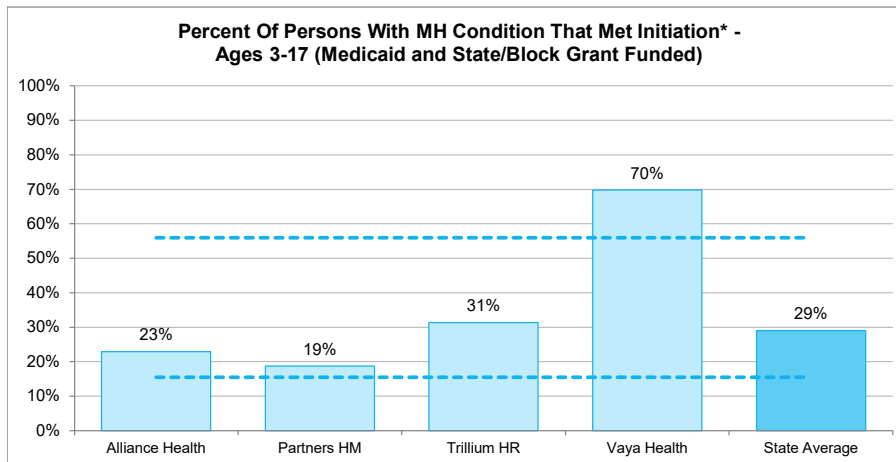
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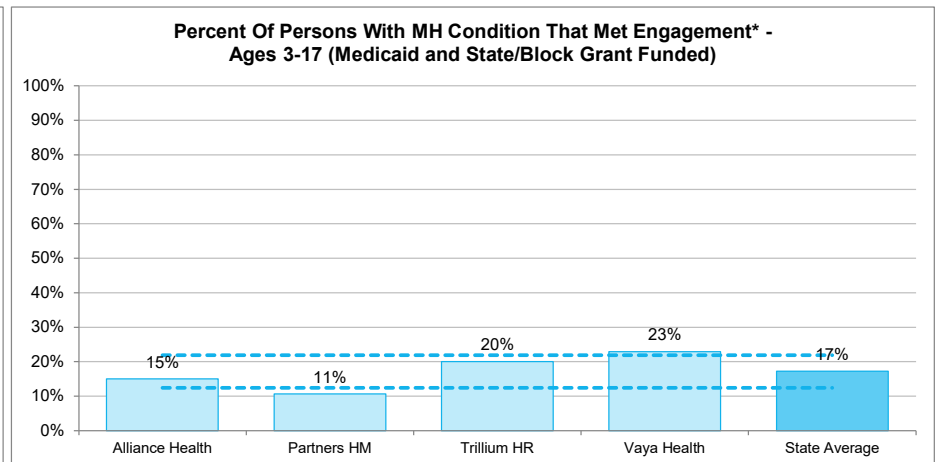
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Persons Ages 3-17 (Medicaid and State/Block Grant Funded)

Alliance Health	753	656	1,871	492	3,280	23%	20%	57%	15%
Partners Health Management	95	104	308	54	507	19%	21%	61%	11%
Trillium Health Resources	910	1,058	935	583	2,903	31%	36%	32%	20%
Vaya Health	317	96	41	104	454	70%	21%	9%	23%
State Average	2,075	1,914	3,155	1,233	7,144	29%	27%	44%	17%
Standard Deviation						20.2%	6.9%	20.9%	4.7%
LME-MCO Average						36%	25%	40%	17%



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

Report Year: 2026
Report Quarter: 1st Quarter

Measurement Period: Apr - Jun 2025
Based On Claims Paid As Of: Oct 31, 2025

INITIATION AND ENGAGEMENT

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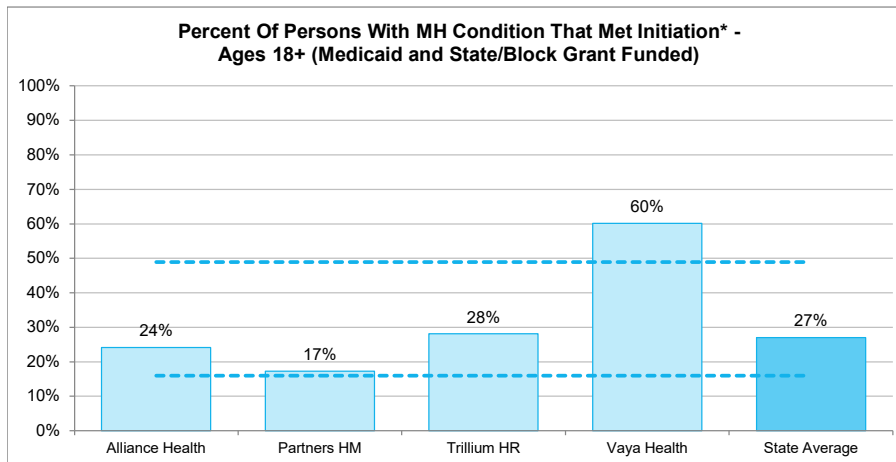
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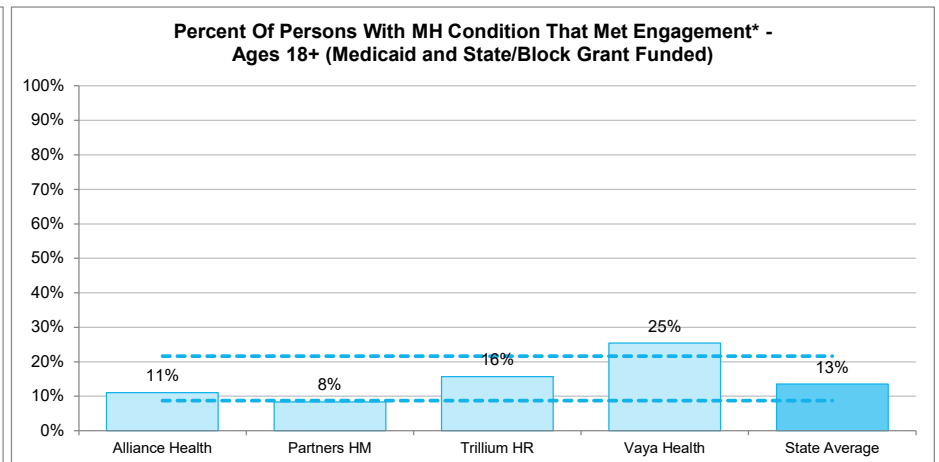
Alliance Health	1,845	1,305	4,508	848	7,658	24%	17%	59%	11%
Partners Health Management	214	213	811	104	1,238	17%	17%	66%	8%
Trillium Health Resources	2,029	2,030	3,152	1,131	7,211	28%	28%	44%	16%
Vaya Health	462	164	142	195	768	60%	21%	18%	25%
State Average	4,550	3,712	8,613	2,278	16,875	27%	22%	51%	13%

