

**Meeting Minutes
December 9, 2025**

**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 1:00 p.m. on Tuesday, December 9, 2025.

ATTENDANCE

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

Absent: Commissioner George Dunlap

CALL TO ORDER

The meeting was called to order by Chair Mark Jerrell, followed by introductions and the Pledge of Allegiance to the Flag.

**25-0690 MECKLENBURG COUNTY BEHAVIORAL HEALTH STRATEGIC PLAN
IMPLEMENTATION**

The Board received an update on the process for implementing the Mecklenburg County Behavioral Health Strategic Plan.

Background: The Mecklenburg County Board of Commissioners has identified healthcare access - including access to behavioral healthcare - as a priority for improving the wellbeing of residents. As part of this commitment, the County has invested significant funding to address gaps in behavioral health services not provided through federal, state, or private resources. During FY24, the County published its Behavioral Health Strategic Plan (BHSP) to provide recommendations to improve service access, service array, and care coordination of behavioral health services in the community. The plan was developed based on community input from listening sessions, key stakeholder interviews, and guidance from a steering committee made up of County staff and various community partners.

There are eight (8) phases contemplated for BHSP Implementation, beginning in FY26 and ending in FY33. In FY26, the focus will be upon implementing the BHSP Phase 1 action items. Phase 1 addresses prevention and early intervention, finalization of the broader plan implementation roadmap, and initial planning for a public awareness campaign. Specifically, implementation roadmap vendor selection; prevention and early intervention public awareness campaign vendor selection; and activation of prevention and early intervention action teams. The team will work closely with the County Manager's Office, the local management entity, behavioral health service providers, and relevant county departments to ensure successful implementation and integration.

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Additionally, the department will continue working to strengthen performance metrics across their behavioral health provider contracts to ensure improved outcomes and impact.

Dr. Cotrane Penn, CFAS Division Director, Contractual and Clinical Services gave the presentation.

BEHAVIORAL HEALTH AND MECKLENBURG COUNTY

Board of County Commissioners
Budget/Public Policy Workshop
December 9, 2025

Cotrane Penn, PhD
Division Director, Clinical and Contractual Services
Department of Child, Family, and Adult Services

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
- AND
- 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

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

THE STATE OF NORTH CAROLINA

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

MECKLENBURG COUNTY

- 01 Provides safety net services for County residents
- 02 Collaborates with behavioral health stakeholders in service of County residents' needs
- 03 Strives to serve as a leader in the development and maintenance of a strong, coordinated, countywide system of BH and IDD supports

THE LOCAL BEHAVIORAL HEALTH LANDSCAPE

WHAT WE HAVE

- 01** A strong local service array ranging from prevention to inpatient care
- 02** A community that is eager to collaborate to improve system challenges
- 03** A comprehensive behavioral health strategic plan

WHAT WE NEED

- 01** Increased use of prevention and early intervention behavioral health services
- 02** Reduction in the use of ERs and jails as the point of entry to behavioral health care
- 03** Access to timely, more comprehensive service utilization data

WHAT WE NEED TO KNOW MORE ABOUT

- 01** The strength of the local provider network for those with Medicaid
- 02** What residents know about the available prevention and early intervention resources
- 03** The behavioral health needs of aging adults

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.

Collaborative and Coordinated Care

Social Determinants of Health

Prevention and Early Intervention

Access to Care

Service Array

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 collaboration 2.PEI action steps conclusion 3.Special Populations action steps implementation
Phase 3	FY28	1.Local Workforce and Coordinated Services Model vendor collaboration 2.Special Populations action steps conclusion 3.Workforce Development action steps implementation
Phase 4	FY29	1.Coordinated Service Model vendor collaboration 2.Workforce Development action steps conclusion 3.Service Continuum action steps implementation
Phases 5-8	FY30-FY33	1.Coordinated Services Model vendor collaboration 2.Service Continuum action steps implementation 3.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	Criminal Justice Services
Latin American Coalition	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



OBBB DRIVEN FACTORS



A CLOSER LOOK AT 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 programming 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

- 1** Expand upon the existing roadmap to detail key milestones for phases 2-8.
- 2** Identify and address areas where the existing roadmap needs enhancement and refinement.
- 3** 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.
- 5** 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

COMMENTS

Commissioner Griffin asked for clarification to reconcile what the County had invested in 2024 with what Dr. Penn had just presented. He asked if it was a continuation, an improvement, or a new plan altogether. Commissioner Griffin said, as it related to utilization, for the last three years, he had requested information from the state Medicaid and all the managed care programs reported back to the State, so there was data on utilization. He asked regarding prevention and intervention, where they were in terms of utilization data. He asked if they were trying to compensate for a lack of Medicaid reimbursement with a new implementation strategy. He said it seemed as if they were continuing to go around in a wheel.

Dr. Penn said their past spending on behavioral health had not been guided by a strategic plan. She said she had not been with the agency long enough to explain how they arrived at what they provided versus what the community needed. She said the behavioral health strategic plan brought them and community partners closer together around a unified focus. She said, in relation to the second question, that they had not had a unified focus on how they would move forward, and that she had not seen the data regarding utilization from the State. She said that, as part of the development of the behavioral health strategic plan, a vendor was contracted to conduct a gap analysis, and the data were pulled from Alliance Health.

Dr. Penn said as to the third question, lobbying was needed around Medicaid reimbursement rates because they could not supplant Medicaid. She said they often funded positions, so it was less of an issue. She said one of their major contracts was with Teen Health Connections, but the reimbursement rates for psychological assessments under Medicaid were around \$100 per hour, so they funded psychologists who did the assessments.

Commissioner Altman said she tried to speak about the issue so that people on both sides of the aisle could see that they all wanted to be safe and when funds for state hospitals were cut or reimbursement rates were so low that people could not get mental health, it made them all less safe. She asked the County Manager for a one-page list to show what the State is supposed to be doing, but wasn't. She said she wanted them to understand the root causes of the problems and work to solve them.

Commissioner Meier asked if the State ever paid for behavioral health services. *Dr. Penn said up until 2014, Mecklenburg County, essentially, was Alliance Health.* Commissioner Meier asked whether awareness and intervention were the most pressing needs. *Dr. Penn said they were prepared to address that first because it was a critical need and the entryway to mental health services. She said they did not want people to start at the ER but wanted to introduce early*

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intervention.

Commissioner Meier said the plan stated residents could move from the Standard Plan to the Alliance Tailored Plan, and she asked how many standards the resident had to meet. *Dr. Penn said they only had to meet one of the standards.*

Commissioner Meier asked whether CMS was a partner. *Dr. Penn said CMS was a partner, specifically, for prevention and early intervention.* Commissioner Meier said the measures for success are very measurable, not complicated, but what was complicated was the whole system. She said it was reprehensible that it was so complicated, given what the State was doing and what our insurance companies did not do. Commissioner Meier said she appreciated Dr. Penn's work and understood that the plan had been in the making since 2022. She asked if they had something specific before this plan. *Dr. Penn said to her knowledge, the County had not had a behavioral health plan in the past.*

Commissioner Rodriguez-McDowell asked whether the presentation spoke to adult care or adolescent care. She said as she understood, if an adolescent was on Medicaid or uninsured, there was nowhere to send adolescents who needed detox or intensive care. *Dr. Penn said there were resources in our community that the average community in NC did not have. She said there were very few behavioral health hospitals in the country, and though the County had multiple day programs in the community, there was not a lot of residential care.*

Commissioner Rodriguez-McDowell asked if Dr. Penn was speaking mainly to the issue of substance abuse. *Dr. Penn said she spoke to both behavioral health and substance abuse because we did not have a lot of residential care in our community or the State.* Commissioner Rodriguez-McDowell said she wanted to understand with clarity the difference between what was available to an adult and what was available to an adolescent. *Dr. Penn said there was a difference, and the Behavioral Health Strategic Plan focused on both child and adult mental health.*

Commissioner Townsend-Ingram said the information provided on the plan was thorough and consistent, but the problem was that they did not have a budget, and for everyday people who needed services, that was very impactful. She asked what the difference was between the Federal and State governments' definitions of behavioral and mental healthcare, and whether that affected funding. She also asked where they got the data, because there would be different numbers related to behavioral health and mental health. She said, for instance, they could get data from CMPD on things related to behavioral health, but it may not necessarily be a mental health issue. Commissioner Townsend-Ingram said she wanted to see numbers on behavioral health so they could start talking more about preventive health.

