BEHAVIORAL HEALTH AND MECKLENBURG COUNTY

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OBJECTIVES

Behavioral health level set

Share key local data

 Provide an overview of the Behavioral Health Strategic Plan (BHSP) implementation plan

LEVEL SETTING ON BEHAVIORAL HEALTH

MENTAL HEALTH VERSUS BEHAVIORAL HEALTH

MENTAL HEALTH

- Social Well-Being
- Emotional Well-Being
- Psychological Well-Being

BEHAVIORAL HEALTH

Mental Health

<u>AND</u>

- Suicidal Thoughts and Behaviors
- Substance Use
- Intellectual and Developmental Disabilities
- Traumatic Brain Injury

STAKEHOLDERS AND THEIR UNIQUE ROLES

347,152 **RESIDENTS HAVE MEDICAID**





















8 out of 10 Medicaid Recipients in Mecklenburg County are not

Alliance Health Plan clients

MEDICAID STANDARD PLAN PROVIDERS

Serve 8 out of 10 Mecklenburg County Medicaid Recipients Standard Plans are administered by 5 Managed Care Organizations and provide coverage for:

- 1. Physical Health
- 2.Pharmacy
- 3. Care Coordination
- 4. Basic Behavioral Health
- 5. Wellness and Prevention Services

TO MOVE FROM A STANDARD PLAN TO THE ALLIANCE TAILORED PLAN...

A resident must have or receive a:

- Intellectual/Developmental disability diagnosis
- Severe Mental Illness/Serious Emotional Disturbance diagnosis
- Two psychiatric hospitalizations within 18 months
- One or more involuntary commitments in a state-owned facility
- Two psychiatric emergency room visits within 18 months
- Two behavioral health crisis episodes within 18 months
- Prescribed certain medications
- History of a suicide attempt

ALLIANCE HEALTH PLAN

- O1 Serves approximately 20% of County Medicaid recipients, AND
- Administers state and federal block grant funding for non-Medicaid residents with unmet behavioral health and IDD needs, AND
- Receives some County funding to provide services to those with BH and IDD needs

THE STATE OF NORTH CAROLINA

- O1 Administers state and federal funds
- Sets policy, holds regulatory oversight
- O3 Issues grants, leads program development, provides some services

MECKLENBURG COUNTY

O1 Provides safety net services for County residents

O2 Collaborates with behavioral health stakeholders in service of County residents' needs

O3 Strives to serve as a leader in the development and maintenence of a strong, coordinated, countywide system of BH and IDD supports

THE LOCAL BEHAVIORAL HEALTH LANDSCAPE

WHAT WE HAVE

O1 A strong local service array ranging from prevention to inpatient care

O2 A community that is eager to collaborate to improve system challenges

O3 A comprehensive behavioral health strategic plan

WHAT WE NEED

O1 Increased use of prevention and early intervention behavioral health services

O2 Reduction in the use of ERs and jails as the point of entry to behavioral health care

O3 Access to timely, more comprehensive service utilization data

WHAT WE NEED TO KNOW MORE **ABOUT**

local provider network for those with Medicaid

The strength of the **02** What residents know about the available prevention and early intervention resources

The behavioral health needs of aging adults

03

OUR PATH TO IMPROVEMENT:

BEHAVIORAL HEALTH STRATEGIC PLAN IMPLEMENTATION

BEGINNING WITH THE END IN MIND

The Behavioral Health Strategic Plan (BHSP)

Overarching Goal: To create a community where all residents can have equitable access to the services they need, so they can lead healthy, fulfilling lives.



BHSP MEASURES OF SUCCESS

Completed Suicide Rates Decline

Rates of suicide attempts and suicidal behavior decline

Overall reduction in mental health emergency department visit rates

Reduction in overdose deaths

Outpatient service utilization increases for targeted populations

THE IMPLEMENTATION PROCESS



Formal implementation begins in FY26, Quarter 3



8 implementation phases, beginning in FY26 and ending in FY33



Each phase has two primary workstreams:

