Mecklenburg County Behavioral Health Strategic Plan

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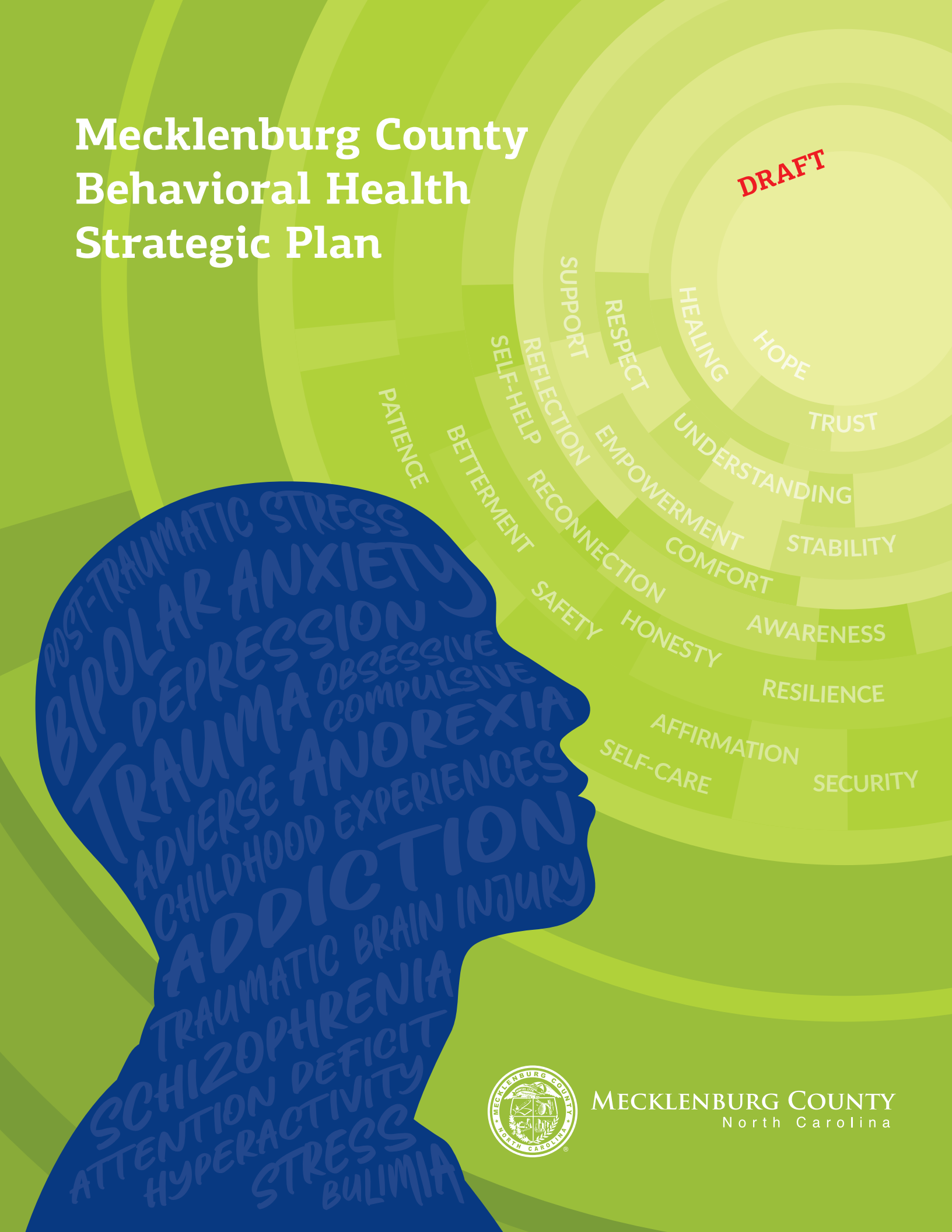


MECKLENBURG COUNTY
North Carolina

Contents

DRAFT

Dear Mecklenburg County residents:

I'm pleased to present Mecklenburg County's Behavioral Health Strategic Plan, a culmination of extensive engagement with providers, stakeholders, partners, and community members dedicated to improving mental health care for all residents. Mecklenburg County's commitment to behavioral health prompted the development of a comprehensive set of objectives, strategies, and action steps for improving our local system of behavioral health care.

The County, in close collaboration with our partners, has an important role to play in comprehensively understanding and leading the efforts to help our residents. We recognize that mental health and well-being is a primary concern for residents across the County. The need for behavioral health services has continually increased with the pandemic and the opioid epidemic, demonstrating the necessity of addressing gaps in care and improving service coordination.

We know that individuals face challenges when seeking crucial support at various entry points to the system. To address these issues, the County endeavors to improve access, enhance the quality of care and foster better coordination across the landscape of behavioral health providers. The overarching goal of the strategic plan is a future where mental health is prioritized, stigma is addressed, and resources are accessible to all residents.

Our dedicated steering committee has identified five key priorities: Collaborative and Coordinated Care, Social Determinants of Health, Prevention and Early Intervention, Access to Care, and Service Array.

Collaborative and coordinated care emerged as the top priority and the plan recognizes the impact of social determinants of health, prioritizes prevention and early intervention, increases people's access to care, and broadens the array of services to eliminate gaps.

This strategic plan marks a shared vision for an integrated, trauma-informed, culturally appropriate behavioral health care system. We must emphasize person-centered approaches and promote parity with physical health care.

The plan will serve as our north star, ensuring that our collective endeavors are coordinated, sustained, and held accountable. I'm excited and hopeful to realize our vision of a community where all our residents can lead healthy, fulfilling lives. As we move forward in this work, the County will spearhead the implementation process, collaborating with partners, steering committee members, and community stakeholders. Sincere thanks to everyone who contributed to this plan.

I welcome your input as we work to build a resilient community where optimal mental health is achievable for all.

Sincerely,

Dena R. Diorio
Mecklenburg County Manager

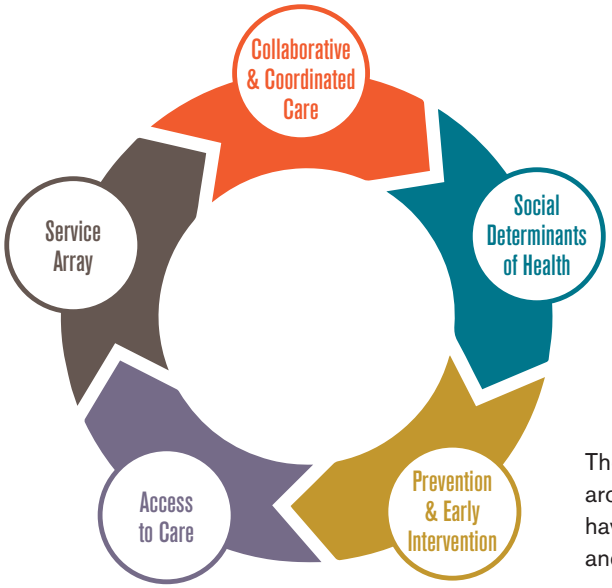
Executive summary

The Mecklenburg County Behavioral Health Strategic Plan is the collaborative work of hundreds of participants whose voices were heard through community engagement and provider listening sessions, one-on-one and small group interviews with nearly 50 stakeholders, and monthly meetings of the steering committee. The strategic planning process, spanning from November 2022 through April 2024, was also informed by a quantitative analysis of gaps in behavioral health services.

The strategic plan, which will be implemented in the coming months and years, provides a road map for improving the county's behavioral health system of care. This report encapsulates the plan's methodologies, guiding principles, cross-cutting factors, focus areas, and their related objectives, strategies, and action steps. It also provides valuable context for understanding why we have the system that exists today, as well as Mecklenburg County's role in improving the behavioral health of the community.

Guided by a steering committee comprised of county staff, community partners, and professionals involved in the provision of services, the plan's development incorporated insights from clinicians, administrators, advocates, policy experts, and leaders from the public managed care organization and the two major hospital systems.

Stakeholder interviews provided the steering committee with valuable qualitative data related to affected subpopulations, gaps in services and barriers to access, and ways to improve the system. The stakeholders identified care coordination, prevention, early intervention, social determinants of health, service array, and access to services as top priorities.



The strategic plan revolves around five areas of focus, each having an objective, strategies and action steps.

Provider listening sessions uncovered concerns from both clinicians and administrators, including a shortage of bilingual clinicians, limited services for uninsured individuals, poor care coordination, and the need for centralized client data. Participants also voiced issues within the workforce, such as staff shortages, compensation, and retention.

Community engagement sessions involving nearly 700 residents revealed sentiments of skepticism and frustration—as well as faith in Mecklenburg County having the resources and capability to make significant systemic improvements. Residents highlighted deficits in insurance coverage, funding, transportation, and multilingual providers. And they emphasized the need for client advocacy and case management.

In August 2023, the county engaged a research firm to conduct a quantitative analysis of gaps in services. Data and recommendations from the forthcoming report, *Mecklenburg County Gap Analysis 2024,* bolstered the steering committee's ability to make data-informed decisions.

All of these data-gathering activities fed into the work of the steering committee as it formulated its guiding principles, cross-cutting factors, and focus areas. The plan's five focus areas and their related objectives and strategies are detailed on the following page. As the strategic plan is implemented by Mecklenburg County's staff and its community partners, it will be updated regularly to reflect progress and evolving community needs. Ultimately, the goal is to create a community where all residents can have equitable access to the services they need, so they can lead healthy, fulfilling lives.

Objective: *Create a comprehensive, accountable network of strength-based services and supports working in close collaboration to meet the needs of individuals and families involved in multiple behavioral health systems.*

Strategy 1: Develop a cross-system, behavioral health coordinated services model.
Strategy 2: Translate findings from the coordinated services model to implement a training protocol for selected service providers through a phased-implementation approach.
Strategy 3: Develop targeted outreach for populations that interact with multiple systems.

Objective: *Increase resources to address non-medical factors that influence outcomes for individuals with behavioral health needs.*

Strategy 1: Provide resource connections and navigation to individuals with behavioral health needs.
Strategy 2: Identify and support evidence-based, resilient community programs in communities most impacted by the five domains of social determinants of health: economic stability, neighborhood, social and community context, and access to quality education and health care.
Strategy 3: Increase the community's availability of permanent supportive housing, low-barrier transitional housing, and wrap-around supports to minimize housing insecurity as a symptom or result of mental health, substance use, or intellectual/developmental disability.

Objective: *Focus resources on programs and services designed to support people who may be at greater risk of developing behavioral health needs.*

Strategy 1: Create a robust public awareness campaign to counteract stigma and educate residents on the risk factors and resources that support behavioral health needs.
Strategy 2: Partner with community agencies to make Mental Health First Aid (MHFA) available to more residents by offering education in schools, libraries, places of worship, health care, and criminal justice settings.

Objective: *Enhance and increase the ability to see a qualified behavioral health or community support provider.*

Strategy 1: Assess and develop entry points to the behavioral health system to address identified gaps and prioritize where access should be enhanced, particularly for uninsured and underinsured residents.
Strategy 2: Evaluate existing online service-navigation portals to identify opportunities to utilize them more cohesively and efficiently for behavioral health service delivery.

Objective: *Reduce gaps in services and establish a comprehensive and robust service continuum.*

Strategy 1: Utilize findings from the gap analysis to create a comprehensive service continuum.
Strategy 2: Create a workforce pipeline to increase the number of behavioral health providers and the availability of affordable, culturally competent services through education, incentives, and training.
Strategy 3: Facilitate collaboration between providers and natural supports for individuals with behavioral health needs to enhance client-centered care.

Introduction: A perfect storm

Our nation is experiencing an extraordinary behavioral health crisis, exacerbated by a convergence of factors, including Covid-19, the opioid epidemic, racial and socio-economic inequities, an increase in homelessness, and the pitfalls of social media. This perfect storm of challenges has placed immense strain on individuals, caregivers, and providers.

The Covid-19 pandemic has profoundly affected mental health on a global scale. The uncertainties surrounding the virus, social isolation, economic hardships, school closures, and the loss of loved ones have contributed to increased stress, anxiety, and depression. And the opioid epidemic has brought widespread addiction and overdose deaths, decimating families and, in some cases, entire communities.

Racial and socioeconomic inequities persistently shape mental health outcomes, as people of color disproportionally face barriers to accessing behavioral health services. Many people lack the resources to pay for services, even if they have health insurance.

Insufficient resources can also contribute to homelessness, which is both a cause and a symptom of mental illness. In fact, housing instability often leads to a cycle of behavioral health issues that are intensified by the lack of a secure living environment.

Social media, for all the good it has done, also plays a role in the mental health crisis. Excessive use of these platforms can contribute to feelings of inadequacy, social isolation, and anxiety, especially among younger populations.

In Mecklenburg County, 1 in 5 adults reported being diagnosed with depression, and 1 in 5 high school students reported seriously considering suicide in the past year.*

While these topics dominate the news cycle, their effect on our national psyche arguably is nothing new. The late Rosaylnn Carter, a transformative former first lady, chose mental health as her advocacy platform when her husband Jimmy became president in 1977.

Addressing the mental health crisis is such a heavy lift that neither the private sector, nor government, nor community-based organizations, nor the nonprofit world, nor the faith-based community can do it alone. We all must pick up an oar and paddle in synchronicity.

Changing "the system" necessitates an aggressive, comprehensive and integrated approach on the part of payers, providers, patients and yes, government. Mecklenburg County government is uniquely positioned to take a leadership role in this process, having the professional networks, influence, staff expertise, and willingness to invest the resources necessary to affect positive change in our community.

Yet, there are many more institutional leaders on whose shoulders rests the shared responsibility of building a better local ecosystem of care and support. Law enforcement, the justice system, two major hospital systems, managed care organizations, provider community, advocacy organizations, and many other stakeholders played a crucial role in creating this strategic plan. Its success is now contingent on how well we all work together to realize its full potential to achieve the greater good for our entire community.

