Meeting Minutes
March 10, 2026

MINUTES OF MECKLENBURG COUNTY, NORTH CAROLINA
BOARD OF COUNTY COMMISSIONERS

The Board of Commissioners of Mecklenburg County, North Carolina, met in Budget/Public Policy Session in Conference Center Room 267 on the 2nd floor of the Charlotte-Mecklenburg Government Center located at 600 East Fourth Street, Charlotte, North Carolina, at 2:30 p.m. on Tuesday, March 10, 2026.

ATTENDANCE

Present: Chair Mark Jerrell, Vice-Chair Leigh Altman
and Commissioners George Dunlap, Arthur Griffin,
Laura J. Meier, Elaine Powell, Vilma D. Leake
Susan Rodriguez-McDowell, Yvette Townsend-Ingram
County Manager Michael Bryant
County Attorney Tyrone C. Wade
Clerk to the Board Kristine M. Smith
Deputy Clerk to the Board Arlissa Eason

Absent: None

CALL TO ORDER

The meeting was called to order by Chair Mark Jerrell, which was followed by reading of the County's Mission and Vision and the FY2026 Board Budget Priorities, introductions, and the Pledge of Allegiance to the Flag.

26-0099 Access to Care Presentation

The Board received a presentation from Access to Care.

Background: This presentation will walk through the County's approach to expanding access to health care services. Key topics include how Medicaid and other funding sources support care delivery and the current gap among uninsured residents. The discussion will also highlight a subset of our broader network of partners and invite reflection on how we define "access" in building a more effective system of care.

Chair Jerrell recognized former City Councilman, Mr. Al Austin

Benjamin Chambers, Business Manager, Public Health, Dr. Ray Feaster, Internal Medicine Provider, and Don Holloman, CEO of Cabarrus Rowan Community Health Centers, gave the presentation.

Panelists: Dr. Ray Feaster Internal Medicine Provider at Novant Health First Charlotte Physicians Elizabeth Clinic and Don Holloman CEO of Cabarrus Rowan Community Health Centers, Inc.

Access to Care

March 10, 2026

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Balanced Scorecard

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Access to Care

$267.9M

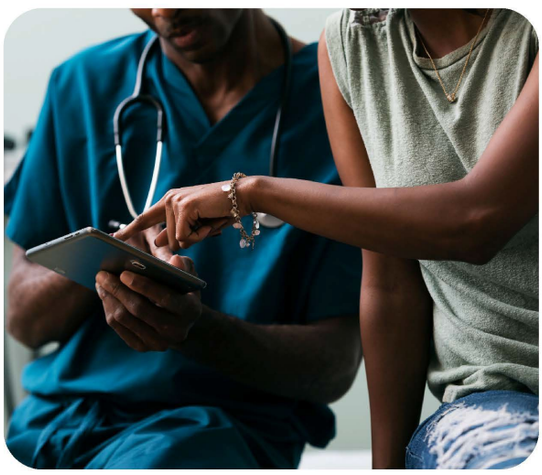
Total FY2026 Funding

$2.04B

Total since FY2018, including ARPA

Including:

- Public Health & Medic funding
- Medicaid & SNAP Eligibility Services
- In-Home Aide & Adult Day Care
- Behavioral Health & Subst. Use Services
- Mecklenburg Transportation Services
- $80.3M of ARPA Projects



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DRAFT – January 2026

Asterisk (*) = BOCC Priority Alignment | Dotted Lines = Partnership / Collaboration Required

Improve overall Quality of Life for Mecklenburg residents

		Healthy and Thriving Community	Learning and Educational Opportunities	Jobs and Economic Opportunities	Environment, Culture, and Recreation	Safe and Prepared Community
Community	Customer / Stakeholder	Improve access to County Health and Human Services* Enhance resident access to safe and affordable housing Reduce hunger and improve nutrition across our community Increase stability for individuals and families*	Improve K-readiness for Meck Pre-K students* Promote literacy and digital access Support student success through partnerships with local public schools and higher education*	Promote economic mobility by connecting residents to jobs, training, and career growth* Make Mecklenburg County a premier place to start, grow, and sustain a business*	Enhance environmental stewardship through conservation, monitoring, and sustainable practices* Expand access to parks, open space, and recreation opportunities* Protect and promote the historic, arts, and cultural resources in Mecklenburg County	Support justice system policies and practices that enhance public safety and reduce recidivism Ensure the safety of buildings and public infrastructure Promote timely and reliable emergency response