- Locally led action steps
- Vendor led action steps with local collaboration

THE IMPLEMENTATION TIMELINE

Phase	Fiscal Year(s)	Phase Focus	
Phase 1	FY26	1.Prevention and Early Intervention (PEI) action steps implementation 2.Implementation Roadmap and Public Awareness Campaign vendor collaboration	
Phase 2	FY27	1.Public Awareness Campaign and Local Workforce vendor collaboration2.PEI action steps conclusion3.Special Populations action steps implementation	
Phase 3	FY28	1.Local Workforce and Coordinated Services Model vendor collaboration2.Special Populations action steps conclusion3.Workforce Development action steps implementation	
Phase 4	FY29	1.Coordinated Service Model vendor collaboration2.Workforce Development action steps conclusion3.Service Continuum action steps implementation	
Phases 5-8	FY30-FY33	1.Coordinated Services Model vendor collaboration2.Service Continuum action steps implementation3.Coordinated Services and System Navigation action steps implementation	

IMPLEMENTATION TEAMING STRUCTURE

Infrastructure Component	Group Membership	Roles
BHSP Implementation Leadership Team (BILT)	Implementation level leaders from key organizations	Provides state and local context expertise to guide decision-making. Develops, supports, and monitors the work of Action Teams and support staff. Funding allocation by executive leaders.
Action Teams	Activated by phase; comprised of members with action-step aligned expertise.	Develops plans for how to implement team assigned action steps; works under the oversight of the BILT.
Support Personnel and Teams	Individuals and/or teams with critical non-behavioral health expertise required for successful implementation.	Deliver intermittent backbone support from allied professionals in service of action step implementation.
Implementation Support Vendors	Varies by vendor; activated in phases.	Lead implementation of an identified set of action steps; operate under the guidance of the project lead and BILT.

A SAMPLING OF KEY PARTNERS

Organization	County Departments/Programs
Alliance Health Plan	Child, Family, and Adult Services
Anuvia Prevention and Recovery Center	Children's Developmental Service Agency
Atrium Health	Community Support Services
Center for Prevention Services	Crinimal Justice Services
Latin American Coalitiion	Equity and Inclusion
Medicaid Standard Plans	Public Health
Mental Health America	Services for Adults
Novant Health	Trauma and Justice Partnerships

THE IMPLEMENTATION BACKDROP:

UNPRECEDENTED HEALTH INSURANCE ACCESS UNCERTAINTY

STATE FACTORS

Medicaid Reimbursement Rate Reductions

OBBB DRIVEN FACTORS



ACLOSER LOCKAT PHASE ONE

THE PHASE ONE FOCUS

Locally Led

Prevention and Early
Intervention

Vendor Led

Public Awareness Campaign

Vendor Led

Implementation Roadmap

PREVENTION AND EARLY INTERVENTION PRIORITIZED ACTION STEPS

- 1. Adopt and provide suicide prevention education.
- 2. Identify and document organizations already offering behavioral health education programs
- 3. Provide trauma-informed resources to community and faith-based leaders.
- 4. Increase prevention resources for high-risk populations.
- 5. Support youth educational programing in schools and community centers focused on topics that reduce the likelihood of substance use.
- 6. Identify screening tools and shared protocols for mental health, substance use disorder, and intellectual and developmental disabilities that account for social determinants of health.

PUBLIC AWARENESS CAMPAIGN ACTION STEPS

Outline local risk factors and existing PEI resources to inform the content of the campaign

Identify community leaders who can effectively promote the campaign

Develop and monitor metrics to measure changes in community awareness from pre-campaign through to post-campaign

Identify points of entry into the behavioral health system; track data with these entities

IMPLEMENTATION ROADMAP OBJECTIVES

- existing roadmap to detail key milestones for phases 2-8.
- Identify and address areas where the existing roadmap needs enhancement and refinement.
- Develop project implementation documents, including but not limited to milestone charts, for all project phases.

4 Support the BILT in defining key performance indicators and draft metrics for all BHSP action steps.

Provide phase 1 implementation plan consultation and support to BHSP leadership.

BY THE END OF PHASE ONE, WE WILL:

Have a BILT that meets regularly to execute on Prevention and Early Intervention action step plans.

Have a functioning Prevention and Early Intervention Action Team developing plans for action step implementation.

Have a fully articulated BHSP implementation roadmap for phases 2-8.

Have selected a public awareness campaign vendor.

...And have made meaningful progress towards strengthening the prevention and early intervention availability, awareness, and access.

THANK YOU