Dr. Penn said she would have to dig deeper into how the definition of behavioral health at the State or Federal level would impact funding. She said the difference was really a matter of whether the funds were administered by the same organization that administered mental health funding or a different entity. She said that the difference between data received from CMPD and other entities regarding behavioral health was that CMPD and other entities had a data trust through UNC Charlotte, which received data from a number of community organizations, but it did not receive much behavioral health data specifically, and that was not included in the gap analysis.

Commissioner Powell thanked Dr. Penn and said she wanted to focus on the points of entry and the need for behavioral health. She asked how they documented the needs of people coming into the jails, the ER, people calling 911, and children in schools. She said the County invested in crisis intervention training and wondered why it was not required for every police officer. Commissioner Powell asked how they could find ways to hear each other on the State level instead of creating division because people in crisis did not have the energy to go through an obstacle course to get care. *Dr. Penn said part of the reason they were starting with both prevention and early intervention was because for the public awareness campaign to be effective, they had to target the right points of entry. She said they needed to know where people were already going to access care. Dr. Penn said as to whether they were currently documenting what the points of entry*

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were, she said they did have data from the hospital systems and jail system about utilization of mental health services.

Commissioner Leak thanked Dr. Penn for her presentation and asked how they could disseminate the information to the public so they could correct the issue and help people understand the differences between mental health and behavioral health.

Dr. Penn said over time they had done better, especially as seen by the fact that they were having these discussions. She said this County did not have a behavioral health strategic plan before but said they were talking about mental health and suicide more. She said the State of NC had introduced a black male suicide intervention plan because suicide rates for black males in this country are so tremendously high. She said the moves they were making locally and at the state levels represented progress but as to targeted areas within the community, that was where the public awareness campaign came in.

County Manager Bryant said they were partnering with the Communications department for a public awareness campaign. He said regarding the request by the Vice-Chair for a one-page summary, they had provided that in the past to summarize some of the topics they discussed, and he felt that would be ideal in this situation to share with the constituents and to complement what they would be doing with the communications department.

Commissioner Griffin said an autistic statewide organization in Raleigh challenged the State's reduction of Medicaid benefits in court and won. He asked if there were opportunities to partner with anyone so that they, too, could make the case for community safety in court, and asked whether the County Attorney could partner with someone as the autistic community did.

Commissioner Altman asked if they could look into the past year's tragic murders to document where mental health might have been a factor. She said it could build a stronger case to explain how public safety in the community was intertwined with the lack of access to mental health. County Manager Bryant said they could look at that, but he did not want to lose sight of their relationship with the General Assembly and how they could partner to address some of these issues.

Commissioner Leake said she hoped those of the community who were attending could get a copy of the handout being discussed.

Dr. Kimm Campbell said she thought Commissioner Altman's idea about research was interesting, but she would caution that it was a slippery slope, and they did not want to criminalize persons with mental illness. Dr. Campbell said they had come a long way in addressing the stigma for persons with mental illness, but that could do more harm than good. She said in response to Commissioner Leake's statement relative to the stigma, one of the most effective ways to address it was to partner with people who have behavioral health challenges and get them in social and recreational settings. She said the more exposure that normalized them as humans, the more you could advance an anti-stigma campaign.

Chair Jerrell allowed an additional minute for everyone to speak on public awareness.

Commissioner Rodriguez-McDowell asked whether Dr. Penn could speak to the catchment area for Alliance and how they fared in that equation. *Dr. Penn said she could not speak to that. She said she did not know about the investments they had made in other communities.*

Commissioner Meier asked whether CMPD was one of the partners. *Dr. Penn said the Sheriff's dept was a partner; however, CMPD was not, but it could be.* Commissioner Meier said that was a suggestion.

Commissioner Townsend-Ingram said people could get engaged by reaching out to the NC General Assembly and showing concern and she provided information for the co-chairs of the Mental

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Health Committee. She said they could not put forth this plan without resources and getting the data that was needed.

Chair Jerrell said he did not disagree that there was a need for greater collaboration, but he did not believe they had willing partners. He said the issue was hitting rural and urban counties the same and if leadership in Raleigh wanted to do something about mental health, it would be done. Chair Jerrell said he believed it came down to voting for people who cared, and they needed to keep open lines of communication but be realistic about leadership. Concerning Alliance, he said there needed to be a conversation about reinvestment here in Mecklenburg County because they owed a responsibility to the people here in the County. He said, when talking about behavioral health needs, he needed a better handle on the current impact versus the need. Chair Jerrell said there were capacity issues regarding how many were being left out and whether more providers were needed. He said he wanted to go to the State with a tangible request, because it was not a problem the County could fund their way out of. He said they needed boots on the ground delivering services in the community.

25-0689 2025 MECKLENBURG COUNTY COMMUNITY SURVEY

The Board received as information the results from the 2025 Community Survey.

Background: Each year, the County’s Office of Strategy & Innovation administers the Community Survey to gather data on Mecklenburg County residents’ perceptions on various aspects of County operations, particularly the level of awareness about County services, the perception of the value of County services provided, level of satisfaction residents have with opportunities for citizen involvement, and insight into the most important issues facing Mecklenburg County. The presentation includes highlights of those results.

Karli Godfrey, Deputy Director of Strategy & Innovation gave the presentation.



Agenda

- Background & Methodology
- Survey Respondents
- Community Vision
- County Communication
- General Resident Perceptions
- Most Important Issue
- Key Takeaways & Next Steps



2

Background & Methodology

- 23rd annual Mecklenburg County Community Survey
- Conducted by vendor ETC Institute

Why?

Perceptions, Attitudes,
and Awareness

How?

Mail and Web

When?