Standard Deviation -----

LME-MCO Average



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Report Quarter: 1st Quarter

Measurement Period: Apr - Jun 2025
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INITIATION AND ENGAGEMENT

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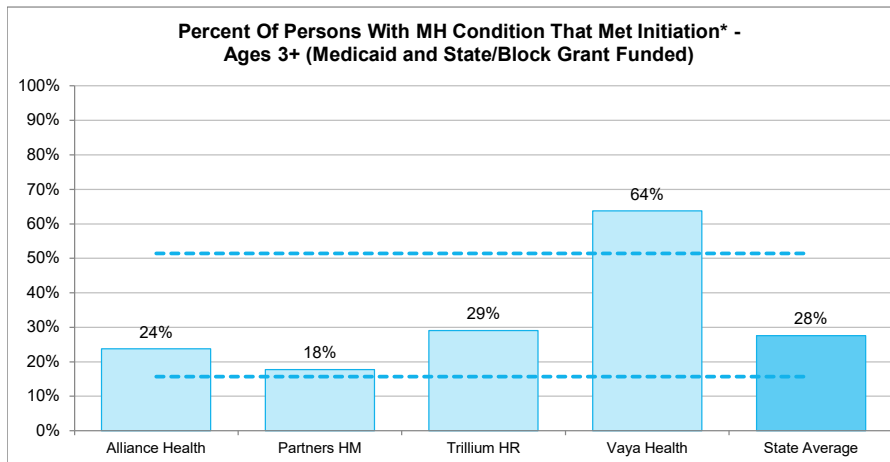
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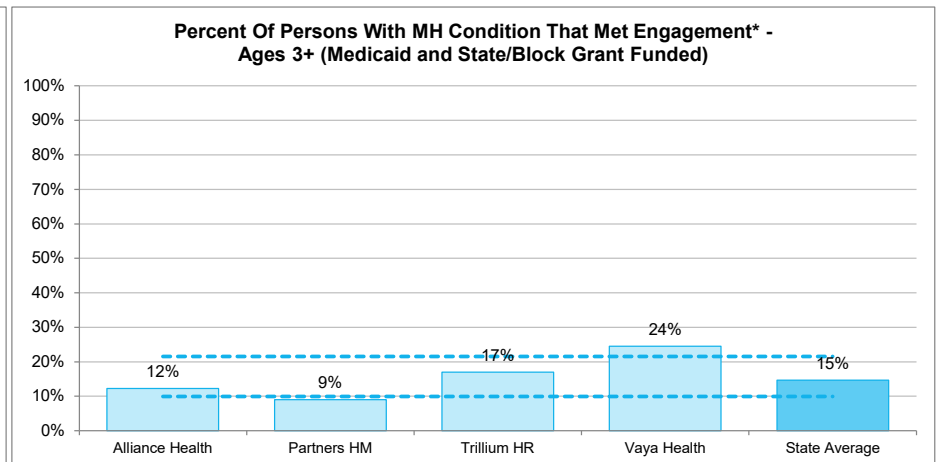
LME-MCO	Numerator1		Numerator2		Denominator	Rate1		Rate2	
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Persons Ages 3+ (Medicaid and State/Block Grant Funded)

Alliance Health	2,598	1,961	6,379	1,340	10,938	24%	18%	58%	12%
Partners Health Management	309	317	1,119	158	1,745	18%	18%	64%	9%
Trillium Health Resources	2,939	3,088	4,087	1,714	10,114	29%	31%	40%	17%
Vaya Health	779	260	183	299	1,222	64%	21%	15%	24%
State Average	6,625	5,626	11,768	3,511	24,019	28%	23%	49%	15%
Standard Deviation						17.9%	5.1%	19.1%	5.8%
LME-MCO Average						34%	22%	44%	16%



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CRISIS AND INPATIENT SERVICES

5.1 Short-Term Care In State Psychiatric Hospitals

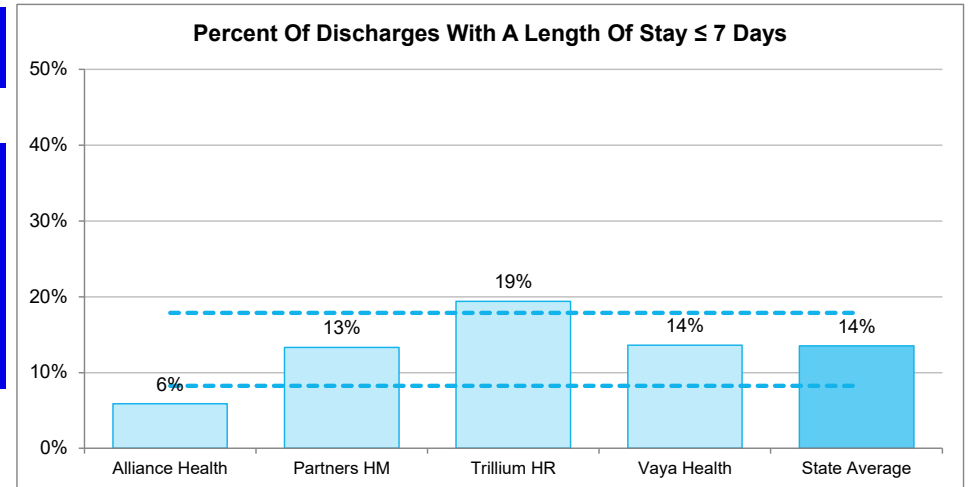
Rationale: Serving individuals in crisis in the least restrictive setting as appropriate and as close to home as possible helps families stay in touch and participate in the individual's recovery.