* 2022 Mecklenburg County Community Health Assessment

Subpopulations: Who is affected by behavioral health?

A person's state of emotional or psychological well-being (also called "behavioral health" or "mental health") is not as straightforward as whether they're well or unwell, sane or mentally ill. Rather, it's a nuanced spectrum that can change drastically and rather quickly. In short, everyone is affected by their mental health, both positively and negatively, as it's part of our overall health and well-being.

To understand the diversity of people who, perhaps more than others, receive or could benefit from behavioral health services, we asked nearly 50 local stakeholders, *Which subpopulations of people are most negatively affected by their behavioral health?* The most common answers, and some national, state, and local statistics related to each subpopulation's particular challenges, are represented here.

Sources:
2022 Mecklenburg County Community Health Assessment, 2023 State of Housing Instability and Homelessness Report, Annual Review of Public Health, Charlotte-Mecklenburg Housing & Homelessness Dashboard, KFF, Mental Health America, National Alliance on Mental Illness, National Institutes of Health, North Carolina Department of Health and Human Services, PLOS, Substance Abuse and Mental Health Services Administration, U.S. Dept. of Veterans Affairs

Children, Teens & Adolescents

One in five Charlotte-Mecklenburg high school students reported seriously considering suicide.

In Mecklenburg County, emergency department visits for child suicide attempts increased by 20% from 2019 to 2021.

In Mecklenburg County, suicide is the second-leading cause of death among children, exceeded only by homicides.

People with an Intellectual or Development Disability

Nearly
200,000
North Carolinians have an intellectual or developmental disability.

Over
215,000
North Carolinians have traumatic brain injuries.

LGBTQ+

Evidence suggests members of this community are at a higher risk for experiencing mental health conditions, especially depression and anxiety.

LGB adults are more than twice as likely as heterosexual adults to experience a mental health condition.

Transgender people are nearly four times as likely to experience a mental health condition.

LGB youth are also at greater risk for mental health conditions and suicide. They are more than twice as likely to report experiencing persistent feelings of sadness or hopelessness.

People Who Use Drugs

of the 3,339 drug overdose deaths in North Carolina in 2021 were due to opioid overdose.

From 2011 to 2021, the age-adjusted death rate due to opioid overdose increased from 8.6 per 100,000 to 33.3 per 100,000 in North Carolina.

In Mecklenburg County, from 2021 to 2022 drug overdose deaths increased by 22% and illicit opioid overdose deaths increased by 21%.

Immigrants to the U.S.

Research shows nearly one-third of adult refugees and asylum seekers experience post-traumatic stress disorder (PTSD) and depression.

Immigrants from Latin American countries confront unique stressors due to their legal status, in addition to the trauma they may have encountered in their home countries or entering the U.S.

People of Color

In 2023, among Black or African American people in North Carolina,

46 per 100,000 identified as trauma survivors
32 per 100,000 reported suicidal ideation, and
25 per 100,000 scored for severe depression.

The same study found that among Hispanic or Latino people in North Carolina,

54 per 100,000 identified as trauma survivors
34 per 100,000 reported suicidal ideation, and
30 per 100,000 scored for severe depression.

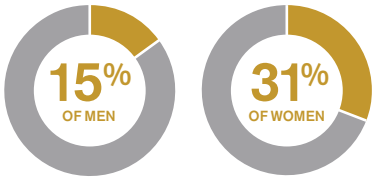
Veterans

In 2020, 199 North Carolina military veterans died by suicide, a rate of 28 per 100,000. This rate tracks with the national veteran suicide rate but is significantly higher than the U.S. general population rate of 17.3 per 100,000.

12% ↑

From 2020 to 2021, the national suicide rate among veterans increased by nearly 12% while the non-veteran suicide rate among adults increased by 4.5%.

People who are Incarcerated or Formerly Incarcerated



Severe mental illness affects 15% of men and 31% of women in U.S. jails.

About 85% of the prison population has a substance use disorder or were incarcerated for a crime related to substance use.

People Experiencing Homelessness

As of June 2023,

2,704

Mecklenburg County residents were experiencing homelessness, an 11% increase from the previous year.

The number of people experiencing unsheltered homelessness has also increased from 214 in 2020 to 288 in 2023, a 35% increase.

In Mecklenburg County, adults ages 25 to 54 account for nearly half of people experiencing homelessness.

Seniors

One in four Americans aged 65 and older reported having anxiety or depression in 2020.

Cognitive conditions such as Alzheimer's disease and other forms of dementia can have a significant impact on seniors' behavioral health.

Players and payers: A primer on the ecosystem

Behavioral health not only is defined as a person's emotional or mental state, it also refers to health care services and social supports dealing with the promotion and improvement of mental health and the treatment of mental illness and other psychological diagnoses. The system of providing behavioral health—the local ecosystem of services—is complex, disjointed and fragmented, according to the nearly 50 stakeholders interviewed for this report. In fact, if there's an overarching theme to the Mecklenburg County Behavioral Health Strategic Plan, it's an honest recognition by the steering committee of how disconnected their organizations are from each other, coupled with a desire to knit them more closely together.

Who Are the Major Players?

The local ecosystem encompasses hundreds of providers of behavioral health services and supports. Major stakeholders include Mecklenburg County government, Alliance Health, community-based organizations, the two local hospital systems, the public school system, law enforcement and the courts, and advocacy groups. (Mecklenburg County's role is described on pages 16-21, and Alliance is discussed further below in the context of payer sources.)

Some community-based organizations (also called "service providers" or "community agencies") are for-profit and others are nonprofit. They employ professionals who provide behavioral health services and supports. Whereas a behavioral health *service* may be provided only by a licensed clinician, such as a therapist or social worker, a *support* may be provided by a non-licensed professional, or a volunteer with specialized training or certification.

The largest local service providers are the two hospital systems, Novant Health and Atrium Health. Both offer inpatient and outpatient services.

Another key stakeholder is the public school system. Charlotte-Mecklenburg Schools began a School Based Mental Health intervention program nearly a decade ago, and it's now available in about 85% of our public schools.

For many people with mental health needs, their first contact with the mental health system is through law enforcement and the courts. Addressing underlying mental health issues for people involved in the justice system can contribute to rehabilitation and reduce the likelihood of recidivism.

Distinctly different from the aforementioned providers are a handful of local advocacy organizations, such as the National Alliance on Mental Illness and Mental Health America. While advocacy groups don't typically provide direct clinical services, they do tend to offer resources like peer support and mental health screenings, in addition to advocating for policy changes and educating the public about mental health issues.

Who Pays for Mental Health?

Time and again, the stakeholders interviewed for this report mentioned underfunding as one of the biggest hurdles to providing adequate services to the community. Whether you're a small nonprofit provider or a large institution, organizing your business model around payer sources is necessary to stay afloat.

To be reimbursed for the services they provide, clinicians must navigate the complexity of eligibility requirements, service definitions and payment rates. While the fluctuating complexity of federal, state and local guidelines is hard enough for providers to stay abreast of, it's nearly impossible for clients and families. Navigating the system is made more difficult due to the diversity of payer sources.

In broad terms, behavioral health is funded by health insurance, grants and donations, and people's own pocketbooks.

Insurance is either commercial (with premiums paid by companies and individuals), or government-sponsored (paid by taxpayers). Both types of insurance come with barriers to access and gaps in coverage—and even people who can afford to pay out of pocket may face lengthy delays or be required to travel long distances.

Commercial or "private" insurance may come with high annual deductibles and copays, and policies tend to place strict limits on mental health, despite parity laws promoting equitable coverage for mental and physical health. BlueCross and BlueShield of North Carolina has the largest market share of any private insurer in the state.

Government-sponsored insurance includes Medicare, Medicaid,

A word cloud of the most commonly used words and phrases used to describe the behavioral health system, based on stakeholder interviews.

Social Security Disability, Veterans Health Administration benefits, and premium subsidies through the Affordable Care Act. In addition, Mecklenburg County funds many programs and services that fall outside the scope of insurance.

For providers who treat Medicaid beneficiaries, the low rate of reimbursement for mental health services means many agencies rely on donations and grants to stay afloat. And, increasingly, many have stopped accepting Medicaid altogether.

Medicaid reimbursement in North Carolina is administered by managed care organizations. We're one of only four states in the country to utilize a managed care model for mental health. Alliance Health is the public managed care organization for behavioral health care services for the people of Mecklenburg and five more counties. The company also serves as the local management entity (LME) for limited state-funded services for residents who don't qualify for Medicaid.

Recent wholesale changes to Medicaid in North Carolina include:

- In 2021, commercial insurance companies began to serve as "private MCOs" for beneficiaries with mild to moderate behavioral health needs through Standard Plans, in which a majority of Medicaid beneficiaries in Mecklenburg County are enrolled.
- On Dec. 1, 2023, Medicaid was expanded to include more adults with lower income.
- In 2024, Alliance will begin operating a Behavioral Health IDD Tailored Plan as part of the state's Medicaid Transformation, which refers to the transition from fee-for-service to managed care. Alliance will manage physical health, behavioral health, long-term services, and pharmacy benefits for people with significant behavioral health conditions, intellectual or developmental disabilities (IDD), and traumatic brain injury.

How we got here: A history of national reforms

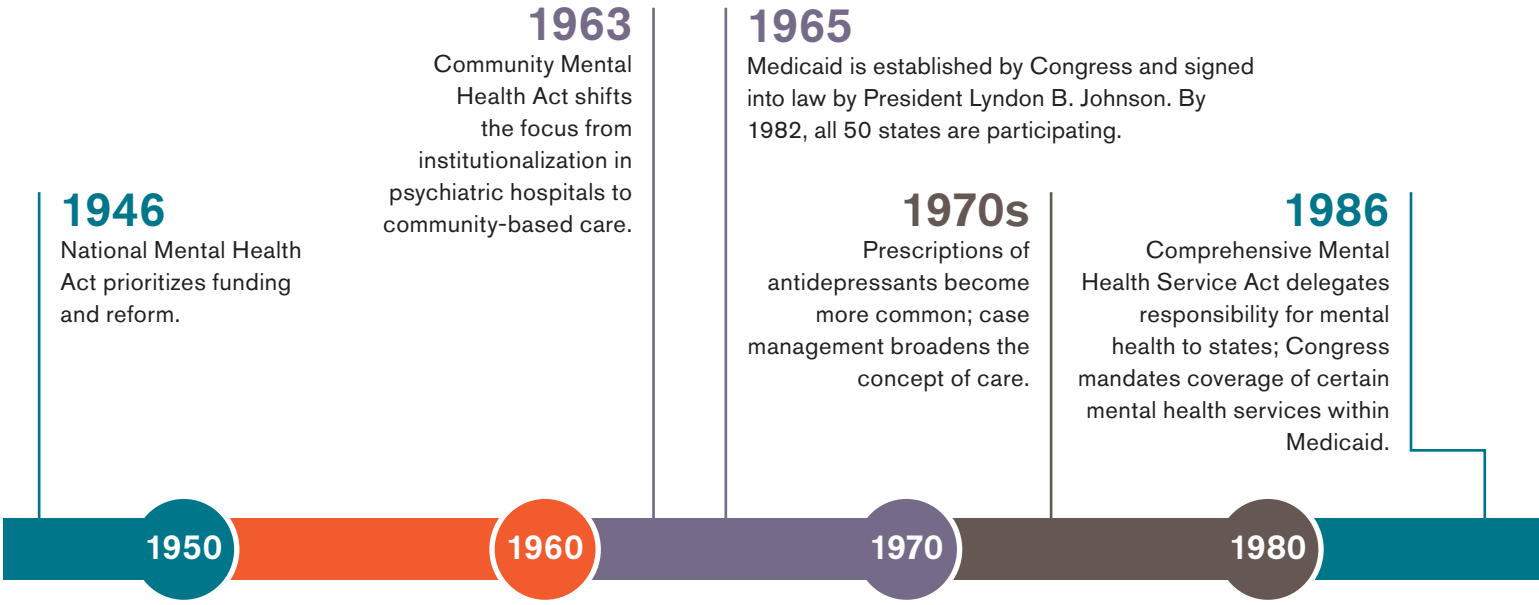
While there's much to be hopeful for, people within and outside the profession acknowledge that the behavioral health care system is in crisis, prompting the question, *How did we get here?*

Before World War II, mental illness was often perceived as incurable, leading to the confinement of patients in overcrowded state mental institutions. The war, however, served as a catalyst for change, prompting the realization that post-traumatic stress disorder (PTSD) is treatable, paving the way for successful outpatient settings. The National Mental Health Act of 1946, enacted shortly after the war's end, marked a turning point by prioritizing mental health funding and reform at the national level.

This legislation also gave rise to the National Institute of Mental Health (NIMH), now the world's largest research organization for mental illness.

The 1950s and 1960s witnessed a significant surge in funding for mental health research and services. In 1963, the Community Mental Health Act shifted the focus from institutionalization in psychiatric hospitals to community-based care. This shift allowed individuals to stay with their families, attend school, and live in the community rather than mental institutions. During this period, federal funding also increased for people with intellectual and developmental disabilities (IDD), leading to the establishment of NIMH research centers addressing various mental health issues.

Substance abuse gained recognition as a mental health concern in the 1960s, prompting the establishment of national centers for the study and prevention of alcoholism and drug abuse. Arguably, one of the most impactful health care legislations of the 1960s was the creation of Medicaid in 1965. Although mental health services were not initially included as mandatory components of Medicaid, states had the option to cover them under the program, and many did so over time.