Drive internal service excellence through people, processes, and stewardship

Internal	Financial Stewardship		Manage County resources responsibly, transparently, and sustainably to maximize value for residents	Maintain affordable and competitive tax rate		
	Internal Processes	Strengthen partnerships and community collaboration	Promote a high-performing government through efficiency, accountability, and transparency	Increase community awareness and engagement through proactive communication and outreach	Mitigate enterprise risk and ensure policy compliance	
	Organizational Effectiveness	Build a dynamic workforce that reflects our community and fosters belonging*	Improve technology utilization and capacity	Strengthen County culture and invest in the County workforce	Enhance data available for decision-making	

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Balanced Scorecard Alignment

Objective 1.1: Improve access to County Health and Human Services

Improving access to County services is **essential for ensuring residents can readily obtain the support and resources needed for healthy lives.** Public health services, social services, and other support services are vital safety nets and pathways to opportunity.

Health Equity & Wellness Priority

SMART Goal	Proposed Target	Most Recent Result (FY25)
Maintain at least 94% of families that receive a child trauma intervention via the Child Development-Community Policing program	94%	97%
Maintain at least 75% of children served by MCPH who are up to date with recommended vaccinations by 24 months of age	75%	75%
Maintain HIV Viral Load Suppression of at least 80%	80%	88%
Average Service Point wait time at the County's Community Resource Centers (CRCs) will be 30 minutes or less.	30 minutes	11 minutes

Community / Partner Goals	Proposed Target	Most Recent Result
Adults (18+) without Primary Care Provider (BRFSS)	16%	12%* (2024)
Adults (18+) unable to see a doctor due to cost (BRFSS)	14%	13.3% (2024)

*The Primary Care Access question was modified in 2024; therefore, the data gathered for that year is not comparable to reports from previous years.

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Access to Care Data

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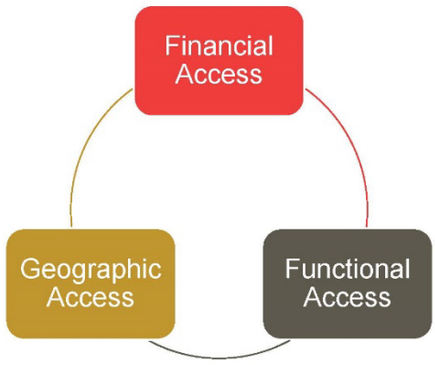
Defining Access to Primary Care

"Primary care providers offer a usual source of care, early detection and treatment of disease, chronic disease management, and preventive care. Patients with a usual source of care are more likely to receive recommended preventive services such as flu shots, blood pressure screenings, and cancer screenings."

-Healthy People 2030



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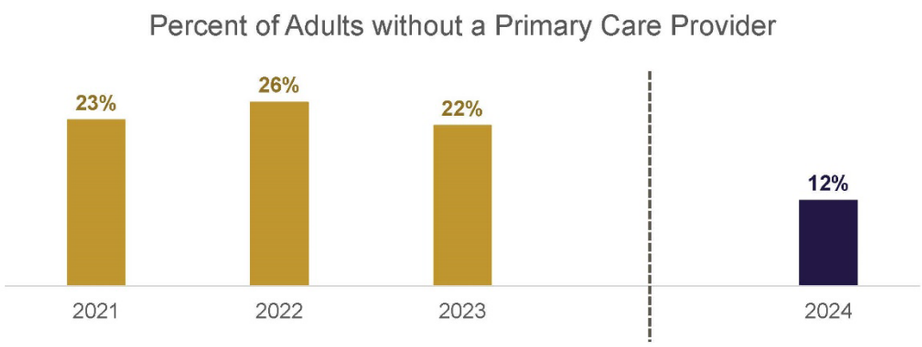
Annual Health Survey Data
Adults without a Primary Care Provider



Note: There was a minor change in the wording of these survey items in 2024, so 2024 results are not directly comparable to prior years.