June 2 to July 14, 2025

3

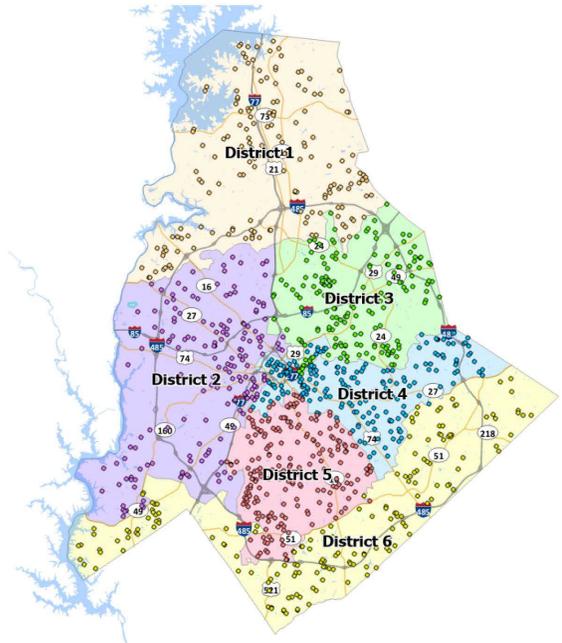
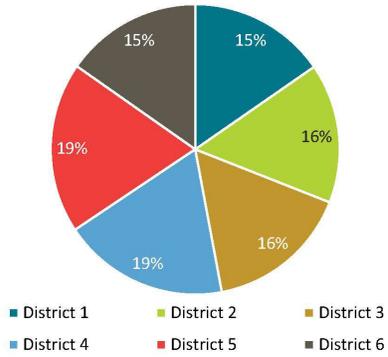
Survey Respondents

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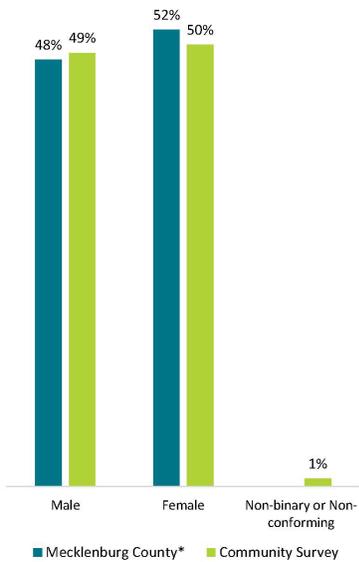
**1,118
respondents**

Respondents by District



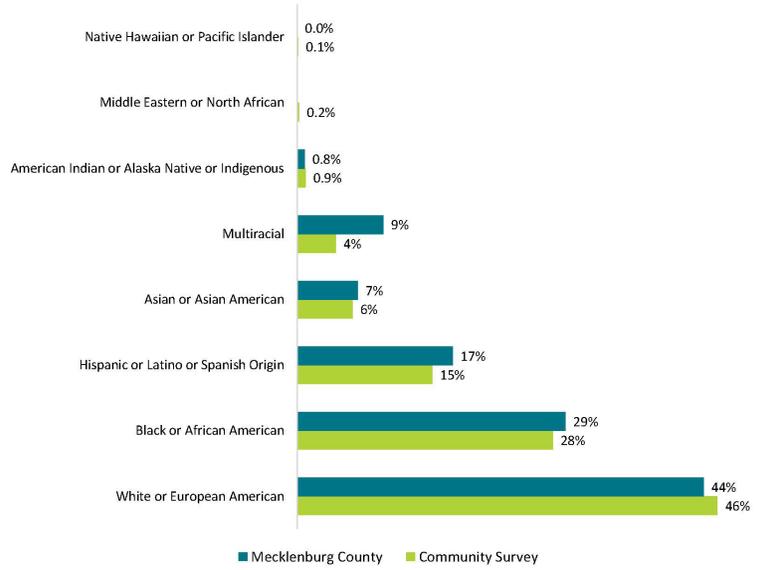
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Respondents by Gender



*The Census does not track gender identity, only sex.

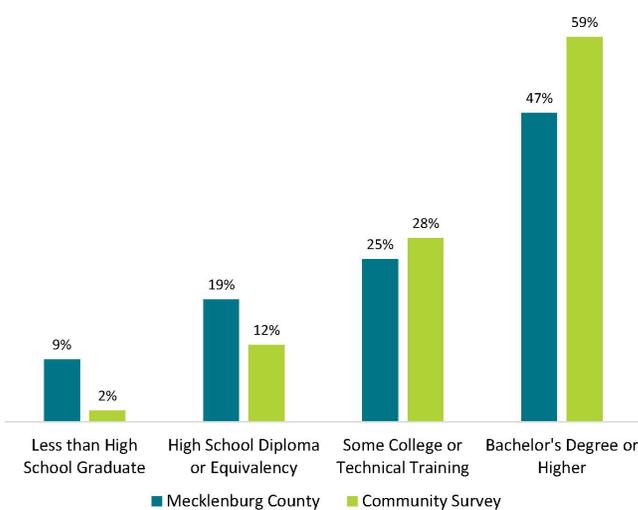
Respondents by Race / Ethnicity



Data Source: Mecklenburg County Demographic and Housing Estimates 2024 American Community Survey 1-year estimates DP05

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Respondents by Educational Attainment



Data Sources:

- 1) Mecklenburg County Educational Attainment: 2024 American Community Survey 1-year estimates S1501
- 1) Mecklenburg County Income in the Past 12 Months: 2023 American Community Survey 1-year estimates S1901

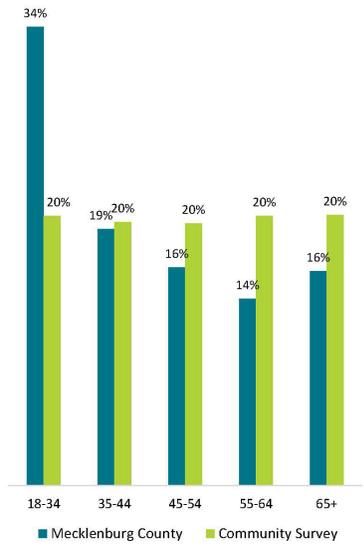
Respondents by Income



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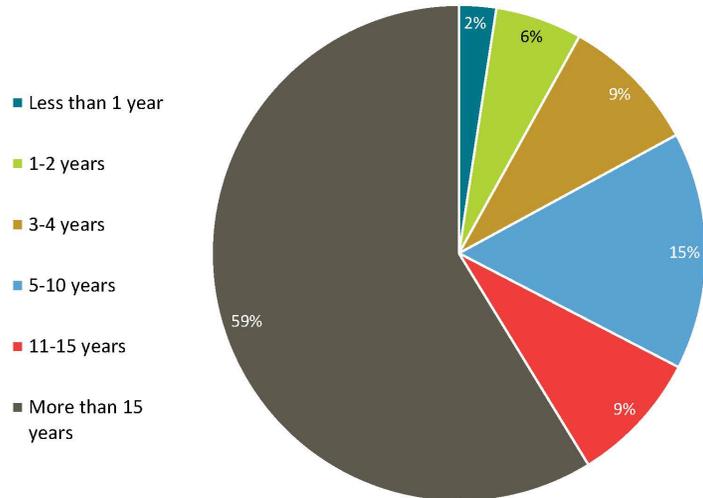
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Respondents by Age



Data Source: Mecklenburg County Demographic and Housing Estimates 2024 American Community Survey 1-year estimates DP05

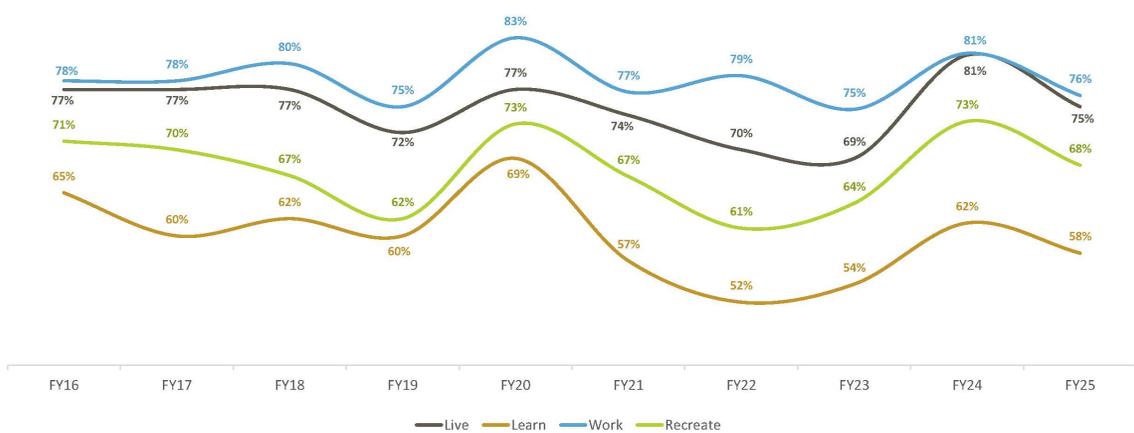
Respondents by Length of Residence in Mecklenburg County