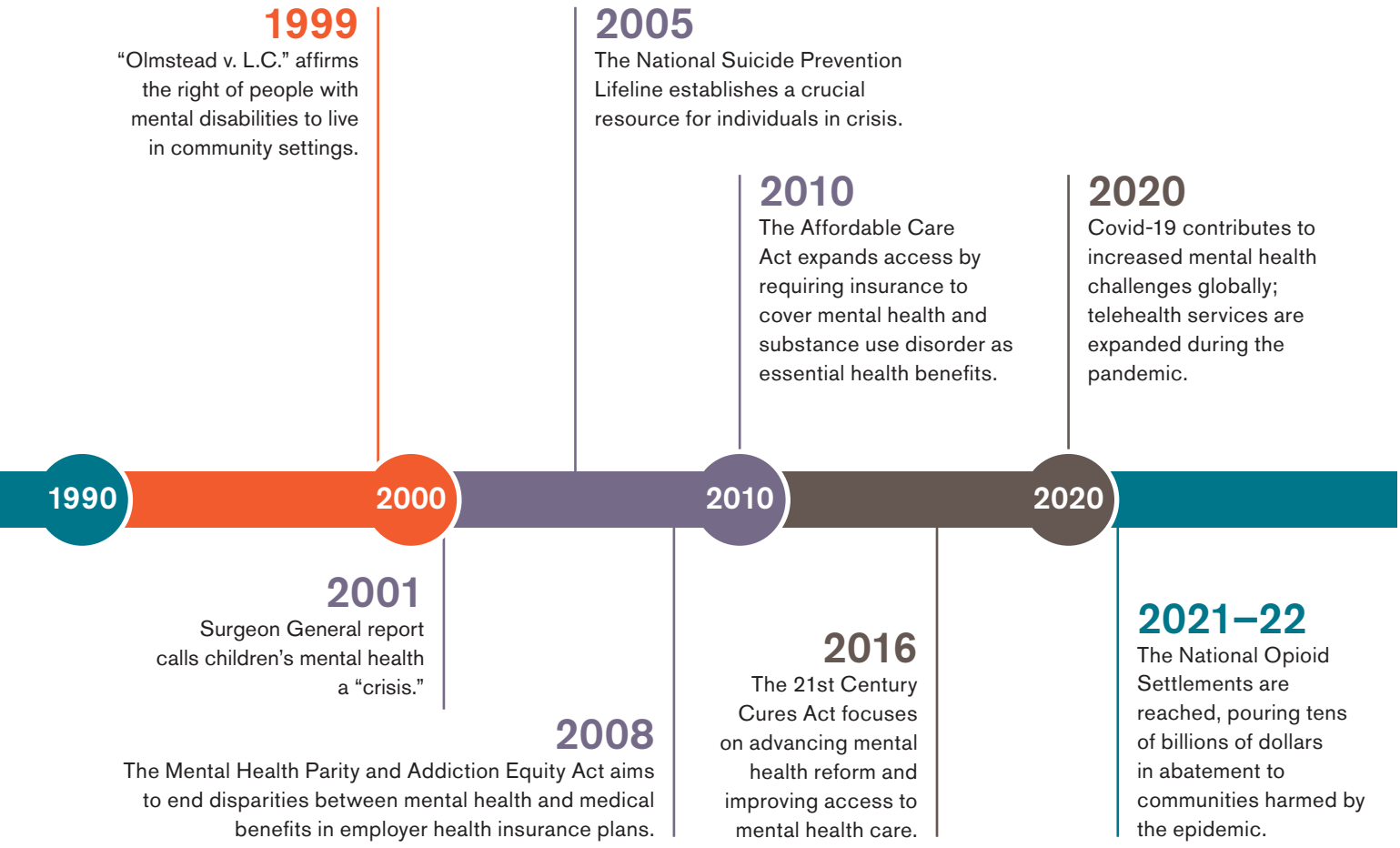


The 1970s saw breakthroughs in drug research, leading to the widespread prescription of antidepressants. This resulted in significant reductions in inpatient stays and suicides. Community-based care expanded to include comprehensive support beyond clinical services, encompassing housing, outreach, advocacy, crisis intervention, vocational rehabilitation, and family support and education. The NIMH's community support program, established in 1977, emphasized case management, broadening mental health care beyond the exclusive domain of licensed clinicians.

The 1980s marked an era of sweeping federal budget cuts, and the Comprehensive Mental Health Service Act of 1986 delegated responsibility for mental health to the state level. Despite this shift, scientific advances in understanding the human brain flourished, with Congress designating the 1990s as the "Decade of the Brain." The emerging fields of neuroscience and neuropsychiatry held promise for addressing clinical disorders caused by brain anomalies.

The 1990s were also pivotal, bookended by two landmark events. In 1990, the Americans with Disabilities Act (ADA) was enacted, prohibiting discrimination against people with mental disorders and intellectual disabilities. In 1999, the U.S. Supreme Court's Olmstead v. L.C. ruling affirmed the right of people with mental disabilities to live in community settings, fostering statewide reform legislation.

The new century brought three notable milestones. A Surgeon General report in 2001 highlighted a public crisis in children's mental health, while a NIMH report in 2002 emphasized the positive impact of early intervention in mitigating the harmful effects of violence exposure. In 2004, a clinical trial for adolescents with severe depression found that a combination of medication and psychotherapy proved to be the most effective treatment.



How we got here: North Carolina reforms

On Dec. 1, 2023, North Carolina became the 41st state (including D.C.) to expand Medicaid under the Affordable Care Act (also known as "Obamacare").

Thirteen years after passage of the ACA, Medicaid expansion means that more North Carolina children—and seniors and adults with lower income and disabilities—can now access behavioral health services. While the full impact of Medicaid expansion remains to be seen (for example, will it put more strain on an already overburdened system?), Mecklenburg County leaders are hopeful it will increase mental health services for our most vulnerable residents.

Medicaid expansion is yet another milestone in North Carolina's efforts to reform its behavioral health system, a decades-long journey marked by challenges ranging from statewide policy reforms to funding fluctuations.

The Department of Health and Human Services (DHHS) and its Division of Mental Health, Developmental Disabilities, and Substance Abuse Services play crucial roles in managing medical and mental health care services in our state.

In response to the Olmstead v. L.C. decision, the state legislature enacted the Mental Health System Reform Act of 2001. This legislation shifted the responsibility for mental health treatment from psychiatric hospitals to community-based care. The reform led to the establishment of a network of private providers to enhance service capacity across the state. However, concerns arose regarding the quality of care, and the state grappled with a series of changes in policy, funding levels, and leadership.

"Today's launch of Medicaid expansion means more than 600,000 North Carolinians can now access the care they need to stay healthier, treat sickness earlier and have the peace of mind knowing health care is within their reach."

—Governor Roy Cooper

The 2001 act also mandated the separation of the management and delivery of mental health services, replacing regional authorities with local management entities. The establishment of LMEs was a step towards the privatization of the mental health system. The goals were to increase administrative efficiency, promote innovation, enhance provider quality, and stimulate competition among providers. However, the transition faced challenges, leading to concerns about the responsiveness of the private sector to the needs of individuals with behavioral health needs and potential reductions in service quality, particularly for those with severe and persistent mental illness.

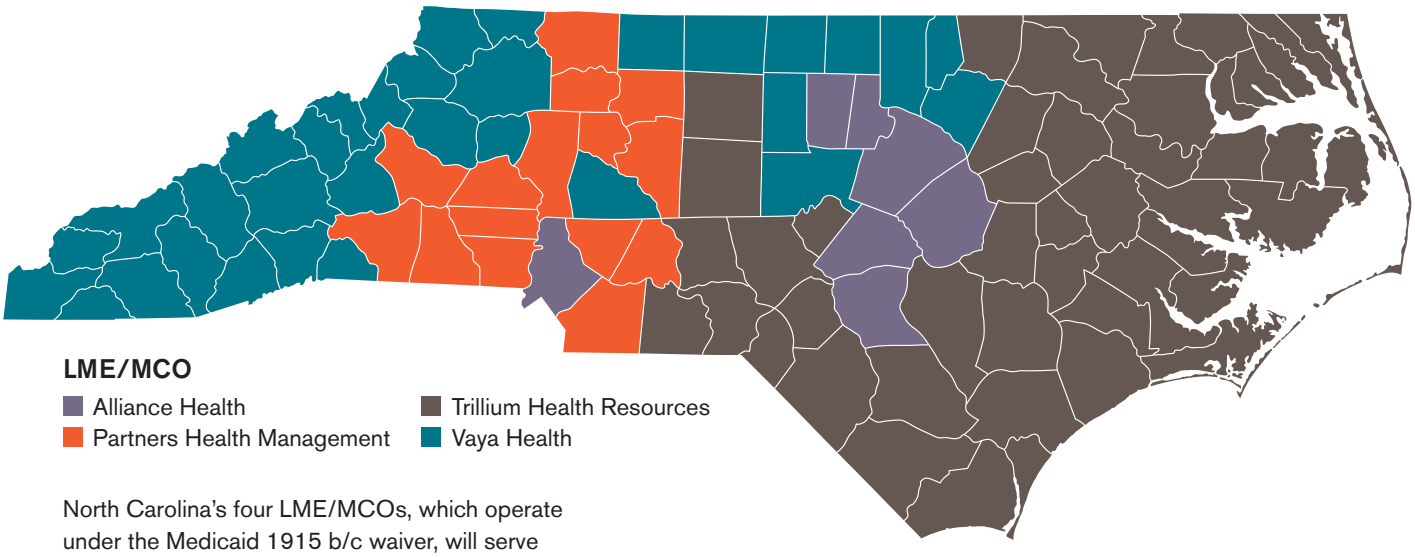
Despite the shift towards privatization, North Carolina's Medicaid spending, the fastest-growing program in the budget, continued to soar. Between 2008 and 2016, the state's Medicaid rolls increased from 1.2 million to 1.9 million people, covering nearly 20 percent of the population. Children, in particular, experienced a significant rise in coverage, with over 1 million children covered by Medicaid or North Carolina Health Choice for Children by 2015.

The federal government's efforts to provide states with more flexibility in administering Medicaid led to the creation of Medicaid Waiver Programs in 1991. DHHS gradually rolled out waivers, transforming the LMEs into LME-MCOs (managed care organizations). However, some critics argued that the state moved too swiftly through these transitions.

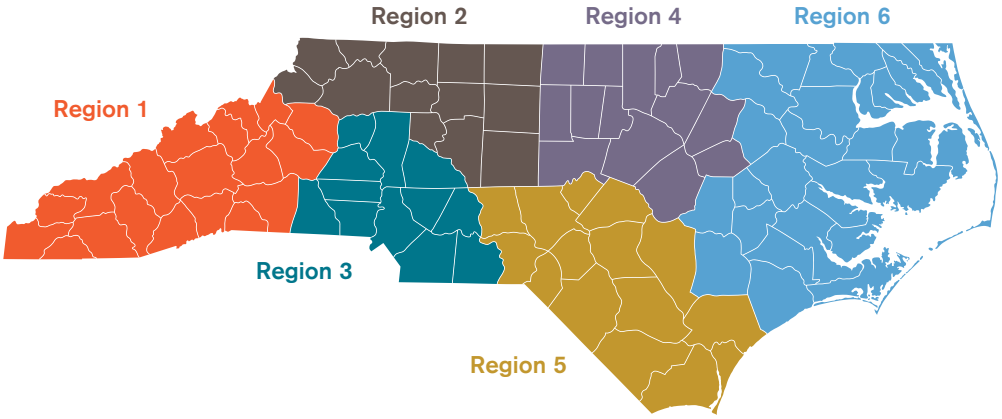
The journey to managed care in Mecklenburg County faced challenges, too. The formation of MeckLINK Behavioral Healthcare, serving only Mecklenburg County, stood out among the state's handful of LME-MCOs, and the General Assembly eventually forced Mecklenburg to become part of the statewide system.

That's how Cardinal Innovations Healthcare became Mecklenburg's managed care organization, a relationship that continued until 2021, when the Mecklenburg Board of County Commissioners unanimously voted to disengage from Cardinal and realign with Alliance Health. Soon after losing Mecklenburg and other counties from its catchment area, or footprint, Cardinal merged with another of the state's LME-MCOs, Vaya Health.

Medicaid Transformation to managed care



North Carolina's four LME/MCOs, which operate under the Medicaid 1915 b/c waiver, will serve beneficiaries of Tailored Plans, which NCDHHS is planning to launch in 2024.



Medicaid Transformation divided the state into six regions and allowed private insurers to compete for beneficiaries of Standard Plans. The six regions correspond to the launch of the new managed care model, which began with regions 2 and 4 in 2021.

In Alliance's short tenure as our LME-MCO, it has weathered the first phase of the state's Medicaid Transformation and is gearing up for the second wave. Alliance's membership of Medicaid beneficiaries with significant behavioral health conditions, intellectual or developmental disabilities, and traumatic brain injury shrank significantly as private MCOs took over the Standard Plans. However, the responsibility of administering to the overall health care needs of its membership is expanding as Alliance will be managing their physical health, long-term services, and pharmacy benefits, in addition to their behavioral health care needs.

Balancing act: Mecklenburg County's role in behavioral health

Mecklenburg County invests significant resources in improving the behavioral health of our community, especially for residents who are most vulnerable or require help from multiple systems.

Social services and public health resources provided by the county address many of the social determinants of health needs of residents and work in tandem with behavioral health services to provide a broad array of resources—not only to meet the community's basic needs, but also to enhance their emotional, psychological, and social well-being.

In fiscal year 2024, Mecklenburg County invested $43.4 million in county revenues in behavioral health services alone. In addition, the county manages hundreds of millions of dollars in funding from the federal government and the national opioid settlements. Mecklenburg County's share of federal dollars allocated by the American Rescue Plan Act is $215 million, with $29.8 million dedicated specifically for behavioral health resources, along with an additional $12.5 million in ARPA funds that were awarded to the county by the N.C. Division of Mental Health, Developmental Disabilities and Substance Use Services for the construction of a crisis center for adults.[1]

Mecklenburg County's share of the opioid settlement funds is $73.2 million over 18 years, with an initial $10.9 million available for substance abuse prevention and treatment from May 2023 until June 2025.

Mecklenburg County staff administers and provides behavioral health in two primary ways:

Mecklenburg County
contracts with

51

community agencies to provide clinical services and nonclinical support to residents with behavioral health needs.