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

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

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

LME-MCO	Numerator	Denominator	Rate
	Number of Discharges with a LOS ≤ 7 Days	Total Discharges	Percent with a Length Of Stay ≤ 7 Days
Consumers Discharged With A Length Of Stay Of 7 Days Or Less			
Alliance Health	3	51	6%
Partners Health Management	2	15	13%
Trillium Health Resources	13	67	19%
Vaya Health	3	22	14%
State Average	21	155	14%
Standard Deviation			4.8%
LME-MCO Average			13%



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.

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

State Fiscal Year: 2026 Measurement Period: Apr - Jun 2025
Report Quarter: 1st Quarter Based On Claims Paid As Of: Oct 31, 2025

CRISIS AND INPATIENT SERVICES

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

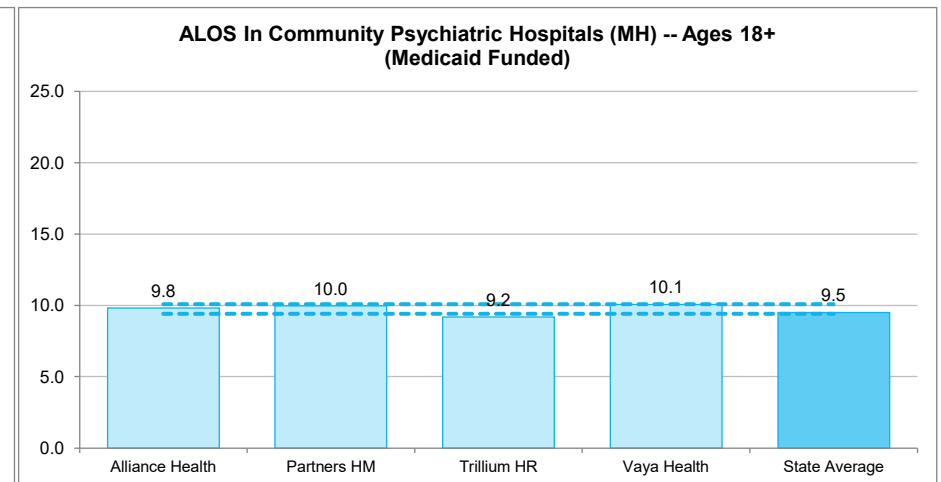
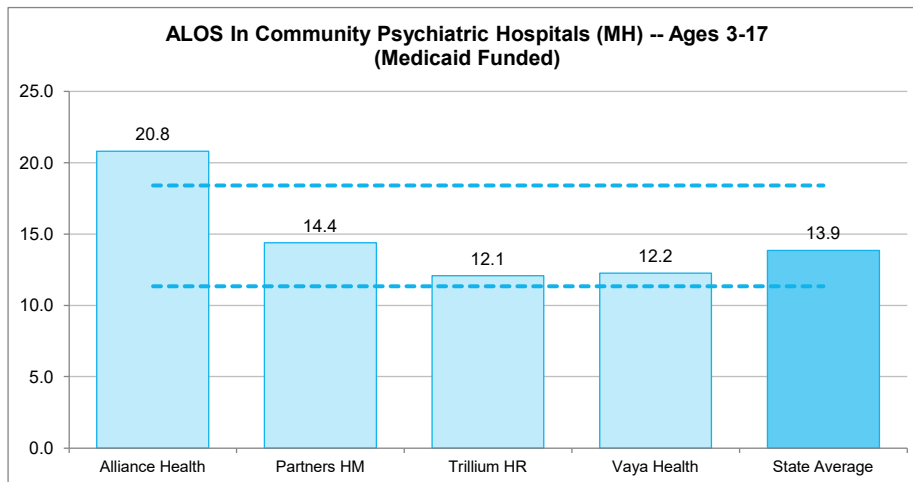
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge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

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

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

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

Alliance Health	3,328	160	20.8	14,211	1,449	9.8	17,539	1,609	10.9
Partners Health Management	590	41	14.4	1,436	144	10.0	2,026	185	11.0
Trillium Health Resources	5,165	428	12.1	17,260	1,882	9.2	22,425	2,310	9.7
Vaya Health	2,829	231	12.2	1,468	146	10.1	4,297	377	11.4
State Average	11,912	860	13.9	34,375	3,621	9.5	46,287	4,481	10.3
Standard Deviation			3.5			0.3			0.6
LME-MCO Average			14.9			9.8			10.7



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

State Fiscal Year: 2026 Measurement Period: Apr - Jun 2025
Report Quarter: 1st Quarter Based On Claims Paid As Of: Oct 31, 2025

CRISIS AND INPATIENT SERVICES

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

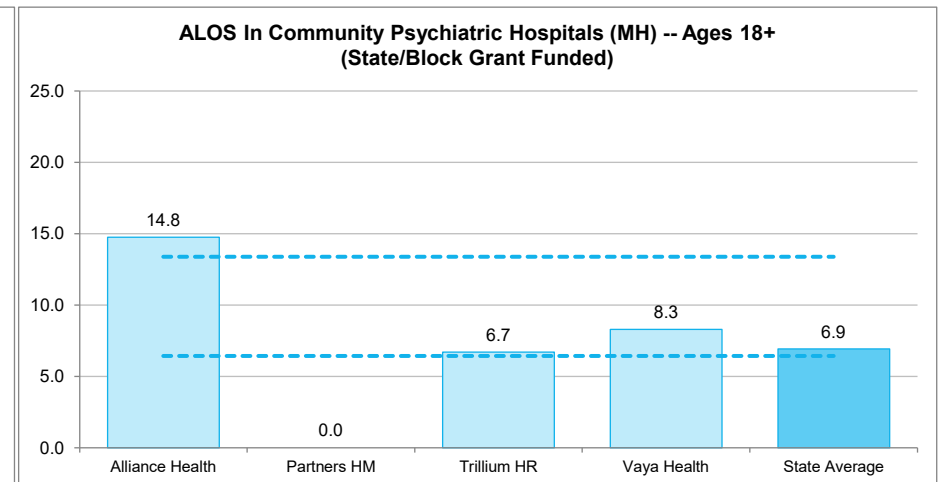
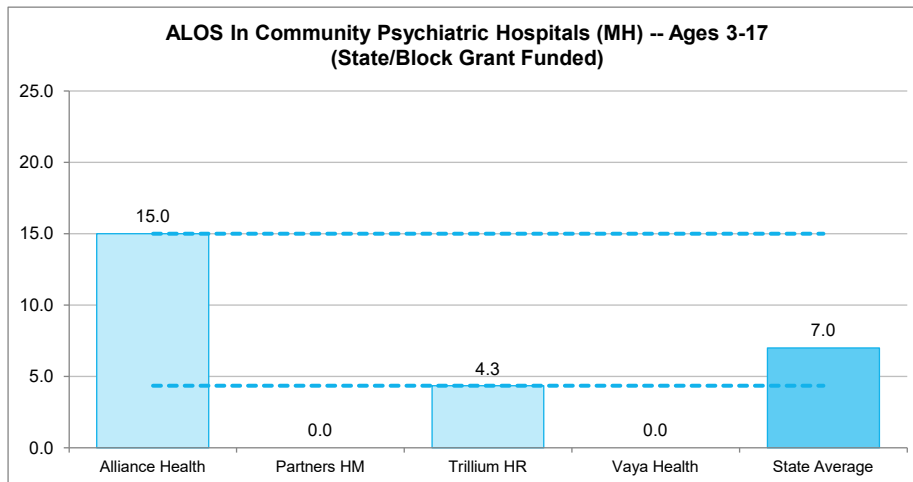
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge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