Source: Mecklenburg County Annual Health Survey, MCPH Epidemiology Program

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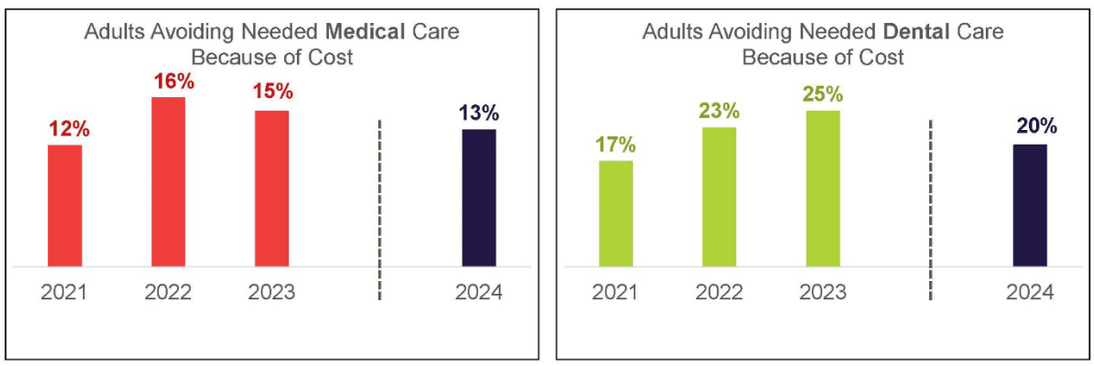
Annual Health Survey Data
Adults Avoiding Care



Note: There was a minor change in the wording of these survey items in 2024, so 2024 results are not directly comparable to prior years.

Source: Mecklenburg County Annual Health Survey, MCPH Epidemiology Program

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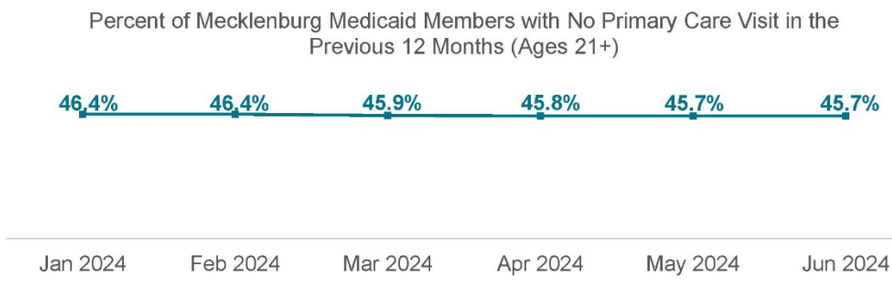
NC Medicaid Data on Primary Care Utilization for Medicaid Members

45-46% of adult Medicaid members in Mecklenburg County had not accessed a primary care provide in the previous 12 months (Jan – June 2024)



Source: NC Medicaid

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Panel Discussion

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Discussion Panelists

Dr. Ray Feaster
Internal Medicine Provider at Novant Health First Charlotte Physicians Elizabeth Clinic

Don Holloman
CEO of Cabarrus Rowan Community Health Centers, Inc., which operates the Sugar Creek Health Center in Mecklenburg County

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Board Discussion

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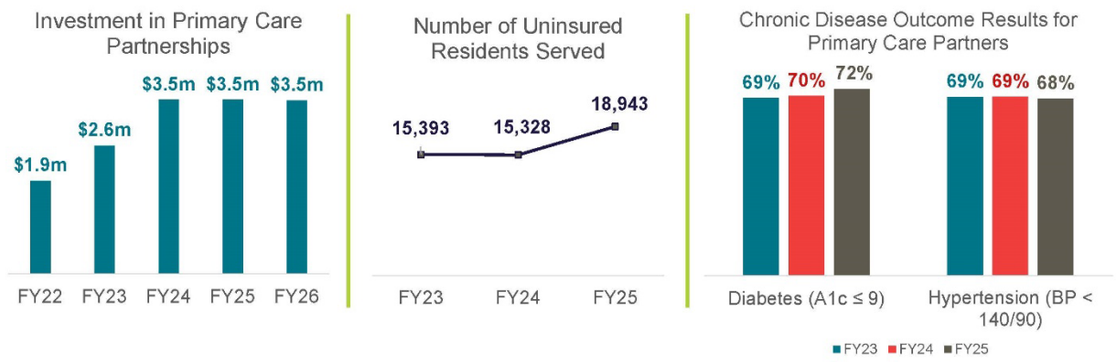
County Investment in Access to Care

Mecklenburg County invests in partnerships to expand access to primary care for uninsured residents in the community.



Note: There may be some duplication in the results above if a patient was treated by more than one partner clinic in a given fiscal year.
Source: Mecklenburg County Public Health

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Question for Board Consideration

- What role(s) do you want to see the County play in creating greater financial, geographic, and functional access to care for residents?
- What does “moving in the right direction” look like?