Licensed clinicians who are county employees directly provide services to residents, and nonclinical staff provide supports; and the county funds both services and supports through contracts with community agencies through the funding streams mentioned above.

This balancing act between directly providing behavioral health and outsourcing services is necessary because state and federal programs fall short of meeting all of the community's needs. Mecklenburg County's role in behavioral health, simply put, is to identify those shortcomings and find creative ways to meet those needs.

Outsourced services include a wide range of treatment modalities, including group and individual counseling, trauma services, peer support, training and education, detoxification, residential placement for substance use, and many more.

To name just a few subpopulations served by community agencies utilizing county funding, these diverse groups range from LGBTQ+ individuals, to the Latino immigrant community, to incarcerated women, to people experiencing a mental health crisis, to residents of homeless shelters, to survivors of domestic violence, to military veterans, to children and adolescents with complex behavioral health needs.

Albeit indirectly, another way the county works with outside agencies is through the public managed care organization, Alliance Health. The MCO and Mecklenburg County work closely together to currently serve over 17,000 county residents with significant behavioral health needs who are uninsured or receive Medicaid and are not enrolled in a Standard Plan due to the complexity of their needs. Their partnership has the power to fill gaps in services and eliminate barriers to access because Alliance is authorized by the state legislature to optimize the cost-effectiveness and efficiency of the state's share of Medicaid funding.

"Alliance is committed to working with our partners to identity creative ways to address unmet behavioral health and IDD needs of this community while achieving our legislative requirement to hold the line on the state budget," said Rob Robinson, CEO of Alliance. "We greatly appreciate the commitment of Mecklenburg County around this crucial collaboration."

Impact of County Programs

The county has four departments providing behavioral-health-related services, either directly, by contracting with outside agencies, or both. Community Support Services, Public Health, and Criminal Justice Services provide some services in-house and outsource others; Clinical and

Contractual Services, a division of the Department of Social Services - Child, Family and Adult Services[2], utilizes a network of community agencies and provides behavioral health consultative services and nursing case management services to those served within CFAS. All of these departments except for Criminal Justice Services are part of Mecklenburg County's Consolidated Human Services Agency.

Community Support Services is a human services department that provides benefit claim filing for military veterans, confidential intimate partner domestic violence therapy for children and adults, substance use counseling for adults in shelters or detention centers, mental health and substance use counseling for adults living with HIV or who identify as part of the LGBTQ+ community, and services for people experiencing homelessness and housing instability.

With a staff of over 100 social workers, clinicians, veterans' services officers, and other behavioral health experts, CSS served 7,344 individuals and households during fiscal year 2023. It also partners with a dozen community agencies to provide behavioral health services to those subpopulations.

Intimate partner domestic violence services, which are part of the CSS Prevention and Intervention Division, include individual and group therapy for children and adults. Services address teen dating violence and intimate partner violence through outreach, education, and community resources.

Substance use services are also part of the Prevention and Intervention Division. Services are focused on the LGBTQ community, people with HIV/AIDS, and individuals who are incarcerated or staying in men's and women's shelters.

CSS also has a Veterans' Services Division, which provides counseling and the development of benefit claims for military veterans and their families. Services range from assistance for those at risk for becoming homeless or who need shelter, benefits for the surviving spouse and dependent children of deceased veterans, and more.

The department's Housing Innovation and Stabilization Services Division connects people experiencing homelessness and housing instability to resources and services. HISS serves as the collaborative applicant for the Charlotte-Mecklenburg Continuum of Care as it convenes stakeholders to set goals and priorities to align federal funding to end homelessness.

The division also leads the Homeless Management Information System, which reports trends, impacts, and the level of need through reports such as the annual *State of Housing Instability and Homelessness* report and the Housing and Homelessness Dashboard: https://mecklenburghousingdata.org. And the department was the driving force behind *A Home for All: Charlotte-Mecklenburg's Strategy to End and Prevent Homelessness,* the first comprehensive effort to address housing instability involving the public, private and nonprofit sectors.

The **Public Health** department provides a wide range of services to protect the community's health, including operating four health clinics[3] and a dental health clinic, staffing Charlotte-Mecklenburg Schools with nurses, investigating potential cases of infectious diseases, and inspecting restaurants, lodging, and nursing homes.

Community Support Services
assisted

7,344

residents and households in FY23 through programs addressing intimate-partner domestic violence, homelessness and housing instability, substance use, and veterans' services.

In terms of behavioral health, the department goes beyond the scope of a traditional health department by filling gaps in services with nontraditional mental health services, providing a whole-person approach to health. For example, Public Health links county residents to behavioral health support through a program called HOPE (Holistic Opportunities Program for Everyone), which serves people who show signs and symptoms of depression and need assistance with resources to address the social determinants of health.

Another example is Child Development-Community Policing. CDCP is a partnership between Public Health and local law

enforcement agencies to provide acute trauma-response services for children exposed to violence or other forms of trauma. CDCP's goals are to restore physical and psychological safety to prevent the potential long-term effects of trauma on children and to ensure families receive the support and stabilizing services they need. Services are free, voluntary, available 24/7/365, and provided by clinician-officer teams through home visitation and outreach. Public Health has 23 staff who serve alongside officers on CDCP teams. In fiscal year 2023, the program received 11,890 referrals for children in need of services. Public Health was able to contact over 5,000 families impacted by violence, and 95% accepted one or more services from CDCP.

Public Health works with local law enforcement, community partners, and other public servants to provide Crisis Intervention Team training so they can safely and effectively respond to individuals during mental health, substance misuse, or other crises. CIT training is provided to over 200 police officers annually. The training helps officers de-escalate situations and divert people in crisis to treatment or support services.

The Mecklenburg County CIT program is a 40-hour training program, with additional 16-hour training options for Mecklenburg Emergency Services Agency (also known as EMS or MEDIC), fire fighters, county park rangers, communications and dispatch personnel, security officers, and the new CIT for Veterans specialty track. And, in a new initiative, Public Health provides mental health crisis and de-escalation training to Charlotte Area Transit System staff, with several hundred to be trained in 2024.

Public Health also operates the Resiliency in Communities After Stress and Trauma (ReCAST) program, which provides evidence-based, trauma-informed training to therapists, community members, and organizations to address the effects of trauma and prevent youth violence. The program is funded through a federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). In its first five-year funding cycle, over 3,000 service providers, educators, and faith leaders received training and technical assistance. In partnership with the county's Office of Violence Prevention, ReCAST works to increase the community's capacity to address issues of trauma and youth mental health through education, support for trauma-informed community interventions, mental health awareness, and violence prevention interventions that address the needs of youth and families.

Finally, the Children's Developmental Services Agency (CDSA) is the unit of Public Health that provides early childhood intervention as part of the statewide NC Infant-Toddler Program. It serves children under age 3 with disabilities, as well as their families. CDSA has 12 licensed clinicians; nine serve the N.C. Infant Toddler Program, which received 3,800 referrals last year; and three serve on the Infant and Early Childhood Mental Health team[4], which was recently created thanks to ARPA funding.

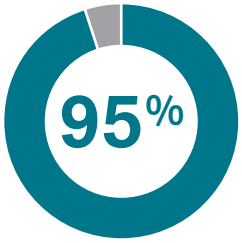
Beyond behavioral health, CDSA works with about three dozen agencies with over 300 special educators, and physical, occupational, and speech therapists to work with children under age 3 with development delays and special health care needs. Two CDSA clinicians also provide diagnostic evaluations for autism spectrum disorder. CDSA clinicians can provide evidence-based early intervention services to address children's needs, and they refer families to community agencies for other services such as developmental pediatrics and Applied Behavioral Analysis.

Public Health
provided crisis intervention training for

law enforcement **officers**

and trauma-responsive services in FY23 for over 10,000 children exposed to violence or other traumatic incidents.

In FY23, nearly 12,000 children were referred to **Child Development-Community Policing.**



of the over 5,000 families Public Health was able to contact accepted services.

Children's Developmental Services Agency

received

3,800

referrals to the N.C. Infant Toddler Program in FY23, providing support and services for families and their children birth to age 3 with special needs.

Criminal Justices Services promotes collaboration between the city, county, and state criminal justice agencies, community agencies, and nonprofits. CJS also establishes and monitors criminal justice performance measures, provides programs for affected community members, and develops initiatives that enhance systemic performance and heighten public safety.

The department has a team of 72, which includes 36 case managers, licensed clinicians and psychologists who directly served 1,947 individuals with behavioral health needs who were involved in the legal system in fiscal year 2023. They provide screenings, clinical assessments, court-ordered forensic evaluations, housing assessments, and case management for a variety of behavioral health needs. Those needs include substance use, domestic violence, homelessness, involuntary commitment, and guardianship. CJS staff also link clients to community-based providers and other resources.

CJS's public-facing programs and services include the Forensic Evaluations Unit, Re-Entry Services, Pretrial Services, and Recovery Court. The Forensic Evaluations Unit conducts court-ordered psychological evaluations and diversionary screenings to criminal-justice-involved individuals across the entire county judicial system. FEU provides scientific, ethical and legal forensic psychological evaluations, consultation, and other psychology-related services to the courts to properly administer justice. The unit is involved with cases in Juvenile Court, District and Superior Criminal Courts, and the Clerk of Court-Special Proceedings Division.

Re-Entry Services facilitates the seamless transition of voluntary participants from incarceration into the community. The program focuses on employment stability, community service engagement, and continuing education. Clients receive assistance for basic needs, medication, photo identification, education, vocational training, work readiness and retention skills training, housing, peer support, and medical, dental, vision, and behavioral health treatment. Among the program's goals are to help clients reduce criminal behavior and ensure they have access to needed services.

Pretrial Services seeks to minimize unnecessary detention by supervising eligible individuals who are likely to appear for future court dates and don't pose a serious risk to the community. The unit works with people who have been detained and are waiting for their first appearance before a judge. Pretrial services lead to reduced incarceration rates, fewer racial or economic disparities, and reduced costs for county taxpayers. Individuals who retain their pretrial status are able to continue to work, remain with their families, access treatment, and maintain stable housing. The Pretrial Services team assists courts in making release-and-detention decisions that preserve public safety and defendants' civil rights.

Criminal Justice Services

directly served

1,947

individuals involved in the legal system in FY23, through mental health screenings, assessments, evaluations, and other services.

Recovery Court is the fourth public-facing unit of CJS. The department operates the S.T.E.P. program (Supervision, Treatment, Education, and Prevention), which was established in 1995 to monitor the treatment of chemically dependent adults and hold them accountable for complying with their court-ordered treatment plans. Clients are referred by their attorney or the sentencing judge and are screened to determine their appropriateness for the one-year program. The overall goal is to break the cycle of addiction that gives rise to recurrent law-breaking. By increasing the likelihood that the offender will stay off drugs and out of jail, the S.T.E.P. program seeks to reduce the societal costs of continuing drug use and criminal involvement.

Finally, **Clinical and Contractual Services** is the division of CFAS responsible for managing contracts with 20 community agencies to increase access to behavioral health and related services. These contracts provide services for youth and young adults in foster care, people experiencing homelessness, individuals with developmental disabilities, the LGBTQ+ community, and the immigrant and refugee populations.

Contract management is one of three units within CCS: the others are the Clinical Branch, which provides training, consultation, and assistance with navigating the system to county staff involved in behavioral health; and Nursing Case Management, which provides nursing support to families involved with Youth and Family Services and Services for Adults.

CCS is the current iteration of the former Behavioral Health Division, which the county created when MeckLINK closed and Cardinal became the managed care organization. The purpose of BHD was to fill gaps in behavioral health services not covered by Medicaid. In 2018, BHD was renamed CCS when the division came under the umbrella of DSS. Youth and Family Services, (another CFAS division) is CCS's largest "customer" since much of the division's work involves serving youth in foster care and emergency residential facilities.

There's more to the story

Over the past few years, Mecklenburg County has made significant investments aimed at improving the behavioral health of our community. Examples include MeckHope, the Smith Family Behavioral Health Urgent Care unit, two Community Resource Centers, and a 24/7 facility-based crisis center for adults (currently in the planning stages).

MeckHope was established during the Covid-19 pandemic to bring urgent and preventive mental health and substance abuse services to residents. The county collaborated with Promise Resource Network to offer a confidential, 24/7/365 "warm line" that people can call to receive support and connect to resources.

The Smith Family Behavioral Health Urgent Center, a collaboration between the Steve Smith Family Foundation, Daymark Recovery Services, and the county, opened in the spring of 2023. In its first nine months of operation, 1,521 individuals were served. Services provided not only help people through their greatest times of need, they also alleviate some of the strain on emergency departments, a setting where care is highly costly to administer.

Clinical & Contractual Services' provider network serves approximately

15,000

individuals each year by providing services for individuals in foster care or experiencing homelessness, people with developmental disabilities, and the LBGTQ+ and immigrant communities.

Mecklenburg County has opened two Community Resource Centers, and three more are planned. The CRCs are strategically located to ensure residents with the greatest needs can easily access services. Through partnerships with Mental Health America, ARJ Cares, and Anuvia, the CRCs provide access to behavioral health services through assessments and counseling, including domestic violence and substance abuse resources.

And, in 2026, Mecklenburg County and Alliance will open a 24/7 crisis and assessment center for people experiencing a behavioral health crisis who have contact with law enforcement or emergency medical services. It will include 16 short-term treatment beds, providing a level of behavioral health care currently not available in the community.

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[1] ARPA guidelines allow the funds to be expended through 2025 for direct services and 2026 for capital projects.

[2] In February 2023, the county realigned the Economic Services division of DSS to the Department of Community Resources, another Consolidated Human Services Agency department. The county maintained the child protective services and adult services DSS divisions under Child, Family and Adult Services.

[3] The free- and low-cost clinics provide immunizations, sexually transmitted disease testing and treatment, family planning, children's services, and more.