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

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

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

Alliance Health	15	1	15.0	59	4	14.8	74	5	14.8
Partners Health Management	0	0		0	0				
Trillium Health Resources	13	3	4.3	1,252	187	6.7	1,265	190	6.7
Vaya Health	0	0		58	7	8.3	58	7	8.3
State Average	28	4	7.0	1,369	198	6.9	1,397	202	6.9
Standard Deviation			5.3			3.5			3.5
LME-MCO Average			9.7			9.9			9.9



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

State Fiscal Year: 2026 Measurement Period: Apr - Jun 2025
Report Quarter: 1st Quarter Based On Claims Paid As Of: Oct 31, 2025

CRISIS AND INPATIENT SERVICES

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

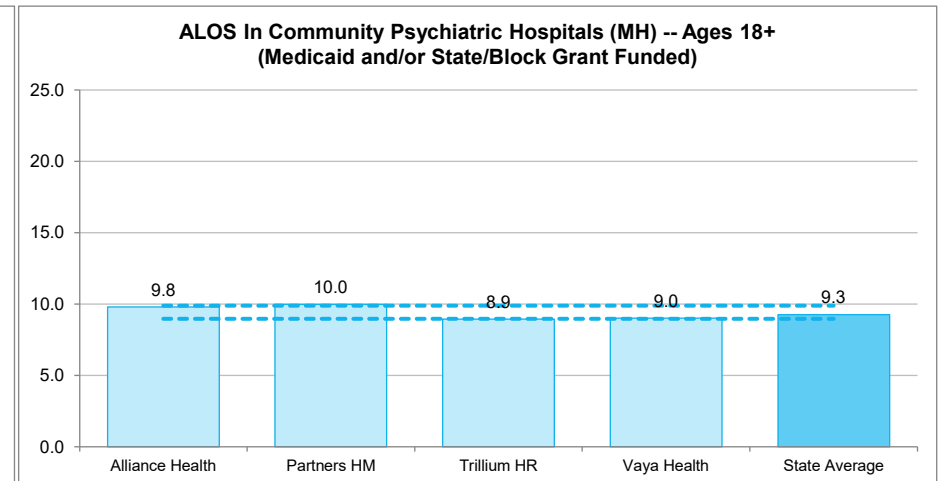
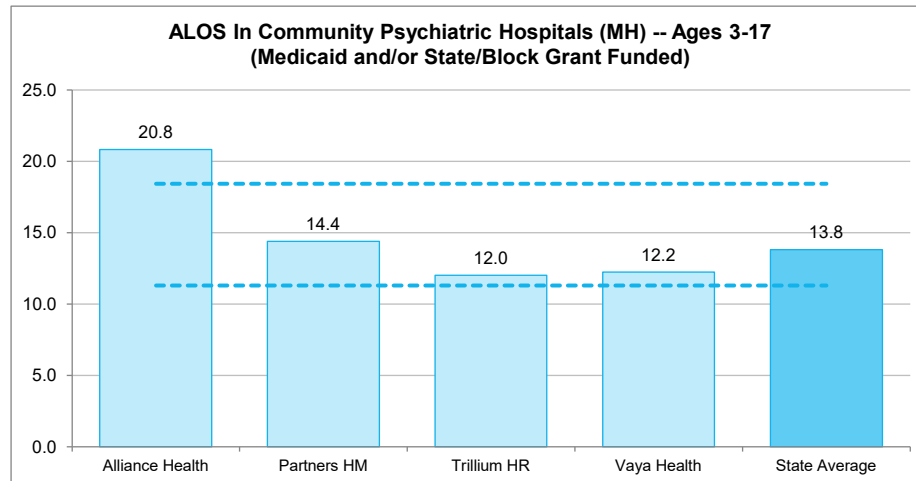
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge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

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

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

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

Alliance Health	3,313	159	20.8	14,152	1,445	9.8	17,465	1,604	10.9
Partners Health Management	590	41	14.4	1,436	144	10.0	2,026	185	11.0
Trillium Health Resources	5,178	431	12.0	18,512	2,069	8.9	23,690	2,500	9.5
Vaya Health	2,829	231	12.2	8,861	984	9.0	11,690	1,215	9.6
State Average	11,910	862	13.8	42,961	4,642	9.3	54,871	5,504	10.0
Standard Deviation			3.6			0.5			0.7
LME-MCO Average			14.9			9.4			10.2