Examples of County Roles in Access to Care:

- Services & Partnerships
- Planning & Data Monitoring
- Policy Advocacy

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Comments

Commissioner Leake said her concerns included mobility, accessible information, and the availability of resources to the community. She said there were only about 15,000 people in the community being served and asked how they could increase the process. *Dr. Feaster said mobile units showed success, which brought healthcare into communities where access may be limited and there were models in which primary care providers managed telehealth services. She said virtual and video visits could be a barrier for some seniors, but there was help for that, as well as partnerships with developers to set up video visit devices in apartment communities.*

Commissioner Leake asked how they ensured this information reached males and seniors in the community. *Dr. Feaster said males were often more challenging due to trust issues. She said partnering beyond doctors and with faith-based organizations could help.*

Commissioner Griffin asked what success would look like in five years regarding access to primary healthcare and what role the County would play in primary care. He said 55% of people on Medicaid in the first six months of 2024 did not see a doctor in a 12-month period and asked what the cause was. He asked how they could steer Atrium Health, Novant Health, and the federally qualified health centers attention to the right populations. He asked how they could provide more data so the County could be the policy advocate for Novant, Atrium, and other services.

Commissioner Griffin said people were not coming on the buses for OB-GYN or primary care and whether he should advocate for more participation or find more taxpayer money to create more primary care providers.

Mr. Holloman said success looked like increased touch points, comprehensive care, decreased patient wait times, and reliance on the ER for nonemergency situations. He said mobile clinics brought access to individuals, particularly the geriatric population. He said they needed to be able to bring the mobile units to the assisted living facilities, nursing homes, and recreational centers, and they were partnering with the County to do so. He said they used the data to see where people were coming from, so they could get the services to them. He said they targeted high-need areas and brought the services to marginalized communities. Dr. Feaster said they needed to be in the right place at the right time and to provide after-hours care when people were not at work, and that included mobile units, for patient convenience.

Commissioner Powell said healthcare had to be available after hours. She asked how they could optimize mobile units and partnerships. She said the Foundation for the Carolinas and businesses seeking tax incentives could be a part of the solution as well. She said the needs were everywhere, and she would like to see the mobile units optimized and offered at reasonable hours for everyone who needed healthcare, including those in the Towns.

Commissioner Townsend-Ingram asked whether childcare had been considered a barrier to receiving healthcare and how the County could facilitate partnerships for medical care in areas where people were in need. She said she had concerns with data monitoring and whether they were measuring the right things to go in the right direction. She asked which was a bigger priority: preventive mental healthcare or being reactive. *Dr. Feaster said childcare was a barrier to parents seeking care, but they welcomed children to come in with their parents. She said she saw those who made too much to qualify for childcare assistance but could not pay the cost, and it*

would take a collective effort to make childcare services more affordable so people could access healthcare. She said she looked at how they could expand virtual services to specific locations in the West End Co-op, and if there were healthcare gaps or deserts in the districts, they wanted to know so they could work to fill them.

Commissioner Rodriguez-McDowell asked if there was something to explain how the County dollars and investments in primary care partnerships were impacting the progress. She asked whether it was the County's role to look for areas with deserts. She said the balanced scorecard showed they were meeting or exceeding their targets and asked if they should change their targets and look at other things. *County Manager Bryant said the purpose of the briefings was to share what they were currently tracking and other areas the Board may want to consider. He said that when they finalized the initial draft, they would consider all the feedback.*

Commissioner Rodriguez-McDowell asked whether the information was comprehensive of everything they were tracking. *County Manager Bryant said it was specific to that area. Mr. Griswold explained the process. He said, in some instances, they would achieve everything, then shift to maintenance mode, but just because they met a target did not necessarily mean they would change a target, but could just indicate that, for that one instance, they were moving in the right direction. Mr. Chambers said the improvement was about reaching touchpoints. He said multiple partners were opening new clinics and touchpoints, and the Sugar Creek Health Center was a great example of that. He said they expected that to continue to improve in FY26.*

Commissioner Meier said the way forward seemed to be through partnerships. She said the money was with Atrium and Novant, and partnering with them was extremely important for the community. She said comprehensive was extremely important, and she would like them to go in that direction.