Community Vision

Community Vision

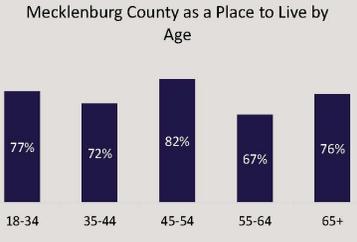
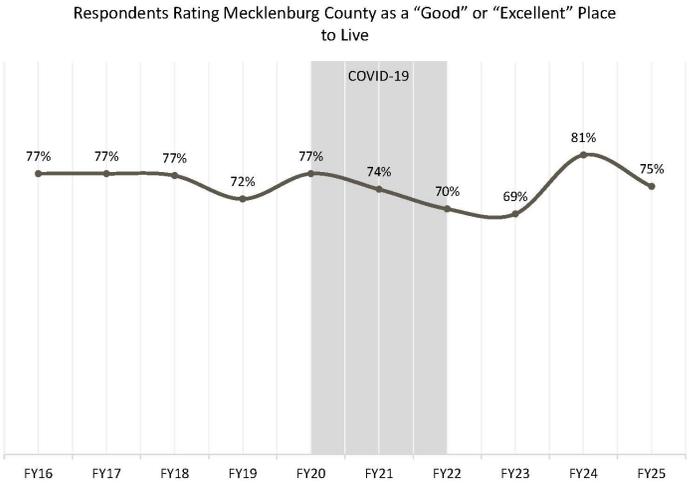
Mecklenburg County will be a community of pride and choice for people to live, learn, work, and recreate.



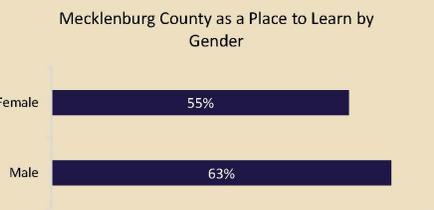
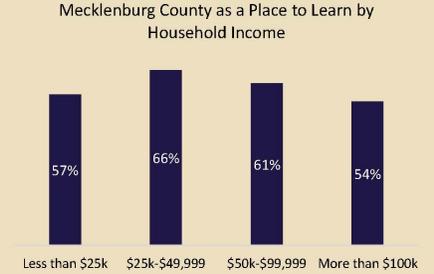
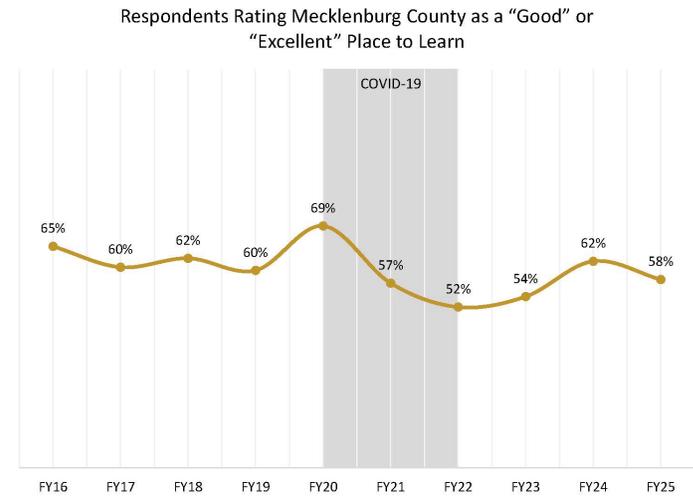
Results represent the percent of "good" and "excellent" responses.

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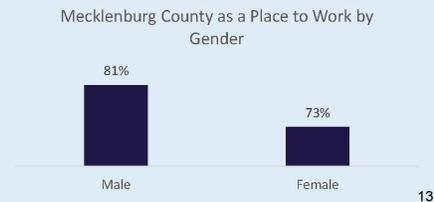
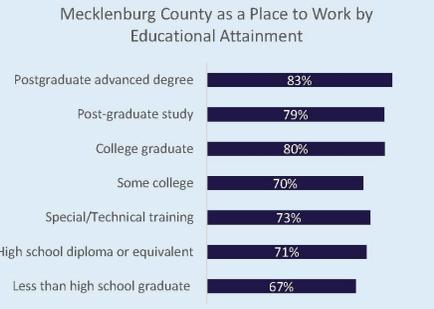
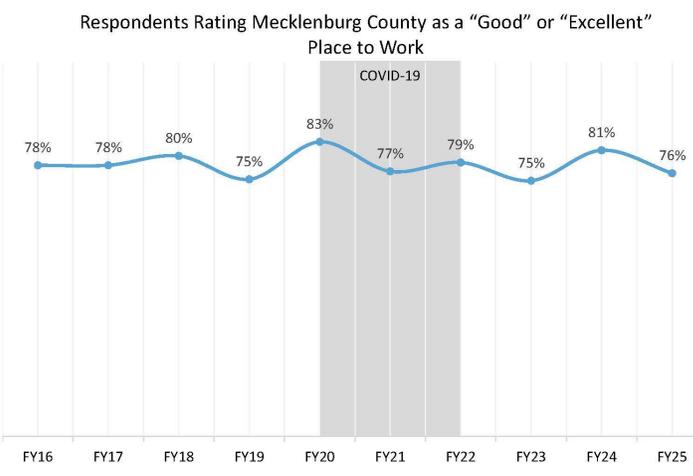
LIVE Satisfaction with Mecklenburg County as a place to live is on par with the 10-year average of 75% positive responses.



LEARN Satisfaction with Mecklenburg County as a place to learn is impacted by household income and gender.

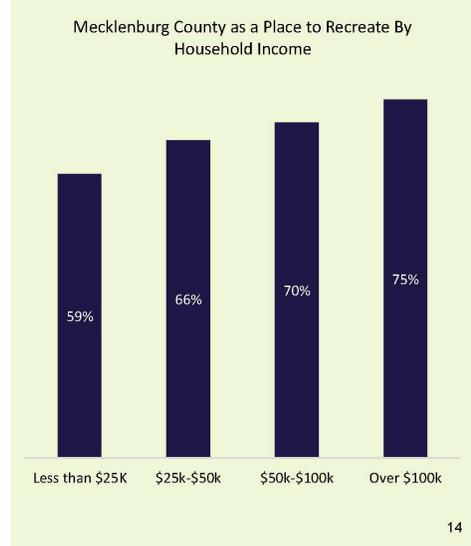
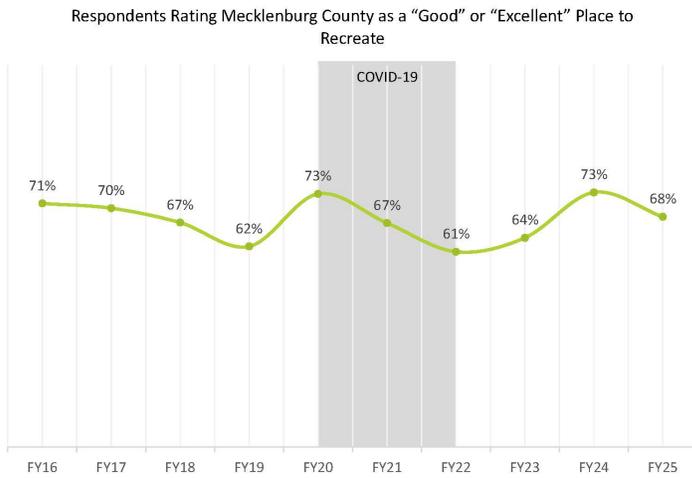


WORK Satisfaction with Mecklenburg County as a place to work is highest for residents with advanced degrees and males.