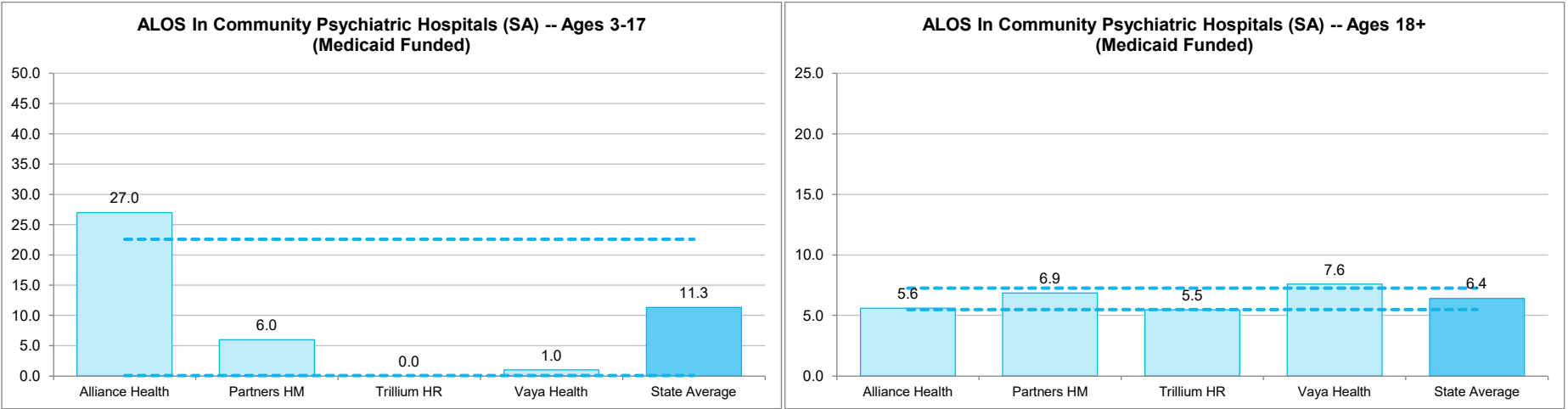
CRISIS AND INPATIENT SERVICES

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

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

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

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	27	1	27.0	1,455	260	5.6	1,482	261	5.7
Partners Health Management	6	1	6.0	192	28	6.9	198	29	6.8
Trillium Health Resources	0	0		1,545	283	5.5	1,545	283	5.5
Vaya Health	1	1	1.0	3,038	400	7.6	3,039	401	7.6
State Average	34	3	11.3	6,230	971	6.4	6,264	974	6.4
Standard Deviation	-----								
LME-MCO Average									



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

State Fiscal Year: 2026 Measurement Period: Apr - Jun 2025
Report Quarter: 1st Quarter Based On Claims Paid As Of: Oct 31, 2025

CRISIS AND INPATIENT SERVICES

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

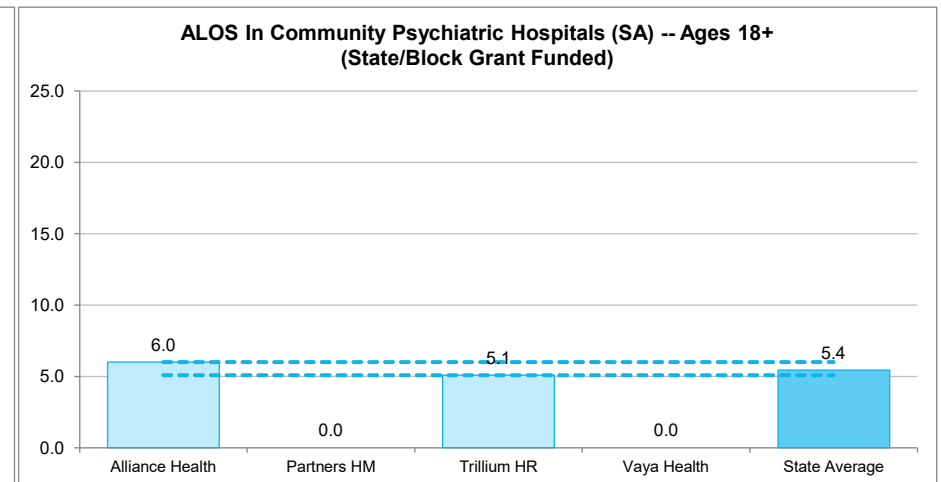
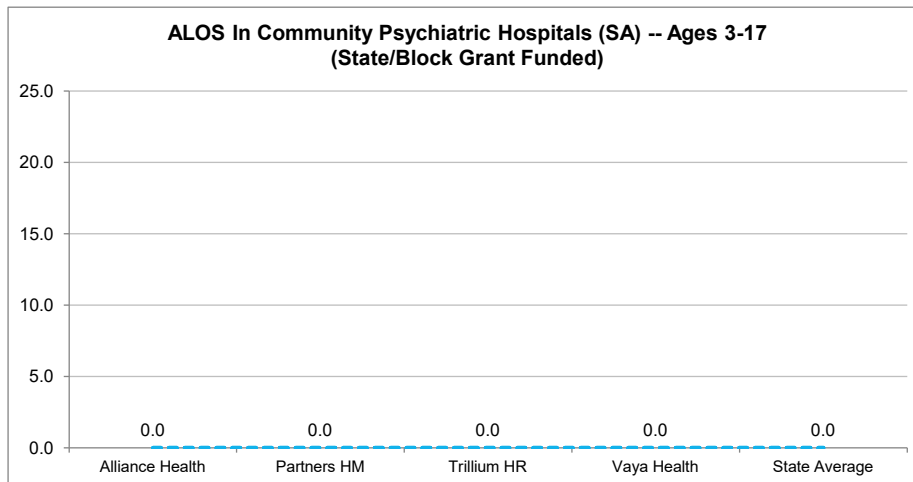
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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 persons with a principal substance use disorder diagnosis who were discharged during the measurement period from a community inpatient facility for acute substance use care.

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

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

Alliance Health	0	0		90	15	6.0	90	15	6.0
Partners Health Management	0	0		0	0				
Trillium Health Resources	0	0		117	23	5.1	117	23	5.1
Vaya Health	0	0		0	0				
State Average	0	0		207	38	5.4	207	38	5.4
Standard Deviation						0.5			0.5
LME-MCO Average						5.5			5.5



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

State Fiscal Year: 2026 Measurement Period: Apr - Jun 2025
Report Quarter: 1st Quarter Based On Claims Paid As Of: Oct 31, 2025