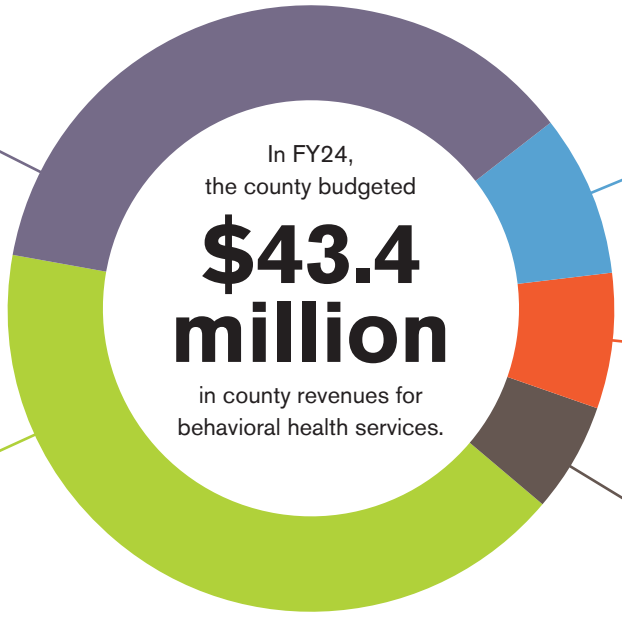
[4] The Infant and Early Childhood Mental Health team accepts referrals for children who may not be eligible for developmental services but are in need of behavioral health and family-stress supports to support overall wellness of their families.

Mecklenburg County investments in behavioral health

How the money is allocated:

Child, Family and Adult Services: $16 million in contracts for mental health services provided by community agencies and managed by Clinical and Contractual Services.

Community Support Services: $18 million to assist veterans, domestic violence survivors, people with HIV and substance use, the LGBTQ+ community, people experiencing homelessness, and residents of housing programs.



Community Service Grants and non-departmental investments: $3.7 million for local nonprofits to deliver services to residents aligned to Mecklenburg County departmental strategies, including $2 million for Charlotte Rescue Mission's Miracle At Cedar Street capital campaign.

Public Health: $3.1 million for nontraditional mental health services that provide a whole-person approach to health.

Criminal Justice Services: $2.6 million to provide screenings, clinical assessments, court-ordered forensic evaluations, housing assessments, and case management for a variety of behavioral health needs.

Federal and state funding

$29.8 million

The county's share of federal ARPA funding for mental health.

$12.5 million

The county's share of state ARPA funding for mental health to build a facility-based crisis center for adults, slated to open in 2026.

$4 million

Grant received by the county from Substance Abuse and Mental Health Services Administration from 2022 to 2026 to develop the ReCAST program to address issues of trauma and youth mental health.

$73.2 million

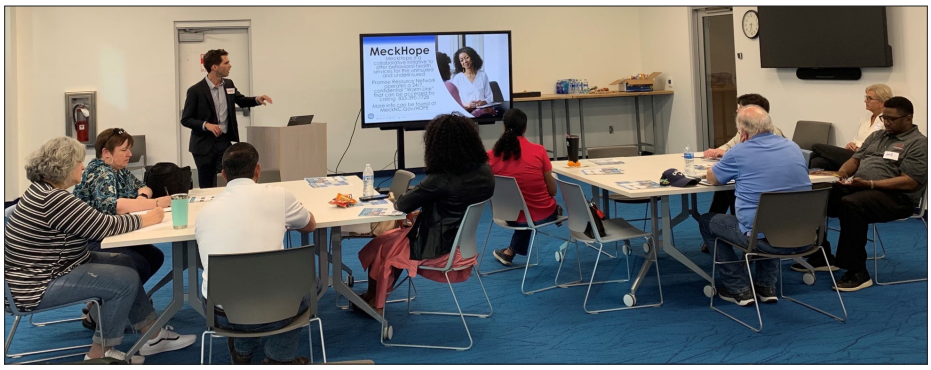
The county's share of North Carolina's opioid settlements funding over 18 years, including an initial $10.9 million for substance abuse prevention, treatment, and related support services from May 2023 through June 2025. (The $73.2 million also includes funding allocated to the City of Charlotte for housing and workforce development.)

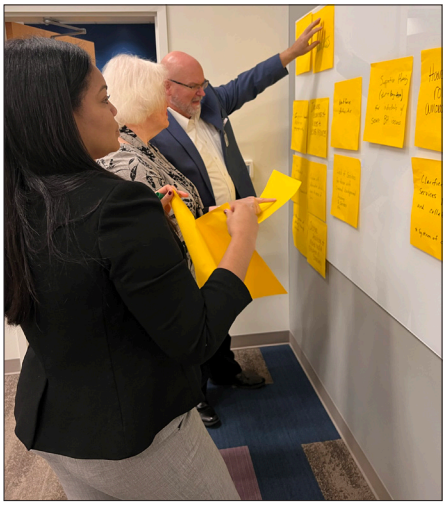
$4.2 million

The county's share of an Overdose Data to Action grant from the Centers for Disease Control and Prevention from September 2023 to August 2028 to improve data systems and partnerships to help people with high risk of opioid overdose.

Crafting the Mecklenburg County Behavioral Health Strategic Plan was a collaborative process involving hundreds of people, dozens of meetings, and invaluable input from providers and residents. The process began in November 2022 with the first meeting of the steering committee, and it culminated with the publication of this report in June 2024. This report will be updated as implementation of the strategic plan unfolds and its impacts are realized.

The following pages contain the plan itself, including the methodologies employed, guiding principles, cross-cutting factors, five areas of focus, and the accompanying objectives, strategies, and action steps.





Community members provide input (above), and steering committee members engage in a breakout session (right).

The methodologies

The strategic planning process was guided by the county's convening of a steering committee comprised of county staff and community partners, including clinicians, administrators, advocates, policy experts, and other organizational leaders. Their work in creating the plan was informed by a comprehensive analysis of gaps in services, interviews with local stakeholders, provider listening sessions, and input from the community-at-large.

In collaboration with Another Level Counseling and Consultation, the county conducted a quantitative analysis of gaps in the local array of behavioral health services. Four key questions framed the analysis: *What is the current state of services?, What are the patterns of service utilization?, What are the identified gaps in services?,* and *What are the opportunities to close these gaps?*

The gap analysis launched in August 2023 and focused on mental health and substance abuse services by utilizing a needs assessment model. Recommendations from the analysis informed the steering committee's strategies and action steps in the strategic plan, and the gap analysis framework provided an understanding of the local system of care. The forthcoming report, *Mecklenburg County Gap Analysis 2024,* encompasses service descriptions, identifies gaps, and makes recommendations for improving access to behavioral health.

Dovetailing with the gap analysis, the county identified local stakeholders to be interviewed individually and in small groups to gather qualitative data. The data were aggregated, analyzed and presented to the steering committee, ensuring the strategic plan encompassed a wide array of perspectives. Key takeaways from the interviews included the identification of the subpopulations most affected by behavioral health, gaps in services and barriers to access, and suggestions for improving the overall system of care. The stakeholders identified prevention and early intervention and access to services as top priorities for the county's investment of resources.

To gather qualitative data from the clinicians and other professionals who provide behavioral health services and support, Mecklenburg County staff held two provider listening sessions in the spring of 2023. Attendees provided input into the strategic plan and brainstormed strategies and priorities for improving the system of care. Their concerns included a lack of bilingual clinicians; limited services for uninsured, underinsured, and undocumented individuals; poor care coordination across multiple

providers; the need for a centralized hub of client data; and workforce issues such as clinician shortages, compensation, and retention.

Throughout the strategic planning process, county staff engaged the community-at-large. Since the ultimate goal of the strategic plan is to foster a community where all our residents can lead healthy, fulfilling lives, the project team felt it was critical to include the voices of residents. County staff conducted over two dozen community engagement sessions from June 2023 through March 2024, and nearly 700 residents participated. Asked about the behavioral health system in Mecklenburg County, residents identified feelings such as anger, confusion, frustration and disappointment. They reported being skeptical of the system, yet at the same time hopeful that it can and will adapt to better meet their diverse needs.

Residents identified several deficits across the system, including a lack of insurance and funding to support services, a need for increased transportation to and from clinics, and not enough providers who are multi-lingual. They also voiced the need for advocacy and case management to better navigate the system. When asked, *What would have the greatest impact on the community?* residents said peer support and care navigators were top priorities.

Guiding Principles

The principles that will guide the implementation of the Behavioral Health Strategic Plan include:

***Interagency Collaboration*. Establish commitments from service providers within the public, private and faith-based sectors to provide coordinated delivery of services. Services provided by behavioral and physical health, the justice and public education systems, social services and shelter/housing agencies must be timely and effective, and all stakeholders must share responsibility for success.**

***Tailored, Strength-based Practices*. Identify and build upon the strengths of the individual. When appropriate, services shall be supported by peers and/or family members. Families, as defined by the individual receiving services, must be active participants in creating a tailored plan to enhance the effectiveness of services. Services must be evidence-based and trauma-competent.**

***Cultural Competence, Equity & Inclusion*. The local behavioral health system must work effectively with an individual, family and community by incorporating an understanding and appreciation of the individual's or family's culture, race, values, religion, identity and ethnic background. The system must address health disparities and social determinants of health in order to promote diversity, equity and inclusion.**

***Community-based Services*. The local behavioral health system shall provide services in the least-restrictive setting and begin at the appropriate level of care. Service provision shall be coordinated across families, communities, courts, schools, service providers, and governmental health and human services agencies for the seamless transition of services. When appropriate, services shall be provided via telehealth so individuals may receive services at home.**

***Data-driven & Evidence-based*. As key stakeholders, we shall define shared policy goals and metrics to guide decision-making to deliver effective services and maximize limited resources. Decisions shall be made based upon the best available local data, and services must be evidence-based.**

The five focus areas

During the initial meetings, the steering committee brainstormed broad themes or categories related to the behavioral health system to determine where to focus our time and energy. The initial themes we began with were organizational system of care, community education, family communication and access, continuum of care (including serious and persistent mental illness and assessments), workforce development and deficits, housing supports, social justice and public safety, early intervention (both children and adults), and measuring quality of care.

Next, the steering committee prioritized the top five themes and developed objectives, strategies and action steps, which are detailed on pages 26-35, to support each focus area. On a parallel track, county staff sought to confirm these priorities via provider and community engagement sessions.

Collaborative & Coordinated Care is the outcome of a behavioral health service model that is accountable and comprehensive, where service providers in multiple systems work in close collaboration to meet patients' needs.

Service Array refers to the scope of assistance available within a community. A full array of services includes both clinical services provided by a licensed therapist, such as assessment, diagnosis, treatment and counseling, as well as nonclinical supports like care coordination.

Social Determinants of Health are non-medical factors that influence people's mental and physical health. They include household income, employment, job security, safety, education, housing, early childhood development, and access to affordable, quality health care.

Access to Care is the ability to see a qualified health provider within a reasonable time. It may be hampered by not having insurance or the ability to pay for care, long wait times because there aren't enough clinicians or no one is offering the specific service.

Prevention seeks to identify and meet the needs of people and communities who are more vulnerable to disruptions in their mental health. Early intervention provides education and support to people who show signs of needing help before their problems mushroom into behavioral health issues.

Cross-cutting factors

In the context of strategic planning, cross-cutting factors refer to issues that impact multiple aspects of a system. Cross-cutting factors are often pervasive and can have wide-ranging implications across different organizations. As the steering committee formulated the Mecklenburg County Behavioral Health Strategic Plan, six pervading issues emerged as factors which "cut across" all strategies. These cross-cutting factors don't neatly fit within the five focus areas but instead intersect with and influence them.

Adequate *funding* is essential for systemic improvements in behavioral health, shaping service delivery and community well-being. Increased funding supports collaborative care models, addresses social determinants of health, and strengthens prevention efforts, reducing barriers to comprehensive care.

Advocacy and policy play crucial roles in fostering positive change, particularly in establishing collaborative care models and enhancing the effectiveness of behavioral health systems through grassroots efforts and progressive policies. Advocacy raises awareness and influences policies for mental health education, community-based programs, and early intervention, while also advocating for increased funding to address service gaps.

Continuous Quality Improvement (CQI) provides a structural framework for assessing collaborative models, addressing social determinants, and enhancing prevention strategies to meet evolving community needs.

Prioritizing *Diversity, Equity, and Inclusion* (DEI) is essential for overcoming inequities and creating an accessible behavioral health system. DEI enriches care models by acknowledging diverse perspectives and aligning with social determinants to enhance cultural competency. DEI principles also support prevention and early intervention by addressing unique challenges faced by marginalized groups and fostering an inclusive workforce to fill service gaps.

Infusing *trauma-competent* practices is crucial to mitigate trauma's impact on behavioral health, informing care models, addressing social determinants, and reducing access barriers while tailoring interventions to minimize re-traumatization.

Investing in *workforce development* promotes cultural competence and equity, enhancing prevention and early intervention by equipping professionals with necessary skills. Workforce development ensures a responsive workforce, eliminating barriers to access, and adapting services to the evolving needs of the community.

Focus area 1: Collaborative & coordinated care

Recognizing that the system for providing care is fragmented, the steering committee chose collaborative and coordinated care as the first of five focus areas. The goal is to foster collaboration among service providers, so people who need help from multiple providers or systems can receive the best care possible.

Close collaboration among providers across different public and private systems is essential to fix a fractured system. Behavioral health is a complex and multifaceted issue that requires a coordinated effort, because providers bring unique strengths and resources to the table and families and individuals have diverse needs.

One key philosophy or approach that underpins effective collaboration is called "system of care," which emphasizes individualized, family-driven, and community-based care. Mecklenburg County had in place a formal SOC from 2005 to 2012 called MeckCARES.

The SOC philosophy prioritizes a comprehensive understanding of an individual's life circumstances, acknowledging the impact of social determinants on mental health. It encourages a holistic view that goes beyond clinical interventions, taking into account the person's family dynamics, culture and community resources.