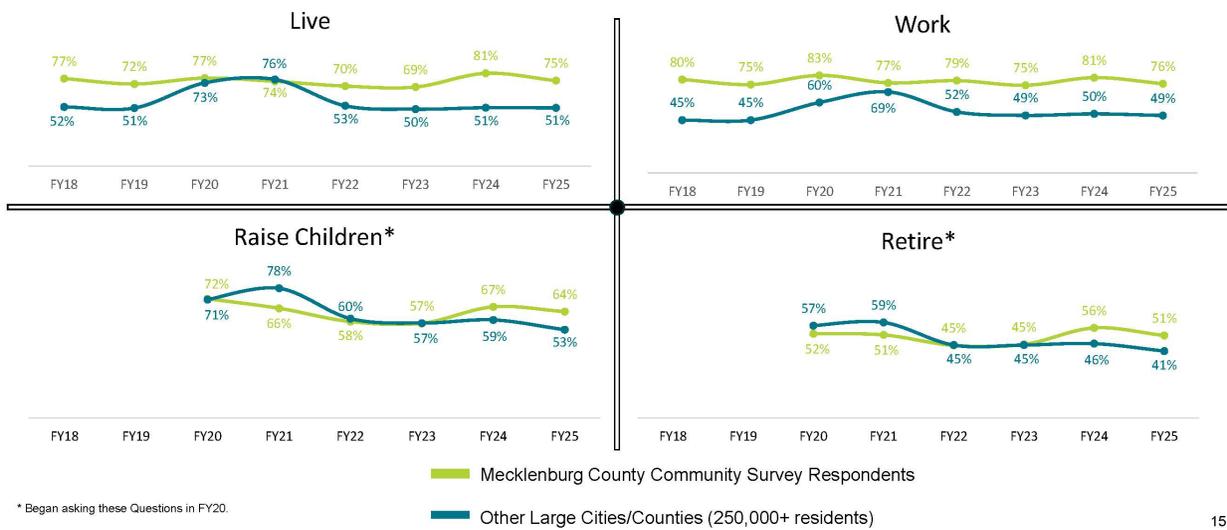
RECREATE

Satisfaction with Mecklenburg County as a place to recreate is on par with the 10-year average of 68% positive responses.



Benchmark Comparisons

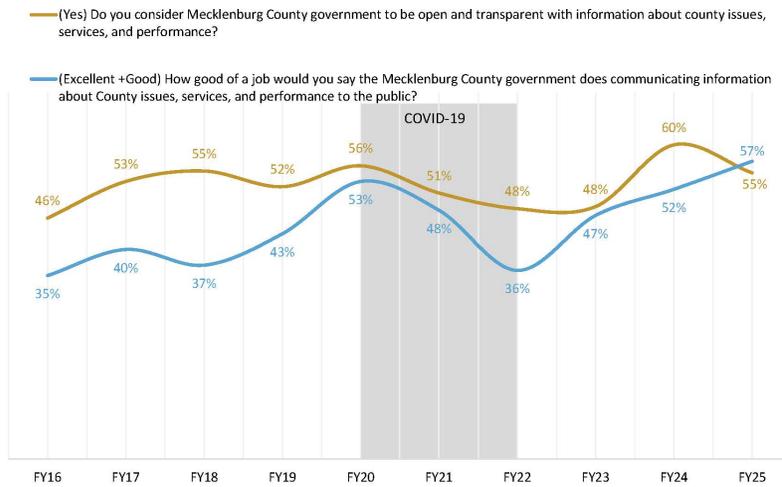
Mecklenburg County as a Community to...



* Began asking these Questions in FY20.

County Communication

Resident Perceptions of County Communications



Residents who selected "Fair" or "Poor"

"I don't really see any messaging from the County"

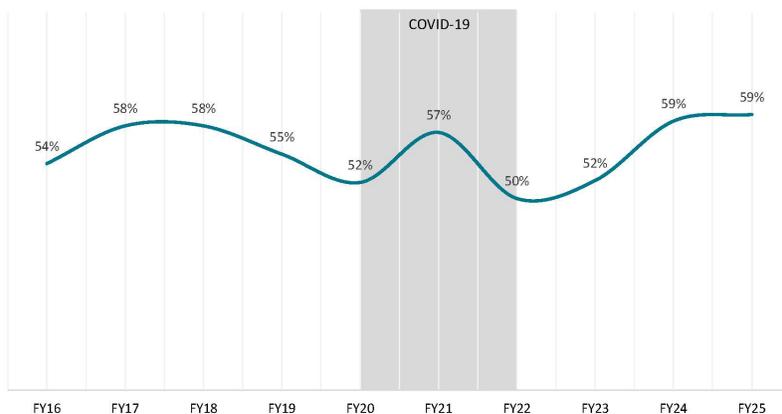
"We receive very little information"

"The information is not easily accessible or promoted"

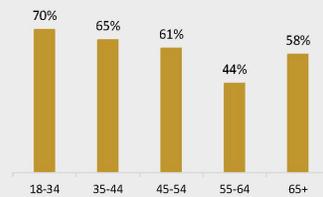
17

Resident Perceptions of Opportunities for Participation

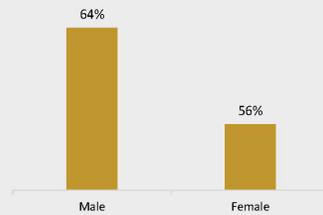
Respondents selecting "Strongly Agree" or "Agree" to the statement, "I am satisfied with the amount of opportunities for resident participation in county policy development and decision making."



Satisfaction with Participation Opportunities by Age



Satisfaction with Participation Opportunities by Gender

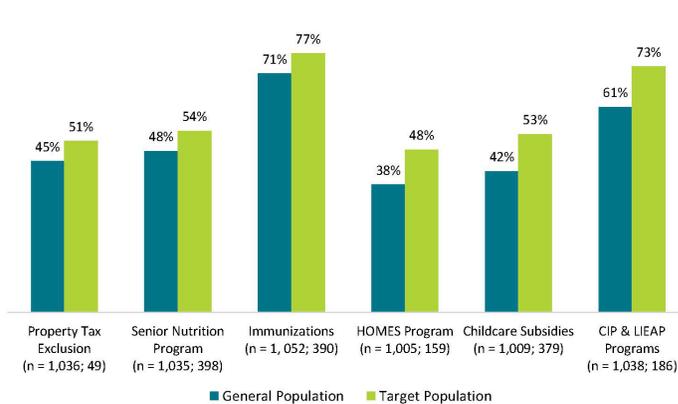


18

Resident Awareness of County Programs

Awareness increased for all County programs. Awareness in the target population is greater than awareness in the general population.