CRISIS AND INPATIENT SERVICES

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

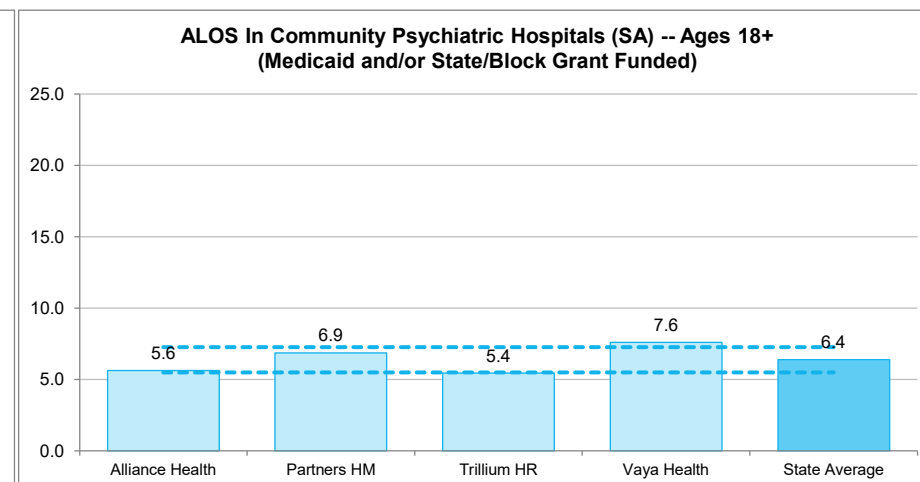
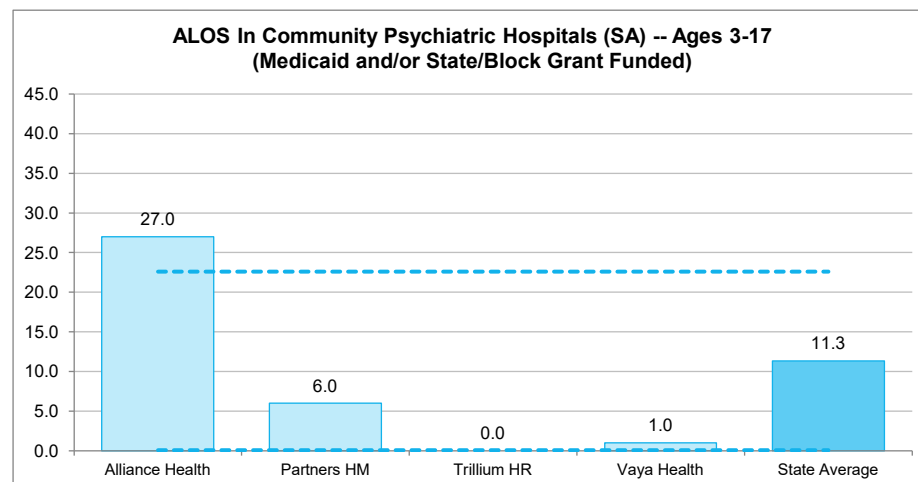
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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 persons with a principal substance use disorder diagnosis who were discharged during the measurement period from a community inpatient facility for acute substance use care.

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

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

Alliance Health	27	1	27.0	1,533	273	5.6	1,560	274	5.7
Partners Health Management	6	1	6.0	192	28	6.9	198	29	6.8
Trillium Health Resources	0	0		1,662	306	5.4	1,662	306	5.4
Vaya Health	1	1	1.0	3,038	400	7.6	3,039	401	7.6
State Average	34	3	11.3	6,425	1,007	6.4	6,459	1,010	6.4
Standard Deviation			11.3			0.9			0.9
LME-MCO Average			11.3			6.4			6.4



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

State Fiscal Year:

2026

Report Quarter:

1st Quarter

30-Day Readmission Measurement Period:

Apr - Jun 2025

180-Day Readmission Measurement Period:

Jan - Mar 2025

CRISIS AND INPATIENT SERVICES

5.6 State Psychiatric Hospital Readmissions within 30 Days and 180 Days

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

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

	Numerator	Denominator	Rate
LME-MCO	Number Readmissions	Total Discharges	Percent Readmitted

Readmitted within 30 Days (Discharges Apr - Jun 2025)

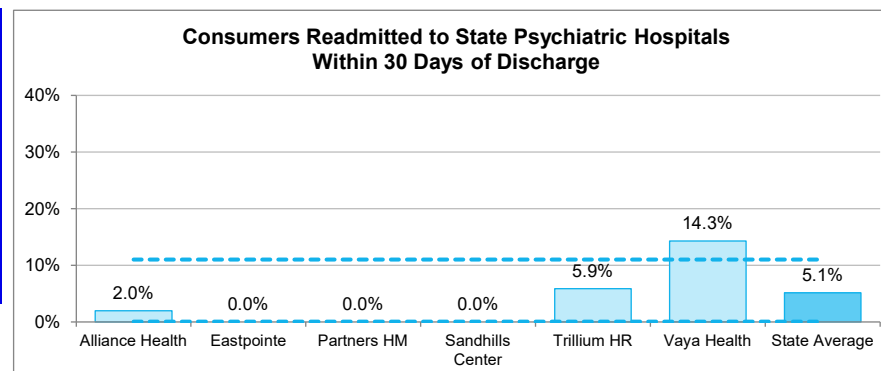
Alliance Health	1	51	2.0%
Eastpointe			
Partners Health Management	0	16	0.0%
Sandhills Center			
Trillium Health Resources	4	68	5.9%
Vaya Health	3	21	14.3%
State Average	8	156	5.1%

Standard Deviation

5.5%

LME-MCO Average

5.5%



Readmitted within 180 Days (Discharges Jan - Mar 2025)

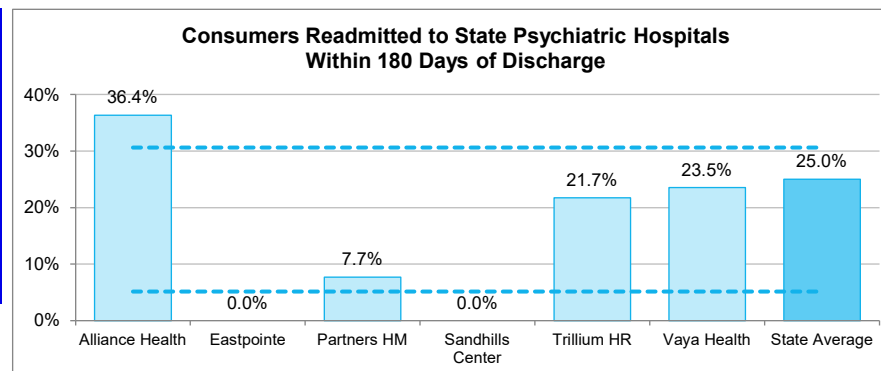
Alliance Health	16	44	36.4%
Eastpointe			
Partners Health Management	1	13	7.7%
Sandhills Center	0	1	0.0%
Trillium Health Resources	15	69	21.7%
Vaya Health	4	17	23.5%
State Average	36	144	25.0%

Standard Deviation

12.7%

LME-MCO Average

17.9%



Data Source: State Hospital data in CDW as of 10/16/24. Discharges have been filtered to include only "direct" and program completion discharges to sources that fall within the responsibility of an LME-MCO to coordinate services (e.g. to other outpatient and residential non state facility, self/no referral, unknown, community agency, private physician, other health care, family friends, nonresidential treatment/habilitation program, other). Discharges for other reasons (e.g. transfers to other facilities, deaths, discharges to medical visits, etc.); to other referral sources (e.g. court, correctional facilities, nursing homes, state facilities, VA); and out-of-state are not included as LMEs would not be expected to coordinate services for these individuals nor to have any impact on readmission rates.