One key aspect of SOC is the emphasis on individualized and family-driven care. Mental health care should be tailored to the unique needs and preferences of each person, involving them and their families in making decisions. This collaborative approach fosters a sense of empowerment and ownership over one's mental health journey, leading to more sustainable and positive outcomes.

"If all of these organizations, from grassroots all the way up to government, would just work together, we could do a lot of good. And I think now we have a bunch of providers doing a lot, which is good, but they're ineffective because so many are trying to do the same thing instead of doing it collaboratively."

—Rev. Dr. Abdue Knox, Pastor, Greater Bethel AME Church

Community-based care is another fundamental element of the SOC philosophy. Mental health is not solely an individual concern but is deeply connected to the broader community context. Collaborative efforts that involve local organizations, schools, faith-based groups, and other community resources can enhance the overall well-being of individuals. This approach not only addresses mental health issues when they arise but also promotes preventive measures and early intervention.

The integration of public and private mental health care providers within an accountable network could become an effective way to eliminate gaps in services. Through shared goals, communication, and a commitment to the well-being of individuals, providers would be held accountable for ensuring a seamless continuum of care. This collaborative and coordinated care model would be particularly crucial in addressing the stigma associated with mental health, as it would promote a more inclusive and supportive environment where individuals feel comfortable seeking help.

Objective:

Create a comprehensive, accountable network of strength-based services and supports working in close collaboration to meet the needs of individuals and families involved in multiple behavioral health systems.

Strategy 1

Develop a cross-system, behavioral health coordinated services model.

Action Steps:

- Research local and national initiatives that emphasize collaborative and coordinated care to build on existing efforts to increase connectivity across systems.
- Identify and recruit agencies to participate in the initial implementation of the coordinated services model.
- Create written agreements among service provides to establish a philosophy of care and to facilitate collaboration and coordination.
- Establish data sharing policies, procedures, and outcomes.
- Document a comprehensive behavioral health continuum of services, including nonclinical and peer supports, crisis, and residential services.

Strategy 2

Translate findings from the coordinated services model to implement a training protocol for selected service providers through a phased-implementation approach.

Action Steps:

- Develop a training plan and protocol based on the coordinated services model.
- Select service providers to champion the protocol and serve as facilitators through the phased implementation and beyond.
- Create a plan for evaluation of the training protocol. Evaluation should be inclusive of all stakeholders.
- Utilize input from people with lived experience to review and refine the training protocol for service providers.

Strategy 3

Develop targeted outreach for populations that interact with multiple systems.

Action Steps:

- Define subpopulations with complex needs and identify providers serving them across multiple systems (i.e., LGBTQ+, immigrants, justice-involved, unhoused).
- Research the specific needs of these populations and potential gaps in services.
- Utilize the information gathered to create targeted and supportive outreach for the identified subpopulations and providers.

Focus area 2: Social determinants of health

Like every community in America, in Mecklenburg County racial, ethnic and economic disparities negatively impact behavioral health outcomes. Families from under-resourced communities often face increased stressors, limited access to resources, and reduced opportunities for social and economic advancement.

These factors can contribute to the development and exacerbation of behavioral health issues. For example, people with fewer resources may experience higher levels of chronic stress, a known risk factor for conditions such as anxiety and depression.

Socioeconomic status is just one of several social determinants of health. These factors represent the social and economic conditions in which people live, work, and age, and they have a profound impact on individuals' overall well-being, including their mental health. Understanding these determinants is crucial for designing and delivering effective behavioral health services.

Education is another critical factor shaping behavioral health. Higher levels of education are associated with better mental health outcomes. Conversely, limited educational opportunities may hinder individuals' capacity to maintain mental well-being.

"We don't have the social safety nets that are really required to be able to support people to seek and achieve the care they need without it becoming a detriment to the rest of the things they have to do. If people can't afford their rent, they're not sitting in a therapist's office for an hour spending $200 out of pocket on the session. It's not happening."

—Becky Hawke, Matthews Town Manager

Employment status and working conditions also play a significant role in behavioral health. Unemployment, job insecurity, and stressful work environments can contribute to the onset of mental health disorders. Conversely, stable employment with favorable working conditions can promote mental well-being by providing financial security, a sense of purpose, and opportunities for social interaction.

Social support, which encompasses relationships with family, friends and the community, is a fundamental determinant of mental health. Strong social networks act as protective factors, offering emotional support, reducing feelings of isolation, and enhancing individuals' ability to cope with stressors. Conversely, social isolation or strained relationships can contribute to the development of behavioral health issues.

Access to health care is a crucial determinant that intersects with other social factors. Disparities in health care access, including mental health services, can worsen existing inequities. People with limited access to health care may face challenges in obtaining timely and appropriate behavioral health interventions, leading to unmet needs and prolonged suffering.

Addressing the social determinants of health requires an approach that goes beyond clinical interventions. The steering committee took a hard look at the five domains of social determinants and concluded that housing should be a top priority, along with social supports. Elevating social determinants of health as one of the strategic plan's five focus areas is a recognition that people's mental health is largely dependent on non-medical factors that are beyond the scope of providing clinical services.

Objective:

Increase resources to address non-medical factors that influence outcomes for individuals with behavioral health needs.

Strategy 1

Provide resource connections and navigation to individuals with behavioral health needs.

Action Steps:

- Increase access to resources related to social determinants of health (such as nutrition, energy, employment, education, health care, transportation, and housing) by supporting community-resource navigation.
- Expand wrap-around supports for individuals with behavioral health needs.
- Develop and refine models of offering social services in a trauma-informed, and client-centered setting.

Strategy 2

Identify and support evidence-based, resilient community programs in communities most impacted by the five domains of social determinants of health: economic stability, neighborhood, social and community context, and access to quality education and health care.

Action Steps:

- Collaborate with Public Health staff to identify communities most impacted by toxic stress as well as domestic and community violence.
- Establish a partnership of funders to support evidence-based programs with a proven track record of positively impacting communities.
- Increase linkages and referral services (social determinants) for residents being discharged from emergency departments, hospitals, and detention centers.
- Promote training and certifications for evidenced-based practices for providers who serve racially/ethnically diverse communities.

Strategy 3

Increase the community's availability of permanent supportive housing, low-barrier transitional housing, and wrap-around supports to minimize housing insecurity as a symptom or result of mental health, substance use, or intellectual/developmental disability.

Action Steps:

- Partner with the United Way and other providers to determine how to maximize housing opportunities for individuals with behavioral health needs through the *Home for All* plan.
- Engage with the Charlotte-Mecklenburg Continuum of Care to identify transitional housing programs with vacancies.
- Develop a referral system for Coordinated Entry to connect individuals with behavioral health needs to available transitional-housing beds.
- Identify barriers to meeting eligibility requirements for housing programs to help agencies develop strategies to increase access for individuals with behavioral health needs.

Focus area 3: Prevention & early intervention

Prevention and early intervention focus on addressing mental health concerns before they escalate. They encompass a wide range of strategies and programs, including education and public awareness, that are intended to foster resilience and mitigate the long-term impact on individuals and society as a whole.

While prevention strategies are designed to curtail mental health issues before they occur, often by targeting high risk groups, early intervention seeks to address emerging concerns promptly. (Early intervention is sometimes referred to as "secondary prevention.")

A focus on risk factors such as adverse childhood experiences, social isolation, and economic stressors can create environments that promote mental well-being. Educational programs, community outreach, and support services can contribute to building resilience and providing individuals with the tools to manage stressors effectively.

One such program in Mecklenburg County is Mental Health First Aid, a curriculum created to provide participants with the knowledge and skills to respond to mental health crises and support individuals experiencing mental health challenges. Inspired by the success and promise of Mental Health First Aid, the steering committee made scaling it up one of two strategies to support this focus area.

Prevention and early intervention not only improve people's well-being, they can yield significant cost savings for society. Left untreated, mental health needs often lead to more complex and costly challenges like hospitalization, emergency services, and long-term disability.

According to the Substance Abuse and Mental Health Services Administration, for every dollar invested in prevention and early intervention, there can be a return of up to ten dollars in avoided health care costs, criminal justice expenses, and lost workforce productivity. However, by prioritizing prevention and early intervention, communities can mitigate these societal costs and create a more economically stable and resilient environment.

"If you can go a mile upstream and get some people to eddy out and take a break up there, you're going to prevent everyone from accumulating further downstream."

—Dr. Bruce Noll, Associate Medical Director, Atrium Health / Behavioral Health

In Mecklenburg County, we're fortunate to have an effective advocate for prevention and early intervention in the local chapter of the National Alliance for Mental Illness. NAMI-Charlotte offers free, evidenced-based mental health awareness classes, suicide prevention programming, and support groups throughout the county.

These programs offer various forms of support and education for individuals and families affected by mental health conditions, including:

- Peer-led groups for caregivers and individuals with mental health diagnoses to provide a platform to share experiences and gain insights in a structured environment;
- A two-hour seminar to inform and support those with loved ones affected by mental health needs, covering topics like diagnosis, treatment, communication strategies, and crisis preparation;
- A presentation for middle and high school students, school staff, and parents that provides education about mental health conditions and the importance of recognizing early warning signs;
- An 8-week program for caregivers to increase their understanding, coping skills, and advocacy for family members living with mental health conditions;
- An 8-week course for adults living with mental health diagnoses to foster their growth, healing, and recovery;
- An interfaith network promoting mental health support within their communities; and
- Presentations tailored for African American and Latino communities to raise awareness about mental health conditions and available resources.

Objective:

Focus resources on programs and services designed to support people who may be at greater risk of developing behavioral health needs.

Strategy 1

Create a robust public awareness campaign to counteract stigma and educate residents on the risk factors and resources that support behavioral health needs.

Action Steps:

- Define local drivers of behavioral health risk factors and resources to inform the public-awareness campaign.
- Identify a marketing agency to develop a county-wide campaign.
- Determine the appropriate community leaders to promote the campaign.
- Identify and track metrics to measure changes in community awareness before, during, and after the implementation of the campaign.
- Offer behavioral health literacy outreach programs that target early childhood through 12th grade.
- Provide suicide prevention education and consider the adoption of Question, Persuade, Refer training or training by the American Foundation for Suicide Prevention.
- Conduct community-based behavioral health fairs (digital and in-person) to help with visibility and to ensure individuals can properly navigate available supports and providers for their needs.

Strategy 2

Partner with community agencies to make Mental Health First Aid (MHFA) available to more residents by offering education in schools, libraries, places of worship, health care, and criminal justice settings.

Action Steps:

- Identify current agencies and organizations that provide MHFA education to residents.
- Partner with state-wide programs and local agencies to enhance the promotion and administration of tools that help residents better understand the factors contributing to behavioral health needs.
- Provide trauma-informed resources to community and faith-based leaders to enhance a shared understanding of behavioral health needs and resources.
- Increase MHFA training for populations with high-risk factors for behavioral health concerns.

Focus area 4: Access to care

Access to behavioral health services in the U.S. is largely dependent on the availability of providers and patients' ability to pay them, either through public or private insurance, or out of pocket. Significant disparities exist between insured and uninsured populations; however, even people with insurance may not have adequate coverage for behavioral health.

Despite parity laws intended to ensure equal coverage for behavioral health and medical services, persistent challenges and loopholes have limited their success, with private insurance companies often falling short in providing equitable reimbursement for mental health treatments compared to physical health services. And Medicaid and Medicare are notoriously underfunded when it comes to reimbursing providers for behavioral health services, resulting in a system where fewer and fewer accept government-funded insurance.

Racial and ethnic disparities further compound issues related to access. Studies consistently show that minority populations, including Black, Hispanic, and Indigenous communities, are less likely to receive mental health services compared to their white counterparts. The National Alliance on Mental Illness reports that Black adults are 20% more likely to experience serious mental health concerns but are less likely to receive treatment than white adults. This disparity reflects systemic barriers such as cultural stigma, lack of culturally competent services, and discriminatory practices within the health care system.

People's geographic location plays a role as well. Interviews with the town managers of Matthews, Huntersville, and Cornelius echoed a common theme: It's difficult for residents outside the center city to access services, because providers tend to be located within the city limits. Rural areas also lack sufficient mental health providers, contributing to delayed or inadequate treatment. According to the Health Resources and Services Administration, in 2021 over 111 million people in the U.S. lived in mental health professional shortage areas.

The consequences of these disparities are evident in mental health outcomes. Individuals with limited access to care may experience delayed intervention, leading to more severe mental health conditions, increased emergency department visits, and a higher likelihood of involvement with the criminal justice system. The National Institute of Mental Health states that individuals with mental health disorders in racial and ethnic minority groups are less likely to receive mental health services and, as a result, may have a higher risk of disability and mortality.

The steering committee acknowledges that identifying and addressing these disparities in our community won't be easy. It will require stronger partnerships between county government, the public school system, the two hospital systems, and the managed care organization, among others.

"Access to services has been a huge problem in North Carolina because we get so many people saying, 'I was approved for services but no one will provide them.' Basically, you're denied without being denied."

—Lisa Gessler, Attorney, Disability Rights North Carolina

One tool that holds promise within this focus area is NCCARE360, an innovative technology platform in North Carolina designed to streamline and coordinate health care and social services, potentially improving access to mental health services. By connecting individuals with a comprehensive network of behavioral health care providers, social services, and community resources, NCCARE360 could be one way to reduce gaps and increase access to services.

Objective:

Enhance and increase the ability to see a qualified behavioral health or community support provider.

Strategy 1

Assess and develop entry points to the behavioral health system to address identified gaps and prioritize where access should be enhanced, particularly for uninsured and underinsured residents.