Awareness of the General Population Compared to the Target Population



County Program	FY25 Result	Percent Increase FY24 – FY25
Mental Health Services	55%	15%
AllAccess.MeckNC.gov	56%	13%
SFA Hotline	47%	12%
Childcare Subsidies	42%	9%
CIP and LIEAP	61%	7%
Senior Nutrition Program	48%	5%
Immunizations	71%	4%
HIV and STDs	64%	4%
PrEP	49%	4%
HOMES Program	38%	4%
Violence Prevention	36%	4%
Foster Home Licensing	48%	3%
Property Tax Exclusions	45%	3%
Family Planning	43%	3%
CRCs	51%	New in FY25

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General Resident Perceptions

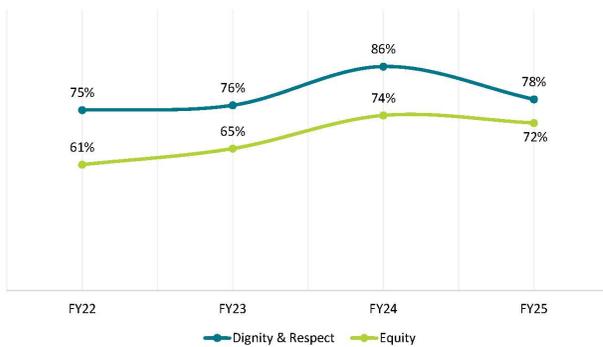
Equity & Inclusion

Mecklenburg County...

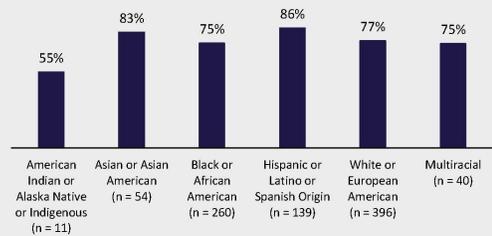
Honors the identity of individuals and treats them with dignity and respect.

Services and programs are racially equitable.

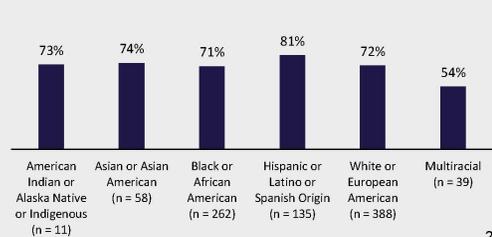
Percent of "Strongly Agree" and "Agree" Responses



Percent of "Strongly Agree" and "Agree" Responses to the statement "Mecklenburg County honors the identity of individuals and treats them with dignity and respect"

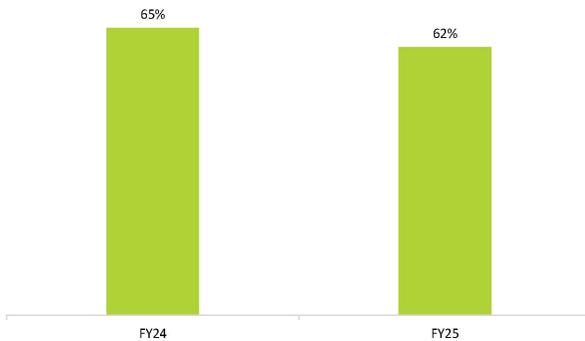


Percent of "Strongly Agree" and "Agree" Responses to the statement "Mecklenburg County services and programs are racially equitable"

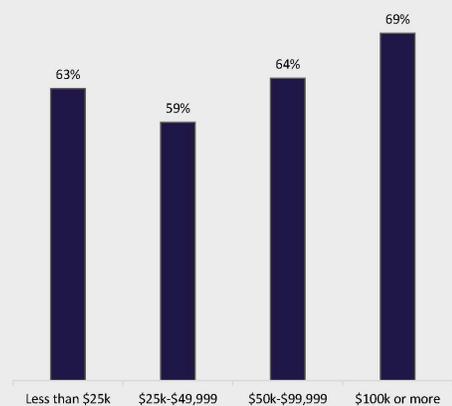


Trust in Mecklenburg County

Respondents who "Strongly Agree" or "Agree" that Mecklenburg County can be Trusted to Handle Local Problems

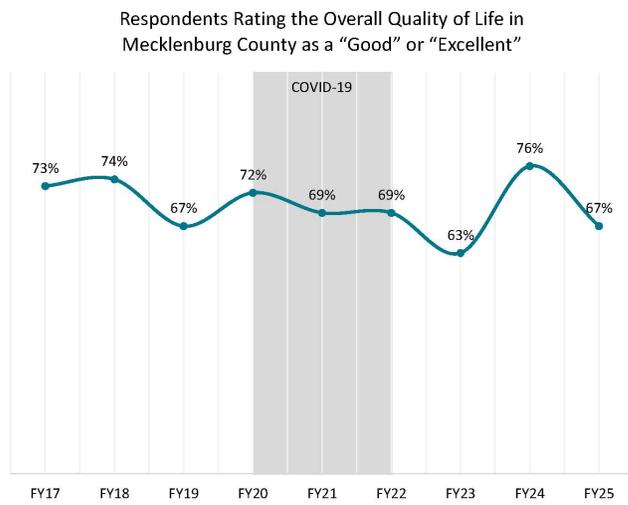


Trust in Mecklenburg County by Household Income

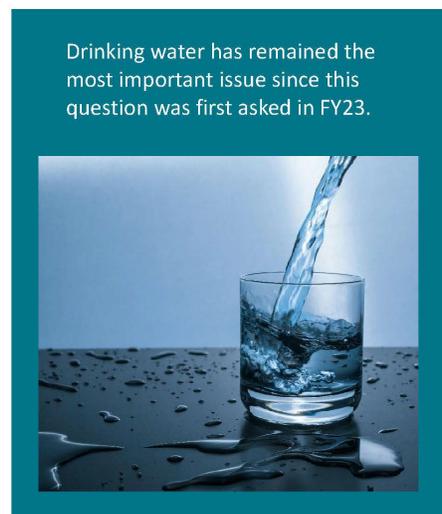
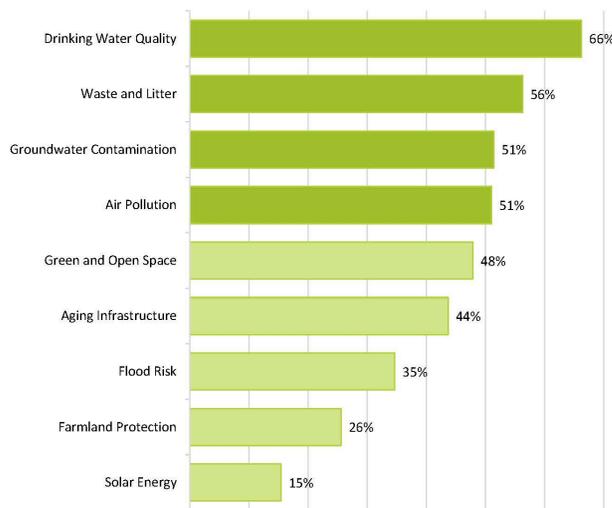


Respondents from households making more than \$100k annually have the highest level of trust in Mecklenburg County.