CRISIS AND INPATIENT SERVICES

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

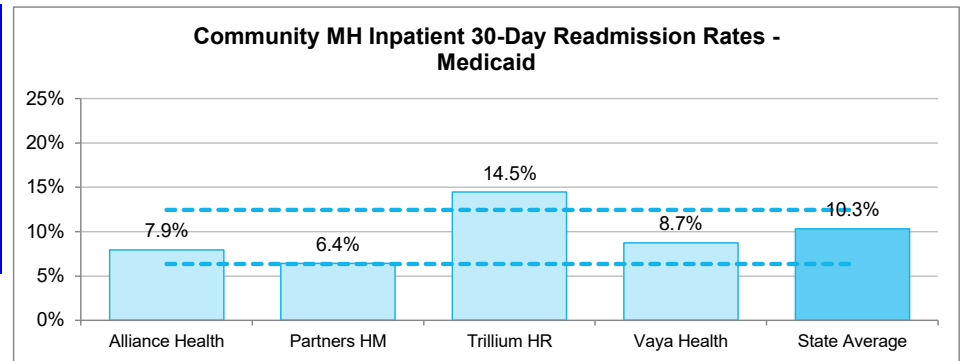
Rationale: Successful community living following hospitalization, without repeated admissions to inpatient care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low hospital readmission rate is a nationally accepted indicator of how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

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

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

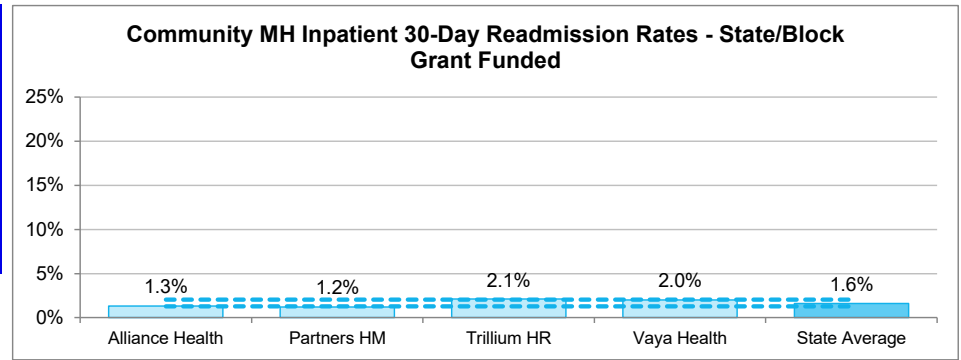
Medicaid Funded

Alliance Health	132	1,662	7.9%
Partners Health Management	66	1,025	6.4%
Trillium Health Resources	334	2,310	14.5%
Vaya Health	97	1,109	8.7%
State Average	629	6,106	10.3%
Standard Deviation			3.0%
LME-MCO Average			9.4%



State/Block Grant Funded

Alliance Health	3	227	1.3%
Partners Health Management	2	163	1.2%
Trillium Health Resources	4	190	2.1%
Vaya Health	2	100	2.0%
State Average	11	680	1.6%
Standard Deviation			0.4%
LME-MCO Average			1.7%



CRISIS AND INPATIENT SERVICES

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

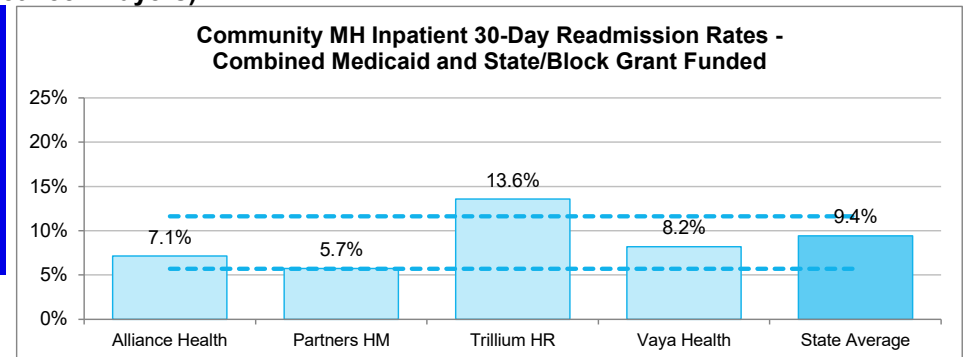
Rationale: Successful community living following hospitalization, without repeated admissions to inpatient care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low hospital readmission rate is a nationally accepted indicator of how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

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

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

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

Alliance Health	135	1,890	7.1%
Partners Health Management	68	1,188	5.7%
Trillium Health Resources	339	2,500	13.6%
Vaya Health	99	1,209	8.2%
State Average	641	6,787	9.4%
Standard Deviation			3.0%
LME-MCO Average			8.7%