Commissioner Dunlap said if they were already meeting the targets, their proposed targets were not high enough. He asked what was producing the increase in unserved residents if no additional dollars were added. He said their partners at Atrium and Novant recognized that when health care increased, they reduced emergency room expenses and suggested they be better partners to reduce their costs. He asked how they could reduce fees to increase access to care by reducing costs. *Mr. Chambers said it took time for the FY22-24 investment to build the clinics and for the new locations to engage the community to let people know they were available to offer services, which began to happen in FY25. He said there was a slight mismatch between the years when funding increased and the years when the number of people served increased.*

Commissioner Dunlap said he was not sure where the goal should be because they were seeing a lag and an increase of 3,000 people and asked how much more they could get from the $3.5 million. *Mr. Chambers said they expected those numbers to increase in the current fiscal year, but they had not done the math for those projections*. *County Manager Bryant said staff conversations with teams at Atrium, Novant, and the community health centers were going well regarding fees and partnerships. He said the hope was that, although things were tight financially, they could leverage each other's services, which might also affect the fees.*

Vice Chair Altman suggested they continue to measure vaccinations for children 24 months of age and the suppression of the HIV viral load, but she wanted to see a new metric around access to telehealth through County assets. She said she would support the work through churches and that during their retreat, they discussed making it accessible through County recreation centers.

She said good primary care could be achieved remotely and recommended a smart goal to expand telehealth access with an equity lens to close the gaps.

Chair Jerrell said he was concerned about setting goals with variables beyond their control. He said one of the goals he would like to consider was a direct-to-consumer model, meaning they would identify census tracks where underinsured and uninsured people lived. He said he would like to see partnerships with grassroots organizations deployed into communities to provide information door-to-door and would follow up to see how many targets were hit in the most vulnerable census tracks. He said when the numbers rose, they would know whether to attribute it to people moving here or educational access. He said all their partners had been great, but they continued to have limited results, and it didn't appear the system itself was overburdened by access, but people were using the emergency room as their primary care. He said he would like to see other effective ways to educate and inform.

26-0101 Alliance Health Updates to the BOCC

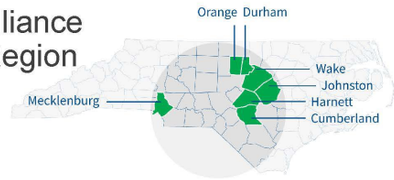
The Alliance Health Plan leaders provided information to the BOCC in response to the Commission's questions about Alliance Health Plan's services and funding in Mecklenburg County.

Background: At the December Public Policy meeting and multiple other BOCC venues, Board members have had questions about the role Alliance Health Plan plays in meeting the behavioral health needs of Mecklenburg County residents. Several Board members requested a presentation from Alliance to gain a better understanding of the current landscape. County and Board leaders met with Alliance leadership in February, and pertinent information shared in that meeting will be shared with the full BOCC in this presentation.

Mr. Robert Robinson, CEO of Alliance Health, and Mr. Sean Schreiber, COO, gave the presentation.

Alliance At-a-Glance

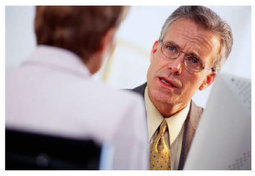
Alliance Region



1,400+
Total Staff

Covered Populations
(as of 12/2025)

- Tailored Plan ~71K
- Medicaid Direct ~72K
- Non-Medicaid (State-funded) ~317K



5,000+
Provider contracts

Mental Health and Substance Use Disorder Outpatient Provider Data

Medicaid Provider Data

Provider Type	# of Entities	# of Clinicians	Entity w/1 or more claims in FY25	Members Served in FY25
MH	257	3,420	172	17,343
SUD	12	593	9	1,016
ABA	96		60	2,491

Tailored Care Management Network

37 Care Management entities serving **17,347** Mecklenburg Medicaid Members

- 15 of the 37 are Historically Underutilized Providers
- Supported by a Clinically Integrated Network, Element, based in Charlotte, that is designated as a historically underutilized business
- Alliance has fully underwritten the financial support of Element as they grow and add revenue sources

Alliance Network

- Alliance is allowed to maintain a closed network for certain behavioral health services.
- This provides Alliance with the ability to add services based on community need or quality concerns
  - Alliance added 3 providers off Assertive Community Treatment Team in Mecklenburg over the past two years
  - Alliance has allowed new youth residential providers and historically underutilized providers to enter our closed network since the Cardinal divestiture
- Alliance does not restrict in-network providers of closed network services from expanding those services. For example, providers of in-home youth services can add new teams to manage referral growth.