Action Steps:

- Develop a collaboration between Mecklenburg County Geographic Information System and Alliance Health's provider network team to develop a heat map of behavioral health services based on the geographic location of county residents.
- Identify early-intervention, universal-screening tools and shared protocols for mental health, substance use disorder, and intellectual and developmental disabilities that take into consideration social determinants of health and adverse childhood experiences.
- Increase behavioral health screenings for students enrolled in Charlotte-Mecklenburg Schools.
- Partner with health care systems to understand and replicate a process for facilitating behavioral health screenings to connect people to service providers through primary care physician visits and appointments with other health care providers.
- Develop standardized metrics for clinician availability at the county level through a Capacity to Serve Framework pilot program.
- Define strategies to increase the number of providers serving Medicaid and Medicare recipients as well as the uninsured.
- Identify social service agencies, community organizations, and places of worship as points of entry into the behavioral health system and track data with these entities.

Strategy 2

Evaluate existing online service-navigation portals to identify opportunities to utilize them more cohesively and efficiently for behavioral health service delivery.

Action Steps:

- Define obstacles and develop recommendations related to NCCARE360 becoming the "gold standard" for Mecklenburg County providers. For example, does it have a provider partition; if so, how is it operated? Does it have a reporting capability? Is there a willingness to share data?
- Explore ways to overcome obstacles to fully utilize NCCARE360. For example, is there a way to incentivize providers who receive public funding to use it? Are members of the Alliance provider network utilizing it? Could the two hospital systems commit to using it?
- Provide training to service providers via UniteUs to encourage increased utilization of NCCARE360.
- Partner with the North Carolina Department of Health & Human Services to make NCCARE360 an open system so consumers may also use it.
- Engage the community in identifying organizations to include in NCCARE360.

Focus area 5: Service array

Establishing a comprehensive array of services for behavioral health is crucial for meeting the diverse needs of Mecklenburg County residents to ensure everyone has access to appropriate and effective care. A robust service continuum that reduces gaps in services is particularly vital for people in underserved communities, where disparities in mental health care are often more pronounced.

A comprehensive array of behavioral health services encompasses a spectrum of interventions, ranging from prevention and early intervention to acute and long-term care. This includes services such as counseling, therapy, medication management, crisis intervention, community support, and peer-led initiatives. By offering a variety of trauma-competent services, individuals can receive care that is client-centered and culturally competent.

Reducing gaps in services is essential for creating a seamless and accessible service continuum. Gaps in services can result in delayed or inadequate intervention, leading to more severe mental health issues and increased disparities in outcomes.

"Part of the issue is we do not have trauma-informed, culturally relevant services that feel helpful and healing to folks that have been involved in the system their entire lives."

—Cherene Allen-Caraco, CEO, Promise Resource Network

Imagining what a robust service continuum would look like, the steering committee recognized that Mecklenburg County simply doesn't have enough licensed professionals to meet the high demand. By facilitating collaborations with natural supports in different settings, such as schools, community centers, and primary care offices, we can leverage existing supports within environments where people feel comfortable. In addition, utilizing non-licensed volunteers and community agency staff with lived experience is crucial as they bring unique insights, empathy, and understanding, fostering a more relatable and supportive environment for those seeking help.

Finally, we have to realize competition from other cities has the potential to hamper our ability to recruit and retain a behavioral health provider workforce. Making Mecklenburg County a stronger competitor in this arena would be an important strategy in this final focus area.

Objective:

Reduce gaps in services and establish a comprehensive and robust service continuum.

Strategy 1

Utilize findings from the gap analysis to create a comprehensive service continuum.

Action Steps:

- Engage service providers to define the availability and variety of services to meet the broad range of behavioral health needs within the community.
- Conduct regular quality reviews and identify services that are lacking and the resources required to enhance the service array.
- Utilize the gap analysis to inform key metrics that drive quality of care for residents with behavioral health needs.
- Develop an inventory of nonclinical mental health supports available in the county.
- Conduct a gap analysis every three years to monitor patterns in service utilization.

Strategy 2

Create a workforce pipeline to increase the number of behavioral health providers and the availability of affordable, culturally competent services through education, incentives, and training.

Action Steps:

- Document the root causes of the local workforce shortage, staff burnout and clinician turnover and develop strategies to enhance the workforce pipeline.
- Develop an inventory of programs, housed by the county, for providers to use as a recruitment and retention tool, including internship and fellowship opportunities with pathways to employment and training programs to gain licensure.
- Identify funding sources to increase the availability of fellowship and pathway programs.
- Raise awareness of federal and other loan forgiveness and tuition reimbursement programs that encourage new graduates to relocate to Mecklenburg County or remain in the community after graduation.
- Develop programs and training to enhance trauma- and cultural-fluency or awareness.
- Increase the number of peer support specialists and community health workers by partnering with local high schools and community colleges.
- Partner with local universities to create a pipeline of diverse behavioral health care practitioners committed to serving residents.
- Offer incentives for providers to locate and deliver services in under-resourced communities.
- Advocate for increased wages and reimbursement rates for peer support specialists and community health workers.

Strategy 3

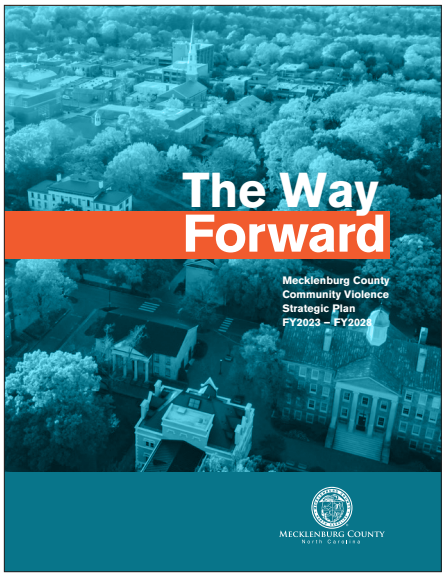
Facilitate collaboration between providers and natural supports for individuals with behavioral health needs to enhance client-centered care.

Action Steps:

- Identify community resources to build on existing efforts to support clients receiving social services who are involved in phased implementation programs.
- Increase efforts to incorporate peer supports to enhance emotional supports and the sharing of lived experiences.
- Draft a report on regional and national models with best practices for client-centered care.
- Provide workshops and training inclusive of providers, natural supports, and individuals with lived experience.

Where do we go from here?

Over the last year and a half, the steering committee and project team have committed innumerable hours to creating the Mecklenburg County Behavioral Health Strategic Plan. Along the way, we were fortunate to have invaluable input from nearly 700 residents whose voices were heard during community engagement sessions and a 30-day public comment period when they were given the opportunity to review this document before going to press. With the publication of this report, our focus now shifts towards implementing the strategies and action steps that comprise the strategic plan.



The strategic plan will work in tandem with other Mecklenburg County initiatives, such as The Way Forward, A Home For All, and the Opioid Settlement Spending Plan.

As this initial phase of the project winds down, the real work begins: mending our fragmented behavioral health system. Across all demographics, in stakeholder interviews, provider listening sessions, and community engagement sessions, professionals and consumers alike consistently highlighted access to quality mental health services and support as a top priority, underscoring the urgent need for action. We recognize the challenges in accessing timely services, exacerbated by the multitude of issues brought to light by the strategic planning process.

Our overarching objective is clear: enhance people's access to behavioral health resources, elevate the quality of care, and foster better coordination among service providers. While these are long-term endeavors spanning months and years, we are initiating a three-year implementation plan led by Mecklenburg County and our partners, leveraging our relationships with stakeholders, managed care organizations, the two hospital systems, and the provider community.

Our approach will begin with attaining small victories, such as compiling a comprehensive inventory of services, providers and wait lists. We will then tackle larger objectives like improving data sharing and care coordination. Regular reassessment at three-year intervals will ensure the strategic plan evolves as needs change and priorities shift.

Building a system of care that is truly collaborative and coordinated will be our priority focus area as we work to facilitate seamless transitions between access points, addressing a key concern raised by stakeholders. Prevention and early intervention will be key to the success of the strategic plan, as identifying and averting behavioral health issues early on requires fewer resources. And recognizing that social determinants of health have a direct impact on people's mental health will require us to look beyond clinical solutions.

Finally, ensuring everyone in our community has equitable access to care and that the service array is sufficient to meet their diverse needs are critical to improving the behavioral health of our entire community.

As we transition from planning to action, the county will convene a diverse implementation team comprised of steering committee members, county staff, a consulting firm, and new frontline representatives.

The Board of County Commissioners' steadfast commitment to behavioral health, as evidenced by its mission to serve Mecklenburg County residents by helping them improve their lives and community, underscores the ongoing support necessary for success. We're confident that together we can make our community an even better place for people to live, learn, work, and recreate.

Acknowledgments

The Mecklenburg County Behavioral Health Strategic Plan is the result of the many dedicated steering committee members, stakeholder interviewees, and consultants named below. We also want to thank all the clinicians, advocates and other staff from the community agencies who provided valuable input during the provider listening sessions, and especially the nearly 700 Mecklenburg County residents who participated in a community engagement session.

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Glossary

A

Access to care is the ability to see a qualified health provider within a reasonable time. It may be hampered by not having insurance or the ability to pay for care, long wait times because there aren't enough clinicians, or no one is offering the specific service.

Acute is a term used to denote conditions or symptoms of sudden onset, short duration, and often great intensity.

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood. ACEs can include violence, abuse, and growing up in a family with mental health or substance use problems. Toxic stress from ACEs can change brain development and affect how the body responds to stress.

Advocacy groups are organizations whose members share common goals, and they attempt to convince government officials to advance those interests as well as enhance public awareness by providing education and training.

The **Affordable Care Act** (ACA), also known as Obamacare, is a landmark U.S. federal statute signed into law by President Barack Obama on March 23, 2010. The ACA is the U.S. healthcare system's most significant regulatory overhaul and expansion of coverage since the enactment of Medicare and Medicaid in 1965.

Alzheimer's disease is a progressive neurodegenerative disease characterized by cortical atrophy, neuronal death, synapse loss, and accumulation of amyloid plaques and neurofibrillary tangles, causing dementia and a significant decline in functioning.

The **American Rescue Plan Act** (ARPA) of 2021, also called the Covid-19 Stimulus Package, is a $1.9 trillion economic stimulus bill signed into law by President Joe Biden on March 11, 2021, to speed up the country's recovery from the economic and health effects of the pandemic.

Anxiety disorders are a group of common mental disorders. People with anxiety disorder will experience feelings like mental and physical tension about their surroundings, apprehension about the future, and unrealistic fears.

Applied behavioral analysis (ABA) is a psychological intervention that applies approaches based upon the principles of respondent and operant conditioning to change behavior of social significance. Assessment (see psychological assessment)

Autism, also known as **Autism Spectrum Disorder** (ASD), is a complex developmental disability that appears in early childhood, usually before age 3. Autism is a life-long mental disorder in which the person experiences significant abnormal development of social interaction, verbal and non-verbal communication.

B

Behavioral health, also called **mental health**, refers to a person's state of emotional or psychological well-being. Behavioral health may also refer to health care services and social supports dealing with the promotion and improvement of mental health and the treatment of mental illness and other psychological diagnoses such as substance abuse.

C

Care coordination or **navigation** is the organization of a patient's care across multiple health care providers.

Case management is a service that helps people arrange for appropriate services and supports. A case manager coordinates mental health, social work, educational, health, vocational, transportation, advocacy, respite care, and recreational services, as needed.

Certification is the formal process by which an external agency affirms that a person has met predetermined standards and has the requisite knowledge and skills to be considered competent in a particular area.

Chronic means something that is there most of the time for a long time. The term is often used to describe a disorder that lasts for years or more.

A **client**, also referred to as a **patient** or **consumer**, is an individual or family receiving a behavioral health service or support.

Client advocacy involves providing support to those with behavioral health needs. It can come in many forms, including providing emotional support and advice on dealing with their diagnosis.

Client-centered care (see person-centered therapy)

Clinical refers to an activity that takes place between a health provider and a patient, such as diagnosis and treatments.

Clinical assessment is the systematic evaluation and measurement of psychological, biological, and social factors in a person presenting with a possible psychological disorder.

Clinical disorders are medical conditions that disrupt a person's thinking, feeling, and general daily functioning.

A **clinician** is a medical or mental health care professional who is directly involved in the care and treatment of patients, as distinguished from someone working in other areas, such as research or administration.

Cognition refers to the mental processes associated with thinking, learning, planning, and memory.

Cognitive disorders significantly impair the cognitive function of an individual to the point where normal functioning in society is impossible without treatment.

Collaborative and coordinated care is the outcome of a behavioral health service model that is accountable and comprehensive, where service providers in multiple systems work in close collaboration to meet clients' needs.

A **collaborative care model** is a specific approach to integration in which primary care providers, care managers, and behavioral health providers work together to provide care and monitor patients' progress.

Glossary, continued

A **community agency** or **service provider** is an organization providing a behavioral health service or support.

Community-based care, **treatment**, **services**, and **support** all refer to services that are provided in a community setting instead of a hospital or institution.

A **community health worker** is a frontline public health worker who is a trusted member of or has an unusually close understanding of the community served.

Complex needs are mental health issues that are impactful, severe, enduring, or episodic. They can involve high levels of psychological distress, exposure to trauma, or conditions such as schizophrenia, personality disorders, and bipolar disorder.

Consumer (see client)

Continuous Quality Improvement (CQI) is an approach to health care quality management borrowed from the manufacturing sector. It builds on traditional quality assurance methods by putting in place a management structure that continuously gathers and assesses data that are then used to improve performance and design more efficient systems of care.

Continuum of services or **care continuum** refers to the complete range of behavioral health programs and services.

A **coordinated services model** is a system where mental health professionals from different organizations work together to identify needs, develop plans of care, and monitor the progress of patients they have in common.

Crisis intervention, also called **crisis services**, refers to psychological interventions provided on a short-term, emergency basis for individuals experiencing mental health crises.

Cross-cutting factors are issues that impact multiple aspects of a system. They are often pervasive and can have wide-ranging implications across different organizations.