CRISIS AND INPATIENT SERVICES

5.8 State ADATC Readmissions within 30 Days and 180 Days

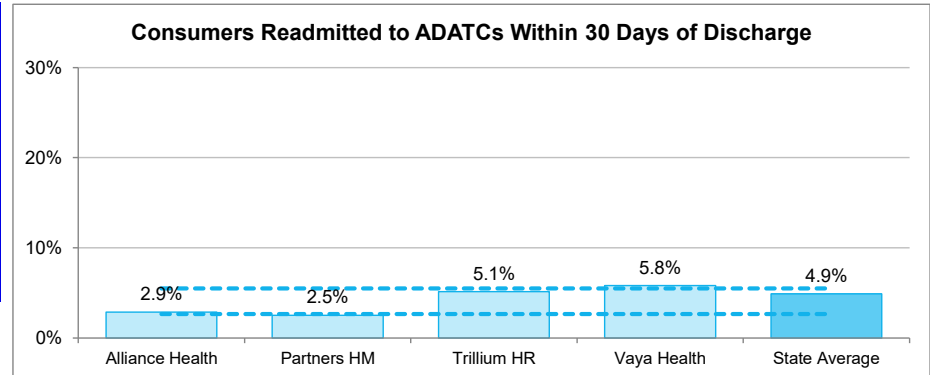
Rationale: Successful community living following care in a State Alcohol and Drug Abuse Treatment Center (ADATC), without repeated admissions, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low readmission rate is a nationally accepted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

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

	Numerator	Denominator	Rate
LME-MCO	Number Readmissions	Total Discharges	Percent Readmitted

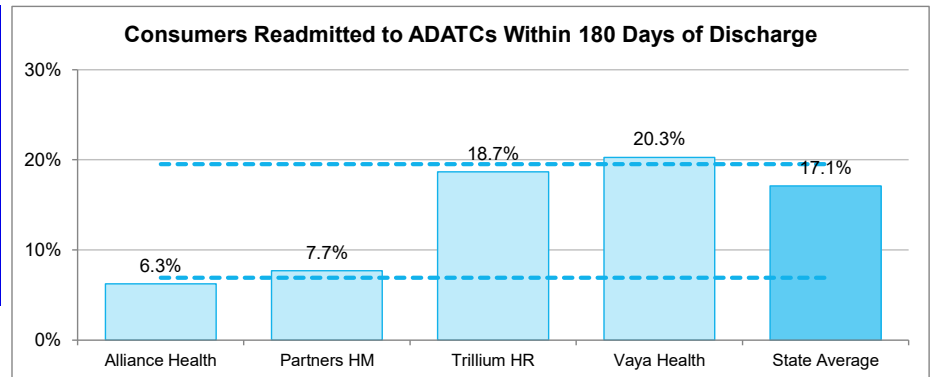
Readmitted within 30 Days (Discharges Apr - Jun 2025)

Alliance Health	1	35	2.9%
Eastpointe			
Partners Health Management	1	40	2.5%
Sandhills Center			
Trillium Health Resources	10	195	5.1%
Vaya Health	8	138	5.8%
State Average	20	408	4.9%
Standard Deviation			1.4%
LME-MCO Average			4.1%



Readmitted within 180 Days (Discharges Jan - Mar 2025)

Alliance Health	2	32	6.3%
Eastpointe			
Partners Health Management	3	39	7.7%
Sandhills Center			
Trillium Health Resources	28	150	18.7%
Vaya Health	31	153	20.3%
State Average	64	374	17.1%
Standard Deviation			6.3%
LME-MCO Average			13.2%



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.

CRISIS AND INPATIENT SERVICES

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

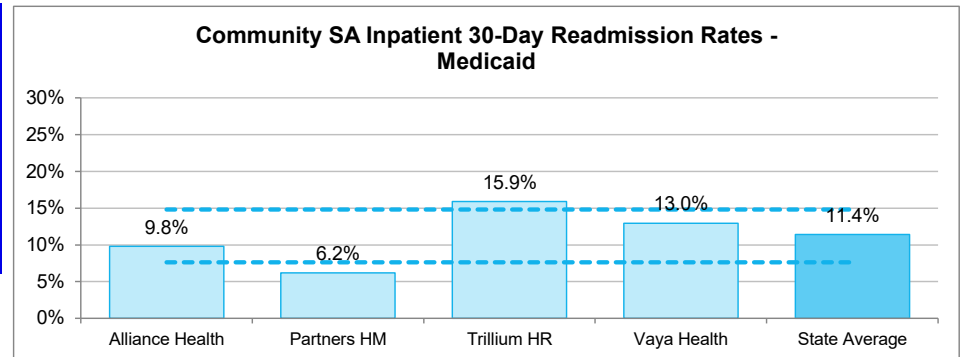
Rationale: Successful community living following hospitalization, without repeated admissions to inpatient care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low hospital readmission rate is a nationally accepted indicator of how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

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

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

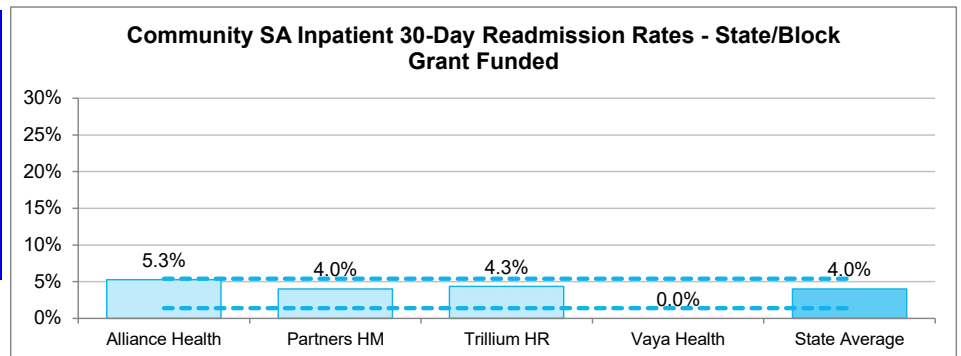
Medicaid Funded

Alliance Health	33	336	9.8%
Partners Health Management	13	210	6.2%
Trillium Health Resources	45	283	15.9%
Vaya Health	32	247	13.0%
State Average	123	1,076	11.4%
Standard Deviation			3.6%
LME-MCO Average			11.2%



State/Block Grant Funded

Alliance Health	1	19	5.3%
Partners Health Management	1	25	4.0%
Trillium Health Resources	1	23	4.3%
Vaya Health	0	8	0.0%
State Average	3	75	4.0%
Standard Deviation			2.0%
LME-MCO Average			3.4%



CRISIS AND INPATIENT SERVICES

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

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

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

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

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

Alliance Health	34	355	9.6%
Partners Health Management	14	233	6.0%
Trillium Health Resources	47	306	15.4%
Vaya Health	32	255	12.5%
State Average	127	1,149	11.1%
Standard Deviation			3.5%
LME-MCO Average			10.9%