AllianceHealthPlan.org

Local Inpatient and Residential Bed Capacity

- Adult Psychiatric Inpatient Beds: 163
- Child Psychiatric Inpatient Beds: 37
- Child Facility Based Crisis: 16
- Adult Residential SUD Beds: 148 available to Medicaid Members available through three provider organizations.
  - There are two other SUD Residential providers in the county, one is not enrolled with Medicaid, the other provides a service that is not reimbursable through Medicaid.
- Adolescent SUD Beds: 0
- Psychiatric Residential Treatment Facility Beds: 42
- Group Home Beds: 159

AllianceHealthPlan.org

Community Reinvestment

- Alliance uses multiple and often braided funds to invest in our communities
- Reinvestment decisions are based on identified need. Filling identified needs and gaps is Alliance's priority
- We do not track Medicaid profit and loss at the county level and therefore do not align investment dollars to county profit
- Multiple Alliance investments benefit all counties
- Before any reinvestment spending can occur, Alliance must meet a number of solvency standards and maintain contractually required risk reserves
- State directed allocations, availability of Single Stream and Federal Block Grant dollars impact reinvestment decisions

AllianceHealthPlan.org

Investing in Mecklenburg County

Combined FY23-FY25 Alliance Health investments in Mecklenburg: **$40,912,532**

Adult Facility Based Crisis (FBC)	Community Transitional Recovery Program	Roof Above
Child Facility Based Crisis (FBC)	Integrated Care Clinic with Atrium	Peer Bridger Support
Behavioral Health Urgent Care (BHUC)	Prevention Program Services	Bridge Housing
MORES Program	Child/Adolescent Day Treatment Program	Element HUB Clinically Integrated Network
Mobile Crisis Management	Therapeutic Relief	Umbrella Center
Transition and Stabilization Group Homes	Adult ACT	Katie Blessing Center
Rapid Admission for Youth	Child ACT	

AllianceHealthPlan.org

Return on Investment

- 915 Alliance members received same-day access to behavioral health urgent care in CY 2025
  - The ED would have been the primary alternative without the Behavioral Health Urgent Care
- An additional 162 Mecklenburg residents with serious mental illness were able to receive Assertive Community Treatment in CY 2025
- In FY 2025, 147 youth received child mobile crisis allowing them to remain at home

AllianceHealthPlan.org

Return on Investment

In FY2025, and prior to the launch of the CFSP, Alliance supported:

- 57 Mecklenburg youth to be treated in crisis group homes as opposed to waiting in a DSS office for placement
- 267 youth to receive therapeutic supports while awaiting a placement

AllianceHealthPlan.org

State Funds

In FY25:

- Alliance spent $12,485,605.60 for state claims-based services for uninsured individuals in Mecklenburg
- 3362 unduplicated individuals were served by these funds
- These services were provided by 43 providers with locations in Mecklenburg covering an array of 28 distinct services

AllianceHealthPlan.org

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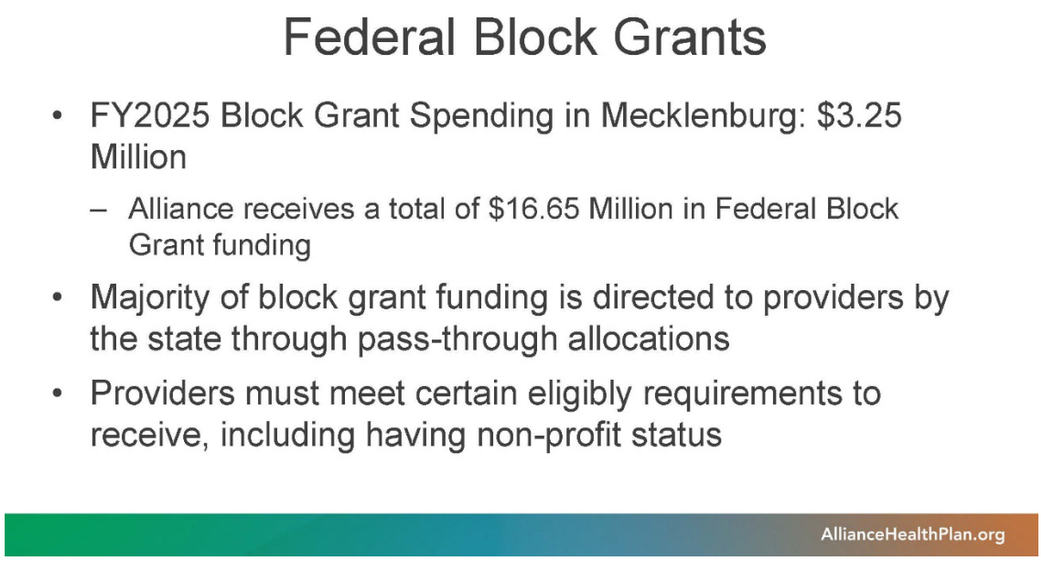
AllianceHealthPlan.org