Cultural competence refers to the ability to be sensitive and responsive to cultural differences. Caregivers are aware of the impact of culture and possess skills to help provide services that respond appropriately to a person's unique cultural differences, including race and ethnicity, national origin, religion, age, gender, sexual orientation, or physical disability. They also adapt their skills to fit a family's values and customs.

D

Dementia is a problem in the brain that makes it hard for a person to remember, learn, and communicate. This disorder can also affect a person's mood and personality.

Depression is a term used to describe a state of low mood; as a clinical diagnosis, depression is characterized by intense feelings of sadness that persist beyond a few weeks.

Detoxification or **detox** is a therapeutic procedure that reduces or eliminates toxic substances such as alcohol or opioids in the body.

Developmental-behavioral pediatrics is a board-certified, medical sub-specialty that cares for children with complex and severe problems by recognizing the multifaceted influences on the development and behavior of children.

Diversity, Equity and Inclusion (DEI) are organizational frameworks which seek to promote the fair treatment and full participation of all people, particularly groups who have historically been underrepresented or subject to discrimination on the basis of identity or disability.

E

Early intervention, sometimes referred to as **secondary prevention**, is a process used to recognize warning signs for mental health problems and to take early action against factors that put individuals at risk. Early intervention can help children get better in less time and can prevent problems from becoming worse.

Eligibility requirements are the conditions an individual must meet to qualify for services to be covered or paid for by a specific insurance plan, program, or payer.

An **entry point** is a particular place where a person can begin to receive behavioral health services.

An **evaluation** or **psychological evaluation** is a method to assess an individual's behavior, personality, cognitive abilities, and several other domains.

Evidence-based refers to a standard of care that happens when a provider uses the best available scientific data to provide the kind of care the patient needs.

F

Forensic evaluation refers to assessing an individual in a legal context. A forensic psychiatrist or psychologist has special forensic training and conducts a detailed review of a legal case. Services may include examining police reports and testifying in court.

G

Group therapy involves groups of usually four to 12 people who have similar problems and who meet regularly with a therapist. The therapist uses the emotional interactions of the group's members to help them get relief from distress and modify their behavior.

Guardianship is a legal arrangement that places the care of a person and their property in the hands of another. When people are minors or are deemed incompetent by the court and therefore unable to make decisions about their own care or to manage their own affairs, a guardian is appointed by the court to manage their property, make personal decisions on their behalf, and provide for their care and well-being.

H

A **housing assessment** is a tool for determining a person's unique housing needs and risk of homelessness upon

arrest or return to the community from jail or prison.

Housing instability encompasses numerous challenges, such as having trouble paying rent, overcrowding, moving frequently, or spending the bulk of household income on housing.

I

Involuntary commitment is when a judge orders someone be admitted into a psychiatric facility (such as a hospital) against their will or without their consent, under the authority and protection of the law.

Institutionalization is the placement of an individual in an institution for therapeutic or correctional purposes or when they are incapable of living independently, often resulting from a physical or mental condition.

Intellectual and developmental disabilities (IDD) are differences that are usually present at birth and that uniquely affect the trajectory of the individual's physical, intellectual, and/or emotional development. Many of these conditions affect multiple body parts or systems.

Intimate partner domestic violence can be physical, sexual, emotional, economic, psychological, or technological actions or threats of actions or other patterns of coercive behavior that influence another person within an intimate partner relationship.

L

Least restrictive setting or **environment** refers to patients' right to choose their type of care and setting, as well as respecting their autonomy, dignity, and privacy.

LGBTQ+ is an abbreviation for lesbian, gay, bisexual, transgender, queer/questioning. The plus may represent intersex and asexual/aromantic/agender (as in LGBTQIA), or a placeholder for the evolving understanding of aspects of diverse gender and sexual identities.

Licensure to work as a clinician in North Carolina is granted by the state Board of Licensed Clinical Mental Health Counselors.

Lived experience is unique insight, expertise and knowledge gained from a person's life experiences and decisions.

A **local management entity** (LME) is an organization authorized by the state of North Carolina to manage limited, state-funded mental health services for residents who don't qualify for Medicaid.

Long-term care is extended care that provides services for patients who are unable to live independently but do not require the inpatient services of a hospital.

M

Managed care is an organized system for delivering comprehensive mental health services that allows the managed care entity to determine what services will be provided to an individual in return for a prearranged financial payment. Generally, managed care controls health care costs and discourages unnecessary hospitalization and overuse of specialists, and the health plan operates under contract to a payer.

A **managed care organization** (MCO) is an organization authorized by the state of North Carolina to manage the care of Medicaid beneficiaries who receive services for mental health, developmental disabilities, or substance use disorders (and, with Medicaid Transformation, medical and pharmacy as well).

Medicaid is a health insurance assistance program funded by federal, state, and local monies. It is run by state guidelines and assists children and low-income persons by paying for most medical expenses.

Medicaid expansion refers to states' ability under the Affordable Care Act to broaden their Medicaid programs to cover all people with household incomes below a certain level.

Medicaid Transformation refers to the way North Carolina is changing how people receive Medicaid services. The Department of Health and Human Services is transitioning Medicaid and NC Health Choice from fee-for-service to managed care.

Medicare is a federal insurance program serving the disabled and persons over the age of 65. Most costs are paid via trust funds that beneficiaries have paid into throughout the course of their lives. Small deductibles and some co-payments are required, and most beneficiaries purchase supplemental insurance.

Medication therapy or **management** is the prescription, administration, and assessment of drug effectiveness, and monitoring of potential side effects of psychotropic medications.

Mental health (see behavioral health)

Mental Health First Aid (MHFA) is a course that teaches people to identify, understand and respond to signs of mental illnesses and substance use disorders.

Mental illness refers to a range of brain disorders that affect mood, behavior, and thought processes. The terms mental illness and mental disorder are often used interchangeably.

A **metric** is a scale or system used to express an amount or quantity.

A **modality** or **treatment modality** is a particular therapeutic technique or process.

N

Natural supports are typically those individuals in a person's life who are essentially not in a paid role, such as family, friends, romantic partners, church members, and neighbors, as potentially landlords and employers.

NCCARE360 is a statewide, coordinated care network that connects individuals to local services and resources by connecting providers and organizations across sectors in a shared technology network. Providers can electronically connect North Carolina families who have unmet social needs to community resources.

Needs assessment is the identification of currently unmet service needs in a community or other group. A needs assessment is completed prior to implementing a new service or program or modifying an existing one. The perceived needs are generally assessed from

Glossary, continued

multiple perspectives, including those of community or group leaders and stakeholders.

Neuropsychiatry is psychiatry relating mental or emotional disturbance to disordered brain function.

Neuroscience is the scientific study of the brain and nervous system.

Nonclinical support refers to assistance such as providing resource information, education, and screening until appropriate referrals can be made to clinical services.

P

Parity refers to providing the same insurance coverage for mental health treatment as that offered for medical and surgical treatments. The Mental Health Parity Act was passed in 1996 and established parity in lifetime benefit limits and annual limits. These protections were broadened in the current law, the Mental Health Parity and Addiction Equity Act of 2008.

Patient (see client)

A **payer** is a public or private organization responsible for payment for health care expenses.

Payment rates, also called **reimbursement rates**, are the monetary amounts that payers such as private insurance, Medicaid, and Medicare pay to providers for performing certain services.

Peer support encompasses a range of activities and interactions between people who share similar experiences of being diagnosed with mental health conditions, substance use disorders, or other behavioral health needs.

Person-centered or **client-centered therapy** is a form of psychotherapy involving client self-discovery and actualization in response to the therapist's consistent empathic understanding of, acceptance of, and respect for how the client sees the world.

Post-traumatic Stress Disorder (PTSD) is an anxiety disorder that develops as a result of witnessing or experiencing a traumatic occurrence, especially life-threatening events.

Prevention seeks to identify and meet the needs of people and communities who are more vulnerable to disruptions in their mental health.

A **psychiatrist** is a medical doctor who specializes in the practice of psychiatry.

Psychiatry is the treatment of people who have a mental disorder and the prevention of mental disorders.

Psychological assessment is the gathering and integration of data to evaluate a person's behavior, abilities, and other characteristics, particularly for the purposes of making a diagnosis or treatment recommendation.

Psychological diagnosis refers to both the process of identifying the nature of a disorder by its signs and symptoms, as well as the classification of individuals on the basis of a disorder.

A **psychologist** is a doctoral-level specialist in psychology who is licensed to practice clinical psychology, or qualified to teach psychology as a discipline, or whose scientific specialty is a subfield of psychology such as research.

Psychotherapy is a type of treatment for emotional, behavioral, personality, and other psychiatric disorders based mainly on person-to-person communication.

Q

Question, **Persuade**, **Refer** is a suicide-prevention technique to question a person's desire or intent regarding suicide, persuade them to seek and accept help, and refer them to appropriate resources.

R

Recidivism typically denotes the repetition of delinquent or criminal behavior, especially in the case of a habitual criminal, or repeat offender, who has been convicted multiple times.

Residential placement or **treatment** programs provide intensive help for people with severe emotional or behavioral problems. While receiving residential treatment, individuals temporarily live outside of their homes in a facility where they can be supervised and monitored by trained staff.

Resilience or **psychological resilience** is the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands.

S

Screening is the initial evaluation of a patient to determine their suitability for psychological or medical treatment generally, a specific treatment approach, or referral to a treatment facility.

Secondary prevention (see early intervention)

A **service** is a type of support or clinical intervention designed to address the specific mental health needs of an individual or family. A service could be provided only one time or repeated over a course of time, as determined by the service provider and client.

Service array refers to the scope of assistance available within a community. A full array of services includes both clinical services provided by a licensed therapist, such as assessment, diagnosis, treatment, and counseling, as well as nonclinical supports like care coordination.

Service definitions describe the services that providers can be paid for under North Carolina's public health plans.

Service delivery is the provision and method of making health care services available to a population or a particular client.

Service provider (see community agency)

Severe and persistent mental illness (SPMI) refers to a collection of mental disorders that usually affect people in early adulthood and often have profound effects on family relations,

educational attainment, occupational productivity, and social functioning throughout their lives.

Social determinants of health are non-medical factors that influence people's mental and physical health. They include household income, employment, job security, safety, education, housing, early childhood development, and access to affordable, quality health care.

Social isolation is voluntary or involuntary absence of contact with others, which often produces abnormal behavioral and physiological changes in both humans and nonhuman animals.

Social services are provided by government and nongovernmental agencies and organizations to improve the social welfare of those in need, including people with lower income, illness, or disability; older adults; and children. Services might include health care, insurance, subsidized housing, food subsidies, and the like.

Social support is the provision of assistance or comfort to others, typically to help them cope with biological, psychological, and social stressors. Support may come from any interpersonal relationship in an individual's social network, including family, friends, neighbors, colleagues, caregivers, support groups, or faith-based organizations.

A **social worker** is a professional who is educated to deal with social, emotional, and environmental problems associated with a disorder or disability.

Socioeconomic inequity or **disparity** refers to economic inequality or the unequal distribution of income and opportunity between different groups in society.

Standard Plans within NC Medicaid are integrated health plans that provide physical health, pharmacy, care coordination and basic behavioral health services. State residents have four to five plans to choose from based on their county residence. The plans are managed by the private insurance companies AmeriHealth Caritas, Carolina Complete Health, Healthy Blue, UnitedHealthcare, and WellCare.

Stigma refers to attaching negative qualities to behavioral health needs. Stigma is harmful in that it may keep people from speaking about their disorder, getting help, or receiving treatment.

Strength-based services utilize an approach where practitioners believe their clients have strengths that they can employ for their recovery, and they work with clients to facilitate the use of these strengths.

Substance use disorder is a cluster of physiological, behavioral, and cognitive symptoms associated with the continued use of substances such as drugs, alcohol, and nicotine.

Suicidal ideation refers to thoughts, images or fantasies of harming or killing oneself.

Supportive housing is a strategy that combines affordable housing with intensive coordinated services to help people struggling with chronic physical and mental health issues maintain stable housing and receive appropriate health care.

A **system of care** is a network of organizations and programs involved in the delivery of behavioral health services.

System of Care (SOC) is a philosophy or approach to health care based on the premise that the needs of children, adolescents, adults, and families can be met within their homes, schools, and community environments. SOC emphasizes interagency collaboration and the importance of being child-centered, family-driven, strength-based, and culturally competent.

T

Tailored Plans are for NC Medicaid beneficiaries who need enhanced services for a mental health or substance use disorder, intellectual and developmental disability, or traumatic brain injury. Beginning in 2024, Tailored Plans will include coverage for physical health and pharmacy services. The plans will be managed by four public managed care organizations, Trillium, Alliance, Partners, and Vaya.

Telehealth, also called **telemedicine**, is the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, and information across a distance, rather than face to face.

A **therapist** is a person who is professionally trained and skilled in the practice of a particular type of therapy.

Transitional housing assists individuals in developing the skills and resources necessary to move into permanent housing, such as life skills training, employment assistance, and access to community resources.

Trauma is any painful or damaging injury or event that harms a person's physical or mental health.

Trauma-competence acknowledges the role trauma plays in people's lives: Every part of an organization or program understands the impact of trauma on the individuals they serve and adopts a culture that considers and addresses this impact.

Trauma-informed is an approach that assumes that an individual is more likely than not to have a history of trauma. It recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life.

Traumatic brain injury is damage to brain tissue caused by external mechanical forces, as evidenced by objective neurological findings, post-traumatic amnesia, skull fracture, or loss of consciousness.

U

Under-resourced communities are relatively heavily populated areas of high poverty and low income located in metropolitan areas.

W

Whole person means health and wellness are not limited to an individual's physical health but also on the well-being of the whole person, including emotional, financial, social, spiritual, occupational, and mental health.

Wrap-around services or **supports** refer to a unique set of community services and natural supports for someone with serious emotional disturbances based on a definable planning process, individualized for the client and family to achieve a positive set of outcomes.

DRAFT

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