Quality of Life

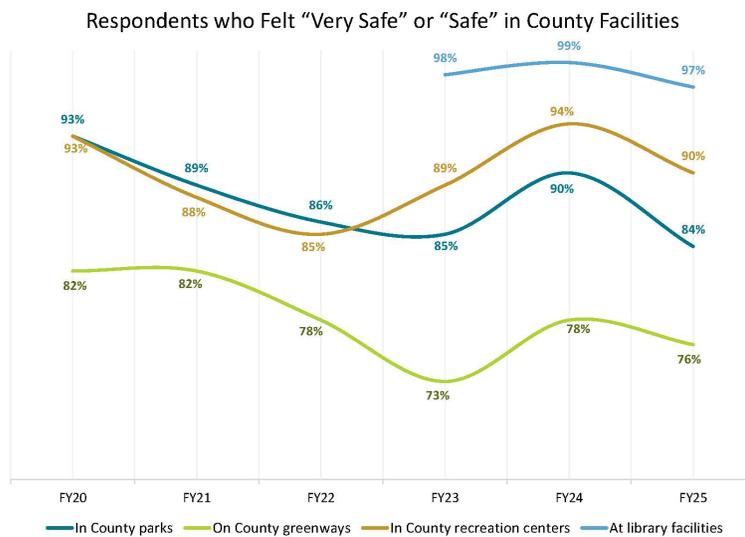


Top Four Environmental Issues



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Perceptions of County Facilities



Park and Recreation Visitation

90% of households visited a Mecklenburg County Park and Recreation site in the past 12 months.

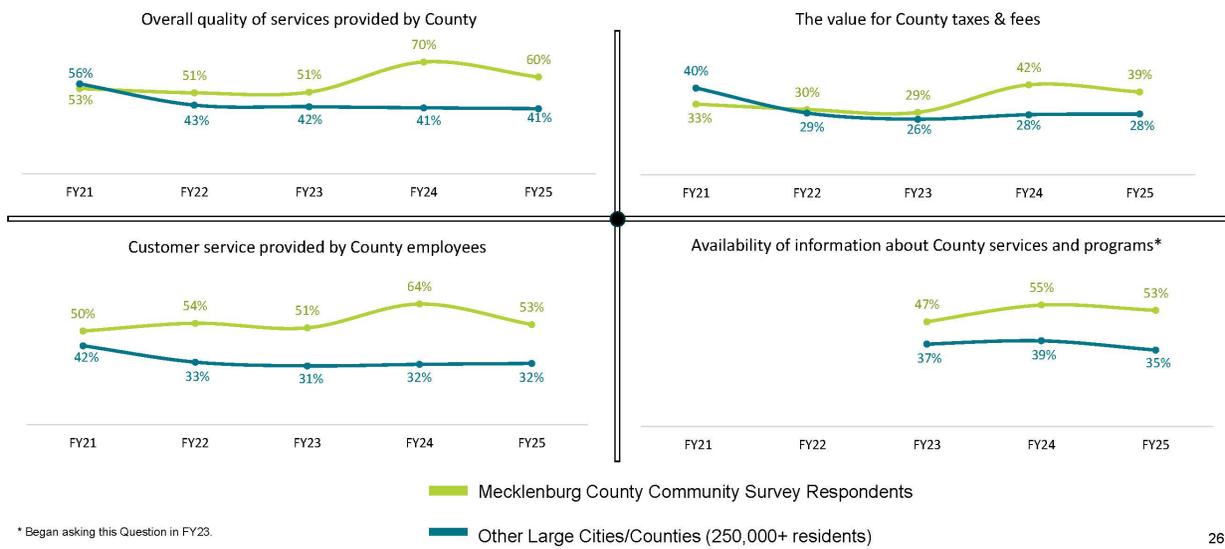
95% of visitors positively rated Park and Recreation sites.

76% of residents visited parks and **52%** visited greenways.

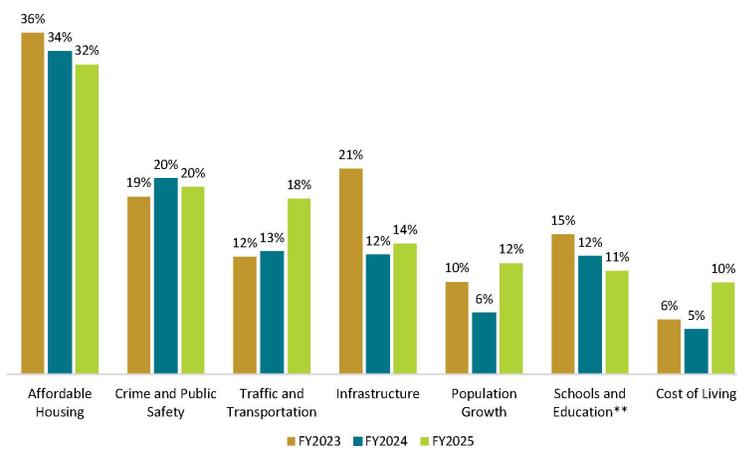
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Benchmark Comparisons

Perceptions of Services:



Most Important Issue Top 7 Priorities

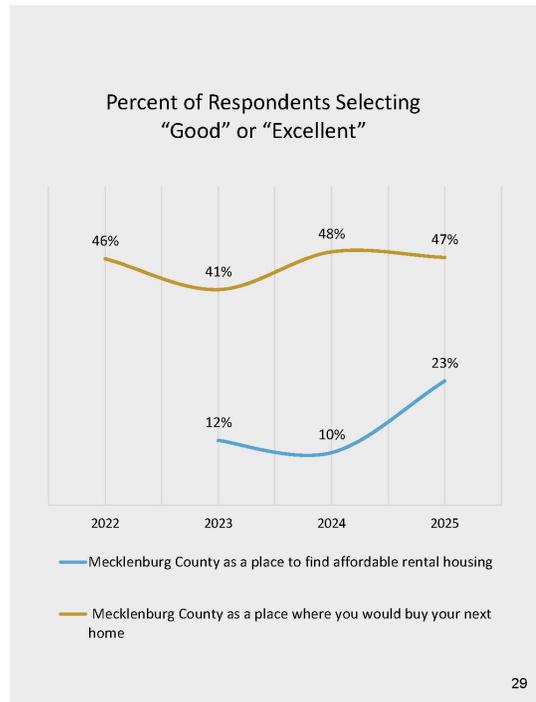
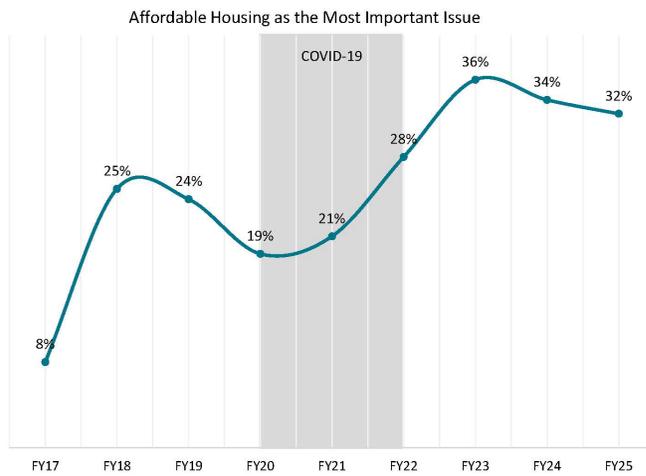


**Comments tagged with this category were not necessarily related to Charlotte-Mecklenburg Schools

Top 7 Priorities in 2025	2025 Rank	2024 Rank	Rank Difference (FY25 – FY24)
Affordable Housing	1	1	0
Crime and Public Safety	2	2	0
Traffic and Transportation	3	3	0
Infrastructure*	4	5	+1
Population Growth	5	7	+2
Schools and Education	6	4	-2
Cost of Living	7	9	+2

*This category was titled "Infrastructure" and Development in FY2024. In FY2025, comments tagged with "infrastructure" did not necessarily mention development. Many comments related to development were captured in the "overdevelopment" priority, which about 5% of respondents mentioned in their comments.