State Funds

Top 10 Frequently Accessed State-Funded BH Services		
Service	**# Claims**	**Distinct Count-Members Served**
Opioid Maintenance Therapy	2,633	102
Facility Based Crisis	1,806	207
Mobile Crisis Management	1,415	703
Assertive Community Treatment Team	1,077	34
Inpatient Hospital (Three Way contract)	1,014	147
Psychiatric E&M Moderate, Estab Patient	977	359
SA Intensive Outpatient Program	940	82
Psychosocial Rehabilitation	704	9
Peer Support Individual	641	44
SA Comprehensive Outpatient Treatment	616	36

AllianceHealthPlan.org



Comments

Commissioner Powell asked for more information about families with children with autism and the financial impacts. *Mr. Robinson said most Medicaid-enrolled children with autism were served by Alliance, which had seen significant growth in Applied Behavior Analysis (ABA) use. He said the State had eased access in recent years, helping more children receive the care they needed, but it also opened the door to some problematic providers.*

Vice-Chair Altman said they needed metrics on wait times, outcomes, and readmissions because she still could not tell how current performance compared to the past. She said she wanted insight into outcomes, not just inputs, and was glad children were no longer waiting in DSS offices. She noted reports of misused youth-service funds and was surprised to hear of major growth in support, asking whether that meant there was too much low-quality support. *Mr. Robinson said they monitored the waitlist daily and connected callers immediately, going outside their network if needed. He said there were shortages of psychiatrists for Medicaid patients and children in DSS, especially those with complex needs, and said many DSS children had shifted to the BCBS child family specialty plan. Mr. Schreiber added that State rules required them to accept any Medicaid-enrolled provider, which allowed some low-quality providers into the network. He said while some ABA providers delivered good care, others over-utilized services and strained system capacity, making quality oversight harder*

Vice Chairman Altman said she would urge them to reach out to the psychiatric residency programs and beg them to admit more doctors, so they had more doctors to serve their communities. *Mr. Robinson said regarding the earlier question about access that there seemed to be greater access on one hand, while on the other, limited access. He said some services, ABA services, peer support, etc., had needs that were not as great as the kids in foster care, and they paid very well, so providers wanted to serve that group. He said the rates from the State were not the best, but they were trying to strike a balance.*

Commissioner Powell left the meeting at 4:11 p.m.

Commissioner Dunlap said he no longer heard the concerns he once did and asked how they could reassure parents that their children would get the services they need. He asked if there was another Standard Plan provider. *Mr. Robinson said Mecklenburg County had two health plans and that the Standard Plan covered about 85% of Medicaid members, focusing on people with low to moderate mental health needs. He said roughly 10% of county residents were enrolled in the Tailored Plan.*

Commissioner Dunlap said he supported removing bad actors and asked about Board appointments, remaining concerns, the need for more beds, and actions taken against those who violated trust. *Mr. Robinson said he valued Mecklenburg County leadership but explained that once the Tailored Plan launched in 2024, Public Health became a contracted provider, and the contract barred providers from serving on the Board. Mr. Schreiber said North Carolina had a shortage of psychiatric beds and, while Mecklenburg might have enough on paper, they served people from across the State. He said foster-care youth faced similar challenges and that they were pushing alternatives like adult crisis facilities and expanded urgent care. He said low reimbursement rates made it difficult to build psychiatric hospital beds.*

Commissioner Meier asked which counties they served and how they were preparing for federal changes after Medicaid expansion. *Mr. Robinson listed the seven counties: Johnston, Cumberland, Harnett, Wake, Orange, Durham, and Mecklenburg. Mr. Schreiber said Mecklenburg's size and urban challenges, such as homelessness and access to care, created greater needs, which led to partnerships like the street psychiatry program with Atrium. Mr. Robinson said funding followed entitlement, so services had to be authorized and paid for anywhere in the seven-county region. He said he was very concerned about the possibility of losing Medicaid expansion and was engaged in advocacy, noting that while the expansion group was smaller than groups like the blind or disabled, they did not want those individuals to lose coverage.*

Commissioner Rodriguez-McDowell said the data did not clearly show progress. She said she was concerned there were zero adolescent substance-use beds and asked who was responsible for increasing that number, what the County could do to attract providers, and whether the State had been lobbied for support. She asked for clarification on Board member eligibility. *Mr. Robinson said that when Alliance took over in 2021, County leadership served on the Board, but once they became a Tailored Plan in 2024 and contracted with Public Health became a provider, it created a conflict. He said the restriction did not apply to Commissioners, and Alliance wanted to find a compromise that would allow Mecklenburg County to have representation on the Board if desired.*

Chair Jerrell said Commissioner Griffin served on the Board and said County leadership had long viewed Board representation as a priority. He said Mr. Robinson was referring to an upcoming meeting to clarify expectations and ensure the right expertise was represented. *Mr. Robinson said past progress was measured by access and provider growth, but becoming a Tailored Plan added Physical Health responsibility. He said new outcome-based metrics would be available in about a year. Mr. Schreiber said adolescent substance-use beds remained limited because Mecklenburg's need alone was too small to justify a facility, and any new beds would also serve youth from across the State, requiring State partnership. Mr. Robinson said their government relations team actively lobbied for needed policy changes.*

Commissioner Townsend-Ingram asked where individuals who were not severe went, how they received referrals for children, and whether they had a dashboard with information. *Mr. Robinson said people with non-severe cases went back to commercial plans, and those with Medicaid who were non-urgent were in the Standard Plan, and they connected them to the services they needed. He said the uninsured or underinsured were with them. Mr. Robinson said they had a 24/7 call line, and they received a lot of referrals from the community.*

Commissioner Griffin said when looking at the opioid and substance abuse disorder, there were about 1,200 residents of Mecklenburg County who received services, and that seemed low. He asked how to respond to the public when they requested more mental health services, and whether that was due to a lack of providers. *Mr. Schreiber said there were roughly 2,000 people with Medicaid and another 1,000 who were uninsured, and that other services qualified and could be included in that number, so he would provide more detailed information. Mr. Robinson said the system was more complex than it once was because there were now nine health plans, so the cards let people know where to go for treatment. He said sometimes people with Medicaid lost their cards, and others were not ready to access their insurance. He said they tried to educate people, provided care managers to help them, and worked with their providers to ensure they educated people as well.*

Commissioner Leake asked how they could respond with County support and whether the 3.25 million figure would increase. *Mr. Robinson said they could call or visit a provider, which would then connect them to resources. He said he hoped the funds would increase as they ranked low in the country on mental health treatment.*

Commissioner Leake asked why funds had to pass through the State and not the federal government. *Mr. Robinson said it had always been that way. Mr. Schreiber said there was a difference between Medicaid and non-Medicaid, and they were handled differently. He said that with Medicaid, they had to handle everyone, but block-grant dollars could be for a specific project or population, and those dollars were at risk because government funds were often cut.*

Manager Bryant said he would underscore that, in terms of responsibilities, there was often a perception that counties in North Carolina were responsible for funding mental health, but primarily, 66% of the funding was provided by the federal government and 34% by the State. He said the services the County provided in between were categorized as gap services; however, core responsibilities were funded by state and federal funds.

Motion was made by Commissioner Altman, seconded by Commissioner Griffin, and unanimously carried to extend the meeting to 5:15pm.

Chair Jerrell asked for a response regarding the process and what it looked like when someone called. *Mr. Schrieber said that when someone called, they were connected to a member representative who conducted a quick screening, and if they were not in any danger and needed a referral, the representative would check whether they were covered by Alliance and eligible for services, then refer them to the provider. He said sometimes there was a warm transfer, or they could make an appointment electronically. Mr. Schreiber said if they were not a member but had commercial insurance and it was in the system, they were referred to their provider. He said that if anyone called and did not have coverage, they could get an appointment, and if they were in a*

crisis, a crisis team would be sent or arrangements made to get them to a crisis facility, so no one went without their needs being met. He said they sometimes could not provide an answer, but the staff member followed up by contacting the insurance company to let them know their member called, then transferred the information to the insurance company for follow-up. He said they did not always have visibility into which insurance the provider accepted, but if someone was not safe, regardless of their insurance status, they were referred to a crisis service and ensured they got to the facility.

Chair Jerrell said a misconception in the community was that Mecklenburg County was responsible for delivering mental health services and that it was a service provider where people came in and out for treatment. He said it was important that people understood that different providers offered different services, and that the relationship between Alliance and Mecklenburg County was statutory and therefore required. He said he was committed to better educating the community about the County's actual scope of responsibility and working more consistently with the Alliance team.

Commissioner Meier left at 4:45 p.m.

26- 0105 COMMISSIONER REPORTS

Commissioners shared information of their choosing within the guidelines as established by the Board, which included, but not limited to, past and/or upcoming events.

ADJOURNMENT

With no further business to come before the Board, Chair Jerrell declared the meeting adjourned at 5:03 p.m.

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Arlissa Eason, Deputy Clerk to the Board Mark Jerrell, Chair