Affordable Housing



Key Takeaways and Next Steps

Key Takeaways



Most Important Issues

The top three most important issues are the same as FY24: Affordable Housing; Crime & Public Safety; Traffic & Transportation. Affordable housing remains the top resident concern since 2018.



Community Vision

Resident perceptions decreased across the Live, Work, Learn, and Recreate areas, but the FY25 responses align closely with the 10-year averages.

Mecklenburg County continues to perform better than other large municipalities.



Public Safety

Residents are concerned about safety and consistently feel the safest in County libraries and feel the least safe on greenways. Residents who visit County facilities feel safer than those who do not, especially at parks and greenways.



Impact of Gender and Income

Gender frequently impacted residents' experiences/perceptions, with males having more positive experiences/perceptions than females. Household income positively impacted residents' experiences and perceptions of life in Mecklenburg County.

Future Community Surveys

- Reevaluate the Community Survey project
 - Results are relatively consistent year over year
 - Focus on implementing best practices in community surveying
 - Incorporate new questions that may provide additional context for the County's Corporate Scorecard currently in development
- The Office of Strategy & Innovation (OSI) will
 - Holistically review the Community Survey's content, purpose, and process
 - Launch a reimagined survey in Summer of 2026



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Community Survey 2025 Results

Office of Strategy and Innovation

Presented to the Board of County Commissioners
December 9, 2025



COMMENTS

Commissioner Leake thanked Ms. Godfrey for their work and informing them of the possibilities for Mecklenburg County and the City of Charlotte.

Commissioner Powell thanked Deputy Director Godfrey for her work and said she trusted in Mecklenburg County because whatever the needs were, she knew they were working hard to solve them. Commissioner Powell said she was happy to see the environmental questions added and said she would like to see more open-ended questions.

Commissioner Townsend-Ingram said she would like to know how people were getting their information, whether it was based on demographics, ethnicity, age, or gender. She said she would rather they push information out than require the public to pull for information. Commissioner Townsend-Ingram said page 28 of the slides addressed the most important issues, and childcare had been included a year ago but was not included today. She said education was available and asked whether a distinction was made between education and childcare, or whether the public conflated them. *Ms. Godfrey said that, depending on the question's coding and how people responded regarding childcare, it sometimes rolled up into education as well. She said they asked people their preferred source of County communication and they listed things from newspapers and newsletters to all the different social media posts.*

Commissioner Rodriguez-McDowell said she was impressed by some things that were steadily

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rising, but there were also concerning issues.

Commissioner Meier said on slide 17 that some found the information not easily accessible. She asked if they did not sign up for our communications or had no need for services, what communications or messaging were used. *Ms. Godfrey said they were redesigning, but that afterwards they would take into account who actually used the services and what their perceptions of the communications tied to those services were.*

Commissioner Meier said she was not surprised that affordable housing was one of the biggest issues, but she was surprised that education was not in the top three. She said transportation and crime were not technically under the County's purview, so she asked if there was also a way to provide a little education about what the County does and which issues are important to them. *Ms. Godfrey said in the cover letter that people received in the paper survey or online, there is an overview of key county services that lists 15 to 20 County services. She said they talked about community issues beyond county services, including traffic and infrastructure.*

Commissioner Rodriguez-McDowell asked for clarification on what was meant by the target population in slide 19. *Ms. Godfrey said it was the target population of those who took the survey. She said the general population was all survey respondents, and the target population was those who took the survey and who fell into those specific categories.*

Commissioner Altman said slide 28 showed people expected local government to solve issues. She said she agreed with Dr. Campbell that we did not want to further stigmatize mental health. She asked for insight into the root causes and patterns of the homicides in our community over the last year, and what percentage were the result of a law that could have prevented them. Commissioner Altman asked County Manager Bryant if the County and City could collaborate to understand how they could do more. *County Manager Bryant said there would be many challenges and asked that they be allowed to see what they could do, then follow up accordingly.* Commissioner Altman asked Dr. Johnson why clean drinking water had risen to the top of the community's concerns, as she was not aware of any issues related to clean drinking water in Mecklenburg County, and for insight into why female respondents seemed more pessimistic on many of the survey questions.

Dr. Johnson said that often residents had perceptions of what was happening in the community. She said data from the City of Charlotte showed they were meeting or exceeding the drinking water standards. She said what people saw happening nationally and, in their environment, influenced their perceptions and how they responded.

Ms. Godfrey said regarding gender responses that, for some of these questions, women may be more closely tied to decision-making regarding schools and education. She said there wasn't a ton of data, but some of the other trends might shed light on that.

Commissioner Griffin said when looking at slide 19, it seemed as though everything had increased since last year, and they were doing better overall. He asked Ms. Godfrey how their staff shared information with the County. *Ms. Godfrey said each year, when they prepared the survey, they would ask if there were any key programs or initiatives where they needed a better understanding of resident perceptions or awareness. She said they also partnered with the public information department.*

Commissioner Leake asked how they could disseminate information to the general public so that people could see it. *Ms. Godfrey said they had been working with Public Information to ensure it is available across multiple channels for the public.*

Chair Jerrell asked how many community surveys they did. *Michael Griswold, Strategy and Innovation Director, said they did the Employee Climate survey, and in addition to the community survey, OSI had done the community pulse, but they had not done it that year. He said one of the things they did, as presented in Karli's survey, was to include budget survey*

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December 9, 2025**

questions in the survey so they could start to adopt a unified approach moving forward.

Chair Jerrell said it would be helpful to pull together a summary of all the information from the different survey tools so they could say with 90% reliability what was top priority for Mecklenburg County. He asked for a reliability score for the data as far as it being reflective of the broader community. *Ms. Godfrey said they had a 95% level of confidence in their poll.* Chair Jerrell asked if he pulled 10 people randomly, would he get comparable results. *Ms. Godfrey said she would say, potentially, only because the big key piece would be making sure it was a random survey and a random sample of individuals reflective of the county demographics and population.* *Adrian Cox, Budget Director, said when the budget piece was conducted within this survey, they received very similar results with no huge changes.* Chair Jerrell said he noticed they had taken education off one of the survey tools, and that was why he wanted to get a better feel. *Mr. Cox said they stopped surveying about education as a budget priority because they knew it was a high priority and would be funded.*

Chair Jerrell said a few years ago he had asked about a well-being index which measured more of a happiness score to overlay on top of hard quantitative data, along with the other survey tools. He said it would, for instance, question respondents around things like affordable housing to measure how these issues made residents feel. He said the University of Vermont developed this tool. *Ms. Godfrey said they could look at that while moving forward.*

25-0691 COMMISSIONER REPORTS

The Board received information from the Board of County Commissioners

Background: Commissioners may share information.

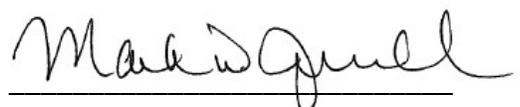
Commissioners shared information of their choosing within the guidelines as established by the Board, which included, but not limited to, past and/or upcoming events.

ADJOURNMENT

With no further business to come before the Board, Chair Jerrell declared the meeting adjourned at 3:38 p.m.



Arlissa Eason, Deputy Clerk to the Board



Mark Jerrell, Chair